

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>SENTRY 401K PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>003</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SENTRY INSURANCE COMPANY</u></p> <p><u>1800 NORTH POINT DRIVE</u> <u>STEVENS POINT, WI 54481</u></p>	<p>1c Effective date of plan <u>01/01/1974</u></p> <p>2b Employer Identification Number (EIN) <u>39-0333950</u></p> <p>2c Plan Sponsor's telephone number <u>715-346-6000</u></p> <p>2d Business code (see instructions) <u>524150</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2025	MICHAEL CLOUD CHIEF HR OFFICER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2025	MICHAEL CLOUD CHIEF HR OFFICER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	7958
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	4565
	6a(2)	4702
	6b	483
	6c	2515
	6d	7700
	6e	218
	6f	7918
	6g(1)	7543
	6g(2)	7644
h	6h	6
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2T 3H 2S

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan SENTRY 401K PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>003</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SENTRY INSURANCE COMPANY</p>	<p>D Employer Identification Number (EIN) 39-0333950</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
SENTRY LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-6040276	68810	97-70027-73	7918	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	837752328
5	Current value of plan's interest under this contract in separate accounts at year end.....	1087837710
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input checked="" type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 855994550
c	Additions: (1) Contributions deposited during the year	7c(1) 7969210
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 41142135
	(4) Transferred from separate account	7c(4) 30132177
	(5) Other (specify below)..... ▶ LOAN REPAYMENT & INTEREST ROLLOVERS	7c(5) 1639988
	(6) Total additions	7c(6) 80883510
d	Total of balance and additions (add lines 7b and 7c(6))	7d 936878060
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 64494748
	(2) Administration charge made by carrier.....	7e(2) 10458
	(3) Transferred to separate account	7e(3) 33765849
	(4) Other (specify below)..... ▶ LOAN PAYOUT INVESTMENT ADVISORY FEES CORRECTIVE DISTRIBUTIONS	7e(4) 854677
(5) Total deductions	7e(5) 99125732	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 837752328

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan SENTRY 401K PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 SENTRY INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0333950	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

MORNINGSTAR INVESTMENT MANAGEMENT

22 WEST WASHINGTON STREET
CHICAGO, IL 60602

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	INVESTMENT ADVISOR	143912	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

SENTRY LIFE INSURANCE COMPANY

39-6040276

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	PARTY IN INTEREST	34528	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>SENTRY 401K PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SENTRY INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0333950</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DIVERSIFIED INCOME ACCOUNT</u>		
b Name of sponsor of entity listed in (a): <u>SENTRY LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>39-6040276-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6968316</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERNATIONAL GROWTH ACCOUNT</u>		
b Name of sponsor of entity listed in (a): <u>SENTRY LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>39-6040276-009</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17111645</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL CAP BLEND ACCOUNT I</u>		
b Name of sponsor of entity listed in (a): <u>SENTRY LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>39-6040276-013</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16066882</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MID-CAP GROWTH ACCOUNT I</u>		
b Name of sponsor of entity listed in (a): <u>SENTRY LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>39-6040276-014</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>37375167</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQUITY GROWTH & INCOME ACCOUNT</u>		
b Name of sponsor of entity listed in (a): <u>SENTRY LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>39-6040276-015</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17813041</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL CAP INDEX ACCOUNT</u>		
b Name of sponsor of entity listed in (a): <u>SENTRY LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>39-6040276-016</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>25319985</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TOTAL STOCK INDEX ACCOUNT</u>		
b Name of sponsor of entity listed in (a): <u>SENTRY LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>39-6040276-018</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>47536098</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: INSTITUTIONAL LARGE INDEX ACCOUNT		
b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY		
c EIN-PN 39-6040276-022	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 113250052
a Name of MTIA, CCT, PSA, or 103-12 IE: BALANCED ALLOCATION ACCOUNT		
b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY		
c EIN-PN 39-6040276-024	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29899282
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH ACCOUNT III		
b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY		
c EIN-PN 39-6040276-031	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 599885
a Name of MTIA, CCT, PSA, or 103-12 IE: MID-CAP VALUE ACCOUNT		
b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY		
c EIN-PN 39-6040276-033	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12146174
a Name of MTIA, CCT, PSA, or 103-12 IE: BALANCED GROWTH ACCOUNT II		
b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY		
c EIN-PN 39-6040276-044	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48836654
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP GROWTH ACCOUNT III		
b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY		
c EIN-PN 39-6040276-045	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 181874612
a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL BOND INDEX ACCOUNT II		
b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY		
c EIN-PN 39-6040276-046	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24667443
a Name of MTIA, CCT, PSA, or 103-12 IE: MID-CAP VALUE INDEX ACCOUNT II		
b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY		
c EIN-PN 39-6040276-051	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15535282
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE INDEX ACCOUNT		
b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY		
c EIN-PN 39-6040276-054	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12869295
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL LARGE INDEX ACCOUNT		
b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY		
c EIN-PN 39-6040276-055	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26879872

a Name of MTIA, CCT, PSA, or 103-12 IE: BALANCED AGGRESSIVE GROWTH ACCOUNT		
b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY		
c EIN-PN 39-6040276-056	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7278086
a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS BOND ACCOUNT		
b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY		
c EIN-PN 39-6040276-064	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2071716
a Name of MTIA, CCT, PSA, or 103-12 IE: 2025 TARGET RETIREMENT ACCOUNT III		
b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY		
c EIN-PN 39-6040276-093	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63744849
a Name of MTIA, CCT, PSA, or 103-12 IE: 2035 TARGET RETIREMENT ACCOUNT III		
b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY		
c EIN-PN 39-6040276-095	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 114986581
a Name of MTIA, CCT, PSA, or 103-12 IE: 2045 TARGET RETIREMENT ACCOUNT III		
b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY		
c EIN-PN 39-6040276-097	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 142519827
a Name of MTIA, CCT, PSA, or 103-12 IE: 2055 TARGET RETIREMENT ACCOUNT III		
b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY		
c EIN-PN 39-6040276-099	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 96486384
a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT INCOME ACCT III		
b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY		
c EIN-PN 39-6040276-112	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7796279
a Name of MTIA, CCT, PSA, or 103-12 IE: 2065 TARGET RETIREMENT ACCOUNT III		
b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY		
c EIN-PN 39-6040276-128	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10992856
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP GROWTH ACCOUNT V		
b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY		
c EIN-PN 39-6040276-133	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7211432
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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SENTRY 401K PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 SENTRY INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0333950

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	3414724
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	11694154
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	935490957
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	855994550
(15) Other.....	1c(15)	837752328

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	1806594385	1941946399
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1806594385	1941946399

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	33195180	
(B) Participants.....	2a(1)(B)	43638019	
(C) Others (including rollovers).....	2a(1)(C)	10188162	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		87021361
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	798107	
(F) Other.....	2b(1)(F)	41142135	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		41940242
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		129677121
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		258638724

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	123108270	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		123108270
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	178440	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		178440
j Total expenses. Add all expense amounts in column (b) and enter total	2j		123286710

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		135352014
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CLIFTONLARSONALLEN, LLP

(2) EIN: 41-0746749

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>SENTRY 401K PLAN</u>	B Three-digit plan number (PN)	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SENTRY INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0333950</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
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): <u>39-6040276</u>		
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	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% 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 _____.

SENTRY 401K PLAN
FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULE
YEARS ENDED DECEMBER 31, 2024 AND 2023



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INDEPENDENT AUDITORS' REPORT

Participants and Plan Administrator
Sentry 401k Plan
Stevens Point, Wisconsin

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Sentry 401k Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which 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.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Sentry 401k Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Sentry 401k 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 audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 Sentry 401k Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- 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 Sentry 401k 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 Sentry 401k Plan's ability to continue as a going concern for a reasonable period of time.

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.

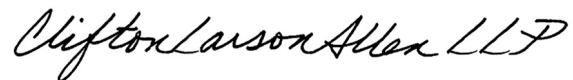
Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

Participants and Plan Administrator
Sentry 401k Plan

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its 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 information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in cursive script that reads "CliftonLarsonAllen LLP".

CliftonLarsonAllen LLP

St. Cloud, Minnesota
July 18, 2025

**SENTRY 401K PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

ASSETS	2024	2023
INVESTMENTS (AT FAIR VALUE)		
Investment in Group Annuity Contract #GA:97-70027-73 with Sentry Life Insurance Company:		
Guaranteed Fund	\$ 837,752,328	\$ 855,994,550
Separate Account Funds	1,087,837,710	935,490,957
Total Investments (at Fair Value)	1,925,590,038	1,791,485,507
EMPLOYER CONTRIBUTION RECEIVABLE	3,607,739	3,414,724
NOTES RECEIVABLE FROM PARTICIPANTS	12,748,622	11,694,154
NET ASSETS AVAILABLE FOR BENEFITS	\$ 1,941,946,399	\$ 1,806,594,385

See accompanying Notes to Financial Statements.

SENTRY 401K PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
ADDITIONS TO (DEDUCTIONS FROM) NET ASSETS AVAILABLE FOR BENEFITS ATTRIBUTED TO:		
INVESTMENT INCOME		
Net Appreciation in Fair Value of Insurance Company Separate Accounts	\$ 129,677,121	\$ 155,254,660
Interest	41,142,135	40,540,915
Total Investment Income	170,819,256	195,795,575
INTEREST ON NOTES RECEIVABLE FROM PARTICIPANTS	798,107	544,670
CONTRIBUTIONS		
Employer	33,195,180	31,165,197
Employee	43,638,019	41,585,288
Rollover	10,188,162	9,033,806
Total Contributions	87,021,361	81,784,291
BENEFITS PAID TO PARTICIPANTS	(123,108,270)	(94,551,916)
FEES	(178,440)	(174,969)
NET INCREASE	135,352,014	183,397,651
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	1,806,594,385	1,623,196,734
End of Year	\$ 1,941,946,399	\$ 1,806,594,385

See accompanying Notes to Financial Statements.

**SENTRY 401K PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 1 DESCRIPTION OF PLAN

The following description of the Sentry 401k Plan (Plan) is provided for general information purposes only. Reference should be made to the Plan document for a complete description of the Plan's provisions.

General

Sentry Insurance Company (Company) established the Plan as of January 1, 1974 as the Sentry Investment Plan for eligible employees of the Company, its subsidiaries and affiliates. The Plan has been amended throughout the years to comply with tax legislation. The Plan was last restated effective January 1, 2016, and last amended effective January 1, 2022 in regards to updated hardship provisions. The trustee of the Plan is Sentry Life Insurance Company (SLIC).

The Plan is a qualified cash or deferred profit-sharing defined contribution plan within the meaning of Sections 401(a) and 401(k) of the Internal Revenue Code (IRC) and is subject to the provisions of ERISA, as amended.

Eligibility

An employee is eligible to participate in the Plan on the first day of the month following or coinciding with the later of their hire date (or transfer into a benefits eligible position) and the attainment of age 21. Upon meeting the eligibility requirements, participation in the Plan is automatic unless an employee makes an election, either written or electronically, to not participate in the Plan.

Effective January 1, 2006, the Plan was amended to offer a choice of two programs (Retirement Program 1 and Retirement Program 2) to employees aged 40 and older as of December 31, 2005. Employees age 39 or less as of December 31, 2005 and all new employees, regardless of age, were automatically enrolled in Retirement Program 2. The Plan eligibility requirements for Company contributions were also amended effective January 1, 2006, in that an employee enrolled in Retirement Program 1 must complete one year of service in which 1,000 hours are worked. Company contributions begin the first day of the month following the day the one-year service requirement is met. Retirement Program 2 participants are immediately eligible for Company contributions. Effective January 1, 2010, the Plan was amended to add a Retirement Program 3 for newly hired employees on or after January 1, 2010. The eligibility provisions for participation and Company contributions are the same as Retirement Program 2.

Contributions

Employees may contribute up to 75% of their eligible earnings to the Plan. Eligible employees are automatically enrolled in the Plan at an 8% pre-tax contribution. Participants are also allowed to make after-tax contributions and Roth 401(k) contributions. The Plan allows participants age 50 and older to make catch-up contributions. The participant directs the investment of contributions into the Guaranteed Fund and/or various separate account funds offered under the group annuity contract with SLIC.

**SENTRY 401K PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Contributions (Continued)

Effective January 1, 2006, the Plan was amended to offer two alternative formulas to allocate Company contributions to participant accounts based on the Retirement Program in which the participant is enrolled. Effective January 1, 2010, Retirement Program 3 was introduced to newly hired employees. Under Retirement Program 1, the Company matches 25% of employee contributions up to the first 6% of eligible earnings deposited by the employee and may make additional annual contributions based on operating profit. In Retirement Program 2, the Company matches 100% of employee contributions up to the first 6% of eligible earnings deposited by the employee. Effective January 1, 2010, the Plan was amended to add Retirement Program 3 (all new employees hired on or after January 1, 2010) with a Company match the same as Retirement Program 2. Effective January 1, 2018, the Plan was amended to increase the match contribution from 6% to 8% for all newly hired employees after January 1, 2010 or those participants that are rehired after January 1, 2010 that experienced a termination of employment that exceeds 180 days. The Company match for 2024 and 2023 was \$30,254,341 and \$28,301,885, respectively. The Company may also make additional annual discretionary matching contributions based on operating profit (profit-sharing contribution).

In regards to Retirement Program 1, the Company may, at management's discretion, make a profit-sharing contribution to the Plan determined pursuant to an administrative formula adopted by the Company at the beginning of each Plan year. The allocation of the Company's profit-sharing contribution is based on the participant's actual account deposits by multiplying for each pay period, the participant's deferral contributions of not more than 6% of eligible earnings, times the profit-sharing percentage. For Retirement Program 2, eligible participants receive an allocation in proportion to the percentage deposited (up to the first 1.00% total). Effective January 1, 2010, the Plan was amended to add Retirement Program 3 (all new employees hired on or after January 1, 2010) with a profit-sharing contribution percentage up to 1.50%. For 2024 and 2023, the Company's profit-sharing contribution was an additional \$2,940,839 and \$2,863,312, respectively, under this provision. In order for a participant to share in profit-sharing contributions, they must be employed on the last day of the Plan year. In addition, a participant whose employment terminated during the Plan year due to death, permanent disability, or retirement must have retained a positive balance at the close of the Plan year to receive a profit-sharing contribution.

Contributions are subject to Internal Revenue Service (IRS) limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution, an allocation of the Company's contributions, and Plan earnings or losses based on the participant's balance or compensation, as defined. The total value of a participant's account equals the sum of the participant's total interest in all of the investment funds, notes receivable to the participant, deposits of the participant's contributions and the value of Company matching and profit-sharing contributions due but not yet credited to the participant's account. Income is allocated daily based on the shares in the participant's account.

**SENTRY 401K PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Rollover Contributions

Rollover contributions are funds transferred from an IRS qualified plan of a prior employer. An employee, whether or not eligible to participate in the Plan, may contribute any amount of rollover contributions, providing that amounts to be rolled over are pretax and are eligible for rollover treatment under the IRC. The Plan allows Roth rollovers from other eligible retirement plans as permitted under the IRC. Such employees are not permitted to make deferrals or receive Company contributions prior to meeting eligibility requirements.

Vesting

Participants are immediately vested in employee and Company contributions plus interest and earnings thereon.

Payment of Benefits

Upon death or termination of service, a participant or beneficiary may elect to receive the value of their account in the form of a lump-sum payment, installments, or an annuity from SLIC, a wholly owned subsidiary of the Company, for the life of the member (if not married), or joint and survivor annuity (if married). The Plan also includes an In-Plan Roth Rollover feature, subject to certain provisions.

In-service withdrawals, loans and hardship withdrawals are also permitted as defined in the Plan document. In 2020, the Plan implemented the Coronavirus-Related Distribution provision whereby participants impacted by the virus could withdraw up to \$100,000 from their accounts with no 10% penalty.

Notes Receivable from Participants

As defined by the Plan document, participants may borrow up to 50% of their account balance, which may not be less than \$1,000 and must not exceed \$50,000. Note duration is in yearly increments up to five years except for notes to purchase a primary residence where maximum duration is determined by the note amount. The notes are secured by the balance in the participant's account. Interest is charged at the prevailing market rate at the date of the note. Interest rates on outstanding notes ranged from 2.42% to 8.50% at December 31, 2024. Principal and interest is repaid ratably through payroll deductions.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting, in conformity with accounting principles generally accepted in the United States of America. Investment income is recorded when earned. Contributions by participants are recorded on the basis of amounts withheld through payroll deductions. Matching contributions by the Company are recorded each payroll period and profit-sharing contributions are accrued annually based on amounts approved by the Company. Benefit payments are recorded when paid.

**SENTRY 401K PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates

The preparation of the Plan's financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the changes in net assets available for benefits during the reporting period, and, when applicable, disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's assets are invested in a group annuity contract (Contract) with SLIC that allows contributions to be allocated among investment options which include the Guaranteed Fund and Separate Accounts at the discretion of the participant. The Contract is valued as follows:

- Guaranteed Fund – Investment contracts held by a defined-contribution plan that do not meet the criteria of a fully benefit-responsive investment contract are required to be reported at fair value. The Guaranteed Fund is valued at fair value which approximates contract value. The statements of changes in net assets available for benefits are prepared on a contract value basis. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. SLIC is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.
- A secondary market providing the opportunity to sell the contract held by the Plan does not exist. The contract is an unsecured general obligation of SLIC. SLIC is rated A+ by the A.M. Best Company; therefore, no fair value reduction for default risk is included.
- The average yield for the Plan's investment in the Fund was 5.00% and 4.91% for the years ended December 31, 2024 and 2023, respectively. The crediting interest rate for this fund was 4.98% and 4.88% for December 31, 2024 and 2023, respectively.
- Separate Account Funds – Investments in the separate accounts represent ownership of units of participation (Units), rather than ownership of specific assets. The values of the Separate Account Funds are determined by aggregating the value of all of the Units held by the Plan. The value of a Unit is the total value of the separate account investments plus other assets less liabilities divided by the number of Units outstanding. Investments in these separate accounts are valued daily at fair value using a net asset value (NAV), which is a readily determinable fair value and is the basis for current transactions.

See Notes 3, 4, and 5 for additional information.

**SENTRY 401K PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition (Continued)

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

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

Expenses of the Plan

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. An annual maintenance fee of \$30 is charged to terminated participant accounts. Participants that enroll in Morningstar's Investment Management Services will be charged an annual fee of an amount equal to 28 basis points on the net assets under management in their account. Investment related expenses are included in the net appreciation of fair value of investments.

Fair Value of Financial Instruments

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

**SENTRY 401K PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair Value of Financial Instruments (Continued)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the valuation methodologies used at December 31, 2024 and 2023.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable are reclassified as distributions based upon the terms of the Plan document.

Subsequent Events

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through July 18, 2025, the date the financial statements were available to be issued.

NOTE 3 FAIR VALUE MEASUREMENTS

The Plan uses fair value measurements to record fair value adjustments to certain assets and liabilities and to determine fair value disclosures. For additional information on how the Plan measures fair value, refer to Note 2. The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	2024			
	Level 1	Level 2	Level 3	Total
Pooled Separate Accounts	\$ -	\$ 1,087,837,710	\$ -	\$ 1,087,837,710
Guaranteed Fund	-	837,752,328	-	837,752,328
Total Investments at Fair Value	\$ -	\$ 1,925,590,038	\$ -	\$ 1,925,590,038
	2023			
	Level 1	Level 2	Level 3	Total
Pooled Separate Accounts	\$ -	\$ 935,490,957	\$ -	\$ 935,490,957
Guaranteed Fund	-	855,994,550	-	855,994,550
Total Investments at Fair Value	\$ -	\$ 1,791,485,507	\$ -	\$ 1,791,485,507

NOTE 4 GUARANTEED FUND

The Guaranteed Fund is part of the general assets of SLIC. Contributions allocated to the Guaranteed Fund accumulate with interest at a contractually established interest rate. Up to 20% of the Guaranteed Fund's contract value can be withdrawn per year with no market value adjustment and without prior approval from the president of SLIC.

**SENTRY 401K PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 4 GUARANTEED FUND (CONTINUED)

The contract provides for withdrawals associated with certain events which are not in the ordinary course of plan operations, and that SLIC determines will have a material adverse effect on its financial interest, will be paid with a fair value adjustment to the contract value amount of such withdrawal as defined in such contracts. Such events include the following: (i) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan) (ii) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions; (iii) bankruptcy of the Plan Sponsor or other Plan Sponsor event (e.g. divestitures or spin-offs of a subsidiary, etc.) which cause a significant withdrawal from the Plan or (iv) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that the occurrence of any such value event which would limit the Plan's ability to transact at contract value with participants is probable.

The contract does not permit SLIC to terminate the agreement prior to the scheduled maturity date.

NOTE 5 SEPARATE ACCOUNTS FUND

Separate accounts are pooled groups of investments with SLIC in which each of the pooling members share equally in the investment results. The net investment gain of each account consists of dividend income, realized gains or losses, unrealized gains or losses, and interest income, the total of which is reduced by applicable investment expenses. The net investment gain is apportioned daily among all pooling members based on their proportionate shares of the previous day's net assets. The assets and liabilities of each separate account are legally segregated within SLIC.

NOTE 6 RISKS AND UNCERTAINTIES

The Plan's investments under the group annuity contract are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is possible that changes in conditions in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

NOTE 7 PLAN TAX STATUS

The IRS has determined and informed the Company by letter dated September 21, 2017 that the Plan is designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter. The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

**SENTRY 401K PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 7 PLAN TAX STATUS (CONTINUED)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8 RELATED PARTY TRANSACTIONS

Transactions involving investments of the Plan in the group annuity contract with SLIC during the years ended December 31, 2024 and 2023 are considered "party-in-interest" transactions under ERISA. In addition, notes receivable from participants are also considered "party-in-interest" transactions under ERISA.

NOTE 9 PLAN TERMINATION

The Company reserves the right to terminate the Plan. Although it has not expressed any intent to do so, the Company also has the right under the Plan document to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

SUPPLEMENTARY INFORMATION

SENTRY 401K PLAN
E.I.N. 39-0333950 PLAN NO. 003
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost **	(e) Current Value
	Sentry Life Insurance Company			
	Group Annuity Contract			
	#GA: 97-70027-73:			
*	Separate Account AA (Vanguard Explorer Fund)	Insurance Company Separate Account 1,836 Units		\$ 599,886
*	Separate Account AC (Vanguard Selected Value Fund)	Insurance Company Separate Account 16,0495 Units		12,146,174
*	Separate Account AI (Vanguard Mid-Cap Index Fund)	Insurance Company Separate Account 178,384 Units		15,535,283
*	Separate Account AL (Small Cap Value Index Account)	Insurance Company Separate Account 208,157 Units		12,869,295
*	Separate Account AM (International Large Index Account)	Insurance Company Separate Account 979,736 Units		26,879,873
*	Separate Account BC (JPMorgan Large Cap Growth Fund)	Insurance Company Separate Account 422,565 Units		7,211,433
*	Separate Account CA (Janus Balanced Aggressive Growth Account)	Insurance Company Separate Account 259,504 Units		7,278,086
*	Separate Account D (T. Rowe Price Spectrum Income Fund)	Insurance Company Separate Account 369,908 Units		6,968,317
*	Separate Account G (PIMCO Emerging Markets Bond Fund - Institutional Shares)	Insurance Company Separate Account 121,391 Units		2,071,717
*	Separate Account I (International Growth Account)	Insurance Company Separate Account 612,387 Units		17,111,646
*	Separate Account M (T. Rowe Price Small-Cap Value Fund)	Insurance Company Separate Account 133,923 Units		16,066,882

SENTRY 401K PLAN
E.I.N. 39-0333950 PLAN NO. 003
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost **	(e) Current Value
*	Separate Account N (T. Rowe Price Mid-Cap Growth Fund)	Insurance Company Separate Account 151,567 Units		\$ 37,375,168
*	Separate Account O (T. Rowe Price Equity Income Fund)	Insurance Company Separate Account 213,922 Units		17,813,042
*	Separate Account P (Vanguard Small-Cap Index Fund)	Insurance Company Separate Account 181,742 Units		25,319,986
*	Separate Account R (Total Stock Index Account)	Insurance Company Separate Account 271,702 Units		47,536,098
*	Separate Account SA (Balanced Growth Account)	Insurance Company Separate Account 273,343 Units		48,836,654
*	Separate Account TA (Vanguard PRIMECAP Fund - Admiral Shares)	Insurance Company Separate Account 453,815 Units		181,874,613
*	Separate Account V (Vanguard Institutional Index Fund)	Insurance Company Separate Account 167,675 Units		113,250,053
*	Separate Account WA (Vanguard Total Bond Market Index Fund - Institutional Shares)	Insurance Company Separate Account 1,864,756 Units		24,667,443
*	Separate Account X (Vanguard Asset Allocation Fund)	Insurance Company Separate Account 439,317 Units		29,899,282
*	Separate Account YA (Vanguard Instl Target Retirement Income Fund)	Insurance Company Separate Account 375,632 Units		7,796,280
*	Separate Account YC (Vanguard Instl Target Retirement 2025 Fund)	Insurance Company Separate Account 1,962,045 Units		63,744,850
*	Separate Account YD (Vanguard Instl Target Retirement 2035 Fund)	Insurance Company Separate Account 2,939,100 Units		114,986,581

SENTRY 401K PLAN
E.I.N. 39-0333950 PLAN NO. 003
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost **	(e) Current Value
	Sentry Life Insurance Company			
	Group Annuity Contract			
	#GA: 97-70027-73:			
*	Separate Account YE (Vanguard Instl Target Retirement 2045 Fund)	Insurance Company Separate Account 3,159,725 Units		\$ 142,519,827
*	Separate Account YF (Vanguard Instl Target Retirement 2055 Fund)	Insurance Company Separate Account 1,244,364 Units		96,486,384
*	Separate Account YL (Vanguard Instl Target Retirement 2065 Fund)	Insurance Company Separate Account 927,236 Units		10,992,857
	Separate Account Funds Total			<u>1,087,837,710</u>
*	Guaranteed Fund Group Annuity Contract #GA-1AA	Group Annuity Contract Annual Rate 4.98%		837,752,328
*	Participants of the 401k Plan	Loans made to Individual Participants with Interest Rates Ranging from 2.42% to 8.50%	-	<u>12,748,622</u>
	Total Investments			<u><u>\$ 1,938,338,660</u></u>

* Indicates Party-in-Interest

** Cost Omitted for Participant-Directed Investments



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

SENTRY 401K PLAN
E.I.N. 39-0333950 PLAN NO. 003
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Cost **	Current Value
	Sentry Life Insurance Company			
	Group Annuity Contract			
	#GA: 97-70027-73:			
*	Separate Account AA (Vanguard)	Insurance Company Separate Account 1,836 Units		\$ 599,886
*	Separate Account AC (Vanguard Selected Value Fund)	Insurance Company Separate Account 160,495 Units		\$ 12,146,174
*	Separate Account AI (Vanguard)	Insurance Company Separate Account 178,384 Units		15,535,283
*	Separate Account AL (Small Cap Value Index Account)	Insurance Company Separate Account 208,157 Units		12,869,295
*	Separate Account AM (International Large Index Account)	Insurance Company Separate Account 979,736 Units		26,879,873
*	Separate Account BC (JP Morgan)	Insurance Company Separate Account 422,565 Units		7,211,433
*	Separate Account CA (Janus Balanced Aggressive Growth Account)	Insurance Company Separate Account 259,504 Units		7,278,086
*	Separate Account D (T. Rowe Price Spectrum Income Fund)	Insurance Company Separate Account 369,908 Units		6,968,317
*	Separate Account G (PIMCO Emerging Markets Bond Fund - Institutional Shares)	Insurance Company Separate Account 121,391 Units		2,071,717
*	Separate Account I (International Growth Account)	Insurance Company Separate Account 612,387 Units		17,111,646

SENTRY 401K PLAN
E.I.N. 39-0333950 PLAN NO. 003
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Cost **	Current Value
	Sentry Life Insurance Company			
	Group Annuity Contract			
	#GA: 97-70027-73:			
*	Separate Account M (T. Rowe Price Small-Cap Value Fund)	Insurance Company Separate Account 133,923 Units		16,066,882
*	Separate Account N (T. Rowe Price Mid-Cap Growth Fund)	Insurance Company Separate Account 151.567 Units		37,375,168
*	Separate Account O (T. Rowe Price Equity Income Fund)	Insurance Company Separate Account 213,922 Units		17,813,042
*	Separate Account P (Vanguard Small-Cap Index Fund)	Insurance Company Separate Account 181,742 Units		25,319,986
*	Separate Account Q (Vanguard Extended Market Index Fund)	Insurance Company Separate Account 0 Units		\$ -
*	Separate Account R (Total Stock Index Account)	Insurance Company Separate Account 271,702 Units		47,536,098
*	Separate Account SA (Balanced Growth Account)	Insurance Company Separate Account 273,343 Units		48,836,654
*	Separate Account TA (Vanguard PRIMECAP Fund - Admiral Shares)	Insurance Company Separate Account 453,815 Units		181,874,613
*	Separate Account V (Vanguard Institutional Index Fund)	Insurance Company Separate Account 167,675 Units		113,250,053
*	Separate Account WA (Vanguard Total Bond Market Index Fund - Institutional Shares)	Insurance Company Separate Account 1,864,756 Units		24,667,443
*	Separate Account X (Vanguard Asset Allocation Fund)	Insurance Company Separate Account 439,317 Units		29,899,282

SENTRY 401K PLAN
E.I.N. 39-0333950 PLAN NO. 003
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Cost **	Current Value
	Sentry Life Insurance Company			
	Group Annuity Contract			
	#GA: 97-70027-73:			
*	Separate Account YA (Vanguard Instl Target Retirement Income Fund)	Insurance Company Separate Account 375,632 Units		7,796,280
*	Separate Account YC (Vanguard Instl Target Retirement 2025 Fund)	Insurance Company Separate Account 1,962,045 Units		63,744,850
*	Separate Account YD (Vanguard Instl Target Retirement 2035 Fund)	Insurance Company Separate Account 2,939,100 Units		114,986,581
*	Separate Account YE (Vanguard Instl Target Retirement 2045 Fund)	Insurance Company Separate Account 3,159,725 Units		142,519,827
*	Separate Account YF (Vanguard Instl Target Retirement 2055 Fund)	Insurance Company Separate Account 1,244,364 Units		96,486,384
*	Separate Account YL (Vanguard Instl Target Retirement 2065 Fund)	Insurance Company Separate Account 927,236 Units		10,992,857
	Separate Account Funds Total			1,087,837,710
*	Guaranteed Fund Group Annuity Contract #GA-1AA	Group Annuity Contract Annual Rate 4.98%		837,752,328
*	Participants of the 401k Plan	Loans made to Individual Participants with Interest Rates Ranging from 2.42% to 8.50%	-	12,748,624
	Total Investments			<u>\$1,938,338,661</u>
	* Indicates Party-in-Interest			
	** Cost Omitted for Participant-Directed Investments			

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
B This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.....▶	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.....▶	<input type="checkbox"/>

Part II	Basic Plan Information —enter all requested information	
1a Name of plan SENTRY 401K PLAN	1b Three-digit plan number (PN) ▶	003
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SENTRY INSURANCE COMPANY 1800 NORTH POINT DRIVE STEVENS POINT WI 54481	1c Effective date of plan 01/01/1974	2b Employer Identification Number (EIN) 39-0333950
	2c Plan Sponsor's telephone number (715) 346-6000	2d Business code (see instructions) 524150

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

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

SIGN HERE	MLKCU	10/7/25	MICHAEL CLOUD CHIEF HR OFFICER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	MLKCU	10/7/25	MICHAEL CLOUD CHIEF HR OFFICER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	7,958
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	4,565
	6a(2)	4,702
	6b	483
	6c	2,515
	6d	7,700
	6e	218
	6f	7,918
	6g(1)	7,543
6g(2)	7,644	
6h	6	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2T 3H 2S

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>001</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____
