

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan THE CANADA LIFE ASSURANCE COMPANY UNITED STATES CONSOLIDATED PENSION PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 01/01/1989
2a Plan sponsor's name (employer, if for a single-employer plan) THE CANADA LIFE ASSURANCE COMPANY
2b Employer Identification Number (EIN) 38-0397420
2c Plan Sponsor's telephone number 303-737-3000
2d Business code (see instructions) 524290

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |     |  |  |  |  |  |   |  |  |              |  |  |  |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |
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| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |     |  |  |  |  |  |   |  |  |              |  |  |  |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |     |  |  |  |  |  |   |  |  |              |  |  |  |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>5</b></td> <td style="text-align: right;">497</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>5</b> | 497 |  |  |  |  |  |   |  |  |              |  |  |  |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |
| <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 497                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |     |  |  |  |  |  |   |  |  |              |  |  |  |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td style="text-align: center;"><b>6a(1)</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;"><b>6a(2)</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;"><b>6b</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;"><b>6c</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;"><b>6d</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;"><b>6e</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;"><b>6f</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;"><b>6g(1)</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6g(2)</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6h</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> |          |     |  |  |  |  |  |   |  |  | <b>6a(1)</b> |  |  |  |  |  |  |  |  | 0 | <b>6a(2)</b> |  |  |  |  |  |  |  |  | 0 | <b>6b</b> |  |  |  |  |  |  |  |  | 0 | <b>6c</b> |  |  |  |  |  |  |  |  | 0 | <b>6d</b> |  |  |  |  |  |  |  |  | 0 | <b>6e</b> |  |  |  |  |  |  |  |  | 0 | <b>6f</b> |  |  |  |  |  |  |  |  | 0 | <b>6g(1)</b> |  |  |  |  |  |  |  |  |  | <b>6g(2)</b> |  |  |  |  |  |  |  |  |  | <b>6h</b> |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |     |  |  |  |  |  |   |  |  |              |  |  |  |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |
| <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |     |  |  |  |  |  | 0 |  |  |              |  |  |  |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |
| <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |     |  |  |  |  |  | 0 |  |  |              |  |  |  |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |
| <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |     |  |  |  |  |  | 0 |  |  |              |  |  |  |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |
| <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |     |  |  |  |  |  | 0 |  |  |              |  |  |  |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |
| <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |     |  |  |  |  |  | 0 |  |  |              |  |  |  |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |
| <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |     |  |  |  |  |  | 0 |  |  |              |  |  |  |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |
| <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |     |  |  |  |  |  | 0 |  |  |              |  |  |  |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |
| <b>6g(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |     |  |  |  |  |  |   |  |  |              |  |  |  |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |
| <b>6g(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |     |  |  |  |  |  |   |  |  |              |  |  |  |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |
| <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |     |  |  |  |  |  |   |  |  |              |  |  |  |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>7</b></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>7</b> |     |  |  |  |  |  |   |  |  |              |  |  |  |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |
| <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |     |  |  |  |  |  |   |  |  |              |  |  |  |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 1A 1I 3H

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary<br>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____<br>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information) | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u><br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

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**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.

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**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 \_\_\_\_\_

---

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

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.

|                                                                                                                                           |                                                                                                                                                         |            |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>THE CANADA LIFE ASSURANCE COMPANY UNITED STATES CONSOLIDATED PENSION PLAN</u>                                 | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                 | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>THE CANADA LIFE ASSURANCE COMPANY</u>                      | <b>D</b> Employer Identification Number (EIN)<br><u>38-0397420</u>                                                                                      |            |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> 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**

|          |                                                                                                                                                                                                                 |                                                                                                                             |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>                                                                                                                                        |                                                                                                                             |
| <b>2</b> | Assets:                                                                                                                                                                                                         |                                                                                                                             |
|          | <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b> <u>35097558</u>                                                                                                   |
|          | <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> <u>36428146</u>                                                                                                   |
| <b>3</b> | Funding target/participant count breakdown                                                                                                                                                                      |                                                                                                                             |
|          | <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | (1) Number of participants: <u>337</u> (2) Vested Funding Target: <u>20581806</u> (3) Total Funding Target: <u>20581806</u> |
|          | <b>b</b> For terminated vested participants .....                                                                                                                                                               | (1) <u>163</u> (2) <u>7836533</u> (3) <u>7836533</u>                                                                        |
|          | <b>c</b> For active participants .....                                                                                                                                                                          | (1) <u>0</u> (2) <u>0</u> (3) <u>0</u>                                                                                      |
|          | <b>d</b> Total .....                                                                                                                                                                                            | (1) <u>500</u> (2) <u>28418339</u> (3) <u>28418339</u>                                                                      |
| <b>4</b> | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                                    |                                                                                                                             |
|          | <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                                                                                                                   |
|          | <b>b</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 ..... | <b>4b</b>                                                                                                                   |
| <b>5</b> | Effective interest rate .....                                                                                                                                                                                   | <b>5</b> <u>5.06 %</u>                                                                                                      |
| <b>6</b> | Target normal cost                                                                                                                                                                                              |                                                                                                                             |
|          | <b>a</b> Present value of current plan year accruals .....                                                                                                                                                      | <b>6a</b> <u>0</u>                                                                                                          |
|          | <b>b</b> Expected plan-related expenses .....                                                                                                                                                                   | <b>6b</b> <u>230000</u>                                                                                                     |
|          | <b>c</b> Target normal cost .....                                                                                                                                                                               | <b>6c</b> <u>230000</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.

|                  |                                                                                               |                                                               |
|------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <b>SIGN HERE</b> |                                                                                               |                                                               |
|                  | Signature of actuary                                                                          | <u>09/15/2025</u><br>Date                                     |
|                  | <u>COLIN D. DILWORTH</u><br>Type or print name of actuary                                     | <u>23-08857</u><br>Most recent enrollment number              |
|                  | <u>WILLIS TOWERS WATSON US LLC</u><br>Firm name                                               | <u>503-703-7561</u><br>Telephone number (including area code) |
|                  | <u>600 UNIVERSITY STREET<br/>SUITE 2528<br/>SEATTLE, WA 98101-1125</u><br>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

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b> |                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b>                                                           | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                                      | 2500300               | 0                      |
| <b>8</b>                                                           | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                                   | 0                     | 0                      |
| <b>9</b>                                                           | Amount remaining (line 7 minus line 8) .....                                                                                                                         | 2500300               | 0                      |
| <b>10</b>                                                          | Interest on line 9 using prior year's actual return of <u>11.26</u> % .....                                                                                          | 281534                | 0                      |
| <b>11</b>                                                          | Prior year's excess contributions to be added to prefunding balance:                                                                                                 |                       |                        |
|                                                                    | <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
|                                                                    | <b>b(1)</b> 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>5.20</u> % ..... |                       | 0                      |
|                                                                    | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
|                                                                    | <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
|                                                                    | <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b>                                                          | Other reductions in balances due to elections or deemed elections .....                                                                                              | 0                     | 0                      |
| <b>13</b>                                                          | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                                   | 2781834               | 0                      |

| <b>Part III Funding Percentages</b> |                                                                                                                                                                  |           |          |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b>                           | Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 118.39 % |
| <b>15</b>                           | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 128.18 % |
| <b>16</b>                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 124.79 % |
| <b>17</b>                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

| <b>Part IV Contributions and Liquidity Shortfalls</b>                                    |                                |                              |                       |                                |                              |
|------------------------------------------------------------------------------------------|--------------------------------|------------------------------|-----------------------|--------------------------------|------------------------------|
| <b>18</b> 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 |
|                                                                                          |                                |                              |                       |                                |                              |
|                                                                                          |                                |                              |                       |                                |                              |
|                                                                                          |                                |                              |                       |                                |                              |
|                                                                                          |                                |                              |                       |                                |                              |
|                                                                                          |                                |                              |                       |                                |                              |
|                                                                                          |                                |                              |                       |                                |                              |
| <b>Totals ▶</b>                                                                          |                                |                              | <b>18(b)</b>          | 0                              | <b>18(c)</b>                 |
|                                                                                          |                                |                              |                       |                                | 0                            |

|                                                            |                                                                                                                            |                                                                     |
|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>19</b>                                                  | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |
|                                                            | <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                       | <b>19a</b> 0                                                        |
|                                                            | <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                         | <b>19b</b> 0                                                        |
|                                                            | <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....    | <b>19c</b> 0                                                        |
| <b>20</b>                                                  | Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |
|                                                            | <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....                                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                                                            | <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....    | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
|                                                            | <b>c</b> 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:

|                         |                        |                        |                        |                                                     |
|-------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>a</b> Segment rates: | 1st segment:<br>4.75 % | 2nd segment:<br>4.87 % | 3rd segment:<br>5.59 % | <input type="checkbox"/> N/A, full yield curve used |
|-------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|

**b** Applicable month (enter code) ..... **21b** 4

**22** Weighted average retirement age ..... **22**

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute

**Part VI Miscellaneous Items**

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...  Yes  No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

|                                                                            |            |        |
|----------------------------------------------------------------------------|------------|--------|
| <b>a</b> Target normal cost (line 6c) .....                                | <b>31a</b> | 230000 |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a ..... | <b>31b</b> | 230000 |

|                                                       |                     |             |
|-------------------------------------------------------|---------------------|-------------|
| <b>32</b> Amortization installments:                  | Outstanding Balance | Installment |
| <b>a</b> Net shortfall amortization installment ..... | 0                   | 0           |
| <b>b</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**

|                                                                                                                                     |                   |                    |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....         | <b>34</b>         | 0                  |
|                                                                                                                                     | Carryover balance | Prefunding balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                              | 0                 | 0                  |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                 | <b>36</b>         | 0                  |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) ..... | <b>37</b>         | 0                  |

**38** Present value of excess contributions for current year (see instructions)

|                                                                                                                      |            |   |
|----------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                             | <b>38a</b> | 0 |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... | <b>38b</b> | 0 |

|                                                                                                                 |           |   |
|-----------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... | <b>39</b> | 0 |
| <b>40</b> Unpaid minimum required contributions for all years .....                                             | <b>40</b> | 0 |

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

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

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

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

|                                                                                                    |                                                             |     |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>THE CANADA LIFE ASSURANCE COMPANY UNITED STATES CONSOLIDATED PENSION PLAN | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>THE CANADA LIFE ASSURANCE COMPANY | <b>D</b> Employer Identification Number (EIN)<br>38-0397420 |     |

**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

AMERICAN CENTURY INVEST MANAGE, INC

44-0640487

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

SEI TRUST COMPANY

06-1271230

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

BLACKROCK

94-3112180

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

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

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

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

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

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

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

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

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**(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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 13 50               | ACTUARIAL FIRM                                                                                    | 104656                                                                 | 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)

DELOITTE & TOUCHE, LLP

13-3891517

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | ACCOUNTANTS                                                                                       | 49100                                                                  | 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)

ONEDIGITAL INVESTMENT ADVISORS LLC

43-1451524

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 50 17                  | CONSULTANT                                                                                        | 15078                                                                  | 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)

THE NORTHERN TRUST

50 S. LASALLE STREET  
CHICAGO, IL 60675

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 18 49                  | CUSTODIAL                                                                                         | 11339                                                                  | 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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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.

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

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

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

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

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

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

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> 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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

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

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

|                                                                                                                  |                                                                    |            |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>THE CANADA LIFE ASSURANCE COMPANY UNITED STATES CONSOLIDATED PENSION PLAN</u>        | <b>B</b> Three-digit plan number (PN)                              | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>THE CANADA LIFE ASSURANCE COMPANY</u> | <b>D</b> Employer Identification Number (EIN)<br><u>38-0397420</u> |            |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                    |                               |                                                                                                              |
|----------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK EQUITY INDEX FUND F</u>                |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, NA</u> |                               |                                                                                                              |
| <b>c</b> EIN-PN <u>94-6052285-001</u>                                                              | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK MIDCAP EQUITY INDEX FD F</u>           |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, NA</u> |                               |                                                                                                              |
| <b>c</b> EIN-PN <u>94-3343205-001</u>                                                              | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK MSCI WORLD EQUITY EX-US I</u>          |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, NA</u> |                               |                                                                                                              |
| <b>c</b> EIN-PN <u>94-3358161-001</u>                                                              | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK US EQUITY MARKET INDEX FD</u>          |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, NA</u> |                               |                                                                                                              |
| <b>c</b> EIN-PN <u>94-3071854-001</u>                                                              | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EMERGING MARKETS EQUITY FUND</u>                 |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <u>GOLDMAN SACHS TRUST COMPANY, N.A.</u>         |                               |                                                                                                              |
| <b>c</b> EIN-PN <u>13-4166989-036</u>                                                              | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN CENTURY US REAL ESTATE SEC</u>          |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <u>AMERICAN CENTURY INVESTMENTS</u>              |                               |                                                                                                              |
| <b>c</b> EIN-PN <u>27-0572996-011</u>                                                              | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                     |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a):                                                  |                               |                                                                                                              |
| <b>c</b> EIN-PN                                                                                    | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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



|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                           |                                                                    |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>  |                                                                    |
| <b>A</b> Name of plan<br><b>THE CANADA LIFE ASSURANCE COMPANY UNITED STATES CONSOLIDATED PENSION PLAN</b> | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>THE CANADA LIFE ASSURANCE COMPANY</b> | <b>D</b> Employer Identification Number (EIN)<br><b>38-0397420</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>Assets</b>                                                                                      |                 |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....                                                      | <b>1a</b>       | 91805                 | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                            | <b>1b(1)</b>    | 0                     | 0               |
| <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    | 0                     | 0               |
| <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    | 660467                | 0               |
| <b>c</b> General investments:                                                                      |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 0                     | 0               |
| <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(3)(A)</b> | 423775                | 0               |
| <b>(B)</b> All other .....                                                                         | <b>1c(3)(B)</b> | 23504805              | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common .....                                                                            | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>    | 2120774               | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                                | <b>1c(7)</b>    | 239193                | 0               |
| <b>(8)</b> Participant loans .....                                                                 | <b>1c(8)</b>    | 0                     | 0               |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    | 4581936               | 0               |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 1554492               | 0               |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   | 0                     | 0               |
| <b>(15)</b> Other .....                                                                            | <b>1c(15)</b>   | 1974444               | 0               |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities.....                                             | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property.....                                          | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 35151691              | 0               |
| <b>Liabilities</b>                                                       |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    | 0                     | 0               |
| <b>h</b> Operating payables.....                                         | <b>1h</b>    | 0                     | 0               |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    | 0                     | 0               |
| <b>j</b> Other liabilities.....                                          | <b>1j</b>    | 10831                 | 0               |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 10831                 | 0               |
| <b>Net Assets</b>                                                        |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 35140860              | 0               |

**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.

| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....                                         | <b>2a(1)(A)</b> | 0          |           |
| <b>(B)</b> Participants.....                                                                               | <b>2a(1)(B)</b> | 0          |           |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> | 0          |           |
| (2) Noncash contributions.....                                                                             | <b>2a(2)</b>    | 0          |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 0         |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| <b>(1) Interest:</b>                                                                                       |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 0          |           |
| <b>(B)</b> U.S. Government securities.....                                                                 | <b>2b(1)(B)</b> | 26535      |           |
| <b>(C)</b> Corporate debt instruments.....                                                                 | <b>2b(1)(C)</b> | 949424     |           |
| <b>(D)</b> Loans (other than to participants).....                                                         | <b>2b(1)(D)</b> | 7347       |           |
| <b>(E)</b> Participant loans.....                                                                          | <b>2b(1)(E)</b> | 0          |           |
| <b>(F)</b> Other.....                                                                                      | <b>2b(1)(F)</b> | 0          |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 983306    |
| <b>(2) Dividends:</b>                                                                                      |                 |            |           |
| <b>(A)</b> Preferred stock.....                                                                            | <b>2b(2)(A)</b> | 0          |           |
| <b>(B)</b> Common stock.....                                                                               | <b>2b(2)(B)</b> | 100        |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 89064      |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 89164     |
| <b>(3)</b> Rents.....                                                                                      | <b>2b(3)</b>    |            | 0         |
| <b>(4) Net gain (loss) on sale of assets:</b>                                                              |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....                                                                         | <b>2b(4)(A)</b> | 7255053    |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                                               | <b>2b(4)(B)</b> | 7594793    |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |            | -339740   |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>                                               |                 |            |           |
| <b>(A)</b> Real estate.....                                                                                | <b>2b(5)(A)</b> | 0          |           |
| <b>(B)</b> Other.....                                                                                      | <b>2b(5)(B)</b> | 0          |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 130877    |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 7908      |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            | 241846    |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....         | <b>2d</b>     |            | 1113361   |

**Expenses**

|                                                                                            |               |         |         |
|--------------------------------------------------------------------------------------------|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers.....             | <b>2e(1)</b>  | 1861139 |         |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b>  | 5799096 |         |
| (3) Other.....                                                                             | <b>2e(3)</b>  | 0       |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b>  |         | 7660235 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>     |         | 0       |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>     |         | 0       |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>     |         | 0       |
| <b>i</b> Administrative expenses:                                                          |               |         |         |
| (1) Salaries and allowances .....                                                          | <b>2i(1)</b>  | 0       |         |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b>  | 0       |         |
| (3) Recordkeeping fees .....                                                               | <b>2i(3)</b>  | 500     |         |
| (4) IQPA audit fees .....                                                                  | <b>2i(4)</b>  | 49100   |         |
| (5) Investment advisory and investment management fees .....                               | <b>2i(5)</b>  | 72245   |         |
| (6) Bank or trust company trustee/custodial fees .....                                     | <b>2i(6)</b>  | 32412   |         |
| (7) Actuarial fees .....                                                                   | <b>2i(7)</b>  | 0       |         |
| (8) Legal fees .....                                                                       | <b>2i(8)</b>  | 0       |         |
| (9) Valuation/appraisal fees .....                                                         | <b>2i(9)</b>  | 0       |         |
| (10) Other trustee fees and expenses .....                                                 | <b>2i(10)</b> | 0       |         |
| (11) Other expenses.....                                                                   | <b>2i(11)</b> | 120841  |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....       | <b>2i(12)</b> |         | 275098  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>     |         | 7935333 |

**Net Income and Reconciliation**

|                                                                               |              |  |          |
|-------------------------------------------------------------------------------|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | -6821972 |
| <b>l</b> Transfers of assets:                                                 |              |  |          |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  | 0        |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  | 28318888 |

**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: **DELOITTE & TOUCHE, LLP**

(2) EIN: **13-3891517**

**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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>a</b> 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>b</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  |        |
| <b>c</b> 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  |        |
| <b>d</b> 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  |        |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |        |
| <b>g</b> 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  |        |
| <b>h</b> 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  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   |     | X  |        |
| <b>j</b> 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   |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              | X   |    |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     |    |        |
| <b>n</b> 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 0.

**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.)

| <b>5b(1)</b> Name of plan(s)                                        | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|---------------------------------------------------------------------|---------------------|--------------------|
| EMPLOYEES' AND AGENTS' PENSION BENEFITS PLAN EMPOWER HOLDINGS, LLC. | 26-1080669          | 002                |
|                                                                     |                     |                    |
|                                                                     |                     |                    |
|                                                                     |                     |                    |

**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 548436.

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                             |                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

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

|                                                                                                           |                                                                    |            |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>THE CANADA LIFE ASSURANCE COMPANY UNITED STATES CONSOLIDATED PENSION PLAN</u> | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>THE CANADA LIFE ASSURANCE COMPANY</u> | <b>D</b> Employer Identification Number (EIN)<br><u>38-0397420</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

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

|   |  |   |
|---|--|---|
| 1 |  | 0 |
|---|--|---|

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 20-3691658

**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 |  | 0 |
|---|--|---|

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.**

|                                                                                                                                                 |           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....  | <b>6a</b> |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                      | <b>6b</b> |  |
| <b>c</b> 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)..... | <b>6c</b> |  |

**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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

**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

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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:

|                                                                                                                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> 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)..... | <b>14a</b> |  |
| <b>b</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).....                                                                                                 | <b>14b</b> |  |
| <b>c</b> 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).....                                                                                                                            | <b>14c</b> |  |

**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:

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

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

|                                                                                                                                                                       |            |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                              | <b>16a</b> |  |
| <b>b</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..... | <b>16b</b> |  |

**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: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**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 \_\_\_\_\_.

**The Canada Life Assurance  
Company United States  
Consolidated Pension Plan**

EIN # 38-0397420 Plan # 001

Financial Statements as of and for the Years Ended December 31,  
2024 and 2023, Supplemental Schedule for the Year Ended  
December 31, 2024 and Independent Auditor's Report

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## **INDEPENDENT AUDITOR'S REPORT**

To the Plan Administrator and Trustees of the  
The Canada Life Assurance Company United States Consolidated Pension Plan

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

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 9 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.
- 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.

## **Emphasis of Matter**

Effective December 31, 2024, the Plan was merged into the affiliated Employees' and Agents' Pension Benefits Plan Empower Holdings, LLC., as discussed in Note 1 to the financial statements. Our opinion is not modified with respect to this matter.

## **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are 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 certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

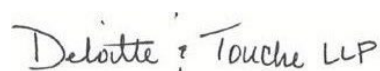
#### **Other Matter – Supplemental Schedule Required by ERISA**

The supplemental schedule of reportable transactions for the year ended December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule 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).

The logo for Deloitte Touche LLP, featuring the company name in a stylized, handwritten-style font.

September 23, 2025

**THE CANADA LIFE ASSURANCE COMPANY**  
**UNITED STATES CONSOLIDATED PENSION PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

|                                                        | December 31, |                      |
|--------------------------------------------------------|--------------|----------------------|
|                                                        | 2024         | 2023                 |
| <b>Assets:</b>                                         |              |                      |
| Cash                                                   | \$ —         | \$ 91,805            |
| Investments - at fair value ( <a href="#">Note 4</a> ) | —            | 34,399,419           |
| Receivables:                                           |              |                      |
| Accrued interest receivable                            | —            | 342,865              |
| Due from broker for securities sold                    | —            | 317,602              |
| Total receivables                                      | —            | 660,467              |
| <b>Total assets</b>                                    | —            | <b>35,151,691</b>    |
| <b>Liabilities:</b>                                    |              |                      |
| Accrued expenses                                       | —            | 1,021                |
| Due to broker for securities purchased                 | —            | 9,810                |
| <b>Total liabilities</b>                               | —            | <b>10,831</b>        |
| <b>Net assets available for benefits</b>               | <b>\$ —</b>  | <b>\$ 35,140,860</b> |

See notes to financial statements.

**THE CANADA LIFE ASSURANCE COMPANY**  
**UNITED STATES CONSOLIDATED PENSION PLAN**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

|                                                              | December 31, |               |
|--------------------------------------------------------------|--------------|---------------|
|                                                              | 2024         | 2023          |
| <b>Additions:</b>                                            |              |               |
| Investment income:                                           |              |               |
| Net (depreciation)/appreciation in fair value of investments | \$ (211,359) | \$ 2,338,795  |
| Interest                                                     | 1,235,556    | 1,338,635     |
| Dividends                                                    | 89,164       | 83,671        |
| Total investment income                                      | 1,113,361    | 3,761,101     |
| <b>Deductions:</b>                                           |              |               |
| Benefit payments                                             | 1,945,107    | 2,221,470     |
| Lump-sum benefit payments                                    | —            | 1,562,765     |
| Purchase of group annuity contract                           | 5,799,096    | —             |
| Administrative expenses                                      | 191,130      | 264,716       |
| Total deductions                                             | 7,935,333    | 4,048,951     |
| <b>Decrease in net assets before transfers</b>               | (6,821,972)  | (287,850)     |
| <b>Transfers to other plan (<a href="#">Note 1</a>)</b>      | (28,318,888) | —             |
| <b>Decrease in net assets</b>                                | (35,140,860) | (287,850)     |
| <b>Net assets available for benefits, beginning of year</b>  | 35,140,860   | 35,428,710    |
| <b>Net assets available for benefits, end of year</b>        | \$ —         | \$ 35,140,860 |

See notes to financial statements.

**THE CANADA LIFE ASSURANCE COMPANY UNITED STATES CONSOLIDATED PENSION PLAN**  
**Notes to Financial Statements as of and for the years ended December 31, 2024 and 2023**

## **1. Description of Plan**

The following description of The Canada Life Assurance Company United States Consolidated Pension Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

**Plan Merger** - Effective December 31, 2024, the Plan was merged into the Employees’ and Agents’ Pension Benefits Plan Empower Holdings, LLC (the “EHL Pension Plan”). As a result, net assets available for benefits of approximately \$28.3 million were transferred out of the Plan, as reported in the statement of changes in net assets available for benefits. The merger did not change the benefits, rights, features, or other substantive terms of the Plan. Subsequent to the merger, sponsorship and administration of the Plan transferred to Empower Holdings, LLC (“EHL”). The actuarial present value of accumulated plan benefits as of the merger date was approximately \$20.2 million.

**General** - Prior to the plan merger described in the preceding paragraph, the Plan was sponsored by The Canada Life Assurance Company (the “Company”), a subsidiary of Canada Life Financial Corporation. The Plan is administered by the Plan Administrative Committee. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan is a noncontributory defined benefit pension plan covering all eligible employees of the Company’s U.S. divisions and subsidiaries and certain U.S. agents of the Company. Eligible employees and agents became participants in the Plan on the later of attaining the age of 21 or completing six months of service. Effective July 10, 2003, Great-West Lifeco Inc., a Canadian holding company, acquired Canada Life Financial Corporation and all participants in the Plan became 100% vested. Only deferred vested ex-employees remain in the Plan, and they will be paid benefits upon reaching retirement. Willis Towers Watson PLC (“WTW”) is the record-keeper of the Plan and the individuals appointed by the President and CEO serve as the trustees of the Plan.

**Employer contributions** - Contributions to the Plan are in accordance with the Plan document and are calculated by an independent actuary based on various assumptions, which include: (1) assumed rate of return on investments, (2) retirement, (3) mortality, (4) withdrawals, and (5) funding method. The assumptions underlying the determination of the employer contributions can be expected to change from time to time to reflect economic conditions and amendments to ERISA and the Internal Revenue Code (“IRC”).

**Pension benefits** - The Plan’s benefits for participants are based on varying percentages of the annual average of an employee’s five consecutive years of highest earnings during the last 15 years of service multiplied by the number of years of credited service, plus an amount attributable to voluntary contributions. The benefits to qualified agents are based on a specified dollar value for each \$1,000 of commissions and persistency fees earned and an amount attributable to any voluntary contributions. Normal retirement age is 65. Participants may be entitled to early retirement at a reduced benefit amount after attaining age 55. Unreduced early retirement benefits are available to participants who have attained age 60 and have at least 30 years of service. The Plan also provides survivorship and disability benefits.

The Plan has implemented provisions of the Setting Every Community Up for Retirement Enhancement Act of 2019 (the “SECURE Act”) and the SECURE Act 2.0 of 2022 regarding the age at which a participant must take required minimum distributions. In accordance with applicable guidance, the Plan document will be amended by December 31, 2026 to reflect those changes.

**Group annuity purchase** - The Plan was amended on July 31, 2024 to purchase a group annuity contract to provide benefits to approximately 220 annuitized individuals who were receiving a monthly benefit of \$500 or less and who began receiving such benefits on or before January 1, 2024. The group annuity contract provides for the continued payment of benefits in the same form that was in effect under the Plan immediately before the group annuity contract purchase. The Plan purchased the group annuity contract from Securian Life Insurance Company (“SLIC”) for approximately \$5.8 million. Subsequent to the purchase, individuals covered under the group annuity contract ceased to be participants in the Plan and SLIC assumed responsibility for making future benefit payments to such individuals. This transaction reduced the Plan's net assets available for benefits by the amount of premium paid, as reflected in the statement of changes in net assets available for benefits.

**Lump-sum benefit payments** - The Plan was amended on October 6, 2023 to implement a one-time, bulk lump sum program. Under the program, eligible participants could elect to receive their accrued benefit in the form of a lump-sum payment in October 2023. The program concluded following the benefit payments of approximately \$1.6 million.

**THE CANADA LIFE ASSURANCE COMPANY UNITED STATES CONSOLIDATED PENSION PLAN**  
**Notes to Financial Statements as of and for the years ended December 31, 2024 and 2023**

## **2. Summary of Significant Accounting Policies**

**Basis of accounting** - The accompanying financial statements of the Plan have been prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

**Use of estimates** - The preparation of financial statements in conformity with U.S. GAAP 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.

**Risks and uncertainties** - The Plan utilizes various investments, including mutual funds, common collective trust funds, money market funds, limited partnerships, and fixed maturity investments. Investments, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments may occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

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

**Investment valuation and income recognition** - Investments are reported at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The fair value of mutual funds and money market funds are based on quoted market prices. As a practical expedient, the fair value of common collective trust funds ("CCTs") and limited partnerships are based on the net asset value ("NAV"). See [Note 4](#) for discussion of valuation methods.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded when earned and dividends are recorded on the ex-dividend date. Net (depreciation)/appreciation in fair value of investments includes both realized and unrealized gains and losses.

**Administrative expenses** - Administrative expenses of the Plan are paid by the Plan and/or the Company, as provided in the Plan document. The Plan sponsor provides accounting and other administrative services to the Plan at no charge.

**Payment of benefits** - Benefit payments to participants are recorded upon distribution.

## **3. Funding Policy**

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary. The Plan met the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023.

## **4. Fair Value Measurements**

The Plan categorizes its investments measured at fair value on a recurring basis into a three-level hierarchy, based on the priority of the inputs to the respective valuation technique. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets (Level 1) and the lowest priority to unobservable inputs (Level 3). The Plan's investments measured at fair value have been categorized based upon the following fair value hierarchy:

- Level 1 inputs utilize observable, quoted prices (unadjusted) in active markets for identical investments that the Plan has the ability to access at the measurement date. Investments utilizing Level 1 inputs include certain money market funds and mutual funds.

**THE CANADA LIFE ASSURANCE COMPANY UNITED STATES CONSOLIDATED PENSION PLAN**  
**Notes to Financial Statements as of and for the years ended December 31, 2024 and 2023**

- Level 2 inputs utilize other than quoted prices included in Level 1 that are observable for the investment, either directly or indirectly. Level 2 inputs include quoted prices for similar investments in active markets and inputs other than quoted prices that are observable for the investment, such as interest rates and yield curves that are observable at commonly quoted intervals. The fair values for some Level 2 investments are obtained from pricing services. The inputs used by the pricing services are reviewed at least quarterly or when the pricing vendor issues updates to its pricing methodology. For fixed maturity investments, inputs include benchmark yields, reported trades, broker/dealer quotes, issuer spreads, two-sided markets, benchmark securities, bids, evaluated bids, offers, and reference data including market research publications.

Additional inputs utilized for investments classified as Level 2 are:

- Government securities - material event notices; and
  - Commercial mortgage-backed securities - new issue data, monthly payment information, collateral performance and third party real estate analysis.
- Level 3 inputs are unobservable and include situations where there is little, if any, market activity for the investments.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, the level in the fair value hierarchy within which the fair value measurement in its entirety falls has been determined based on the lowest level input that is significant to the fair value measurement in its entirety. The Plan's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the investments.

Overall, transfers between levels are attributable to a change in the observability of inputs. Investments are transferred to a lower level in the hierarchy when a significant input cannot be corroborated with market observable data. This may occur when market activity decreases and underlying inputs cannot be observed, current prices are not available and/or when there are significant variances in quoted prices, thereby affecting transparency. Investments are transferred to a higher level in the hierarchy when circumstances change such that a significant input can be corroborated with market observable data. This may be due to a significant increase in market activity including recent trades, a specific event, or one or more significant input(s) becoming observable.

**Asset valuation techniques** - Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The 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.

*Fixed maturity investments* - Generally, valued based upon evaluated prices from independent pricing services. In cases where these prices are not readily available, fair values are estimated by the Plan. To determine estimated fair value for these instruments, the Plan generally utilizes discounted cash flow models with market observable pricing inputs such as spreads, average life and credit quality. Fair value estimates are made at a specific point in time, based on available market information and judgments about financial instruments, including estimates of the timing and amounts of expected future cash flows and the credit standing of the issuer or counterparty.

*Common collective trust funds* - Valued at the net asset value of units of a bank collective trust, as a practical expedient to estimate fair value. The net asset value, as provided by the trustee, is based on the fair value of the underlying investments held by the fund less its liabilities. The redemption frequency is immediate, and redemption restrictions may delay withdrawal amounts and may require a notification period. Were the Plan to initiate a full redemption of the common collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust to ensure that securities liquidations will be carried out in an orderly business manner.

*Limited partnerships* - Valued at fair value based on the Plan's proportionate share of the net asset values recorded in the partnerships' audited financial statements. The net asset value, determined using the partnership financial statement reported capital account adjusted for other relevant information which may impact the exit value of the investments, is used as a practical expedient to estimate fair value.

Limited partnership interests represent the Plan's minority ownership interests in pooled investment funds. These funds employ varying investment strategies that primarily make private equity investments across diverse industries and geographical focuses. The net asset value, determined using the partnership financial statement reported capital account adjusted for other relevant information which may impact the exit value of the investments, is used as a practical expedient to estimate fair value.

**THE CANADA LIFE ASSURANCE COMPANY UNITED STATES CONSOLIDATED PENSION PLAN**  
**Notes to Financial Statements as of and for the years ended December 31, 2024 and 2023**

Distributions by these investments are generated from investment gains, from operating income generated by the underlying investments of the funds, and from liquidation of the underlying assets of the funds, of which the timing is unknown. In the absence of permitted sales of its ownership interest, the Plan will be redeemed out of the partnership interests through distributions. The Plan makes commitments to fund partnership interests in the normal course of its business. Unfunded commitments on the limited partnerships were approximately \$1.7 million as of December 31, 2023. Due to the Plan's merger, as described in [Note 1](#), there were no unfunded commitments at December 31, 2024.

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

*Money market funds* - Valued at quoted market prices.

Due to the Plan's merger, as described in [Note 1](#), there were no assets measured at fair value at December 31, 2024. The following table presents the Plan's investments carried at fair value on a recurring basis by fair value hierarchy category at December 31, 2023:

| Assets                                | Total                | Quoted prices<br>in active<br>markets for<br>identical assets<br>(Level 1) | Significant<br>other<br>observable<br>inputs<br>(Level 2) | Significant<br>unobservable<br>inputs<br>(Level 3) | Net Asset<br>Value<br>(NAV) |
|---------------------------------------|----------------------|----------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|-----------------------------|
| Fixed maturity investments:           |                      |                                                                            |                                                           |                                                    |                             |
| Corporate bonds, including bank loans | \$ 23,928,580        | \$ —                                                                       | \$ 23,928,580                                             | \$ —                                               | \$ —                        |
| Government securities                 | 1,974,444            | —                                                                          | 1,974,444                                                 | —                                                  | —                           |
| Commercial mortgage-backed securities | 239,193              | —                                                                          | 239,193                                                   | —                                                  | —                           |
| Common collective trust funds         | 4,581,936            | —                                                                          | —                                                         | —                                                  | 4,581,936                   |
| Limited partnerships                  | 2,120,774            | —                                                                          | —                                                         | —                                                  | 2,120,774                   |
| Mutual funds                          | 825,204              | 825,204                                                                    | —                                                         | —                                                  | —                           |
| Money market funds                    | 729,288              | 729,288                                                                    | —                                                         | —                                                  | —                           |
| Total                                 | <u>\$ 34,399,419</u> | <u>\$ 1,554,492</u>                                                        | <u>\$ 26,142,217</u>                                      | <u>\$ —</u>                                        | <u>\$ 6,702,710</u>         |

## 5. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits represent the present value of estimated amounts to be paid under the Plan's provisions. The accumulated plan benefits are based on the monthly benefit amount designated by the Plan and in effect at the valuation date. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

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

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The following table reflects significant assumptions used in the actuarial valuation of the Plan as of January 1, 2024 and 2023:

|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        |         |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|
| Retirement:      | Deferred vested percentage retiring during the year                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |         |
|                  | Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Males  | Females |
|                  | 55                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4.0%   | 4.0%    |
|                  | 56 - 59                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2.0%   | 2.0%    |
|                  | 60 - 64                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5.0%   | 5.0%    |
|                  | 65+                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 100.0% | 100.0%  |
| Mortality:       | The mortality assumption used the benefit weighted Pri-2012 tables with a base year of 2012 without collar or amount adjustments, with separate rates for annuitants and non-annuitants (based on Employees table) projected forward using Scale MP-2020 with generational projection. This assumption is unchanged from the prior valuation. This mortality assumption was selected by the plan sponsor and represents a best estimate of future experience for years 2024 and 2023. |        |         |
| Discount rate:   | 5.00% as of January 1, 2024 and 4.50% as of January 1, 2023, respectively                                                                                                                                                                                                                                                                                                                                                                                                             |        |         |
| Form of payment: | 70% of participants are assumed to elect payment in the form of a single life annuity with 120 payments guaranteed; 30% of participants are assumed to elect payment in the form of a 50% joint & survivor annuity with 120 payments guaranteed.                                                                                                                                                                                                                                      |        |         |

The actuarial present value of accumulated plan benefits is as follows:

|                                                            |                        |
|------------------------------------------------------------|------------------------|
|                                                            | <b>January 1, 2024</b> |
| Vested benefits                                            |                        |
| Participants with deferred benefits                        | \$ 8,104,757           |
| Participating receiving benefits                           | 20,689,981             |
| Total actuarial present value of accumulated plan benefits | \$ 28,794,738          |

Analysis of changes in actuarial present value of accumulated plan benefits is as follows:

|                                                                  |                                               |
|------------------------------------------------------------------|-----------------------------------------------|
|                                                                  | <b>January 1, 2023 to<br/>January 1, 2024</b> |
| Actuarial present value of accumulated plan benefits - beginning | \$ 33,236,595                                 |
| <b>Changes during the year attributed to:</b>                    |                                               |
| Decrease in discount period <sup>(1)</sup>                       | 1,409,780                                     |
| Actuarial gains                                                  | (639,522)                                     |
| Benefits paid                                                    | (3,816,320)                                   |
| Assumption changes                                               | (1,395,795)                                   |
| Net decrease                                                     | (4,441,857)                                   |
| Actuarial present value of accumulated plan benefits - ending    | \$ 28,794,738                                 |

<sup>(1)</sup> Decrease in discount period recognizes that there is one year less discount between the beginning of the plan year and the end of the plan year present value calculation.

The effect of plan amendments on accumulated plan benefits are recognized during the year in which such amendments are adopted. See [Note 1](#) for more information on the group annuity purchase and plan merger, which impacted the accumulated plan benefits as of December 31, 2024. There were no additional amendments to the plan during 2024 impacting accumulated plan benefits.

## 6. Related Party Transactions and Exempt Parties-in-interest Transactions

The Company is a subsidiary of Canada Life Financial Corporation, which is an affiliate of Great-West Lifeco US, LLC ("Lifeco US"). Lifeco US includes other various financial and retirement service affiliate companies within EHL. See [Note 1](#)

**THE CANADA LIFE ASSURANCE COMPANY UNITED STATES CONSOLIDATED PENSION PLAN**  
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for additional information related to merger, which resulted in transfer of the sponsorship and administration of the Plan to EHL.

Certain Plan investments are units of a mutual fund managed by Northern Trust and a money market fund that is a product of Empower Funds, Inc. and is managed by Empower Capital Management, LLC ("ECM"). Empower Trust Company, LLC ("ETC") is custodian of the Plan assets.

Empower Benefits Consulting Services ("EBCS") is an actuarial team within Empower Annuity Insurance Company of America ("EAICA"). The Plan began receiving actuarial services from EBCS in May 2024 for select Plan transactions.

ECM and ETC are wholly owned indirect subsidiaries of EHL, EAICA is a wholly owned direct subsidiary of EHL, and Northern Trust is a paying agent. Therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services are included as a reduction in the return of the respective investment.

## **7. Tax Status**

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated April 6, 2017, that the Plan, including Plan amendments, and related trust were designed in accordance with the applicable requirements of the IRC. The Company and the Plan administrator believe the Plan is currently designed and operated in a manner intended to maintain its qualified status. No provision for income taxes has been included in the Plan's financial statements.

In December 2016, the IRS began publishing a Required Amendments List for individually designed plans which specifies changes in qualification requirements. The list is published annually and requires plans to be amended for each item on the list, as applicable, to retain its tax exempt status. The Plan has been amended as required when applicable by the Internal Revenue Service's Required Amendments List ("IRS List") for individually designed plans, which specifies changes in qualification requirements. The Plan has monitored the published IRS List annually and the Plan has been amended for each item on the IRS List, as applicable, to retain its tax-exempt status.

The Company and Plan administrator believe that the Plan merger, as described in [Note 1](#), is a tax-exempt transaction under the applicable provisions of the Internal Revenue Code and, therefore, is not subject to federal income taxes.

## **8. Plan Termination**

The Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

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

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

## **9. Certified Investment Information**

The Plan Administrator has elected the method of compliance permitted under 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator accepted a certification from the custodian of the Plan that all information relating to the Plan's investments and related investment transactions are complete and accurate. The Plan was certified by ETC, the custodian of the Plan, as of December 31, 2024 and 2023, and for the years ended December 31, 2024 and 2023.

**THE CANADA LIFE ASSURANCE COMPANY UNITED STATES CONSOLIDATED PENSION PLAN**  
**Notes to Financial Statements as of and for the year ended December 31, 2024 and 2023**

The following information, which is included in the financial statements and supplemental schedule, was certified by the custodian and not subject to auditing procedures by the Plan's independent auditor:

- Investments as shown in the statements of net assets available for benefits and related disclosures (excluding level designation in [Note 4](#));
- Investment income as shown in the statements of changes in net assets available for benefits; and
- Information included in the accompanying supplemental schedule of reportable transactions.

**10. Subsequent Events**

Management has evaluated and determined there were no subsequent events for potential recognition or disclosure in the Plan's financial statements through September 23, 2025, the date on which the Plan's financial statements were available to be issued.

**SUPPLEMENTAL SCHEDULE**

**THE CANADA LIFE ASSURANCE COMPANY  
UNITED STATES CONSOLIDATED PENSION PLAN  
Plan # 001 EIN # 38-0397420  
FORM 5500, SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
FOR THE YEAR ENDED DECEMBER 31, 2024**

| (a) Identity of party involved    | (b) Description of asset       | (c) Purchase price | (d) Selling price | Number of transactions | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain |
|-----------------------------------|--------------------------------|--------------------|-------------------|------------------------|-------------------|------------------------------------------------|--------------|
| <b>Single transactions: **</b>    |                                |                    |                   |                        |                   |                                                |              |
| BlackRock                         | Liquidity Funds Treasury Trust | \$ 1,772,961       | \$ —              | 1                      | \$ 1,772,961      | \$ 1,772,961                                   | \$ —         |
| BlackRock                         | Liquidity Funds Treasury Trust | —                  | 6,200,000         | 1                      | 6,200,000         | 6,200,000                                      | —            |
| Federated                         | Government Obligations Fund    | 6,200,000          | —                 | 1                      | 6,200,000         | 6,200,000                                      | —            |
| Federated                         | Government Obligations Fund    | —                  | 5,799,096         | 1                      | 5,799,096         | 5,799,096                                      | —            |
| <b>Series of transactions: **</b> |                                |                    |                   |                        |                   |                                                |              |
| BlackRock                         | Liquidity Funds Treasury Trust | \$ 14,016,788      | \$ —              | 118                    | \$ 14,016,788     | \$ 14,016,788                                  | \$ —         |
| BlackRock                         | Liquidity Funds Treasury Trust | —                  | 13,683,224        | 21                     | 13,683,224        | 13,683,224                                     | —            |
| * Empower Funds Inc.              | Government Money Market Fund   | 809,840            | —                 | 8                      | 809,840           | 809,840                                        | —            |
| * Empower Funds Inc.              | Government Money Market Fund   | —                  | 1,071,177         | 20                     | 1,071,177         | 1,071,177                                      | —            |
| Federated                         | Government Obligations Fund    | 7,462,852          | —                 | 9                      | 7,462,852         | 7,462,852                                      | —            |
| Federated                         | Government Obligations Fund    | —                  | 7,049,833         | 30                     | 7,049,833         | 7,049,833                                      | —            |
| United States of America Treasury | Bill maturing 6/6/2024         | 1,341,558          | —                 | 2                      | 1,341,558         | 1,341,558                                      | —            |
| United States of America Treasury | Bill maturing 6/6/2024         | —                  | 1,350,000         | 2                      | 1,350,000         | 1,350,000                                      | —            |
| United States of America Treasury | Bill maturing 8/1/2024         | 991,977            | —                 | 1                      | 991,977           | 991,977                                        | —            |
| United States of America Treasury | Bill maturing 8/1/2024         | —                  | 1,000,000         | 1                      | 1,000,000         | 1,000,000                                      | —            |

\* Denotes party-in-interest ([Note 6](#)).

\*\* The commissions and fees related to purchases and sales of investments are included in the cost of the investment or the proceeds from the sale and are not separately defined by the trustees.

See Independent Auditor's Report.

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

#### Interest rate basis

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

| Interest rates | Reflecting Stabilization | Not Reflecting Stabilization |
|----------------|--------------------------|------------------------------|
|----------------|--------------------------|------------------------------|

#### Annual rates of increase

- Compensation N/A

**Plan-related expenses** \$230,000

**Assumed rate of return for purposes of determining Actuarial Value of Assets (AVA)**  
2022: 3.50%  
2023: 4.50%

### Demographic Assumptions

**Inclusion date** The valuation date coincident with or next following the date on which the employee becomes a participant.

**New or rehired employees** It was assumed there will be no new or rehired employees.

Plan Name: The Canada Life Assurance Company United States Consolidated Pension Plan  
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Plan Sponsor: The Canada Life Assurance Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Mortality

- **Healthy** 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).
- **Disabled** Same as healthy.

## Termination

N/A – There are no active participants.

## Disability

N/A – There are no active participants.

## Retirement

| Deferred Vested percentage retiring during the year |        |         |
|-----------------------------------------------------|--------|---------|
| Age                                                 | Males  | Females |
| 55                                                  | 4.0%   | 4.0%    |
| 56 – 59                                             | 2.0%   | 2.0%    |
| 60 - 64                                             | 5.0%   | 5.0%    |
| 65 +                                                | 100.0% | 100.0%  |

## Benefit commencement date:

- **Preretirement death benefit** The later of the death of the active participant or the date the participant would have attained age 65.
- **Deferred vested benefit** Deferred vested participants are assumed to commence at the retirement ages in the table above.

## Form of payment

70% of participants are assumed to elect payment in the form of a single life annuity with 120 payments guaranteed; 30% of participants are assumed to elect payment in the form of a 50% joint & survivor annuity with 120 payments guaranteed.

## Percent married

85% of eligible participants are assumed to be married.

## Spouse age

Male spouses are assumed to be one year older than female spouses.

Plan Name: The Canada Life Assurance Company United States Consolidated Pension Plan  
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Plan Sponsor: The Canada Life Assurance Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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**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 as required by regulations under IRC §430.

**Target normal cost** Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

**Actuarial value of assets (for determining minimum required contributions)** Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 3.50% for 2022 and 4.50% for 2023 (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2023 plan year).

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (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 value 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.

**Benefits not valued** All benefits described in the Plan Provisions section of this report were valued including based on discussions with Canada Life Assurance Company regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with Canada Life Assurance Company and, based on that review, is not aware of any significant benefits required to be valued that were not.

Plan Name: The Canada Life Assurance Company United States Consolidated Pension Plan  
EIN / PN: 38-0397420/001  
Plan Sponsor: The Canada Life Assurance Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Assumptions Rationale - Significant Economic Assumptions

|                      |                                                                                                                                                                                                                                                                                                                      |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Discount rate</b> | <p>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.</p> <p>For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.</p> |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Assumptions Rationale - Significant Demographic Assumptions

|                                                        |                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Healthy Mortality</b>                               | Assumptions used for funding purposes are as prescribed by IRC §430(h).                                                                                                                                                                                                                                                                                                     |
| <b>Disabled Mortality</b>                              | Assumptions used for funding purposes are as prescribed by IRC §430(h).                                                                                                                                                                                                                                                                                                     |
| <b>Benefit commencement date for deferred benefits</b> | Benefit commencement rates for deferred benefits were based on an experience study conducted in 2021, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable. |

## Sources of Data and Other Information

Data on employees and former employees were supplied by the plan sponsor and its vendors to allow WTW to assist with the administration of the Plan. The provided information was extracted by WTW during the valuation process as of the valuation date. Asset data was provided by the plan sponsor.

Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussion with the plan sponsor, 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.

## Source of Prescribed Methods

|                        |                                                                                                                                                                                                                                                                                                                                                |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Funding methods</b> | The methods used for funding purposes as described in Appendix A, 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:      | The Canada Life Assurance Company United States Consolidated Pension Plan |
| EIN / PN:       | 38-0397420/001                                                            |
| Plan Sponsor:   | The Canada Life Assurance Company                                         |
| Valuation Date: | January 1, 2024                                                           |

# SCHEDULE SB ATTACHMENTS

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## Changes in Assumptions and Methods

|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Change in assumptions since prior valuation</b> | <ul style="list-style-type: none"><li>• The segment interest rates used to calculate the funding target were updated to the current valuation date as required by IRC §430.</li><li>• The mortality table used to calculate the funding target and target normal cost was updated, reflects the latest mortality improvement scale, and was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by the IRS under IRC §430.</li></ul> |
| <b>Change in methods since prior valuation</b>     | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

Plan Name: The Canada Life Assurance Company United States Consolidated Pension Plan  
EIN / PN: 38-0397420/001  
Plan Sponsor: The Canada Life Assurance Company  
Valuation Date: January 1, 2024

**THE CANADA LIFE ASSURANCE COMPANY  
UNITED STATES CONSOLIDATED PENSION PLAN  
Plan # 001 EIN # 38-0397420  
FORM 5500, SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
FOR THE YEAR ENDED DECEMBER 31, 2024**

| (a) Identity of party<br>involved    | (b) Description of asset       | (c) Purchase<br>price | (d) Selling<br>price | Number of<br>transactions | (g) Cost of<br>asset | (h) Current value<br>of asset on<br>transaction<br>date | (i) Net gain |
|--------------------------------------|--------------------------------|-----------------------|----------------------|---------------------------|----------------------|---------------------------------------------------------|--------------|
| <b>Single transactions: **</b>       |                                |                       |                      |                           |                      |                                                         |              |
| BlackRock                            | Liquidity Funds Treasury Trust | \$ 1,772,961          | \$ —                 | 1                         | \$ 1,772,961         | \$ 1,772,961                                            | \$ —         |
| BlackRock                            | Liquidity Funds Treasury Trust | —                     | 6,200,000            | 1                         | 6,200,000            | 6,200,000                                               | —            |
| Federated                            | Government Obligations Fund    | 6,200,000             | —                    | 1                         | 6,200,000            | 6,200,000                                               | —            |
| Federated                            | Government Obligations Fund    | —                     | 5,799,096            | 1                         | 5,799,096            | 5,799,096                                               | —            |
| <b>Series of transactions: **</b>    |                                |                       |                      |                           |                      |                                                         |              |
| BlackRock                            | Liquidity Funds Treasury Trust | \$ 14,016,788         | \$ —                 | 118                       | \$ 14,016,788        | \$ 14,016,788                                           | \$ —         |
| BlackRock                            | Liquidity Funds Treasury Trust | —                     | 13,683,224           | 21                        | 13,683,224           | 13,683,224                                              | —            |
| * Empower Funds Inc.                 | Government Money Market Fund   | 809,840               | —                    | 8                         | 809,840              | 809,840                                                 | —            |
| * Empower Funds Inc.                 | Government Money Market Fund   | —                     | 1,071,177            | 20                        | 1,071,177            | 1,071,177                                               | —            |
| Federated                            | Government Obligations Fund    | 7,462,852             | —                    | 9                         | 7,462,852            | 7,462,852                                               | —            |
| Federated                            | Government Obligations Fund    | —                     | 7,049,833            | 30                        | 7,049,833            | 7,049,833                                               | —            |
| United States of America<br>Treasury | Bill maturing 6/6/2024         | 1,341,558             | —                    | 2                         | 1,341,558            | 1,341,558                                               | —            |
| United States of America<br>Treasury | Bill maturing 6/6/2024         | —                     | 1,350,000            | 2                         | 1,350,000            | 1,350,000                                               | —            |
| United States of America<br>Treasury | Bill maturing 8/1/2024         | 991,977               | —                    | 1                         | 991,977              | 991,977                                                 | —            |
| United States of America<br>Treasury | Bill maturing 8/1/2024         | —                     | 1,000,000            | 1                         | 1,000,000            | 1,000,000                                               | —            |

\* Denotes party-in-interest ([Note 6](#)).

\*\* The commissions and fees related to purchases and sales of investments are included in the cost of the investment or the proceeds from the sale and are not separately defined by the trustees.

See Independent Auditor's Report.

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

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.

|                                                                                                                                           |                                                                                                                                                         |     |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>The Canada Life Assurance Co. United States Consolidated Pension Plan                                            | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                 | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>The Canada Life Assurance Company                             | <b>D</b> Employer Identification Number (EIN)<br>38-0397420                                                                                             |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> 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**

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>                                                                                                                               |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 35,097,558                |                          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 36,428,146                |                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | 337                        | 20,581,806                | 20,581,806               |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | 163                        | 7,836,533                 | 7,836,533                |
| <b>c</b> For active participants .....                                                                                                                                                                          | 0                          | 0                         | 0                        |
| <b>d</b> Total .....                                                                                                                                                                                            | 500                        | 28,418,339                | 28,418,339               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....                                                                                                                   | <input type="checkbox"/>   |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| <b>b</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 ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>                   | 5.06%                     |                          |
| <b>6</b> Target normal cost                                                                                                                                                                                     |                            |                           |                          |
| <b>a</b> Present value of current plan year accruals .....                                                                                                                                                      | <b>6a</b>                  | 0                         |                          |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                   | <b>6b</b>                  | 230,000                   |                          |
| <b>c</b> Target normal cost .....                                                                                                                                                                               | <b>6c</b>                  | 230,000                   |                          |

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

|                  |                                                              |                                        |
|------------------|--------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b> | Colin D. Dilworth <i>Colin Dilworth</i>                      | 9/15/2025                              |
|                  | Signature of actuary                                         | Date                                   |
|                  | Colin D. Dilworth                                            | 2308857                                |
|                  | Type or print name of actuary                                | Most recent enrollment number          |
|                  | Willis Towers Watson US LLC                                  | 503-703-7561                           |
|                  | Firm name                                                    | Telephone number (including area code) |
|                  | 600 University Street<br>Suite 2528<br>Seattle WA 98101-1125 |                                        |
|                  | 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:<br>4.75 % | 2nd segment:<br>4.87 % | 3rd segment:<br>5.59% | <input type="checkbox"/> N/A, full yield curve used |
|------------------------|------------------------|-----------------------|-----------------------------------------------------|

**b** Applicable month (enter code)..... **21b** 4

**22** Weighted average retirement age ..... **22**

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute

**Part VI Miscellaneous Items**

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....  Yes  No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...  Yes  No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

**28** Unpaid minimum required contributions for all prior years ..... **28** 0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

**a** Target normal cost (line 6c)..... **31a** 230,000

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 230,000

**32** Amortization installments:

|                                                       | Outstanding Balance | Installment |
|-------------------------------------------------------|---------------------|-------------|
| <b>a</b> Net shortfall amortization installment ..... | 0                   | 0           |
| <b>b</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 |
|------------------------------------------------------------------------|-------------------|--------------------|---------------|
| <b>35</b> 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** 0

**38** Present value of excess contributions for current year (see instructions)

**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 0

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b** 0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... **39** 0

**40** Unpaid minimum required contributions for all years ..... **40** 0

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

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

**Effective Date** The plan was originally effective January 1, 1989 and was restated effective January 1, 2017. The most recent amendment reflected in our valuation was effective October 2023.

**Plan Sponsor** The Canada Life Assurance Company

### Definitions

**Plan Year** The twelve-month period ending December 31.

**Coverage and Participation** Each Employee is eligible for participation after six months of service and the attainment of age 21.

**Credited Service** The number of full and partial years of employment as an active eligible employee. A participant shall be given credit for one month of employment for any month during which he / she is classified as an active Employee for at least 15 days of such month.

**Vesting Service** A year of vesting service is given for any calendar year during which an employee is credited with at least 1,000 hours of service.

**Final Average Monthly Compensation** Average Annual Compensation means the sum of the Compensation received by the participant during the 5 consecutive calendar years of employment out of the 15 calendar year period immediately preceding retirement or other termination which yields the highest average.

Plan Name: The Canada Life Assurance Company United States Consolidated Pension  
EIN / PN: 38-0397420/001  
Plan Sponsor: The Canada Life Assurance Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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**Normal Retirement Benefit** Normal Retirement Date is the first of the month following attainment of age 65.

The monthly amount payable to participants at their Normal Retirement Date, payable monthly for life with 120 payments guaranteed, is equal to 1/12<sup>th</sup> the sum of (A), (B), (C), and (D) as follows:

(A) With respect to years of service as an employee prior to January 1, 1989, an amount equal to:

1.5% of Average Annual Compensation determined on December 31, 1988, multiplied by the total years of benefit service as of December 31, 1988, not to exceed 35 years, less

- (a) one half of the participant's social security amount calculated as of December 31, 1988, and
- (b) the resulting amount being increased by the ratio of his Average Annual Compensation determined as of the participant's date of termination of employment to the Average Annual Compensation determined as of December 31, 1988

(B) With respect to years of service as an employee after December 31, 1988, and prior to January 1, 1992, an amount determined as of his termination of employment with the employer, equal to:

- 1) 1.25% of that part of his Average Annual Compensation which does not exceed his Covered Compensations, plus
- 2) 1.75% of that part of his Average Annual Compensation which is in excess of his Covered Compensation.
- 3) The resulting amount being multiplied by his total years of benefit accrual service from January 1, 1989, through December 31, 1991, not to exceed 35 years reduced by the years of service used in sub clause (1) of clause (A) above.

Plan Name: The Canada Life Assurance Company United States Consolidated Pension  
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# SCHEDULE SB ATTACHMENTS

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## Normal Retirement Benefit (continued)

(C) With respect to years of service as an employee after December 31, 1991, and amount determined as of his termination of employment with the employer, equal to:

- 1) 1.10% of that part of his Average Annual Compensation which does not exceed his Covered Compensation, plus
- 2) 1.60% of that part of his Average Annual Compensation which is in excess of his Covered Compensation.

The resulting amount being multiplied by his total years of benefit accrual service as an employee in the United States or any of its territories from January 1, 1992, through his termination of employment with the employer, not to exceed 35 years reduced by the years of service used in sub clause (1) of clause (A) plus the years of service used in sub clause (3) of clause (B) above.

(D) An amount of monthly pension attributable to the participant's voluntary contributions in the form of a normal retirement pension shall be \$5.65 at age 55, \$6.35 at age 60, \$7.00 at age 65, and \$7.85 at age 70 for each \$1,000.00 of the total of such contributions and interest, as more fully described in Appendix 2.2(d) of the Plan.

The monthly normal retirement benefit for a married participant is a 50% joint and survivor pension what 120 payments guaranteed calculated as the actuarial equivalent of the benefit described above.

## Early Retirement

The early retirement benefit amount is equal to the accrued benefit reduced by 4.8% per year for each year preceding the Normal Retirement Date. However, a participant who has attained age 60 and who has completed thirty (30) Years of Service may retire early with an unreduced benefit.

## Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: The Canada Life Assurance Company United States Consolidated Pension  
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