

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: RETIREMENT PLAN FOR EMPLOYEES AND REPRESENTATIVES OF WOODMENLIFE
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1961
2a Plan sponsor's name (employer, if for a single-employer plan): WOODMEN OF THE WORLD INSURANCE SOCIETY
2b Employer Identification Number (EIN): 47-0339250
2c Plan Sponsor's telephone number: 402-342-1890
2d Business code (see instructions): 524140

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		4b EIN	
a Sponsor's name			
c Plan Name		4d PN	
5 Total number of participants at the beginning of the plan year		5	2008
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		6a(1)	257
a(2) Total number of active participants at the end of the plan year		6a(2)	237
b Retired or separated participants receiving benefits.....		6b	1424
c Other retired or separated participants entitled to future benefits		6c	277
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1938
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	20
f Total. Add lines 6d and 6e		6f	1958
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)		6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan RETIREMENT PLAN FOR EMPLOYEES AND REPRESENTATIVES OF WOODMENLIFE</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 WOODMEN OF THE WORLD INSURANCE SOCIETY</p>	<p>D Employer Identification Number (EIN) 47-0339250</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
WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

(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
47-0339250	57320	NONE	1958	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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	(c) Amount	(d) Purpose	

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	4
5	Current value of plan's interest under this contract in separate accounts at year end.....	5
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 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 448459974
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2) 5493582
	(3) Interest credited during the year.....	7c(3) 18401046
	(4) Transferred from separate account	7c(4) 80729547
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 104624175
d	Total of balance and additions (add lines 7b and 7c(6))	7d 553084149
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 35784114
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3) 94118367
	(4) Other (specify below)..... ▶ SEE STATEMENT	7e(4) 243054
(5) Total deductions	7e(5) 130145535	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 422938614

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

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

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES AND REPRESENTATIVES OF WOODMENLIFE</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>WOODMEN OF THE WORLD INSURANCE SOCIETY</u>	D Employer Identification Number (EIN) <u>47-0339250</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>772418975</u>
	b Actuarial value	2b	<u>771320172</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>1425</u>	<u>405929497</u>
	b For terminated vested participants	<u>326</u>	<u>32473130</u>
	c For active participants	<u>257</u>	<u>101639926</u>
	d Total	<u>2008</u>	<u>540042553</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.15 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>4428747</u>
	b Expected plan-related expenses	6b	<u>251808</u>
	c Target normal cost	6c	<u>4680555</u>

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

SIGN HERE		
	Signature of actuary	<u>09/22/2025</u> Date
	<u>CHRISTOPHER G. BIRCH</u> Type or print name of actuary	<u>23-07123</u> Most recent enrollment number
	<u>AON CONSULTING, INC.</u> Firm name	<u>312-381-1000</u> Telephone number (including area code)
	<u>MSC 17755, AON PO BOX 551343 ATLANTA, GA 30355</u> Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	4697448	139719273
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	4697448	139719273
10	Interest on line 9 using prior year's actual return of <u>12.55</u> %	589530	17534769
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.22</u> %		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	5286978	157254042

Part III Funding Percentages			
14	Funding target attainment percentage	14	112.12 %
15	Adjusted funding target attainment percentage	15	142.06 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	112.06 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 63

22 Weighted average retirement age **22** 63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

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

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	4680555
b Excess assets, if applicable, but not greater than line 31a	31b	4680555

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment		
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		Total balance

36 Additional cash requirement (line 34 minus line 35) **36**

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37**

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

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

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

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

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

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

SCHEDULE 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.	<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>RETIREMENT PLAN FOR EMPLOYEES AND REPRESENTATIVES OF WOODMENLIFE</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>WOODMEN OF THE WORLD INSURANCE SOCIETY</u>	D Employer Identification Number (EIN) <u>47-0339250</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>WOODMEN OF THE WORLD PENSION</u>		
b Name of sponsor of entity listed in (a): <u>WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY</u>		
c EIN-PN <u>47-0339250-001</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>404583747</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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 RETIREMENT PLAN FOR EMPLOYEES AND REPRESENTATIVES OF WOODMENLIFE	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 WOODMEN OF THE WORLD INSURANCE SOCIETY	D Employer Identification Number (EIN) 47-0339250

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	323959001	404583747
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	448459974	422938614
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	772418975	827522361
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		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	772418975	827522361

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)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		
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)		
(F) Other.....	2b(1)(F)	19620440	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		19620440
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	5493582	
(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)		5493582
(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)		66018595
(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		91132617

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	35784114	
(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)		35784114
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	40246	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	2063	
(11) Other expenses	2i(11)	202808	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		245117
j Total expenses. Add all expense amounts in column (b) and enter total	2j		36029231

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		55103386
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: **DELOITTE & TOUCHE LLP**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
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		20000000
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 553913.

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 RETIREMENT PLAN FOR EMPLOYEES AND REPRESENTATIVES OF WOODMENLIFE	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 WOODMEN OF THE WORLD INSURANCE SOCIETY	D Employer Identification Number (EIN) 47-0339250	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
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): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input checked="" 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
-----------------	-------------------

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 checked="" 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.
----------------	---

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: 40.6 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 40.1 %
 High-Yield Debt: 0.1 % Real Assets: 0.4 % Cash or Cash Equivalents: 1.4 % Other: 17.4 %

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 11 / 01 / 2016 (MM/DD/YYYY) and the Opinion Letter serial number _____.

Retirement Plan for Employees and Representatives of WoodmenLife

Employer ID No: 47-0339250

Plan Number: 001

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

RETIREMENT PLAN FOR EMPLOYEES AND REPRESENTATIVES OF WOODMENLIFE

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

INDEPENDENT AUDITOR'S REPORT

The Audit Committee
Retirement Plan for Employees and Representatives of WoodmenLife

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

We have performed audits of the financial statements of Retirement Plan for Employees and Representatives of WoodmenLife (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

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

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America. Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America. We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule of Form 5500, Schedule H, Part IV, Line 4i – 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 included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including 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 form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Deloitte Touche LLP

October 7, 2025

RETIREMENT PLAN FOR EMPLOYEES AND REPRESENTATIVES OF WOODMENLIFE

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AS OF DECEMBER 31, 2024 AND 2023

	2024	2023
ASSETS—Investments—at fair value:		
Deposit administration contract backed by general insurance assets	\$ 422,938,614	\$ 448,459,974
Pooled separate account	<u>404,583,747</u>	<u>323,959,001</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 827,522,361</u>	<u>\$ 772,418,975</u>

See accompanying notes to the financial statements.

RETIREMENT PLAN FOR EMPLOYEES AND REPRESENTATIVES OF WOODMENLIFE

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
INVESTMENT INCOME:		
Net appreciation in fair value of pooled separate account	\$ 66,018,595	\$ 63,366,416
Interest and dividends	<u>25,114,022</u>	<u>24,733,859</u>
Total investment income	91,132,617	88,100,275
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid	35,784,114	34,288,261
Administrative expenses	202,808	196,608
Other expenses	<u>42,309</u>	<u>49,000</u>
Total deductions	<u>36,029,231</u>	<u>34,533,869</u>
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>772,418,975</u>	<u>718,852,569</u>
End of year	<u>\$ 827,522,361</u>	<u>\$ 772,418,975</u>

See accompanying notes to the financial statements.

RETIREMENT PLAN FOR EMPLOYEES AND REPRESENTATIVES OF WOODMENLIFE

NOTES TO FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

1. PLAN DESCRIPTION

The following description of the Retirement Plan for Employees and Representatives of WoodmenLife (the Plan) provides only general information. Participants should refer to the plan document for a complete description of the Plan's provisions.

General—The Plan is a defined benefit plan sponsored by Woodmen of the World Life Insurance Society (the Sponsor) covering employees and full-time representatives hired or contracted prior to October 1, 2006, who opted to remain in the defined benefit plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective October 1, 2006, the Plan was amended, freezing the Plan to new participants. All employees and full-time representatives hired or contracted prior to October 1, 2006, were given a one-time opportunity to opt out of the Plan. Participants opting out of the Plan, and employees and full-time representatives hired or contracted after October 1, 2006, are eligible to participate in the enhanced 401(k) Plan which provides company contributions in the form of matching contributions and profit sharing (service-related) contributions. Most participants who opted out of the Plan are entitled to a frozen benefit payable at retirement. The frozen benefit was calculated based on years of service and earnings as of December 31, 2006.

Benefits—Normal retirement is the later of the participant's 65th birthday or the attainment of 5 years of service for both employees and representatives. Employees may elect early retirement between the ages of 55 and 65 with 20 years of service. Representatives may elect early retirement between the ages of 55 and 65 with a contractual relationship of 20 years and at least 15 years of service. Years of service are determined based on earnings and hours of service.

Retirement benefits for employees are based upon length of service and salary averaged over the highest 60 consecutive months of service, adjusted for the effects of inflation. Representatives' retirement benefits are based on career earnings. Benefits are payable in single-life or joint and survivor annuities. If a vested participant dies before retirement, the participant's spouse will receive the accrued benefit at the date the participant would have become eligible for retirement.

Funding Policy—The Sponsor's funding policy is to make an annual contribution to the Plan in an amount equal to the greater of (i) the sum of the normal cost and the amortization of an unfunded accrued liability, if any, as determined by the Plan's independent actuary or (ii) the contribution required to avoid payment of the variable-rate Pension Benefit Guaranty Corporation (PBGC) premium. No voluntary employee contributions are permitted. The Plan was in compliance with applicable ERISA minimum funding requirements for 2024 and 2023.

Vesting—Participants are 0% vested in their accrued benefits with less than five years of service and 100% vested with five or more years of service.

2. SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting—The accompanying financial statements of the Plan have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates—The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

Risks and Uncertainties—The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

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

Plan Administration—Overall responsibility for administering the Plan rests with the Plan's Retirement Committee (the Committee), which is appointed in accordance with the plan document. The Committee serves as the legal plan administrator and is responsible for the management and supervision of the Plan. In performing this function, the Committee has discretionary authority to determine the size and type of any contract (see Note 3) to be purchased for the purpose of holding assets in trust or insuring the Plan's benefit obligations.

Investment Valuation and Income Recognition—Investments are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See Note 9 for further discussion of fair value measurements.

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

Payment of Benefits—Benefit payments are recorded upon distribution.

Plan Expenses—During 2024 and 2023, PBGC premiums of \$202,808 and \$196,608, respectively, were paid by the Plan. All other costs incident to administering the Plan were paid by the Sponsor.

Subsequent Events—Management evaluated subsequent events for the Plan through October 7, 2025, the date the financial statements were available to be issued.

The Plan entered into a Risk Transfer transaction via annuity purchase for \$32,632,218. The transaction was completed with Delaware Life on July 1, 2025. Delaware Life will take over payments starting on July 1, 2025.

3. GROUP ANNUITY CERTIFICATES

Effective January 1, 1993, the Plan entered into two group annuity certificates (the Investment Contracts) with the Sponsor (also known as the Insurer). Under one contract the Insurer maintains a fixed deposit fund (a deposit administration contract) from which benefits related to the Plan are paid. Under the other contract the Insurer maintains a variable deposit fund (a pooled separate account) from which benefits related to the Plan are also paid. Under these Investment Contracts, the primary obligation for payment of benefits and future risk related to the benefit obligation reside with the Plan.

Under the terms of the deposit administration contract, the Plan has a claim on the Insurer's general investment assets equal to the balance in the deposit fund. The fair value of the deposit fund represents contributions made, plus interest at the rate declared by the Insurer, less funds used to pay retirement benefits, less any expenses paid by the Plan, plus or minus any transfers made from or to the separate account. The deposit fund will earn an effective annual interest rate of not less than 3%. The effective annual interest rate of 4.27% and 4.02% was earned by the contract backed by the general account in 2024 and 2023, respectively.

Under the terms of the pooled separate account contract, the Plan has a claim on the Insurer's separate investment assets equal to the balance in the deposit fund. The fair value of the deposit fund represents the fair value of the assets as determined by the Insurer using current market prices.

4. CERTIFIED INVESTMENT INFORMATION

The following is a summary of certified investment information regarding the Plan as of and for the years ended December 31, 2024 and 2023, included in the Plan's financial statements and supplemental schedules that were prepared by or derived from information prepared by Woodmen of the World Life Insurance Society (Insurer), the insurance carrier of the Plan and furnished to the Plan administrator. The Plan administrator has obtained certifications from the Insurance Company that such information is complete and accurate.

	2024	2023
Statements of Net Assets Available for Benefits		
Investments—at fair value:		
Deposit administration contract backed by general insurance assets	\$ 422,938,614	\$448,459,974
Pooled separate account	404,583,747	323,959,001
Statements of Changes in Net Assets Available for Benefits		
Net appreciation in fair value of investments	\$ 66,018,595	\$ 63,366,416
Interest and Dividends	25,114,022	24,733,859

Supplemental schedules: All investment balances and information included in the supplemental schedule of assets (held at end of year), and the schedule of reportable transactions.

Note 9: All investment balances and investment information, excluding the level of investments in Note 9, Fair Value Measurements and the unfunded commitment and redemption frequency, other redemption restrictions, and redemption notice period in Note 9, Net Asset Value (NAV) Per Share.

5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits represent the estimated future periodic payments under the Plan's provisions that are attributable to services rendered by participants through the valuation date. Accumulated plan benefits include benefits expected to be paid to the following: (a) retired or terminated participants or their beneficiaries; (b) beneficiaries of participants who have died; and (c) present participants or their beneficiaries. For employees, benefits are based on the employees' highest average compensation during any consecutive 60-month period of credited services. For representatives, benefits are based on career earnings. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included to the extent they are deemed attributable to participants' service rendered to the valuation date.

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

The actuarial present value of accumulated benefits presented in the accompanying financial statements are presented using the beginning of year benefit information date. The actuarial present value of accumulated plan benefits below is measured as of January 1, 2024. Had the valuations been performed as of December 31, there would be no material differences.

Actuarial present value of accumulated plan benefits:	
Participants currently receiving benefits	\$ 381,946,926
Other participants	<u>125,170,473</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 507,117,399</u>

The changes in the actuarial present value of accumulated benefits from January 1, 2023 to January 1, 2024 are as follows:

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 515,824,837</u>
Increase/decrease during the year attributed to:	
Interest accumulation	29,935,826
Changes in Assumptions	(9,005,614)
Benefit accruals and other plan experience	4,650,611
Benefits paid	<u>(34,288,261)</u>
Net decrease	<u>(8,707,438)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 507,117,399</u>

The more significant assumptions underlying the actuarial computations are as follows:

- Rate of return on plan investments—6.00%
- Inflation rate—2.35%

- Mortality basis—Pri-2012 mortality tables for males and females, amounts weighted, projected generationally using Scale MP-2021
- Retirement Rates:

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	10.00%
61	15.00%
62	20.00%
63	25.00%
64	30.00%
65	35.00%
66	40.00%
67	45.00%
68	50.00%
69	50.00%
70+	100.00%

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

6. PLAN TERMINATION

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

Upon termination of the Plan, each participant's accrued benefit as of the date of termination shall become fully vested and nonforfeitable to the extent funded. Certain benefits under the Plan are insured by the PBGC. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pension benefits. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

In the event of termination of the Plan, benefits will be divided equally among participants in the following categories: retired participants and/or their beneficiaries to whom payment commenced at least three years prior to the termination date and participants to whom payment would have commenced at least three years prior to the termination date if the participant had actually retired. All other benefits under the Plan are guaranteed.

7. FEDERAL INCOME TAX STATUS

The Plan has received a determination letter from the IRS dated November 1, 2016, stating that the Plan is qualified under Section 401(a) of the Code, and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the Plan is qualified and the related trust is tax-exempt.

In December 2016, the IRS began publishing a Required Amendments List for individually designed plans which specifies changes in qualification requirements. The list is published annually and requires plans to be amended for each item on the list, as applicable, to retain its tax-exempt status. The Company and Plan management believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and the Plan and related trust continue to be tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

8. RELATED PARTY AND EXEMPT PARTY-IN-INTEREST TRANSACTIONS

All plan assets and investment income related to the Deposit Administration Contract and the Pooled Separate Account are managed by the Sponsor/Insurer of the Plan and therefore, these transactions qualify as party in interest; however, they are exempt from the prohibited transactions rules under ERISA.

9. FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows: Level 1, which refers to securities valued using unadjusted quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

Asset Valuation Techniques—Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

The Plan has an investment contract consisting of investments in the general account assets of the Sponsor. The Plan also has a pooled separate account consisting of investments in the separate account assets of the Sponsor. Following is a description of the valuation techniques and inputs used for each major class of assets measured at fair value.

Deposit Administration Contract Backed by General Insurance Assets—The general account assets include the assets in the Sponsor's investment portfolio. The fair value is equal to an interest-bearing deposit account with interest being set at the discretion of the Insurer which is equivalent to the overall rate the Insurer earns on the Company's assets. The fair value of the general account investment is the amount the plan would receive if withdrawing funds from the contract.

Pooled Separate Account—Valued at net asset value, which is based on the latest quoted market price of the investments held within the fund.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Investments at fair value—deposit administration contract backed by general insurance assets	\$ _____	\$ _____	\$ 422,938,614	\$ 422,938,614
	<u>\$ _____</u>	<u>\$ _____</u>	<u>\$ 422,938,614</u>	422,938,614
Investments measured at net asset value—pooled separate account ^(a)				<u>404,583,747</u>
Total investments at fair value				<u>\$ 827,522,361</u>

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Investments at fair value—deposit administration contract backed by general insurance assets	\$ -	\$ -	\$448,459,974	\$448,459,974
	<u>\$ -</u>	<u>\$ -</u>	<u>\$448,459,974</u>	448,459,974
Investments measured at net asset value—pooled separate account ^(a)				<u>323,959,001</u>
Total investments at fair value				<u>\$772,418,975</u>

^(a) This category includes investments in common stocks and other equity securities for the purpose of providing benefits under the plan or paying expenses related to the plan. This investment seeks to provide growth of capital and current income consistent with the current target allocation. There are currently no restrictions on redemptions, redemption notice period, or unfunded commitments with the separate account.

Level 3 Gains and Losses—The table below sets forth a summary of changes in the fair value of the Plan’s Level 3 assets:

Deposit Administration Contract Backed by General Insurance Assets	Years Ended December 31,	
	2024	2023
Balance—beginning of year	\$ 448,459,974	\$ 452,599,471
Benefits paid	(35,784,114)	(34,288,261)
Interest and dividends	23,894,628	24,583,294
Transfers to separate account	(94,118,367)	(14,188,922)
Transfers from separate account	80,729,547	20,000,000
Administrative expenses	(202,808)	(196,608)
Other expenses	(40,246)	(49,000)
Balance—end of year	<u>\$ 422,938,614</u>	<u>\$ 448,459,974</u>

* * * * *

SUPPLEMENTAL SCHEDULE

**RETIREMENT PLAN FOR EMPLOYEES AND REPRESENTATIVES OF
WOODMENLIFE**

**EIN #47-0339250
Plan #001**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024**

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Assets	Cost	Current Value
Woodmen of the World Life Insurance Society Deposit Administration Contract under group annuity certificate *	General insurance assets, effective annual interest rate not less than 3.00%	\$ 422,938,614	\$ 422,938,614
Woodmen of the World Life Insurance Society Pooled Separate Account under group annuity certificate *	Separate account assets, variable effective annual interest rate	<u>227,581,710</u>	<u>404,583,747</u>
		<u>\$ 650,520,324</u>	<u>\$ 827,522,361</u>

* Indicates a party in interest.

See accompanying Independent Auditor's Report

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 Retirement Plan for Employees and Representatives of WoodmenLife
 EIN: 47-0339250 PN: 001

Schedule SB, line 26a — Schedule of Active Participant Data
 as of January 1, 2024

Number of Participants

Attained Age	Years of Credited Service ¹									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39		2		1	3					
40-44			2			2				
45-49		3	5	1	4	9	7			
50-54		2	9	7	2	6	9	10	1	
55-59		2	6	3	6	17	13	17	30	4
60-64		3	6		8	10	7	6	8	9
65-69		4		1	1	4		2		2
70+		1						1	1	

¹Frozen credited service as of October 1, 2007 is used for employees with frozen accruals.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Retirement Plan for Employees and Representatives of WoodmenLife
EIN: 47-0339250 PN: 001

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.96%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2024), without regard to interest rate stabilization
1st Segment Rate	4.37%
2nd Segment Rate	4.96%
3rd Segment Rate	4.95%
Salary Increases	
Minimum Funding Target Normal Cost	4.00%
Maximum Tax Expected Benefit Increase	4.00%
COLA Increases	2.35% per year, compounded annually
Optional Payment Form Election Percentage	100% single life annuity
Retirement Age	See Table 1
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per section 1.430(h)(3)-1(b)
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2023 pensionable earnings rolled forward one year with the salary increase assumption

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Retirement Plan for Employees and Representatives of WoodmenLife
EIN: 47-0339250 PN: 001

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the 401(a)(17) compensation limit of \$345,000.

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2022 Plan Year

6.00%, limited to 5.92%

2023 Plan Year

6.00%, limited to 5.74%

2024 Plan Year

6.00%, limited to 5.59%

Trust Expenses Included in Target Normal Cost

Expenses are estimated based on the prior year's administrative expenses (excluding PBGC premium) plus the current year's PBGC premium.

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2024

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Retirement Plan for Employees and Representatives of WoodmenLife
EIN: 47-0339250 PN: 001

Table 1

Retirement Rates

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	10.00%
61	15.00%
62	20.00%
63	25.00%
64	30.00%
65	35.00%
66	40.00%
67	45.00%
68	50.00%
69	50.00%
70+	100.00%

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 Retirement Plan for Employees and Representatives of WoodmenLife
 EIN: 47-0339250 PN: 001

Table 2

Withdrawal Rates

Service	Home Office	Field Force
0	20%	45%
1	20%	45%
2	15%	40%
3	12%	30%
4	10%	20%
5	8%	15%
6+	3%	10%

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Retirement Plan for Employees and Representatives of WoodmenLife
EIN: 47-0339250 PN: 001

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	January 1, 1961. Amended and restated effective October 1, 2015. The latest amendment dated April 2, 2018
Eligibility for Participation	<p>An employee shall become a participant in this plan upon completing one year of Vesting Service and reaching age 21 (for Home Office only).</p> <p>The plan is closed to new entrants effective October 1, 2007. Current employees on that date were allowed to freeze participation in the plan in exchange for higher 401(k) contributions.</p>
Normal Retirement	
Eligibility	Age 65
Home Office Benefit	<p>A monthly amount equal to the 1/12th the sum of (1) and (2):</p> <ol style="list-style-type: none">(1) 2.00% of Average Annual Earnings for each year of Benefit Service up to 20(2) 1.00% of Average Annual Earnings for each Year of Service past 20 <p>Benefit accruals were frozen effective December 31, 2006 for those who elected to freeze participation.</p>
Field Representatives Benefit	<p>An annual accrual equal to 2.00% of Total Earnings</p> <p>Benefit accruals were frozen effective December 31, 2006 for those who elected to freeze participation.</p>
Early Retirement	
Eligibility	Age 55 and 20 years of Vesting Service
Benefit	A monthly benefit equal to the normal retirement benefit reduced by 4% for each year the early retirement precedes the normal retirement.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Retirement Plan for Employees and Representatives of WoodmenLife
EIN: 47-0339250 PN: 001

Special Early Retirement

Eligibility	Age 60 and 30 years of Vesting Service
Home Office Benefit	A monthly amount equal to the 1/12th the sum of (1) and (2): (1) 50% of Average Annual Earnings (2) 0.50% of Average Annual Earnings for each year of Benefit Service past 30
Field Representatives Benefit	No reduction for early retirement preceding normal retirement

Late Retirement

Eligibility	Retirement after normal retirement age
Benefit	The accrued benefit as of the late retirement date

Vested Termination

Eligibility	Five years of Vesting Service
Benefit	The accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early retirement based on the same reductions as early retirement from active status.

Disability

Eligibility	Totally and permanently disabled before January 1, 2013, with five years of Vesting Service
Benefit	The accrued benefit at the date of disability, payable immediately without reductions for early commencement.

Surviving Spouse

Eligibility	Five years of Vesting Service
Benefit	A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 100% of the amount payable if the participant had retired early with a 100% joint and survivor benefit.

Normal Form of Annuity

Without Spouse	Single life annuity
With Spouse	100% joint and survivor annuity

Optional Forms of Annuity

Single life annuity
50% joint and survivor annuity

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Retirement Plan for Employees and Representatives of WoodmenLife
EIN: 47-0339250 PN: 001

Actuarial Equivalence

1983 Group Annuity Mortality Table and 6% interest rate

Cost-of-Living Adjustment

For certain participants, benefits accrued as of December 31, 2012 get an automatic annual COLA based on CPI. Participants commencing with benefits accrued after December 31, 2012 will receive the greater of their accrued monthly benefit at retirement with no COLA and the December 31, 2012 benefit adjusted with COLA. The COLA is subject to a 3% per year cumulative cap since benefit commencement.

Definitions

Compensation

For Home Office, regular salaries paid at fixed intervals and bonuses paid pursuant to the Employer's Incentive Compensation plans and excluding all overtime pay, fees, commissions, bonuses, severance pay and extra compensation in any form.

For Field Representatives, remuneration for services rendered pursuant to a written contract with the Employer, including any bonus provision associated therewith and excluding expense allowances, campaign prizes, loans or advancements, and any compensation or remuneration paid to you as an employee or independent contractor of a corporation or business entity that is affiliated with WoodmenLife.

For both Home Office and Field Representatives, Compensation includes salary reduction contributions to the WoodmenLife 401(k) Plan, the WoodmenLife cafeteria plan, and certain deferred compensation plans ("457" plans), or any other qualified or non-qualified deferred compensation plan sponsored by the Employer.

Average Annual Earnings (AAE)

Annual compensation averaged over the five consecutive years of service which produce the highest average. AAE of a retiring Employee is adjusted to offset part of the effect of inflation over the five-year period as follows. A fully CPI-adjusted AAE is calculated by bringing past pay forward using CPI factors. The difference between the fully CPI-adjusted AAE and the unadjusted AAE is multiplied by 0.65 and added to the unadjusted AAE. The resulting value is the AAE used in the benefit calculation.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Retirement Plan for Employees and Representatives of WoodmenLife
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Total Earnings

Total earnings is the sum of Compensation. Total earnings are adjusted to offset part of the effect of inflation over participation as follows. A fully CPI-adjusted Total Earnings is calculated by bringing past pay forward using CPI factors. The difference between the fully CPI-adjusted Total Earnings and the unadjusted Total Earnings is multiplied by 0.65 and added to the unadjusted Total Earnings. The resulting value is the Total Earnings used in the benefit calculation.

Benefit Service

A full year of credited service is earned if the employee works 2,150 or more hours in one plan year. Credit is granted for fractional years based on hours of service.

Vesting Service

For Home Office, a full year of vesting service is earned if the Employee works 1,000 or more hours in one plan year. For Field Representatives, any Plan Year during which the Representative is under a full-time Representative or alpha contract for at least 22 weeks.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 Retirement Plan for Employees and Representatives of WoodmenLife
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Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Retirement Probability	(c) Expected Retirements	(d) Product (a) × (c)
55	4.67%	7.34	403.51
56	4.70%	8.69	486.64
57	4.75%	9.28	528.83
58	4.81%	10.01	580.85
59	4.86%	11.00	648.75
60	9.72%	24.56	1473.48
61	14.46%	36.19	2207.50
62	19.49%	44.15	2737.33
63	24.12%	44.38	2795.78
64	28.19%	44.45	2844.85
65	34.19%	40.66	2642.68
66	39.07%	31.93	2107.24
67	43.91%	21.41	1434.31
68	48.72%	14.38	977.90
69	48.49%	9.70	669.39
70	100.00%	13.40	938.10
71	100.00%	0.00	0.00
72	100.00%	2.00	144.00
Total		373.52	23621.13
Weighted Average			63.24

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Retirement Plan for Employees and Representatives of WoodmenLife
EIN: 47-0339250 PN: 001

Schedule SB, line 26b — Schedule of Projection of Expected
Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	\$ 727,218	\$ 271,184	\$ 34,894,653	\$ 35,893,056
2025	1,691,874	437,266	34,595,969	36,725,108
2026	2,643,471	664,904	34,197,448	37,505,823
2027	3,579,834	1,053,384	33,710,924	38,344,141
2028	4,455,824	1,187,776	33,137,857	38,781,457
2029	5,432,454	1,514,141	32,484,735	39,431,329
2030	6,261,440	1,736,126	31,746,638	39,744,205
2031	6,857,844	1,972,410	30,926,824	39,757,078
2032	7,439,298	2,247,647	30,031,750	39,718,695
2033	8,106,484	2,339,787	29,065,070	39,511,341
2034	8,617,578	2,455,020	28,031,927	39,104,525
2035	8,791,872	2,498,803	26,939,058	38,229,734
2036	8,904,823	2,603,970	25,789,435	37,298,228
2037	8,962,469	2,622,714	24,594,117	36,179,299
2038	9,031,914	2,658,060	23,359,757	35,049,731
2039	9,048,188	2,726,037	22,091,307	33,865,531
2040	9,042,604	2,741,785	20,795,755	32,580,143
2041	9,009,889	2,787,149	19,482,179	31,279,217
2042	8,860,423	2,925,701	18,159,358	29,945,482
2043	8,732,179	2,929,160	16,837,790	28,499,128
2044	8,572,712	2,907,424	15,524,276	27,004,413
2045	8,410,998	2,852,658	14,228,590	25,492,246
2046	8,143,853	2,810,654	12,957,449	23,911,956
2047	7,854,039	2,753,455	11,719,850	22,327,344
2048	7,552,538	2,688,899	10,525,363	20,766,800
2049	7,221,753	2,604,696	9,380,688	19,207,137
2050	6,891,157	2,502,945	8,293,249	17,687,351
2051	6,582,930	2,391,862	7,270,814	16,245,605
2052	6,199,529	2,272,166	6,317,763	14,789,458
2053	5,815,265	2,144,802	5,438,486	13,398,553
2054	5,407,703	2,010,724	4,637,100	12,055,526
2055	4,993,194	1,871,633	3,914,524	10,779,351
2056	4,576,092	1,729,616	3,271,104	9,576,812
2057	4,161,231	1,586,676	2,705,876	8,453,783
2058	3,753,296	1,445,169	2,215,309	7,413,774
2059	3,357,174	1,306,989	1,795,248	6,459,411
2060	2,977,939	1,173,958	1,440,714	5,592,611
2061	2,619,563	1,047,526	1,145,265	4,812,354
2062	2,285,239	928,761	902,259	4,116,259
2063	1,977,458	818,868	704,880	3,501,205
2064	1,697,528	717,846	546,589	2,961,963

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 Retirement Plan for Employees and Representatives of WoodmenLife
 EIN: 47-0339250 PN: 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2065	1,446,065	625,815	421,084	2,492,963
2066	1,222,839	542,318	322,527	2,087,685
2067	1,026,786	467,086	245,835	1,739,707
2068	856,302	399,695	186,626	1,442,623
2069	709,493	339,638	141,177	1,190,308
2070	584,288	286,410	106,449	977,147
2071	478,408	239,534	79,987	797,929
2072	389,614	198,516	59,862	647,991
2073	315,680	162,902	44,589	523,171

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Retirement Plan for Employees and Representatives of WoodmenLife
EIN: 47-0339250 PN: 001

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the retirement age assumption for both active and terminated participants from age 62 (if hired before age 43) or age 65 (if hired after age 42) to a set of age-graded retirement rates as shown in Table 1. This change was made to better reflect anticipated plan experience as the result of an assumption study.
- A change in the trust expenses included in normal cost from \$0 to an estimate based on the prior year's administrative expenses (excluding PBGC premium) plus the current year's PBGC premium.

These changes were made to better reflect the anticipated plan experience. This assumption change did not reduce the funding shortfall; as such, approval of the Commissioner is not required.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

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

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


A Name of plan RETIREMENT PLAN FOR EMPLOYEES AND REPRESENTATIVES OF WOODMENLIFE	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WOODMEN OF THE WORLD INSURANCE SOCIETY	D Employer Identification Number (EIN) 47-0339250	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500		

Part I Basic Information

1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>		
2 Assets:					
a Market value				2a	772,418,975
b Actuarial value				2b	771,320,172
3 Funding target/participant count breakdown					
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target		
a For retired participants and beneficiaries receiving payment.....	1,425	405,929,497	405,929,497		
b For terminated vested participants	326	32,473,130	32,473,130		
c For active participants.....	257	101,639,926	104,525,185		
d Total	2,008	540,042,553	542,927,812		
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>					
a Funding target disregarding prescribed at-risk assumptions				4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor				4b	
5 Effective interest rate				5	5.15%
6 Target normal cost					
a Present value of current plan year accruals				6a	4,428,747
b Expected plan-related expenses				6b	251,808
c Target normal cost				6c	4,680,555

Statement by Enrolled Actuary

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

SIGN HERE	Christopher G. Birch Signature of actuary		
	Christopher G. Birch		09/22/2025
	Type or print name of actuary		Date
	AON CONSULTING, INC.		2307123
	Firm name		Most recent enrollment number
	MSC# 17755 PO Box 551343		312-381-1000
	Atlanta GA 30355		Telephone number (including area code)
	Address of the firm		

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

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

**Schedule SB (Form 5500) 2024
v. 240311**

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	4,697,448	139,719,273
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	4,697,448	139,719,273
10	Interest on line 9 using prior year's actual return of <u>12.55%</u>	589,530	17,534,769
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.22%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	5,286,978	157,254,042

Part III Funding Percentages			
14	Funding target attainment percentage	14	112.12 %
15	Adjusted funding target attainment percentage	15	142.06 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	112.06 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age **22** 63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

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

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c).....	31a	4,680,555
b Excess assets, if applicable, but not greater than line 31a	31b	4,680,555

	Outstanding Balance	Installment
32 Amortization installments:		
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35).....			0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			0

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

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

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

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

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

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

Federal Statements

RETIREMENT PLAN FOR EMPLOYEES AND REPRESENTATIVES
Plan: 001

Assets Held for Investment

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	Woodmen of the World	General Insurance As	\$ 422,938,614	\$ 422,938,614
	Woodmen of the World	Separate Account Ass	227,581,710	404,583,747