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

|                               |                                                                                                         |                          |    |                                      |              |
|-------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------|----|--------------------------------------|--------------|
| Part II                       | Basic Plan Information—enter all requested information                                                  |                          |    |                                      |              |
| 1a                            | Name of plan                                                                                            |                          | 1b | Three-digit plan number (PN) ▶       | 001          |
|                               | CENTRAL BANCOMPANY RETIREMENT PLAN                                                                      |                          | 1c | Effective date of plan               | 12/15/1948   |
|                               | 2a Plan sponsor's name (employer, if for a single-employer plan)                                        |                          | 2b | Employer Identification Number (EIN) | 43-0959114   |
|                               | Mailing address (include room, apt., suite no. and street, or P.O. Box)                                 |                          | 2c | Plan Sponsor's telephone number      | 573-556-6875 |
|                               | City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) |                          | 2d | Business code (see instructions)     | 551111       |
| CENTRAL BANCOMPANY, INC.      |                                                                                                         |                          |    |                                      |              |
| JASON PAX                     |                                                                                                         |                          |    |                                      |              |
| PO BOX 779                    |                                                                                                         | 238 MADISON STREET       |    |                                      |              |
| JEFFERSON CITY, MO 65102-0779 |                                                                                                         | JEFFERSON CITY, MO 65101 |    |                                      |              |

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

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

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/13/2025 | JASON PAX                                                    |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/13/2025 | JASON PAX                                                    |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br>                                                                                          |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> 2813                                                                                                                                                                    |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <br><br><b>6a(1)</b> 1198<br><b>6a(2)</b> 1111<br><b>6b</b> 97<br><b>6c</b> 25<br><b>6d</b> 1233<br><b>6e</b> 9<br><b>6f</b> 1242<br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> 9 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7</b>                                                                                                                                                                         |

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

1A

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

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

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached \_\_\_\_\_
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **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 \_\_\_\_\_

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
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| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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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<br>CENTRAL BANCOMPANY RETIREMENT PLAN                                                                               | B Three-digit plan number (PN) ▶ 001                                                                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>CENTRAL BANCOMPANY, INC.                                      | D Employer Identification Number (EIN)<br>43-0959114                                                                                             |
| 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 01 Day 01 Year 2024                                                                                                                                              |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                          |                            |                           |                          |
| a      | Market value                                                                                                                                                                                     | 2a                         | 255853907                 |                          |
| b      | Actuarial value                                                                                                                                                                                  | 2b                         | 263497054                 |                          |
| 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                                                                                                                                     | 1184                       | 136619320                 | 136619320                |
| b      | For terminated vested participants                                                                                                                                                               | 352                        | 20185470                  | 20185470                 |
| c      | For active participants                                                                                                                                                                          | 1160                       | 69562340                  | 71174755                 |
| d      | Total                                                                                                                                                                                            | 2696                       | 226367130                 | 227979545                |
| 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                          | 5.14 %                    |                          |
| 6      | Target normal cost                                                                                                                                                                               |                            |                           |                          |
| a      | Present value of current plan year accruals                                                                                                                                                      | 6a                         | 0                         |                          |
| b      | Expected plan-related expenses                                                                                                                                                                   | 6b                         | 0                         |                          |
| c      | Target normal cost                                                                                                                                                                               | 6c                         | 0                         |                          |

**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.

|                          |                                                                                                                                                                                                                                            |                                                                                                                                                                              |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN<br/>HERE</div> | <div>Signature of actuary</div> <div>BARRON E. WEBER</div> <div>Type or print name of actuary</div> <div>MERCER</div> <div>Firm name</div> <div>800 MARKET STREET, SUITE 1800<br/>ST. LOUIS, MO 63101</div> <div>Address of the firm</div> | <div>05/28/2025</div> <div>Date</div> <div>23-06244</div> <div>Most recent enrollment number</div> <div>314-588-2500</div> <div>Telephone number (including area code)</div> |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Part II Beginning of Year Carryover and Prefunding Balances**

|             |                                                                                                                                                          | (a) Carryover balance | (b) Prefunding balance |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b>    | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                          | 18550115              | 10712931               |
| <b>8</b>    | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                       | 0                     | 0                      |
| <b>9</b>    | Amount remaining (line 7 minus line 8) .....                                                                                                             | 18550115              | 10712931               |
| <b>10</b>   | Interest on line 9 using prior year's actual return of <u>9.64</u> % .....                                                                               | 1788231               | 1032727                |
| <b>11</b>   | Prior year's excess contributions to be added to prefunding balance:                                                                                     |                       |                        |
| <b>a</b>    | Present value of excess contributions (line 38a from prior year) .....                                                                                   |                       | 0                      |
| <b>b(1)</b> | Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.05</u> % ..... |                       | 0                      |
| <b>b(2)</b> | Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b>    | Total available at beginning of current plan year to add to prefunding balance .....                                                                     |                       | 0                      |
| <b>d</b>    | Portion of (c) to be added to prefunding balance .....                                                                                                   |                       | 0                      |
| <b>12</b>   | Other reductions in balances due to elections or deemed elections .....                                                                                  | 0                     | 0                      |
| <b>13</b>   | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                       | 20338346              | 11745658               |

**Part III Funding Percentages**

|           |                                                                                                                                                                  |           |          |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> | Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 101.50 % |
| <b>15</b> | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 115.57 % |
| <b>16</b> | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 110.08 % |
| <b>17</b> | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>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:

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

**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**

|                                                 |                                                |                                                           |                                     |                                                                |
|-------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|-------------------------------------|----------------------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                |                                                           |                                     |                                                                |
| <b>a</b> Segment rates:                         | 1st segment:<br>%                              | 2nd segment:<br>%                                         | 3rd segment:<br>%                   | <input checked="" type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....    |                                                |                                                           |                                     | <b>21b</b>                                                     |
| <b>22</b> Weighted average retirement age ..... |                                                |                                                           |                                     | <b>22</b> 62                                                   |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute |                                                                |

**Part VI Miscellaneous Items**

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

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

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

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

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c) .....                                                                                                                                          | <b>31a</b>          | 0                  |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....                                                          | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           |                    |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

|                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | 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

|                                                                                                                  |                                                                                    |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>CENTRAL BANCOMPANY RETIREMENT PLAN</div>                               | <div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>   |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>CENTRAL BANCOMPANY, INC.</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>43-0959114</div> |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

☒

No
- b

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | 2024                                                 |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | This Form is Open to Public Inspection               |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                                                                                                                                   |                                                                                                                                                                                                                                                                                   |                                                      |
| A Name of plan<br>CENTRAL BANCOMPANY RETIREMENT PLAN                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                   | B Three-digit plan number (PN) ▶ 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>CENTRAL BANCOMPANY, INC.                                                                                                                                                           |                                                                                                                                                                                                                                                                                   | D Employer Identification Number (EIN)<br>43-0959114 |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     | 360                   | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  |                       |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 1132815               | 502919          |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 5742517               | 1437422         |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  | 71214060              | 15175946        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               | 18802786              | 19458578        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               | 42427754              | 40541630        |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 116533615             | 71831268        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 |                       |                 |

|                                                                          |              |                       |                 |
|--------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities.....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 255853907             | 148947763       |
| <b>Liabilities</b>                                                       |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....                                          | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>                                                        |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 255853907             | 148947763       |

**Part II Income and Expense Statement**

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

|                                                                                              |                 |            |           |
|----------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                |                 | (a) Amount | (b) Total |
| <b>a</b> Contributions:                                                                      |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers.....                                  | <b>2a(1)(A)</b> |            |           |
| (B) Participants.....                                                                        | <b>2a(1)(B)</b> |            |           |
| (C) Others (including rollovers).....                                                        | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions.....                                                               | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , (B), (C), and line <b>2a(2)</b> .....   | <b>2a(3)</b>    |            | 0         |
| <b>b</b> Earnings on investments:                                                            |                 |            |           |
| (1) Interest:                                                                                |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | <b>2b(1)(A)</b> | 62750      |           |
| (B) U.S. Government securities.....                                                          | <b>2b(1)(B)</b> | 2410871    |           |
| (C) Corporate debt instruments.....                                                          | <b>2b(1)(C)</b> | 638383     |           |
| (D) Loans (other than to participants).....                                                  | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans.....                                                                   | <b>2b(1)(E)</b> |            |           |
| (F) Other.....                                                                               | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through (F).....                               | <b>2b(1)(G)</b> |            | 3112004   |
| (2) Dividends: (A) Preferred stock.....                                                      | <b>2b(2)(A)</b> |            |           |
| (B) Common stock.....                                                                        | <b>2b(2)(B)</b> | 483577     |           |
| (C) Registered investment company shares (e.g. mutual funds).....                            | <b>2b(2)(C)</b> | 4186331    |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , (B), and (C).....                           | <b>2b(2)(D)</b> |            | 4669908   |
| (3) Rents.....                                                                               | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....                           | <b>2b(4)(A)</b> | 160912119  |           |
| (B) Aggregate carrying amount (see instructions).....                                        | <b>2b(4)(B)</b> | 160826533  |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....            | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....                   | <b>2b(5)(A)</b> |            |           |
| (B) Other.....                                                                               | <b>2b(5)(B)</b> | 18440448   |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and (B).....       | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 26307946  |

**Expenses**

|                                                                                             |               |           |           |
|---------------------------------------------------------------------------------------------|---------------|-----------|-----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |           |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 133214090 |           |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |           |           |
| (3) Other .....                                                                             | <b>2e(3)</b>  |           |           |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |           | 133214090 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |           |           |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |           |           |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |           |           |
| <b>i</b> Administrative expenses:                                                           |               |           |           |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  |           |           |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  |           |           |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  |           |           |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  |           |           |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  |           |           |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |           |           |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  |           |           |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  |           |           |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |           |           |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> |           |           |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> |           |           |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |           | 0         |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |           | 133214090 |

**Net Income and Reconciliation**

|                                                                               |              |  |            |
|-------------------------------------------------------------------------------|--------------|--|------------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | -106906144 |
| <b>l</b> Transfers of assets:                                                 |              |  |            |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  |            |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |            |

**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: **FORVIS MAZARS, LLP**

(2) EIN: **44-0160260**

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

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

**Part IV Compliance Questions**

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

During the plan year:

|                                                                                                                                                                                                                                                                                                            | Yes                                 | No                                  | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|---------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 |                                     | <input checked="" type="checkbox"/> |         |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |                                     | <input checked="" type="checkbox"/> |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)                                                                                                                  |                                     | <input checked="" type="checkbox"/> |         |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)                                                                                     | <input checked="" type="checkbox"/> |                                     |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.                                                                                                                        |                                     | <input checked="" type="checkbox"/> |         |

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 526213.

|                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>                                                                                                                               |  | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |      |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |      |
| A Name of plan<br>CENTRAL BANCOMPANY RETIREMENT PLAN                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                  |  | B Three-digit plan number (PN) ▶                                                                | 001  |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>CENTRAL BANCOMPANY, INC.                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                  |  | D Employer Identification Number (EIN)<br>43-0959114                                            |      |
| 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):<br>EIN(s): 20-3874538                                                                                                                      |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |      |
| 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                                                                                               | 1234 |
| 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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 checked="" 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          |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |      |
| 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                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |      |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                  |  | Schedule R (Form 5500) 2024 v. 240311                                                           |      |

**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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ 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. ☐ 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: 50.6 % Private Equity: \_\_\_\_\_ % Investment-Grade Debt and Interest Rate Hedging Assets: 48.1 %

High-Yield Debt: \_\_\_\_\_ % Real Assets: \_\_\_\_\_ % Cash or Cash Equivalents: 1.3 % Other: \_\_\_\_\_ %

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☒ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation: \_\_\_\_\_

## Part VII IRS Compliance Questions

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

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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



# **Central Bancompany Retirement Plan**

**EIN 43-0959114 PN 001**

**Independent Auditor's Report, Financial Statements,  
and Supplemental Schedules**

December 31, 2024 and 2023



**Central Bancompany Retirement Plan**  
**Contents**  
**December 31, 2024 and 2023**

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## Independent Auditor's Report

Human Resources Committee  
Central Bancompany Retirement Plan  
Jefferson City, Missouri

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

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

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023 and for the years then ended, stating that the certified investment information, as described in Note 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 the Plan's ability to continue as a going concern within one year after the date that these 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 Matters - Supplemental Schedules Required by ERISA***

The supplemental schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, are 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 schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the 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).

**Forvis Mazars, LLP**

**St. Louis, Missouri  
October 9, 2025**

Federal Employer Identification Number: 44-0160260

**Central Bancompany Retirement Plan**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2024 and 2023**

|                                                     | <u><b>2024</b></u>           | <u><b>2023</b></u>           |
|-----------------------------------------------------|------------------------------|------------------------------|
| <b>Investments, At Fair Value</b>                   | \$ 148,444,844               | \$ 254,720,732               |
| <b>Receivables - Accrued Interest and Dividends</b> | 502,919                      | 1,132,815                    |
| <b>Noninterest-Bearing Cash</b>                     | <u>-</u>                     | <u>360</u>                   |
| <b>Net Assets Available for Benefits</b>            | <u><u>\$ 148,947,763</u></u> | <u><u>\$ 255,853,907</u></u> |

**Central Bancompany Retirement Plan**  
**Statements of Changes in Net Assets Available for Benefits**  
**Years Ended December 31, 2024 and 2023**

|                                                             | <b>2024</b>           | <b>2023</b>           |
|-------------------------------------------------------------|-----------------------|-----------------------|
| <b>Investment Income</b>                                    |                       |                       |
| Net appreciation in fair value of investments               | \$ 18,526,034         | \$ 14,825,178         |
| Interest and dividends                                      | 7,781,912             | 8,200,767             |
| <b>Net Investment Income</b>                                | <b>26,307,946</b>     | <b>23,025,945</b>     |
| <b>Deductions - Benefits Paid to Participants</b>           | <b>133,214,090</b>    | <b>13,953,146</b>     |
| <b>Net Increase (Decrease)</b>                              | <b>(106,906,144)</b>  | <b>9,072,799</b>      |
| <b>Net Assets Available for Benefits, Beginning of Year</b> | <b>255,853,907</b>    | <b>246,781,108</b>    |
| <b>Net Assets Available for Benefits, End of Year</b>       | <b>\$ 148,947,763</b> | <b>\$ 255,853,907</b> |

## **Note 1. Description of the Plan**

### ***General***

The following description of Central Bancompany Retirement Plan (the “Plan”) provides only general information. Additional information about the vesting and benefit provisions and the Pension Benefit Guarantee Corporation’s (“PBGC”) benefit guarantee is contained in the Plan Document and *Summary Plan Description*, which are available from the Plan Administrator.

The Plan is a noncontributory defined benefit plan covering substantially all employees of Central Bancompany Inc. and its wholly-owned subsidiaries (collectively the “Company”) and provides for retirement, death, and disability benefits. To be eligible to participate in the Plan, an employee must have attained the age of 21 and have completed one year of service (defined as working at least 1,000 hours during the Plan year). The Plan is subject to provisions of the *Employee Retirement Income Security Act of 1974* (“ERISA”). Central Trust Company, a subsidiary of Central Bancompany Inc., is the Trustee of the Plan.

The Plan is administered by the Company’s Human Resources Committee (“Committee”), which is a committee of the board of directors of the Company. The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan’s investment offerings, monitors investment performance and reports to the Company’s Board of Directors.

Effective December 31, 2018, participation and future benefit accruals under the Plan were frozen. On and after January 1, 2019, and notwithstanding any contrary Plan provision, no participant shall receive any credited service for benefit accrual purposes under the Plan and shall not receive any compensation updates increases as would apply after December 31, 2018, due to changes in compensation limits.

### ***Contributions***

The Company has agreed to voluntarily contribute such amounts that are necessary to provide assets sufficient to meet the benefits to be paid to Plan members. The Company’s present intention is to make contributions in amounts sufficient to annually fund the Plan’s current service cost and the initial past-service costs plus interest on them over a period of 10 years. The Plan has met the minimum funding requirements established by ERISA.

Although it has not expressed any intention to do so, the Company 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.

### ***Pension Benefits***

Benefits under the Plan are determined by an application of a benefit ratio to a participant’s average monthly compensation for the 60 consecutive calendar months within the last 120 completed calendar months of continuous service before age 66 that yield the highest average compensation. Average monthly compensation is frozen as of December 31, 2018. Normal retirement age for Plan benefits is 66 and five years of participation in the Plan. Accrued benefits are payable as an annuity over the participant’s lifetime or as a qualified joint and one half-survivor annuity.

### ***Death and Disability Benefits***

The spouse of a participant will receive a 50% survivor annuity, as defined in the Plan, upon the death of the participant. The surviving spouse annuity is equal to 50% of the participant’s monthly benefit. This benefit is immediately payable to the spouse if the participant was already receiving benefits. If the participant was not already receiving benefits, payments to the spouse may commence as of the earliest date the participant would have received benefits. Disability benefits are paid by the Central Bancompany Long-term Disability Plan until normal retirement age, at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as the time they became disabled.

**Central Bancompany Retirement Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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***Vesting***

Under the terms of the Plan, a participant is fully vested upon completion of five years of vesting service.

***Plan Termination***

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding Plan termination.
- b. Other vested benefits insured by the PBGC up to the applicable limitations discussed below.
- c. Vested benefits not insured by the PBGC.
- d. All nonvested benefits.

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

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

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

***Basis of Accounting***

The accompanying financial statements are prepared on the accrual basis of accounting.

***Use of Estimates***

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

***Valuation of Investments and Income Recognition***

Marketable securities are stated at fair value. Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the Plan year; investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices.

**Central Bancompany Retirement Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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Mutual funds and the money market fund are valued at the net asset value (NAV) of shares held by the Plan at year-end. The money market is valued at historical cost plus earned interest. For certain investments consisting of certificates of deposit, municipal and corporate and foreign bonds that do not have an established fair value, the Trustee has established a fair value based on yields currently available on comparable securities of issuers with similar credit ratings.

Purchases and sale 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 to participants are recorded upon distribution.

***Administrative Expenses***

Administrative expenses may be paid by the Company or the Plan, at the Company's discretion.

***Accumulated Plan Benefits***

Accumulated plan benefits (see Note 5) are those estimated future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

- a. Retired or terminated employees or their beneficiaries
- b. Present employees or their beneficiaries

Benefits under the Plan are based on benefit ratio that calculates an average monthly compensation for the 60 consecutive calendar months within the last 120 completed calendar months of continuous service before age 66 that yield the highest average compensation. As previously described, average monthly compensation is frozen as of December 31, 2018. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

***Plan Tax Status***

The Plan has received a determination letter from the Internal Revenue Service dated June 9, 2015, stating that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code and therefore not subject to tax. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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

**Central Bancompany Retirement Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

**Note 3. Disclosure About Fair Value of Plan Assets**

Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. There is a hierarchy of three levels of inputs that may be used to measure fair value:

**Level 1** Quoted prices in active markets for identical assets

**Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets

**Level 3** Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets

***Recurring Measurements***

The following table presents the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2024 and 2023:

|                           |                       | Fair Value Measurements Using                                           |                                                           |                                                    |
|---------------------------|-----------------------|-------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
|                           |                       | Quoted Prices<br>in Active<br>Markets for<br>360<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
|                           | Fair Value            |                                                                         |                                                           |                                                    |
| <b>December 31, 2024</b>  |                       |                                                                         |                                                           |                                                    |
| Money Market              | \$ 1,437,422          | \$ 1,437,422                                                            | \$ -                                                      | \$ -                                               |
| US Government Obligations | 15,175,946            | -                                                                       | 15,175,946                                                | -                                                  |
| Corporate Bonds           | 17,223,588            | -                                                                       | 17,223,588                                                | -                                                  |
| Municipal Obligations     | 1,073,686             | -                                                                       | 1,073,686                                                 | -                                                  |
| Mutual Funds              | 71,831,268            | 71,831,268                                                              | -                                                         | -                                                  |
| Equity Securities         | 37,641,965            | 37,641,965                                                              | -                                                         | -                                                  |
| Foreign Bonds             | 1,161,304             | -                                                                       | 1,161,304                                                 | -                                                  |
| Foreign Stocks            | 2,899,665             | 2,899,665                                                               | -                                                         | -                                                  |
|                           | <u>\$ 148,444,844</u> | <u>\$ 113,810,320</u>                                                   | <u>\$ 34,634,524</u>                                      | <u>\$ -</u>                                        |
| <b>December 31, 2023</b>  |                       |                                                                         |                                                           |                                                    |
| Money Market              | \$ 5,742,517          | \$ 5,742,517                                                            | \$ -                                                      | \$ -                                               |
| US Treasury Bills         | 19,469,099            | -                                                                       | 19,469,099                                                | -                                                  |
| US Government Obligations | 51,744,962            | -                                                                       | 51,744,962                                                | -                                                  |
| Corporate Bonds           | 16,639,789            | -                                                                       | 16,639,789                                                | -                                                  |
| Municipal Obligations     | 1,024,166             | -                                                                       | 1,024,166                                                 | -                                                  |
| Mutual Funds              | 116,533,615           | 116,533,615                                                             | -                                                         | -                                                  |
| Equity Securities         | 38,333,087            | 38,333,087                                                              | -                                                         | -                                                  |
| Foreign Bonds             | 1,138,830             | -                                                                       | 1,138,830                                                 | -                                                  |
| Foreign Stocks            | 4,094,667             | 4,094,667                                                               | -                                                         | -                                                  |
|                           | <u>\$ 254,720,732</u> | <u>\$ 164,703,886</u>                                                   | <u>\$ 90,016,846</u>                                      | <u>\$ -</u>                                        |

**Central Bancompany Retirement Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended December 31, 2024. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

***Investments***

Where quoted market prices are available in an active market, investments are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of investments with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such investments are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, investments are classified within Level 3 of the hierarchy. There were no Level 3 investments held by the Plan.

**Note 4. Certification of Plan Trustee**

The Plan Administrator has elected the method of annual reporting compliance permitted by 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. Accordingly, Central Trust Company, a qualified institution, has certified the following investment information included in the accompanying financial statements and ERISA-required supplemental schedules is complete and accurate:

- Investments as shown in the Statements of Net Assets Available for Benefits and related disclosures as of December 31, 2024 and 2023.
- Investment income as shown in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2024 and 2023.
- Investment information included in the accompanying Schedule of Assets (Held at End of Year) as of December 31, 2024.
- Investment transactions included in the accompanying Schedule of Reportable Transactions for the year ended December 31, 2024.

The Plan's independent auditors did not perform auditing procedures with respect to this certified information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedules.

**Note 5. Accumulated Plan Benefits**

An actuary from Mercer determines the actuarial present value of accumulated plan benefits, which 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.

**Central Bancompany Retirement Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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The accumulated plan benefit information as of January 1, 2024, was as follows:

Actuarial present value of accumulated plan benefits

|                                                            |                       |
|------------------------------------------------------------|-----------------------|
| Vested benefits                                            |                       |
| Participants currently receiving payments                  | \$ 81,852,485         |
| Other participants                                         | <u>173,073,961</u>    |
|                                                            | 254,926,446           |
| Nonvested benefits                                         | <u>1,893,671</u>      |
| Total actuarial present value of accumulated plan benefits | <u>\$ 256,820,117</u> |

Changes in the actuarial present value of accumulated plan benefits for the year ended January 1, 2024, was as follows:

|                                                                         |                       |
|-------------------------------------------------------------------------|-----------------------|
| Actuarial present value of accumulated plan benefits, beginning of year | <u>\$ 261,467,652</u> |
| Increase (decrease) during the year attributable to:                    |                       |
| Benefits accumulated and gains                                          | (2,120,681)           |
| Increase for interest due to the decrease in the discount period        | 11,426,292            |
| Benefits paid                                                           | <u>(13,953,146)</u>   |
| Net decrease                                                            | <u>(4,647,535)</u>    |
| Actuarial present value of accumulated plan benefits, end of year       | <u>\$ 256,820,117</u> |

Significant assumptions underlying the actuarial computations are:

- Assumed rate of return on investments: 4.5%
- Discount rate: 5.5%
- Mortality basis: RP-2014 Combined Mortality Table; MP-2021 Improvement Projection Scale
- Retirement: At normal retirement age, as defined

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuation been performed as of December 31, 2023 there would be no material differences.

## **Note 6. Related-Party and Party-in-Interest Transactions**

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, and a person who owns 50% or more of such an employer or relatives of such persons.

**Central Bancompany Retirement Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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Central Bank Trust Company holds investments and executes investment transactions on behalf of the Plan. The Company provides certain administrative services at no cost to the Plan.

**Note 7. Risks and Uncertainties**

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

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 process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**Note 8. Plan Amendments**

The Plan was amended effective January 1, 2024 to increase the mandatory cashout limited from \$5,000 to \$7,000.

Effective September 4, 2024 and December 4, 2024, the Plan was amended to provide for certain participants the option of purchasing of annuities. During the year ended December 31, 2024, approximately \$97,750,000 of annuities were purchased by participants and are included in benefits paid to participants on the Statements of Changes in Net Assets Available for Benefits.

Effective October 1, 2024, the Plan was amended to provide a lump sum window for certain terminated vested participants and activity participants age 59 ½ and older.

**Note 9. Subsequent Events**

Subsequent events have been evaluated through October 9, 2025, which is the date the financial statements were available to be issued.

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  
CENTRAL BANCOMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF  
CENTRAL BANCOMPANY, INC.

D Employer Identification Number (EIN)  
43-0959114

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:

a Market value ..... 2a 255,853,907

b Actuarial value ..... 2b 263,497,054

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..... | 1,184                      | 136,619,320               | 136,619,320              |
| b For terminated vested participants .....                          | 352                        | 20,185,470                | 20,185,470               |
| c For active participants.....                                      | 1,160                      | 69,562,340                | 71,174,755               |
| d Total.....                                                        | 2,696                      | 226,367,130               | 227,979,545              |

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐

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 5.14%

6 Target normal cost

a Present value of current plan year accruals ..... 6a 0

b Expected plan-related expenses ..... 6b 0

c Target normal cost ..... 6c 0

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

Barron E. Weber *BEW*

Signature of actuary

BARRON E. WEBER, F.S.A.

Type or print name of actuary

MERCER

Firm name

800 Market Street, SUITE 1800

ST. LOUIS MO 63101

Address of the firm

5/28/2025

Date

2306244

Most recent enrollment number

314-588-2500

Telephone number (including area code)

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

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b>                                                                                                   |                       |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 18,550,115            | 10,712,931             |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 18,550,115            | 10,712,931             |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>9.64</u> % .....                                                                                 | 1,788,231             | 1,032,727              |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.05</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 20,338,346            | 11,745,658             |

| <b>Part III Funding Percentages</b>                                                                                                                                        |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 101.50 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 115.57 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 110.08 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

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

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

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

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

|                                                                                                                                                                                              |                   |                   |                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|----------------------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                   |                   |                                                                |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>% | 2nd segment:<br>% | 3rd segment:<br>%                                              |
|                                                                                                                                                                                              |                   |                   | <input checked="" type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                   |                   | <b>21b</b>                                                     |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                   |                   | <b>22</b>                                                      |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                   |                   | 62                                                             |

**Part VI Miscellaneous Items**

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

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

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

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

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c).....                                                                                                                                           | <b>31a</b>          | 0                  |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....                                                          | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          |                    |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....                                                                       | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

|                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods****Actuarial Assumptions for Funding Valuation****DISCOUNT RATE  
SPONSOR ELECTIONS**

- |                                     |                                                                          |
|-------------------------------------|--------------------------------------------------------------------------|
| • Segment rates or full yield curve | Full yield curve (same rates used for determining PBGC vested liability) |
| • Look-back months                  | N/A                                                                      |

**Mortality sponsor elections**

- |                          |                                                                                                                                                                                                                                                           |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Healthy participants   | Section 430(h)(3) prescribed separate generational annuitant and non-annuitant mortality tables. These tables are based on the Pri-2012 mortality tables, projected with generational mortality improvement scale MP-2021 with IRS-developed adjustments. |
| • Pre-1995 disabilities  | Revenue Ruling 96-7 table for participants who became disabled before 1995                                                                                                                                                                                |
| • Post-1994 disabilities | Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits                                                                                                                        |

**Other economic assumptions**

- |                              |                                                                  |
|------------------------------|------------------------------------------------------------------|
| • Salary increases           | N/A                                                              |
| • Social Security wage base  | N/A                                                              |
| • Inflation                  | 2.25% per year                                                   |
| • Expected investment return | 4.50% per year                                                   |
| • Expenses                   | Administrative expenses are no longer being paid from the trust. |

**Rationale for Economic Assumptions**

- Discount rate – Assumption is prescribed by the IRS.
- Expected investment return – The expected rate of return on plan assets is based on a blend of the hypothetical past performance of the plan's target asset mix, adjusted for current market conditions and the median simulated investment return using capital market assumptions published in Mercer Investment Consulting's *Capital Markets Outlook* for the plan's target asset mix. The expected return on assets assumption is net of an adjustment of nine bps for assumed trading expenses assumed to be paid from plan assets.

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

| <b>DEMOGRAPHIC ASSUMPTIONS</b>                    |                                                                                          |                                   |
|---------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------|
| • Withdrawal                                      | 2003 Society of Actuaries Turnover table, based on age. See table of sample rates.       |                                   |
| • Disability incidence                            | 1985 Pension Disability Class 1 tables for males and females. See table of sample rates. |                                   |
| • Retirement age                                  | <b>Attained age</b>                                                                      | <b>Percentage of retirement</b>   |
|                                                   | Under 55                                                                                 | 0%                                |
|                                                   | 55-60                                                                                    | 5%                                |
|                                                   | 61                                                                                       | 10%                               |
|                                                   | 62                                                                                       | 35%                               |
|                                                   | 63-64                                                                                    | 25%                               |
|                                                   | 65                                                                                       | 50%                               |
|                                                   | 66-69                                                                                    | 25%                               |
|                                                   | 70+                                                                                      | 100%                              |
| • Benefit commencement age for                    |                                                                                          |                                   |
| – Future vested deferred                          | 65                                                                                       |                                   |
| – Current vested deferred                         | 65, or current age if later                                                              |                                   |
| • Spouse assumptions                              | <b><u>Male participants</u></b>                                                          | <b><u>Female participants</u></b> |
| – Percentage married                              | 80%                                                                                      | 65%                               |
| – Spouse age difference                           | 5 years younger                                                                          | 5 years older                     |
| <b>Form of payment</b>                            | <b><u>Single life</u></b>                                                                | <b><u>50% J&amp;S</u></b>         |
| • Active retirements                              | 0%                                                                                       | 100%                              |
| • Future vested deferred                          | 100%                                                                                     | 0%                                |
| • Future disabilities                             | 0%                                                                                       | 100%                              |
| • Future deaths                                   | 0%                                                                                       | 100%                              |
| • Current vested deferred                         | 100%                                                                                     | 0%                                |
| <b>Unpredictable contingent event assumptions</b> | Not applicable                                                                           |                                   |

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods****Table of Sample Rates**

| ATTAINED<br>AGE | PERCENTAGE           |        |                |
|-----------------|----------------------|--------|----------------|
|                 | DISABILITY INCIDENCE |        | WITHDRAWAL ALL |
|                 | MALE                 | FEMALE |                |
| 20              | 0.029%               | 0.030% | 21.23%         |
| 25              | 0.038%               | 0.047% | 18.51%         |
| 30              | 0.048%               | 0.080% | 12.19%         |
| 35              | 0.069%               | 0.136% | 8.78%          |
| 40              | 0.117%               | 0.211% | 7.00%          |
| 45              | 0.202%               | 0.323% | 6.21%          |
| 50              | 0.358%               | 0.533% | 5.63%          |
| 55              | 0.722%               | 0.952% | 2.92%          |
| 60              | 1.256%               | 1.159% | 2.20%          |
| 65              | 1.753%               | 1.358% | 2.82%          |

For participants with less than five years of service, the following withdrawal rates apply instead of the above and are based on the participant's years of service at the valuation date.

| YEARS OF SERVICE | WITHDRAWAL RATE |
|------------------|-----------------|
| 0 – 2.99         | 25%             |
| 3.00 – 3.99      | 20%             |
| 4.00 – 4.99      | 15%             |

**Rationale for Demographic Assumptions**

- Mortality – This assumption is prescribed by the IRS.
- Withdrawal – This assumption is based on an experience study covering the period from January 1, 2004 to December 31, 2008 and the plan sponsor's expectation that future withdrawal patterns and circumstances of the employer will not differ significantly from the period studied.
- Retirement age – This assumption is based on an experience study covering the period from January 1, 2004 to December 31, 2008 and the plan sponsor's expectation that future retirement patterns and circumstances of the employer will not differ significantly from the period studied.
- Benefit commencement age – This assumption is based on an experience study covering the period from January 1, 2004 to December 31, 2008 and the plan sponsor's expectation that future retirement patterns and circumstances of the employer will not differ significantly from the period studied.

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods****Actuarial Methods for Funding****Asset Methods**

The asset valuation method is an average of the adjusted market value for each year during the last two years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

**Participant Methods**

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

**Minimum Funding Methods**

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's target normal cost is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

**Schedule SB, line 26a — Schedule of Active Participant Data**

| Attained age | Years of credited service <sup>1</sup> |     |     |       |       |       |       |       |       |         |       |
|--------------|----------------------------------------|-----|-----|-------|-------|-------|-------|-------|-------|---------|-------|
|              | Under 1                                | 1–4 | 5–9 | 10–14 | 15–19 | 20–24 | 25–29 | 30–34 | 35–39 | 40 & up | Total |
| Under 25     |                                        |     |     |       |       |       |       |       |       |         |       |
| 25–29        |                                        | 45  | 6   |       |       |       |       |       |       |         | 51    |
| 30–34        |                                        | 85  | 37  | 5     |       |       |       |       |       |         | 127   |
| 35–39        |                                        | 45  | 56  | 34    | 6     |       |       |       |       |         | 141   |
| 40–44        |                                        | 39  | 28  | 58    | 46    | 2     |       |       |       |         | 173   |
| 45–49        |                                        | 21  | 25  | 34    | 30    | 25    | 2     |       |       |         | 137   |
| 50–54        |                                        | 26  | 14  | 22    | 28    | 29    | 11    | 7     |       |         | 137   |
| 55–59        | 1                                      | 29  | 16  | 25    | 23    | 17    | 16    | 11    | 4     |         | 142   |
| 60–64        |                                        | 32  | 25  | 36    | 19    | 16    | 10    | 19    | 12    | 2       | 171   |
| 65–69        |                                        | 12  | 13  | 14    | 6     | 8     | 3     | 3     | 5     | 5       | 69    |
| 70 & up      |                                        | 6   |     | 5     | 1     |       |       |       |       |         | 12    |
| Total        | 1                                      | 340 | 220 | 233   | 159   | 97    | 42    | 40    | 21    | 7       | 1,160 |

In each cell, the number is the count of active participants for each age/service combination.

<sup>1</sup> Service is based on the Plan's freeze date of December 31, 2018.

**Schedule SB, Part V — Summary of Plan Provisions****Summary of Major Plan Provisions**

|                                                  |                                                                                                           |
|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Effective date and plan year                     | Original plan: December 15, 1948<br>Restated plan: January 1, 2010<br>Plan year: January 1 to December 31 |
| Status of the plan                               | Effective December 31, 2018, the plan is closed to new entrants and benefit accruals are frozen.          |
| Significant events that occurred during the year | None.                                                                                                     |

**DEFINITIONS**

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Participating employees | The Central Trust Bank, Central Bancompany, Jefferson Bank of Missouri, First National Bank of Clayton, First National Bank of Mexico, Guaranty Trust Company, City Bank & Trust Company, Empire Bank, Boone County National Bank, Bank of Lake of the Ozarks, Ozark Mountain Bank, Empire Bank – Nixa Facility, Third National Bank of Sedalia, First National Bank of Audrain County, Farmers and Traders Bank, Bank of Warrensburg, the First State Bank of Higginsville/Odessa, the Bank of Jacoma, Omaha National Bank, First Kansas Bank & Trust, Metcalf Bank, First National Bank of St. Louis, Central Technology Services and Union Savings Bank.           |
| Participation           | Full-time employees are eligible following the later of (1) age 21 and (2) the end of the one-year period beginning on his employment date provided he completes at least 1,000 hours of service during such one-year period. If he fails to complete at least 1,000 hours of service during such one-year period, he will become a Participant in this Plan on the first day of the month following the later of (1) his 21st birthday and (2) the last day of any Plan Year ending thereafter during which he completes at least 1,000 hours of service.<br>Employees who are not participants as of December 31, 2018 are not eligible to participate in the plan. |
| Continuous service      | Used in determining eligibility for participation and benefits, consists of the period of employment after age 18 until the last day of employment, including authorized absence for illness or compulsory military service and the first 12 months of any other authorized absence.<br>For periods beginning on or after January 1, 2002, Continuous Service shall be determined on the basis of Plan Years in which the employee completes at least 1,000 hours of service. Prior to January 1, 2002, Continuous Service is measured by years and fractions of a year of employment.                                                                                |

**Schedule SB, Part V — Summary of Plan Provisions**

|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Credited service             | <p>Credited Service is used in determining benefit amounts. For periods beginning on or after January 1, 2002, Credited Service shall be determined on the basis of Plan Years in which the employee completes at least 1,000 hours of service. A participant who is credited with less than 1,000 hours of service in the year in which his employment terminates on or after his 55th birthday or due to his death shall be credited with a fractional year of Credited Service. Prior to January 1, 2002, Credited Service consists of Continuous Service subject to certain specified exclusions. Credited Service equals Continuous Service as of January 1, 2002.</p> <p>Credited service is frozen as of December 31, 2018.</p> |
| Average monthly compensation | <p>A Participant's Average Monthly Compensation is the average of a Participant's monthly compensation for the 60 consecutive calendar-month period out of the most recently completed 120 consecutive calendar-month period during which the average of the Participant's Annual Compensation is the highest.</p> <p>Compensation is frozen as of December 31, 2018.</p>                                                                                                                                                                                                                                                                                                                                                              |
| Final average compensation   | <p>A Participant's Final Average Compensation is the average of the Participant's Annual Compensation under the Taxable Wage Base for the three consecutive calendar-year periods ending with the Plan Year.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Covered Compensation         | <p>Covered Compensation for any Participant is the average of the Social Security Taxable Wage Bases for the 35 years ending with the year of attainment of Social Security Normal Retirement Age.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Accrued benefit              | <p>The amount payable at normal retirement age based on the Participant's Average Monthly Compensation and Final Average Compensation at the date of determination, and the Credited Service (up to a maximum of 35 years) that he would have had if his employment continued to his Normal Retirement Date, multiplied by a fraction of which the numerator is his Credited Service (determined without regard to the 35-year maximum) at the date of determination and the denominator is his total Credited Service (determined without regard to the 35-year maximum) he would have had if employment continued until his Normal Retirement Date.</p> <p>Benefit accruals are frozen as of December 31, 2018.</p>                  |
| <b>NORMAL RETIREMENT</b>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Eligibility                  | <p>With respect to the portion of a Participant's benefit earned prior to January 1, 2013, if any, the later of the last day of the calendar month in which the Participant attains age 65 and the first day of the plan year containing the 5th anniversary of the date he became a participant.</p> <p>With respect to the portion of a Participant's benefit earned after December 31, 2012; the last day of the calendar month in which the Participant attained age 66.</p>                                                                                                                                                                                                                                                       |

**Schedule SB, Part V — Summary of Plan Provisions**

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Benefit                 | <p>The monthly amount of the Normal Retirement Benefit is equal to 1.6% of Average Monthly Compensation for each Year of Credited Service up to 35 years, reduced by 0.45% of Final Average Compensation up to Covered Compensation for each Year of Credited Service up to 35 years.</p> <p>However, a participant's benefit shall not be less than the accrued benefit calculated in accordance with the prior plan provisions as of December 31, 1989 for non-highly compensated participants and as of December 31, 1988 for highly compensated participants. The prior plan formula was 1-3/4% of average monthly earnings for each year of credited service (60% maximum) reduced by 1-1/2% of the primary Social Security benefit for each year of credited service (50% maximum), including various minimums under old plans of certain banks.</p> |
| <b>EARLY RETIREMENT</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Eligibility             | Upon election of the participant any time after the attainment of age 55 and the completion of ten years of Continuous Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Benefit                 | <p>With respect to the portion of a Participant's benefit earned prior to January 1, 2013, if any, a Participant's Accrued Benefit at his Early Retirement Date is reduced by 1/4% for every month by which the Early Retirement Date precedes the Normal Retirement Date.</p> <p>With respect to the portion of a Participant's benefit earned after December 31, 2012, if any, a Participant's Accrued Benefit at his Early Retirement Date shall be the actuarial equivalent of the pension payable at his Normal Retirement Date.</p>                                                                                                                                                                                                                                                                                                                  |
| <b>LATE RETIREMENT</b>  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Eligibility             | A Participant's retirement after his Normal Retirement Date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Benefit                 | The late retirement benefit is the greater of (i) the normal retirement benefit increased by 2% for each additional year of employment, or (ii) the benefit calculated as of the actual retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>DEFERRED VESTED</b>  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Eligibility             | If a Participant has completed five years of Continuous Service, he is 100% vested in his accrued Normal Retirement Benefit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Benefit                 | <p>A monthly benefit determined under the Plan in effect on the date of termination. This benefit is payable at Normal Retirement Date.</p> <p>If payment commences prior to the Participant's Normal Retirement Date, such pension shall be the actuarial equivalent of the pension payable on his Normal Retirement Date.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>DISABILITY</b>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Eligibility             | If an employee becomes entitled to a benefit under an employer's long-term disability plan, he will be entitled to a pension under this plan payable at his normal retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Benefit                 | A monthly benefit determined under the plan with service being credited for the pre-65 period of disability if the employee receives a Social Security disability benefit. The disability benefit is frozen as of December 31, 2018.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

**Schedule SB, Part V — Summary of Plan Provisions****PRE-RETIREMENT DEATH**

|                                                  |                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Benefit prior to early retirement                | If a married employee dies in active employment or during disability retirement after vesting, but before early retirement eligibility, his surviving spouse receives a monthly benefit, actuarially reduced to reflect early commencement and converted to a joint and survivor benefit.                                                         |
| Benefit after early but before normal retirement | If a married employee dies in active employment or during disability retirement but after early retirement eligibility, his surviving spouse receives a monthly pension equal to 50% of the employee's accrued benefit reduced for early retirement and joint and survivor election.                                                              |
| Benefit after normal retirement                  | Upon the death of a retired employee, 50% of his pension continues to his spouse or dependent children unless he elected an optional benefit. The amount payable is actuarially reduced if the spouse is more than ten years younger than the employee. A similar benefit is payable upon the death of an employee who was working beyond age 65. |

**FORM OF BENEFITS**

|                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Automatic form for unmarried participants                  | The annual retirement benefit shall be payable commencing on the Participant's retirement date for the lifetime of the Participant.                                                                                                                                                                                                                                                                                    |
| Automatic form for married participants                    | If the Participant is married on his Normal Retirement Date or the date benefits commence and the Participant has not elected to have the retirement benefit paid under the unmarried participants' form or one of the optional forms below, a Joint and Survivor Annuity is paid during the Participant's lifetime with a 50% continuance to the Participant's spouse for the duration of the lifetime of the spouse. |
| Automatic form for participants married less than one year | However, if the Participant has been married to the spouse less than one year on the date benefits commence, the benefit will be paid under the unmarried participant's form until one year after the marriage, at which time benefits are payable under the married participant's form.                                                                                                                               |

**OPTIONAL FORMS**

|                        |                                                                                                                                                                                                                                                                                                                                  |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Period Certain Option  | The Participant shall receive a benefit which is the actuarial equivalent of the Life Only Form under which he shall receive a reduced Pension payable for his life and guaranteed for a specified period of either 10 or 15 years as elected by the Participant.                                                                |
| Social Security Option | Upon early retirement, an increased benefit is paid until the Participant is expected to begin receiving primary Social Security benefits at age 62, and an actuarially decreased or zero benefit is paid thereafter so that, as nearly as possible, the Participant's total income from the two sources will be a level amount. |
| Lump Sum               | If the present value of a Participant's benefit is greater than \$3,500 but below \$50,000, it may be paid as a lump sum, subject to employee and spousal consent. If this present value is not greater than \$3,500, it will be paid as a lump sum.                                                                             |

**Schedule SB, Part V — Summary of Plan Provisions**

| <b>ACTUARIAL EQUIVALENCE</b>                                            |                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Alternate Forms of Payment                                              | Amount of an alternate form of benefit (other than a lump sum) which has a value equivalent to the benefit or benefits otherwise payable under the plan, computed on the basis of a 6% compound annual interest rate and a blend of 70% female/30% male rates under the 1971 Group Annuity Mortality Tables. |
| Lump Sum and Social Security Option (if greater than above assumptions) | PPA mortality and interest rates equal to the 3-tiered minimum present value segment rate for the third full calendar month preceding the first day of the calendar quarter in which the distribution is made and reflecting the appropriate phase-ins.                                                      |
| <b>MISCELLANEOUS</b>                                                    |                                                                                                                                                                                                                                                                                                              |
| Maximum compensation                                                    | Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually.                                                                                       |
| Maximum benefits                                                        | Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually.                                                                                                                                                                                                                |

**Benefits Included or Excluded**

Unless noted below, all benefits provided by the plan, as restated and amended through January 1, 2010, are included in this valuation:

- **Most recent plan amendments included:** The third amendment executed on September 7, 2023.
- **Plan amendments excluded:** None.
- **Late retirement increases:**
  - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. This valuation does not include an actuarial increase as it is deemed immaterial.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued by not including the late retirement actuarial increase, as it is deemed immaterial.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

**Schedule SB, Part V — Summary of Plan Provisions****Plan Provisions Specific to Funding****Additional Benefits Included or Excluded**

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

**Plan Provision Changes Since Prior Valuation**

- Maximum benefit amounts under IRS rules were updated from 2023 to 2024.

**Schedule SB, line 22 — Description of Weighted Average Retirement Age**

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 62.

| (A)<br>Retirement age | (B)<br>Retirement percent | (C)<br>Lx | (D)<br>Number of employees expected to retire<br>(B) x (C) | (E)<br>(A) x (D) |
|-----------------------|---------------------------|-----------|------------------------------------------------------------|------------------|
| 55                    | 0.05                      | 100.0     | 5.0                                                        | 275.0            |
| 56                    | 0.05                      | 95.0      | 4.8                                                        | 268.8            |
| 57                    | 0.05                      | 90.2      | 4.5                                                        | 256.5            |
| 58                    | 0.05                      | 85.7      | 4.3                                                        | 249.4            |
| 59                    | 0.05                      | 81.4      | 4.1                                                        | 241.9            |
| 60                    | 0.05                      | 77.3      | 3.9                                                        | 234.0            |
| 61                    | 0.10                      | 73.4      | 7.3                                                        | 445.3            |
| 62                    | 0.35                      | 66.1      | 23.1                                                       | 1,432.2          |
| 63                    | 0.25                      | 43.0      | 10.8                                                       | 680.4            |
| 64                    | 0.25                      | 32.2      | 8.1                                                        | 518.4            |
| 65                    | 0.50                      | 24.1      | 12.1                                                       | 786.5            |
| 66                    | 0.25                      | 12.0      | 3.0                                                        | 198.0            |
| 67                    | 0.25                      | 9.0       | 2.3                                                        | 154.1            |
| 68                    | 0.25                      | 6.7       | 1.7                                                        | 115.6            |
| 69                    | 0.25                      | 5.0       | 1.3                                                        | 89.7             |
| 70                    | 1.00                      | 3.7       | 3.7                                                        | 259.0            |
| Total                 |                           |           | 100.0                                                      | 6,204.8          |
| Average               |                           |           |                                                            | 62.05            |

## 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      | 893,871             | 155,571                        | 13,197,714                                                | 14,247,156 |
| 2025      | 1,740,987           | 265,486                        | 12,834,365                                                | 14,840,838 |
| 2026      | 2,414,236           | 410,826                        | 12,525,176                                                | 15,350,238 |
| 2027      | 2,932,126           | 588,466                        | 12,164,912                                                | 15,685,503 |
| 2028      | 3,343,556           | 679,481                        | 11,828,829                                                | 15,851,866 |
| 2029      | 3,670,340           | 759,868                        | 11,481,422                                                | 15,911,630 |
| 2030      | 3,958,635           | 822,306                        | 11,111,191                                                | 15,892,132 |
| 2031      | 4,227,822           | 948,537                        | 10,713,662                                                | 15,890,021 |
| 2032      | 4,435,023           | 1,024,231                      | 10,299,018                                                | 15,758,271 |
| 2033      | 4,623,062           | 1,157,024                      | 9,865,876                                                 | 15,645,962 |
| 2034      | 4,780,792           | 1,321,397                      | 9,411,925                                                 | 15,514,114 |
| 2035      | 4,918,842           | 1,446,387                      | 8,932,589                                                 | 15,297,819 |
| 2036      | 5,053,435           | 1,539,646                      | 8,435,068                                                 | 15,028,149 |
| 2037      | 5,129,267           | 1,600,221                      | 7,929,387                                                 | 14,658,875 |
| 2038      | 5,227,360           | 1,697,983                      | 7,403,630                                                 | 14,328,973 |
| 2039      | 5,278,679           | 1,700,640                      | 6,884,129                                                 | 13,863,448 |
| 2040      | 5,336,189           | 1,743,268                      | 6,362,015                                                 | 13,441,472 |
| 2041      | 5,380,400           | 1,767,698                      | 5,841,393                                                 | 12,989,492 |
| 2042      | 5,427,759           | 1,781,353                      | 5,326,544                                                 | 12,535,655 |
| 2043      | 5,423,687           | 1,871,890                      | 4,821,852                                                 | 12,117,429 |
| 2044      | 5,416,648           | 1,867,927                      | 4,331,694                                                 | 11,616,269 |
| 2045      | 5,408,387           | 1,870,710                      | 3,860,274                                                 | 11,139,372 |
| 2046      | 5,389,341           | 1,846,290                      | 3,411,525                                                 | 10,647,156 |
| 2047      | 5,357,345           | 1,821,703                      | 2,988,916                                                 | 10,167,964 |
| 2048      | 5,231,643           | 1,785,628                      | 2,595,299                                                 | 9,612,570  |
| 2049      | 5,123,746           | 1,748,556                      | 2,232,880                                                 | 9,105,182  |
| 2050      | 4,976,259           | 1,684,735                      | 1,903,074                                                 | 8,564,068  |
| 2051      | 4,813,761           | 1,625,928                      | 1,606,475                                                 | 8,046,164  |
| 2052      | 4,642,186           | 1,565,022                      | 1,342,927                                                 | 7,550,134  |
| 2053      | 4,442,684           | 1,497,462                      | 1,111,560                                                 | 7,051,706  |
| 2054      | 4,245,128           | 1,430,795                      | 910,913                                                   | 6,586,836  |
| 2055      | 4,030,714           | 1,354,380                      | 739,016                                                   | 6,124,110  |
| 2056      | 3,815,110           | 1,276,254                      | 593,532                                                   | 5,684,896  |
| 2057      | 3,597,318           | 1,192,142                      | 471,895                                                   | 5,261,355  |
| 2058      | 3,374,949           | 1,109,600                      | 371,429                                                   | 4,855,978  |
| 2059      | 3,159,508           | 1,027,266                      | 289,473                                                   | 4,476,246  |
| 2060      | 2,944,203           | 946,642                        | 223,440                                                   | 4,114,285  |
| 2061      | 2,733,164           | 868,244                        | 170,898                                                   | 3,772,305  |
| 2062      | 2,528,073           | 792,831                        | 129,608                                                   | 3,450,511  |
| 2063      | 2,329,729           | 720,274                        | 97,563                                                    | 3,147,565  |
| 2064      | 2,139,470           | 651,211                        | 72,998                                                    | 2,863,679  |
| 2065      | 1,958,165           | 585,913                        | 54,388                                                    | 2,598,466  |
| 2066      | 1,785,951           | 524,546                        | 40,443                                                    | 2,350,940  |
| 2067      | 1,622,880           | 467,203                        | 30,097                                                    | 2,120,180  |
| 2068      | 1,468,931           | 413,917                        | 22,483                                                    | 1,905,331  |
| 2069      | 1,323,989           | 364,693                        | 16,909                                                    | 1,705,592  |
| 2070      | 1,187,940           | 319,504                        | 12,833                                                    | 1,520,277  |
| 2071      | 1,060,679           | 278,269                        | 9,842                                                     | 1,348,790  |
| 2072      | 942,119             | 240,895                        | 7,628                                                     | 1,190,641  |
| 2073      | 832,174             | 207,246                        | 5,966                                                     | 1,045,386  |

**Central Bancompany Retirement Plan**  
**EIN 43-0959114 PN 001**  
**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

| <b>Identity of Issuer</b>    | <b>Description of Investment</b>  | <b>Cost</b>           | <b>Current Value</b>  |
|------------------------------|-----------------------------------|-----------------------|-----------------------|
| Money Market                 | See details on page 14            | \$ 1,437,422          | \$ 1,437,422          |
| US Government Obligations    | See details on page 14            | 15,140,673            | 15,175,946            |
| Mutual Funds                 |                                   |                       |                       |
| Fixed Income - Open          | See details on page 21 and 22     | 34,625,582            | 34,342,401            |
| Fixed Income - Closed        | See details on page 21            | 2,641,095             | 2,615,600             |
| Equity Open                  | See details on page 27 and 28     | 8,992,947             | 10,526,952            |
| Equity Closed                | See details on page 28 and 29     | 16,770,879            | 24,346,315            |
| Corporate Bonds              | See details on page 17 through 21 | 17,040,363            | 17,223,588            |
| Municipal Obligations        | See details on page 14 through 17 | 1,073,235             | 1,073,686             |
| Equity Securities            |                                   |                       |                       |
| Energy                       | See details on page 22            | 720,798               | 1,001,957             |
| Industrials                  | See details on page 23            | 1,801,218             | 2,459,371             |
| Consumer Discretionary       | See details on page 23            | 2,731,796             | 4,392,814             |
| Consumer Staples             | See details on page 23 and 24     | 789,099               | 1,645,242             |
| Materials                    | See details on page 22            | 176,400               | 152,320               |
| Real Estate                  | See details on page 26            | 1,072,441             | 1,038,822             |
| Health Care                  | See details on page 24            | 1,945,208             | 3,346,637             |
| Financials                   | See details on page 24 and 25     | 3,888,086             | 6,565,718             |
| Information Technology       | See details on page 25 and 26     | 4,170,580             | 12,403,545            |
| Communications Services      | See details on page 26            | 1,479,807             | 4,191,319             |
| Utilities                    | See details on page 26            | 506,216               | 444,221               |
| Foreign Stocks               |                                   |                       |                       |
| Materials                    | See details on page 27            | 721,922               | 839,101               |
| Industrials                  | See details on page 27            | 603,786               | 600,530               |
| Consumer Discretionary       | See details on page 27            | 635,886               | 671,959               |
| Communication Services       | See details on page 27            | 333,180               | 424,400               |
| Financials                   | See details on page 27            | 378,420               | 363,674               |
| Foreign Bonds and Debentures | See details on page 21            | 1,133,251             | 1,161,304             |
|                              |                                   | <u>\$ 120,810,290</u> | <u>\$ 148,444,844</u> |

Statement Period  
Account Number

01/01/2024 through 12/31/2024  
M22665

Schedule Of Assets

| UNITS                      | DESCRIPTION                                                                                                                       | MDY<br>RTG | CURRENT<br>PRICE | MARKET<br>VALUE | TAX COST      | EST<br>INC | CUR<br>YLD | %TTL<br>MKT | % OF<br>GRP |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------|------------------|-----------------|---------------|------------|------------|-------------|-------------|
| SHORT TERM INVESTMENTS     |                                                                                                                                   |            |                  |                 |               |            |            |             |             |
| 1,437,421.78               | GOLDMAN SACHS GOVERNMENT FD #465<br>ACCOUNT 1150000057 8,706.69<br>ACCOUNT 1150000066 244,761.19<br>ACCOUNT 11507029041,183,953.9 |            | 1.00             | 1,437,421.78    | 1,437,421.78  | 62,750     | 4.37       | 0.97        | 74.08       |
| 1,437,421.78               | TOTAL CASH AND EQUIVALENTS                                                                                                        |            |                  | 1,940,340.97    | 1,940,340.97  | 62,750     | 3.23       | 1.30        | 100.00      |
| FIXED INCOME               |                                                                                                                                   |            |                  |                 |               |            |            |             |             |
| U S GOVERNMENT OBLIGATIONS |                                                                                                                                   |            |                  |                 |               |            |            |             |             |
| 4,200,000                  | UNITED STATES TREASURY NOTE DTD<br>07/31/2023 4.75% 07/31/2025<br>ACCOUNT 11507029044,200,000                                     | Aaa        | 100.275          | 4,211,550.00    | 4,189,437.50  | 199,500    | 4.74       | 2.83        | 5.88        |
| 2,920,000                  | UNITED STATES TREASURY NOTE DTD<br>10/02/2023 5% 09/30/2025<br>ACCOUNT 11507029042,920,000                                        | Aaa        | 100.522          | 2,935,242.40    | 2,925,996.87  | 146,000    | 4.97       | 1.97        | 4.10        |
| 1,000,000                  | UNITED STATES TREASURY NOTE DTD<br>01/02/2024 4.25% 12/31/2025<br>ACCOUNT 11507029041,000,000                                     | Aaa        | 100.024          | 1,000,240.00    | 1,000,546.88  | 42,500     | 4.25       | 0.67        | 1.40        |
| 1,485,000                  | UNITED STATES TREASURY NOTE DTD<br>02/15/2023 4% 02/15/2026<br>ACCOUNT 11507029041,485,000                                        | Aaa        | 99.734           | 1,481,049.90    | 1,481,867.58  | 59,400     | 4.01       | 0.99        | 2.07        |
| 4,250,000                  | UNITED STATES TREASURY NOTE DTD<br>04/01/24 4.5% 03/31/2026<br>ACCOUNT 11507029044,250,000                                        | Aaa        | 100.27           | 4,261,475.00    | 4,243,027.34  | 191,250    | 4.49       | 2.86        | 5.95        |
| 1,300,000                  | UNITED STATES TREASURY NOTE DTD<br>06/30/2023 4% 06/30/2028<br>ACCOUNT 11507029041,300,000                                        | Aaa        | 98.953           | 1,286,389.00    | 1,299,796.88  | 52,000     | 4.04       | 0.86        | 1.80        |
| 15,155,000                 | TOTAL U S GOVERNMENT OBLIGATIONS                                                                                                  |            |                  | 15,175,946.30   | 15,140,673.05 | 690,650    | 4.55       | 10.19       | 21.20       |
| MUNICIPAL OBLIGATIONS      |                                                                                                                                   |            |                  |                 |               |            |            |             |             |
| 80,000                     | ALBUQUERQUE NM GROSS RCPTS TAX<br>REV TXBL SER A DTD 8/9/22 3.53%<br>07/01/2025<br>ACCOUNT 1150000057 80,000                      |            | 99.668           | 79,734.40       | 80,000.00     | 2,824      | 3.54       | 0.05        | 0.11        |
| 75,000                     | OKLAHOMA CITY OK WATER UTIL TR<br>SYS REV TXBL REF DTD 7/26/22<br>3.287% 07/01/2025<br>ACCOUNT 1150000057 75,000                  | Aaa        | 99.506           | 74,629.50       | 75,000.00     | 2,465      | 3.30       | 0.05        | 0.10        |

MARKET TO MARKET STATEMENT

Statement Period  
Account Number

01/01/2024 through 12/31/2024  
M22665

Schedule Of Assets

| UNITS  | DESCRIPTION                                                                                                                                            | MDY<br>RTG | CURRENT<br>PRICE | MARKET<br>VALUE | TAX COST  | EST<br>INC | CUR<br>YLD | %TTL<br>MKT | % OF<br>GRP |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------|-----------------|-----------|------------|------------|-------------|-------------|
| 45,000 | MASSACHUSETTS SPL OBLG REV TXBL<br>SOCIAL BONDS SER A DTD 8/30/22<br>3.67% 07/15/2025<br>ACCOUNT 11500000057 45,000                                    | Aa1        | 99.678           | 44,855.10       | 45,000.00 | 1,652      | 3.68       | 0.03        | 0.06        |
| 20,000 | HAWAII TXBL SER GB DTD 10/29/20<br>.852% 10/01/2025<br>ACCOUNT 11500000057 20,000                                                                      | Aa2        | 97.518           | 19,503.60       | 19,290.80 | 170        | 0.87       | 0.01        | 0.03        |
| 70,000 | MINNESOTA HSG FIN AGY TXBL<br>SUSTAINABLE SER G DTD 7/7/22<br>3.647% 01/01/2026<br>ACCOUNT 11500000057 70,000                                          | Aa1        | 99.339           | 69,537.30       | 70,000.00 | 2,553      | 3.67       | 0.05        | 0.10        |
| 15,000 | UNIV OF HOUSTON TX UNIV REVS<br>TXBL REF DTD 6/1/22 3.653%<br>02/15/2026<br>ACCOUNT 11500000057 15,000                                                 | Aa2        | 99.246           | 14,886.90       | 15,000.00 | 548        | 3.68       | 0.01        | 0.02        |
| 15,000 | OKLAHOMA CITY OK ECON DEV TRUST<br>TAX APPORTIONMENT TXBL REF<br>INCREMENT DIST 8 SER A DTD<br>8/24/21 1.118% 03/01/2026<br>ACCOUNT 11500000057 15,000 | Aa2        | 96.369           | 14,455.35       | 13,546.80 | 168        | 1.16       | 0.01        | 0.02        |
| 35,000 | PORTLAND OR URBAN RENEWAL &<br>REDEV TXBL GATEWAY REGIONAL CTR<br>SER A DTD 6/7/22 3.786%<br>06/15/2026<br>ACCOUNT 11500000057 35,000                  | A1         | 98.593           | 34,507.55       | 35,000.00 | 1,325      | 3.84       | 0.02        | 0.05        |
| 75,000 | MASSACHUSETTS EDUC FING AUTH<br>TXBL SENIOR ISSUE M SER A DTD<br>6/23/22 3.991% 07/01/2026<br>ACCOUNT 11500000057 75,000                               |            | 99.147           | 74,360.25       | 75,000.00 | 2,993      | 4.03       | 0.05        | 0.10        |
| 15,000 | PORT OF SEATTLE WA REV TXBL REF<br>INTERM LIEN SER C DTD 8/1/22<br>3.618% 08/01/2026<br>ACCOUNT 11500000057 15,000                                     | A1         | 98.701           | 14,805.15       | 14,772.60 | 543        | 3.67       | 0.01        | 0.02        |
| 70,000 | SOMERSET COUNTY NJ IMPT AUTH REV<br>TXBL LEASE BDS TWP HILLSBOROUGH<br>PROJ SER 2022 DTD 5/26/22 3.794%<br>05/15/2027<br>ACCOUNT 11500000057 70,000    |            | 98.318           | 68,822.60       | 70,000.00 | 2,656      | 3.86       | 0.05        | 0.10        |

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| UNITS   | DESCRIPTION                                                                                                                                | MDY<br>RTG | CURRENT<br>PRICE | MARKET<br>VALUE | TAX COST   | EST<br>INC | CUR<br>YLD | %TTL<br>MKT | % OF<br>GRP |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------|-----------------|------------|------------|------------|-------------|-------------|
| 45,000  | PORTLAND OR URBAN RENEWAL &<br>REDEV TXBL GATEWAY REGIONAL CTR<br>SER A DTD 6/7/22 3.886%<br>06/15/2027<br>ACCOUNT 1150000057 45,000       | A1         | 97.624           | 43,930.80       | 45,000.00  | 1,749      | 3.98       | 0.03        | 0.06        |
| 25,000  | COCONINO COUNTY AZ PLEDGED REV<br>TXBL DTD 10/6/22 4.524%<br>07/01/2027<br>ACCOUNT 1150000057 25,000                                       |            | 99.919           | 24,979.75       | 25,000.00  | 1,131      | 4.53       | 0.02        | 0.03        |
| 80,000  | PENNSYLVANIA UNIV TXBL SER B DTD<br>5/24/22 3.588% 09/01/2027<br>ACCOUNT 1150000057 80,000                                                 | Aa1        | 97.614           | 78,091.20       | 80,000.00  | 2,870      | 3.68       | 0.05        | 0.11        |
| 15,000  | TEXAS UNIV SYS FING REV TXBL<br>REF SER B DTD 11/1/19 2.538%<br>03/15/2028<br>ACCOUNT 1150000057 15,000                                    | Aa2        | 93.839           | 14,075.85       | 14,284.95  | 381        | 2.70       | 0.01        | 0.02        |
| 30,000  | LANSING MI BRD WATER & LT UTIL<br>SYS REV TXBL REF SER B DTD<br>12/19/19 2.59% 07/01/2028<br>ACCOUNT 1150000057 30,000                     | Aa3        | 93.667           | 28,100.10       | 26,900.10  | 777        | 2.77       | 0.02        | 0.04        |
| 60,000  | UNIVERSITY OK REVS TXBL UNIV OF<br>OKLAHOMA HEALTH SCIENCES CTR SER<br>B DTD 4/6/23 5.222% 07/01/2028<br>ACCOUNT 1150000057 60,000         |            | 101.367          | 60,820.20       | 60,000.00  | 3,133      | 5.15       | 0.04        | 0.08        |
| 85,000  | WILLIAMS S HART CA UNION HIGH<br>SCH DIST TXBL REF DTD 12/23/20<br>1.429% 08/01/2028<br>ACCOUNT 1150000057 85,000                          | Aa2        | 89.774           | 76,307.90       | 73,066.85  | 1,215      | 1.59       | 0.05        | 0.11        |
| 35,000  | MONTGOMERY MD COUNTY LTD OBLG<br>TXBL FACILITY & RESIDENTIAL DEV<br>PROJS SER A DTD 11/15/21 2%<br>11/01/2028<br>ACCOUNT 1150000057 35,000 | Aa1        | 90.784           | 31,774.40       | 30,221.45  | 700        | 2.20       | 0.02        | 0.04        |
| 115,000 | HOUSTON TX TXBL REF SER B DTD<br>8/31/21 1.568% 03/01/2029<br>ACCOUNT 1150000057 115,000                                                   | Aa3        | 88.712           | 102,018.80      | 100,396.15 | 1,803      | 1.77       | 0.07        | 0.14        |
| 15,000  | LOS ANGELES CA CMNTY COLL DIST<br>TXBL ELECTION 2008 SER B DTD<br>4/1/09 7.53% 08/01/2029<br>ACCOUNT 1150000057 15,000                     | Aaa        | 109.799          | 16,469.85       | 16,848.57  | 1,130      | 6.86       | 0.01        | 0.02        |

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| UNITS     | DESCRIPTION                                                                                  | MDY<br>RTG | CURRENT<br>PRICE | MARKET<br>VALUE | TAX COST     | EST<br>INC | CUR<br>YLD | %TTL<br>MKT | % OF<br>GRP |
|-----------|----------------------------------------------------------------------------------------------|------------|------------------|-----------------|--------------|------------|------------|-------------|-------------|
| 85,000    | CALIFORNIA TXBL BID GROUP B DTD<br>4/18/24 5.125% 09/01/2029<br>ACCOUNT 1150000057 85,000    | Aa2        | 102.376          | 87,019.60       | 88,906.60    | 4,356      | 5.01       | 0.06        | 0.12        |
| 1,105,000 | TOTAL MUNICIPAL OBLIGATIONS                                                                  |            |                  | 1,073,686.15    | 1,073,234.87 | 37,142     | 3.46       | 0.72        | 1.50        |
|           | CORPORATE BONDS                                                                              |            |                  |                 |              |            |            |             |             |
| 310,000   | FLORIDA POWER & LIGHT DTD<br>03/27/2020 2.85% 04/01/2025-2025<br>ACCOUNT 1150000066 310,000  | Aa2        | 99.52            | 308,512.00      | 298,880.48   | 8,835      | 2.86       | 0.21        | 0.43        |
| 299,000   | WALMART INC DTD 09/09/2022 3.9%<br>09/09/2025<br>ACCOUNT 1150000066 299,000                  | Aa2        | 99.65            | 297,953.50      | 296,348.68   | 11,661     | 3.91       | 0.20        | 0.42        |
| 328,000   | UNITEDHEALTH GROUP INC DTD<br>10/28/2022 5.15% 10/15/2025<br>ACCOUNT 1150000066 328,000      | A2         | 100.499          | 329,636.72      | 333,778.22   | 16,892     | 5.12       | 0.22        | 0.46        |
| 374,000   | BRISTOL MYERS SQUIBB CO DTD<br>11/13/2020 .75% 11/13/2025-2025<br>ACCOUNT 1150000066 374,000 | A2         | 96.872           | 362,301.28      | 338,306.98   | 2,805      | 0.77       | 0.24        | 0.51        |
| 467,000   | LINDE INC CT DTD 12/05/2022 4.7%<br>12/05/2025<br>ACCOUNT 1150000066 467,000                 | A2         | 100.20           | 467,934.00      | 464,456.59   | 21,949     | 4.69       | 0.31        | 0.65        |
| 310,000   | CITIGROUP INC DTD 03/17/2022<br>3.29% 03/17/2026-2025<br>ACCOUNT 1150000066 310,000          | A3         | 99.63            | 308,853.00      | 296,477.11   | 10,199     | 3.30       | 0.21        | 0.43        |
| 466,000   | PACCAR FINANCIAL CORP DTD<br>03/30/2023 4.45% 03/30/2026<br>ACCOUNT 1150000066 466,000       | A1         | 99.924           | 465,645.84      | 468,097.00   | 20,737     | 4.45       | 0.31        | 0.65        |
| 350,000   | HOME DEPOT INC DTD 02/12/2016 3%<br>04/01/2026-2026<br>ACCOUNT 1150000066 350,000            | A2         | 98.224           | 343,784.00      | 336,093.78   | 10,500     | 3.05       | 0.23        | 0.48        |
| 350,000   | WELLS FARGO & COMPANY DTD<br>06/03/2014 4.1% 06/03/2026<br>ACCOUNT 1150000066 350,000        | A3         | 98.926           | 346,241.00      | 341,104.76   | 14,350     | 4.14       | 0.23        | 0.48        |
| 359,000   | MICROSOFT CORP DTD 08/08/2016<br>2.4% 08/08/2026-2026<br>ACCOUNT 1150000066 359,000          | Aaa        | 96.954           | 348,064.86      | 338,166.93   | 8,616      | 2.48       | 0.23        | 0.49        |

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|---------|---------------------------------------------------------------------------------------------------|------------|------------------|-----------------|------------|------------|------------|-------------|-------------|
| 388,000 | SIMON PROPERTY GROUP LP DTD<br>08/18/2021 1.375%<br>01/15/2027-2026<br>ACCOUNT 1150000066 388,000 | A3         | 93.757           | 363,777.16      | 343,301.93 | 5,335      | 1.47       | 0.24        | 0.51        |
| 321,000 | CHARLES SCHWAB CORP DTD<br>03/03/2022 2.45% 03/03/2027-2027<br>ACCOUNT 1150000066 321,000         | A2         | 95.489           | 306,519.69      | 296,865.02 | 7,865      | 2.57       | 0.21        | 0.43        |
| 351,000 | EXXON MOBIL CORP DTD 03/19/2020<br>3.294% 03/19/2027-2027<br>ACCOUNT 1150000066 351,000           | Aa2        | 98.016           | 344,036.16      | 340,174.08 | 11,562     | 3.36       | 0.23        | 0.48        |
| 354,000 | NOVARTIS CAPITAL CORPORATION DTD<br>02/17/2017 3.1% 05/17/2027<br>ACCOUNT 1150000066 354,000      | Aa3        | 96.964           | 343,252.56      | 342,006.63 | 10,974     | 3.20       | 0.23        | 0.48        |
| 391,000 | ALPHABET INC DTD 08/05/2020 .8%<br>08/15/2027-2027<br>ACCOUNT 1150000066 391,000                  | Aa2        | 91.489           | 357,721.99      | 339,422.30 | 3,128      | 0.87       | 0.24        | 0.50        |
| 356,000 | UNITED PARCEL SERVICE DTD<br>11/14/2017 3.05% 11/15/2027<br>ACCOUNT 1150000066 356,000            | A2         | 96.098           | 342,108.88      | 339,362.54 | 10,858     | 3.17       | 0.23        | 0.48        |
| 338,000 | COCA COLA CO DTD 03/05/2021 1.5%<br>03/05/2028<br>ACCOUNT 1150000066 338,000                      | A1         | 91.049           | 307,745.62      | 298,327.54 | 5,070      | 1.65       | 0.21        | 0.43        |
| 344,000 | JOHN DEERE CAPITAL CORP DTD<br>03/04/2021 1.5% 03/06/2028<br>ACCOUNT 1150000066 344,000           | A1         | 90.86            | 312,558.40      | 298,657.64 | 5,160      | 1.65       | 0.21        | 0.44        |
| 357,000 | BERKSHIRE HATHAWAY ENERGY DTD<br>04/15/2018 3.25% 04/15/2028-2028<br>ACCOUNT 1150000066 357,000   | A3         | 95.17            | 339,756.90      | 336,558.77 | 11,603     | 3.41       | 0.23        | 0.47        |
| 541,000 | TJX COMPANIES INC DTD 11/30/2020<br>1.15% 05/15/2028<br>ACCOUNT 1150000066 541,000                | A2         | 89.218           | 482,669.38      | 473,667.14 | 6,222      | 1.29       | 0.32        | 0.67        |
| 348,000 | PROLOGIS LP DTD 09/15/2022 4%<br>09/15/2028-2028<br>ACCOUNT 1150000066 348,000                    | A3         | 97.436           | 339,077.28      | 339,164.22 | 13,920     | 4.11       | 0.23        | 0.47        |
| 343,000 | BP CAP MARKETS AMERICA DTD<br>09/21/2018 3.937%<br>09/21/2028-2028<br>ACCOUNT 1150000066 343,000  | A1         | 96.98            | 332,641.40      | 333,862.32 | 13,504     | 4.06       | 0.22        | 0.46        |

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|---------|---------------------------------------------------------------------------------------------------------|------------|------------------|-----------------|------------|------------|------------|-------------|-------------|
| 400,000 | GOLDMAN SACHS GROUP INC DTD<br>11/15/2023 6.125% 11/15/2028<br>ACCOUNT 1150702904 400,000               | A2         | 100.535          | 402,140.00      | 400,000.00 | 24,500     | 6.09       | 0.27        | 0.56        |
| 307,000 | AMERICAN EXPRESS CO DTD<br>05/03/2022 4.05% 05/03/2029-2029<br>ACCOUNT 1150000066 307,000               | A2         | 97.638           | 299,748.66      | 298,176.57 | 12,434     | 4.15       | 0.20        | 0.42        |
| 331,000 | CATERPILLAR INC DTD 09/19/2019<br>2.6% 09/19/2029-2029<br>ACCOUNT 1150000066 331,000                    | A2         | 91.105           | 301,557.55      | 297,811.81 | 8,606      | 2.85       | 0.20        | 0.42        |
| 380,000 | THERMO FISHER SCIENTIFIC INC DTD<br>10/8/2019 2.6% 10/01/2029<br>ACCOUNT 1150000066 380,000             | A3         | 90.923           | 345,507.40      | 339,578.08 | 9,880      | 2.86       | 0.23        | 0.48        |
| 323,000 | PHILIP MORRIS INTL INC DTD<br>11/17/2022 5.625%<br>11/17/2029-2029<br>ACCOUNT 1150000066 323,000        | A2         | 103.034          | 332,799.82      | 335,336.44 | 18,169     | 5.46       | 0.22        | 0.46        |
| 341,000 | DUKE ENERGY FLORIDA LLC DTD<br>11/26/2019 2.5% 12/01/2029-2029<br>ACCOUNT 1150000066 341,000            | A1         | 89.71            | 305,911.10      | 297,960.15 | 8,525      | 2.79       | 0.21        | 0.43        |
| 375,000 | REALTY INCOME CORP DTD<br>06/15/2021 3.1% 12/15/2029-2029<br>ACCOUNT 1150000066 375,000                 | A3         | 91.735           | 344,006.25      | 336,654.47 | 11,625     | 3.38       | 0.23        | 0.48        |
| 367,000 | CON EDISON CO OF NY DTD<br>03/31/2020 3.35% 04/01/2030-2030<br>ACCOUNT 1150000066 367,000               | A3         | 92.908           | 340,972.36      | 337,284.04 | 12,295     | 3.61       | 0.23        | 0.48        |
| 394,000 | AIR PRODUCTS & CHEMICALS INC DTD<br>04/30/2020 2.05% 05/15/2030-2020<br>ACCOUNT 1150000066 394,000      | A2         | 86.812           | 342,039.28      | 337,115.76 | 8,077      | 2.36       | 0.23        | 0.48        |
| 390,000 | CAMDEN PROPERTY TRUST DTD<br>04/20/2020 2.8% 05/15/2030-2030<br>ACCOUNT 1150000066 390,000              | A3         | 89.731           | 349,950.90      | 342,623.92 | 10,920     | 3.12       | 0.23        | 0.49        |
| 408,000 | PRINCIPAL FINANCIAL GROUP INC<br>DTD 06/12/2020 2.125%<br>06/15/2030-2030<br>ACCOUNT 1150000066 408,000 | Baa1       | 86.181           | 351,618.48      | 343,478.37 | 8,670      | 2.47       | 0.24        | 0.49        |
| 428,000 | S&P GLOBAL INC DTD 08/13/2020<br>1.25% 08/15/2030-2030<br>ACCOUNT 1150000066 428,000                    | A3         | 82.769           | 354,251.32      | 339,210.59 | 5,350      | 1.51       | 0.24        | 0.49        |

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|---------|---------------------------------------------------------------------------------------------------------|------------|------------------|-----------------|------------|------------|------------|-------------|-------------|
| 406,000 | NVIDIA CORP DTD 06/16/2021 2%<br>06/15/2031-2031<br>ACCOUNT 1150000066 406,000                          | Aa3        | 84,984           | 345,035.04      | 333,982.48 | 8,120      | 2.35       | 0.23        | 0.48        |
| 417,000 | HONEYWELL INTL INC DTD<br>08/16/2021 1.75% 09/01/2031-2031<br>ACCOUNT 1150000066 417,000                | A2         | 81,986           | 341,881.62      | 337,378.22 | 7,298      | 2.13       | 0.23        | 0.48        |
| 405,000 | PEPSICO INC DTD 10/21/2021 1.95%<br>10/21/2031-2031<br>ACCOUNT 1150000066 405,000                       | A1         | 83,185           | 336,899.25      | 334,652.60 | 7,898      | 2.34       | 0.23        | 0.47        |
| 406,000 | KIMBERLY CLARK CORP DTD<br>11/02/2021 2% 11/02/2031-2031<br>ACCOUNT 1150000066 406,000                  | A2         | 84,372           | 342,550.32      | 337,878.25 | 8,120      | 2.37       | 0.23        | 0.48        |
| 420,000 | AVALONBAY COMMUNITIES INC DTD<br>09/15/2021 2.05% 01/15/2032-2031<br>ACCOUNT 1150000066 420,000         | A3         | 82,809           | 347,797.80      | 341,164.89 | 8,610      | 2.48       | 0.23        | 0.49        |
| 328,000 | PROGRESSIVE CORP DTD 03/09/2020<br>3% 03/15/2032-2031<br>ACCOUNT 1150000066 328,000                     | A2         | 87,859           | 288,177.52      | 292,965.56 | 9,840      | 3.41       | 0.19        | 0.40        |
| 336,000 | KLA TENCOR CORP DTD 06/23/2022<br>4.65% 07/15/2032-2032<br>ACCOUNT 1150000066 336,000                   | A2         | 97,768           | 328,500.48      | 338,867.19 | 15,624     | 4.76       | 0.22        | 0.46        |
| 344,000 | TARGET CORP DTD 09/13/2022 4.5%<br>09/15/2032-2032<br>ACCOUNT 1150000066 344,000                        | A2         | 96,745           | 332,802.80      | 343,494.41 | 15,480     | 4.65       | 0.22        | 0.46        |
| 314,000 | MARSH & MCLENNAN COMPANIES INC<br>DTD 10/31/2022 5.75%<br>11/01/2032-2032<br>ACCOUNT 1150000066 314,000 | A3         | 103.43           | 324,770.20      | 337,861.76 | 18,055     | 5.56       | 0.22        | 0.45        |
| 470,000 | LOCKHEED MARTIN CORP DTD<br>10/24/2022 5.25% 01/15/2033-2032<br>ACCOUNT 1150000066 470,000              | A2         | 101.066          | 475,010.20      | 497,791.80 | 24,675     | 5.19       | 0.32        | 0.66        |
| 480,000 | BHP BILLITON FINANCE USA DTD<br>09/08/2023 5.25% 09/08/2033<br>ACCOUNT 1150000066 480,000               | A1         | 100.513          | 482,462.40      | 485,299.20 | 25,200     | 5.22       | 0.32        | 0.67        |
| 493,000 | AMERICAN HONDA FINANCE DTD<br>01/10/2024 4.9% 01/10/2034<br>ACCOUNT 1150000066 493,000                  | A3         | 96.175           | 474,142.75      | 484,589.42 | 24,157     | 5.09       | 0.32        | 0.66        |

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|--------------------------------------|--------------------------------------------------------------------------------------------|------------|------------------|-----------------|---------------|------------|------------|-------------|-------------|
| 505,000                              | WASTE MANAGEMENT INC DTD 8/3/23<br>4.875% 02/15/2034-2033<br>ACCOUNT 1150000066 505,000    | A3         | 98.089           | 495,349.45      | 500,263.10    | 24,619     | 4.97       | 0.33        | 0.69        |
| 532,000                              | COMCAST CORP DTD 08/12/14 4.2%<br>08/15/2034-2034<br>ACCOUNT 1150000066 532,000            | A3         | 91.525           | 486,913.00      | 475,863.36    | 22,344     | 4.59       | 0.33        | 0.68        |
| 18,345,000                           | TOTAL CORPORATE BONDS                                                                      |            |                  | 17,223,587.57   | 17,040,363.10 | 590,836    | 3.43       | 11.56       | 24.06       |
| FOREIGN BDS NTS AND DEBENTURES       |                                                                                            |            |                  |                 |               |            |            |             |             |
| 365,000                              | EQUINOR ASA DTD 05/22/2020 1.75%<br>01/22/2026-2025<br>ACCOUNT 1150000066 365,000          | Aa2        | 97.093           | 354,389.45      | 336,886.24    | 6,388      | 1.80       | 0.24        | 0.50        |
| 373,000                              | SUMITOMO MITSUI FINL GRP DTD<br>09/23/2020 2.142% 09/23/2030<br>ACCOUNT 1150000066 373,000 | A2         | 84.718           | 315,998.14      | 297,063.30    | 7,990      | 2.53       | 0.21        | 0.44        |
| 446,000                              | BARCLAYS PLC DTD 11/2/22 7.437%<br>11/02/2033<br>ACCOUNT 1150000066 446,000                | Baa1       | 110.071          | 490,916.66      | 499,301.46    | 33,169     | 6.76       | 0.33        | 0.69        |
| 1,184,000                            | TOTAL FOREIGN BDS NTS AND DEBENTURES                                                       |            |                  | 1,161,304.25    | 1,133,251.00  | 47,547     | 4.09       | 0.78        | 1.62        |
| MUTUAL FUNDS - FIXED INCOME - CLOSED |                                                                                            |            |                  |                 |               |            |            |             |             |
| MUTUAL FUNDS                         |                                                                                            |            |                  |                 |               |            |            |             |             |
| 26,000                               | ISHARES 0-5 YEAR TIPS BOND ETF<br>ACCOUNT 1150702904 26,000                                |            | 100.60           | 2,615,600.00    | 2,641,095.24  | 68,432     | 2.62       | 1.76        | 3.65        |
| MUTUAL FUNDS - FIXED INCOME - OPEN   |                                                                                            |            |                  |                 |               |            |            |             |             |
| MUTUAL FUNDS                         |                                                                                            |            |                  |                 |               |            |            |             |             |
| 287,907.869                          | BBH LIMITED DURATION CL I<br>ACCOUNT 1150702904 287,907.869                                |            | 10.43            | 3,002,879.07    | 3,000,000.00  | 145,393    | 4.84       | 2.02        | 4.19        |
| 104,605.559                          | BLACKROCK STRATEGIC INCOME OPP<br>FD CL K<br>ACCOUNT 1150702904 104,605.559                |            | 9.48             | 991,660.70      | 1,021,507.32  | 47,386     | 4.78       | 0.67        | 1.39        |
| 68,304.238                           | CALVERT FLEXIBLE BOND FD R6<br>ACCOUNT 1150702904 68,304.238                               |            | 14.55            | 993,826.66      | 996,963.85    | 55,600     | 5.59       | 0.67        | 1.39        |
| 1,290,187.728                        | EATON VANCE FLOATING RATE R6<br>ACCOUNT 1150702904 1,290,187.728                           |            | 8.39             | 10,824,675.04   | 11,276,077.33 | 950,868    | 8.78       | 7.27        | 15.12       |

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|----------------|---------------------------------------------------------------------------------------------------|------------|------------------|-----------------|--------------|------------|------------|-------------|-------------|
| 892,535.866    | EATON VANCE EMERGING MARKETS<br>DEBT OPPORTUNITIES FUND CLASS R<br>ACCOUNT 1150702904 892,535.866 |            | 7.91             | 7,059,958.70    | 6,745,000.00 | 605,139    | 8.57       | 4.74        | 9.86        |
| 402,162.719    | EATON VANCE GLOBAL MACRO<br>ABSOLUTE RETURN ADVANTAGE FD CL<br>R6 ACCOUNT 1150702904 402,162.719  |            | 10.33            | 4,154,340.89    | 4,171,566.36 | 253,765    | 6.11       | 2.79        | 5.80        |
| 262,918.474    | JPMORGAN STRATEGIC INC OPP FD CL<br>R6 ACCOUNT 1150702904 262,918.474                             |            | 11.47            | 3,015,674.90    | 3,010,000.00 | 165,639    | 5.49       | 2.02        | 4.21        |
| 685,860.159    | PIMCO EMERGING MARKETS LOCAL<br>CURRENCY & BOND FD INSTL<br>ACCOUNT 1150702904 685,860.159        |            | 5.58             | 3,827,099.69    | 3,925,179.47 | 266,800    | 6.97       | 2.57        | 5.35        |
| 19,451.609     | VANGUARD SHORT TERM INFLATION<br>PROTECTED ADM<br>ACCOUNT 1150702904 19,451.609                   |            | 24.28            | 472,285.07      | 479,287.64   | 12,663     | 2.68       | 0.32        | 0.66        |
| 4,013,934.221  | TOTAL MUTUAL FUNDS                                                                                |            | 34,342,400.72    | 34,625,581.97   | 2,503,253    | 7.29       | 23.06      | 47.97       |             |
| 39,828,934.221 | TOTAL FIXED INCOME                                                                                |            | 71,592,524.99    | 71,654,199.23   | 3,937,860    | 5.50       | 48.07      | 100.00      |             |
| EQUITIES       |                                                                                                   |            |                  |                 |              |            |            |             |             |
| COMMON STOCK   |                                                                                                   |            |                  |                 |              |            |            |             |             |
| ENERGY         |                                                                                                   |            |                  |                 |              |            |            |             |             |
| 2,300          | CHENIERE ENERGY INC<br>ACCOUNT 1150702904 2,300                                                   |            | 214.87           | 494,201.00      | 372,628.02   | 4,600      | 0.93       | 0.33        | 0.66        |
| 2,800          | DIAMONDBACK ENERGY INC<br>ACCOUNT 1150702904 2,800                                                |            | 163.83           | 458,724.00      | 297,646.73   | 10,080     | 2.20       | 0.31        | 0.61        |
| 400            | EOG RESOURCES INC<br>ACCOUNT 1150702904 400                                                       |            | 122.58           | 49,032.00       | 50,523.72    | 1,560      | 3.18       | 0.03        | 0.07        |
| 5,500          | TOTAL ENERGY                                                                                      |            | 1,001,957.00     | 720,798.47      |              | 16,240     | 1.62       | 0.67        | 1.33        |
| MATERIALS      |                                                                                                   |            |                  |                 |              |            |            |             |             |
| 4,000          | FREEMPORT MCMORAN INC CL B<br>ACCOUNT 1150702904 4,000                                            |            | 38.08            | 152,320.00      | 176,400.00   | 2,400      | 1.58       | 0.10        | 0.20        |

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| UNITS                  | DESCRIPTION                                   | MDY<br>RTG | CURRENT<br>PRICE | MARKET<br>VALUE | TAX COST     | EST<br>INC | CUR<br>YLD | %TTL<br>MKT | % OF<br>GRP |
|------------------------|-----------------------------------------------|------------|------------------|-----------------|--------------|------------|------------|-------------|-------------|
| INDUSTRIALS            |                                               |            |                  |                 |              |            |            |             |             |
| 1,000                  | CATERPILLAR INC<br>ACCOUNT 1150702904         | 1,000      | 362.76           | 362,760.00      | 370,010.00   | 5,640      | 1.55       | 0.24        | 0.48        |
| 3,000                  | GE VERNOVA INC.<br>ACCOUNT 1150702904         | 3,000      | 328.93           | 986,790.00      | 757,237.88   | 3,000      | 0.30       | 0.66        | 1.31        |
| 2,810                  | JACOBS SOLUTIONS INC<br>ACCOUNT 1150702904    | 2,810      | 133.62           | 375,472.20      | 337,954.89   | 3,260      | 0.87       | 0.25        | 0.50        |
| 1,100                  | PARKER HANNIFIN CORP<br>ACCOUNT 1150702904    | 1,100      | 636.03           | 699,633.00      | 331,146.81   | 7,172      | 1.03       | 0.47        | 0.93        |
| 300                    | RTX CORP<br>ACCOUNT 1150702904                | 300        | 115.72           | 34,716.00       | 4,868.50     | 756        | 2.18       | 0.02        | 0.05        |
| 8,210                  | TOTAL INDUSTRIALS                             |            |                  | 2,459,371.20    | 1,801,218.08 | 19,828     | 0.81       | 1.65        | 3.26        |
| CONSUMER DISCRETIONARY |                                               |            |                  |                 |              |            |            |             |             |
| 12,900                 | AMAZON.COM INC<br>ACCOUNT 1150702904          | 12,900     | 219.39           | 2,830,131.00    | 1,245,273.10 | 0          | 0.00       | 1.90        | 3.75        |
| 364                    | MERCADOLIBRE INC<br>ACCOUNT 1150702904        | 364        | 1700.44          | 618,960.16      | 581,559.88   | 0          | 0.00       | 0.42        | 0.82        |
| 200                    | O'REILLY AUTOMOTIVE INC<br>ACCOUNT 1150702904 | 200        | 1185.80          | 237,160.00      | 234,011.84   | 0          | 0.00       | 0.16        | 0.31        |
| 2,500                  | PULTE HOMES INC<br>ACCOUNT 1150702904         | 2,500      | 108.90           | 272,250.00      | 327,478.60   | 2,200      | 0.81       | 0.18        | 0.36        |
| 3,595                  | TJX COMPANIES INC<br>ACCOUNT 1150702904       | 3,595      | 120.81           | 434,311.95      | 343,472.88   | 5,393      | 1.24       | 0.29        | 0.58        |
| 19,559                 | TOTAL CONSUMER DISCRETIONARY                  |            |                  | 4,392,813.11    | 2,731,796.30 | 7,593      | 0.17       | 2.95        | 5.82        |
| CONSUMER STAPLES       |                                               |            |                  |                 |              |            |            |             |             |
| 738                    | COSTCO WHOLESALE CORP<br>ACCOUNT 1150702904   | 738        | 916.27           | 676,207.26      | 230,823.97   | 3,424      | 0.51       | 0.45        | 0.90        |
| 1,500                  | PROCTER & GAMBLE CO<br>ACCOUNT 1150702904     | 1,500      | 167.65           | 251,475.00      | 256,500.00   | 6,039      | 2.40       | 0.17        | 0.33        |
| 7,942                  | WALMART INC<br>ACCOUNT 1150702904             | 7,942      | 90.35            | 717,559.70      | 301,775.21   | 6,592      | 0.92       | 0.48        | 0.95        |

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|--------|----------------------------------------------------|------------|------------------|-----------------|------------|------------|------------|-------------|-------------|
| 10,180 | TOTAL CONSUMER STAPLES                             |            | 1,645,241.96     |                 | 789,099.18 | 16,055     | 0.98       | 1.10        | 2.18        |
|        | HEALTH CARE                                        |            |                  |                 |            |            |            |             |             |
| 2,125  | ABBVIE INC<br>ACCOUNT 1150702904                   | 2,125      | 177.70           | 377,612.50      | 239,210.44 | 13,940     | 3.69       | 0.25        | 0.50        |
| 489    | CIGNA CORP NEW<br>ACCOUNT 1150702904               | 489        | 276.14           | 135,032.46      | 134,420.86 | 2,738      | 2.03       | 0.09        | 0.18        |
| 1,280  | ELI LILLY & CO<br>ACCOUNT 1150702904               | 1,280      | 772.00           | 988,160.00      | 414,656.50 | 7,680      | 0.78       | 0.66        | 1.31        |
| 500    | REGENERON PHARMACEUTICALS<br>ACCOUNT 1150702904    | 500        | 712.33           | 356,165.00      | 411,704.97 | 0          | 0.00       | 0.24        | 0.47        |
| 700    | THERMO FISHER SCIENTIFIC INC<br>ACCOUNT 1150702904 | 700        | 520.23           | 364,161.00      | 355,670.70 | 1,092      | 0.30       | 0.24        | 0.48        |
| 1,280  | UNITEDHEALTH GROUP INC<br>ACCOUNT 1150702904       | 1,280      | 505.86           | 647,500.80      | 60,447.35  | 10,752     | 1.66       | 0.43        | 0.86        |
| 1,187  | VERTEX PHARMACEUTICALS INC<br>ACCOUNT 1150702904   | 1,187      | 402.70           | 478,004.90      | 329,097.00 | 0          | 0.00       | 0.32        | 0.63        |
| 7,561  | TOTAL HEALTH CARE                                  |            | 3,346,636.66     | 1,945,207.82    |            | 36,202     | 1.08       | 2.25        | 4.44        |
|        | FINANCIALS                                         |            |                  |                 |            |            |            |             |             |
| 2,000  | AMERICAN EXPRESS CO<br>ACCOUNT 1150702904          | 2,000      | 296.79           | 593,580.00      | 307,112.20 | 5,600      | 0.94       | 0.40        | 0.79        |
| 1,785  | BERKSHIRE HATHAWAY INC CL B<br>ACCOUNT 1150702904  | 1,785      | 453.28           | 809,104.80      | 331,219.47 | 0          | 0.00       | 0.54        | 1.07        |
| 8,000  | CITIGROUP INC<br>ACCOUNT 1150702904                | 8,000      | 70.39            | 563,120.00      | 499,000.06 | 17,920     | 3.18       | 0.38        | 0.75        |
| 4,900  | FIDELITY NATIONAL INFO SERV<br>ACCOUNT 1150702904  | 4,900      | 80.77            | 395,773.00      | 400,666.44 | 7,056      | 1.78       | 0.27        | 0.52        |
| 3,000  | FISERV INC<br>ACCOUNT 1150702904                   | 3,000      | 205.42           | 616,260.00      | 298,470.00 | 0          | 0.00       | 0.41        | 0.82        |
| 1,394  | ARTHUR J GALLAGHER & CO<br>ACCOUNT 1150702904      | 1,394      | 283.85           | 395,686.90      | 350,520.36 | 3,346      | 0.85       | 0.27        | 0.52        |
| 200    | GOLDMAN SACHS GROUP INC<br>ACCOUNT 1150702904      | 200        | 572.62           | 114,524.00      | 109,154.00 | 2,400      | 2.10       | 0.08        | 0.15        |

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|------------------------|-----------------------------------------------------|------------|------------------|-----------------|--------------|------------|------------|-------------|-------------|
| 2,834                  | INTERCONTINENTAL EXCHANGE INC<br>ACCOUNT 1150702904 | 2,834      | 149.01           | 422,294.34      | 311,030.77   | 5,101      | 1.21       | 0.28        | 0.56        |
| 2,200                  | JP MORGAN CHASE & CO<br>ACCOUNT 1150702904          | 2,200      | 239.71           | 527,362.00      | 222,986.62   | 11,000     | 2.09       | 0.35        | 0.70        |
| 1,600                  | MASTERCARD INC<br>ACCOUNT 1150702904                | 1,600      | 526.57           | 842,512.00      | 414,577.51   | 4,864      | 0.58       | 0.57        | 1.12        |
| 1,320                  | PROGRESSIVE CORP<br>ACCOUNT 1150702904              | 1,320      | 239.61           | 316,285.20      | 310,859.64   | 528        | 0.17       | 0.21        | 0.42        |
| 2,400                  | VISA INC CL A<br>ACCOUNT 1150702904                 | 2,400      | 316.04           | 758,496.00      | 213,372.78   | 5,664      | 0.75       | 0.51        | 1.01        |
| 3,000                  | WELLS FARGO & COMPANY<br>ACCOUNT 1150702904         | 3,000      | 70.24            | 210,720.00      | 119,116.62   | 4,800      | 2.28       | 0.14        | 0.28        |
| 34,633                 | TOTAL FINANCIALS                                    |            |                  | 6,565,718.24    | 3,888,086.47 | 68,279     | 1.04       | 4.41        | 8.71        |
| INFORMATION TECHNOLOGY |                                                     |            |                  |                 |              |            |            |             |             |
| 1,000                  | ADOBE INC<br>ACCOUNT 1150702904                     | 1,000      | 444.68           | 444,680.00      | 292,284.85   | 0          | 0.00       | 0.30        | 0.59        |
| 3,535                  | ADVANCED MICRO DEVICES INC<br>ACCOUNT 1150702904    | 3,535      | 120.79           | 426,992.65      | 420,151.78   | 0          | 0.00       | 0.29        | 0.57        |
| 8,400                  | APPLE INC<br>ACCOUNT 1150702904                     | 8,400      | 250.42           | 2,103,528.00    | 226,282.07   | 8,400      | 0.40       | 1.41        | 2.79        |
| 6,800                  | BROADCOM INC<br>ACCOUNT 1150702904                  | 6,800      | 231.84           | 1,576,512.00    | 362,589.31   | 16,048     | 1.02       | 1.06        | 2.09        |
| 1,480                  | CROWDSTRIKE HLDGS INC<br>ACCOUNT 1150702904         | 1,480      | 342.16           | 506,396.80      | 426,861.29   | 0          | 0.00       | 0.34        | 0.67        |
| 1,500                  | DELL TECHNOLOGIES INC C<br>ACCOUNT 1150702904       | 1,500      | 115.24           | 172,860.00      | 199,957.50   | 2,670      | 1.54       | 0.12        | 0.23        |
| 6,500                  | MICROSOFT CORP<br>ACCOUNT 1150702904                | 6,500      | 421.50           | 2,739,750.00    | 578,085.16   | 21,580     | 0.79       | 1.84        | 3.63        |
| 20,000                 | NVIDIA CORP<br>ACCOUNT 1150702904                   | 20,000     | 134.29           | 2,685,800.00    | 306,307.44   | 800        | 0.03       | 1.80        | 3.56        |
| 1,700                  | ORACLE CORP<br>ACCOUNT 1150702904                   | 1,700      | 166.64           | 283,288.00      | 293,692.48   | 2,720      | 0.96       | 0.19        | 0.38        |
| 3,966                  | PALO ALTO NETWORKS INC                              |            | 181.96           | 721,653.36      | 409,420.08   | 0          | 0.00       | 0.48        | 0.96        |

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|---------|------------------------------------------------------------------|------------|------------------|-----------------|---------------|------------|------------|-------------|-------------|
|         | ACCOUNT 1150702904                                               | 3,966      |                  |                 |               |            |            |             |             |
| 700     | SERVICENOW INC<br>ACCOUNT 1150702904                             |            | 1060.12          | 742,084.00      | 654,948.28    | 0          | 0.00       | 0.50        | 0.98        |
| 55,581  | TOTAL INFORMATION TECHNOLOGY                                     |            |                  | 12,403,544.81   | 4,170,580.24  | 52,218     | 0.42       | 8.33        | 16.45       |
|         | COMMUNICATION SERVICES                                           |            |                  |                 |               |            |            |             |             |
| 14,000  | ALPHABET INC CL A<br>ACCOUNT 1150702904                          |            | 189.30           | 2,650,200.00    | 791,993.30    | 11,200     | 0.42       | 1.78        | 3.51        |
| 2,519   | META PLATFORMS INC CL A<br>ACCOUNT 1150702904                    |            | 585.51           | 1,474,899.69    | 616,737.09    | 5,038      | 0.34       | 0.99        | 1.96        |
| 300     | T-MOBILE US INC<br>ACCOUNT 1150702904                            |            | 220.73           | 66,219.00       | 71,076.92     | 918        | 1.39       | 0.04        | 0.09        |
| 16,819  | TOTAL COMMUNICATION SERVICES                                     |            |                  | 4,191,318.69    | 1,479,807.31  | 17,156     | 0.41       | 2.81        | 5.56        |
|         | UTILITIES                                                        |            |                  |                 |               |            |            |             |             |
| 800     | CONSTELLATION ENERGY CORP<br>ACCOUNT 1150702904                  |            | 223.71           | 178,968.00      | 211,170.00    | 1,128      | 0.63       | 0.12        | 0.24        |
| 3,700   | NEXTERA ENERGY INC<br>ACCOUNT 1150702904                         |            | 71.69            | 265,253.00      | 295,045.79    | 7,622      | 2.87       | 0.18        | 0.35        |
| 4,500   | TOTAL UTILITIES                                                  |            |                  | 444,221.00      | 506,215.79    | 8,750      | 1.97       | 0.30        | 0.59        |
|         | REAL ESTATE                                                      |            |                  |                 |               |            |            |             |             |
| 378     | EQUINIX INC<br>ACCOUNT 1150702904                                |            | 942.89           | 356,412.42      | 331,940.66    | 6,441      | 1.81       | 0.24        | 0.47        |
| 2,000   | MID AMERICA APARTMENT<br>COMMUNITIES INC<br>ACCOUNT 1150702904   |            | 154.57           | 309,140.00      | 333,380.00    | 12,120     | 3.92       | 0.21        | 0.41        |
| 9,178   | SPDR REAL ESTATE SELECT SECTOR<br>FUND ETF<br>ACCOUNT 1150702904 |            | 40.67            | 373,269.26      | 407,120.32    | 12,812     | 3.43       | 0.25        | 0.49        |
| 11,556  | TOTAL REAL ESTATE                                                |            |                  | 1,038,821.68    | 1,072,440.98  | 31,373     | 3.02       | 0.70        | 1.38        |
| 178,099 | TOTAL COMMON STOCK                                               |            |                  | 37,641,964.35   | 19,281,650.64 | 276,094    | 0.73       | 25.27       | 49.91       |

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|----------------------------|--------------------------------------------------------------|------------|------------------|-----------------|--------------|------------|------------|-------------|-------------|
| FOREIGN STOCK              |                                                              |            |                  |                 |              |            |            |             |             |
| MATERIALS                  |                                                              |            |                  |                 |              |            |            |             |             |
| 5,223                      | CRH PLC<br>ACCOUNT 1150702904                                | 5,223      | 92.52            | 483,231.96      | 445,750.81   | 7,312      | 1.51       | 0.32        | 0.64        |
| 850                        | LINDE PLC<br>ACCOUNT 1150702904                              | 850        | 418.67           | 355,869.50      | 276,171.12   | 4,726      | 1.33       | 0.24        | 0.47        |
| 6,073                      | TOTAL MATERIALS                                              |            |                  | 839,101.46      | 721,921.93   | 12,038     | 1.43       | 0.56        | 1.11        |
| INDUSTRIALS                |                                                              |            |                  |                 |              |            |            |             |             |
| 3,500                      | WASTE CONNECTIONS INC<br>ACCOUNT 1150702904                  | 3,500      | 171.58           | 600,530.00      | 603,785.73   | 4,410      | 0.73       | 0.40        | 0.80        |
| CONSUMER DISCRETIONARY     |                                                              |            |                  |                 |              |            |            |             |             |
| 1,600                      | LVMH MOET HENNESSY LOUIS VUITTON<br>SA ACCOUNT 1150702904    | 1,600      | 131.612          | 210,579.20      | 201,926.46   | 3,573      | 1.70       | 0.14        | 0.28        |
| 2,000                      | ROYAL CARIBBEAN CRUISES LTD<br>ACCOUNT 1150702904            | 2,000      | 230.69           | 461,380.00      | 433,959.20   | 3,800      | 0.82       | 0.31        | 0.61        |
| 3,600                      | TOTAL CONSUMER DISCRETIONARY                                 |            |                  | 671,959.20      | 635,885.66   | 7,373      | 1.10       | 0.45        | 0.89        |
| FINANCIALS                 |                                                              |            |                  |                 |              |            |            |             |             |
| 3,938                      | ARCH CAPITAL GROUP LTD<br>ACCOUNT 1150702904                 | 3,938      | 92.35            | 363,674.30      | 378,420.07   | 0          | 0.00       | 0.24        | 0.48        |
| COMMUNICATION SERVICES     |                                                              |            |                  |                 |              |            |            |             |             |
| 4,000                      | SEA LTD<br>ACCOUNT 1150702904                                | 4,000      | 106.10           | 424,400.00      | 333,179.89   | 0          | 0.00       | 0.28        | 0.56        |
| 21,111                     | TOTAL FOREIGN STOCK                                          |            |                  | 2,899,664.96    | 2,673,193.28 | 23,821     | 0.82       | 1.95        | 3.84        |
| MUTUAL FUNDS - EQUITY OPEN |                                                              |            |                  |                 |              |            |            |             |             |
| MUTUAL FUNDS               |                                                              |            |                  |                 |              |            |            |             |             |
| 40,031.267                 | AQR LARGE CAP DEFENSIVE STYLE FD<br>CL R6 ACCOUNT 1150702904 | 40,031.267 | 20.19            | 808,231.28      | 1,055,498.08 | 15,252     | 1.89       | 0.54        | 1.07        |
| 82,685.145                 | BLACKROCK COMMODITY STRATEGIES<br>FD K                       |            | 8.31             | 687,113.55      | 736,202.80   | 25,136     | 3.66       | 0.46        | 0.91        |

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|------------------------------|-----------------------------------------------------------------------|--------------------------|------------------|-----------------|--------------|------------|------------|-------------|-------------|
| 53,693.077                   | ACCOUNT 1150702904<br>FMI INTERNATIONAL FD INST<br>ACCOUNT 1150702904 | 82,685.145<br>53,693.077 | 36.48            | 1,958,723.45    | 1,716,075.65 | 0          | 0.00       | 1.32        | 2.60        |
| 26,946.915                   | FIDELITY MID CAP INDEX FD<br>ACCOUNT 1150702904                       | 26,946.915               | 33.77            | 909,997.32      | 1,000,000.00 | 10,644     | 1.17       | 0.61        | 1.21        |
| 45,561.86                    | FIDELITY EMERGING MARKETS INDEX<br>FD<br>ACCOUNT 1150702904           | 45,561.86                | 10.46            | 476,577.06      | 443,193.05   | 12,848     | 2.70       | 0.32        | 0.63        |
| 4,288.778                    | FRANKLIN SMALL CAP VALUE R6<br>ACCOUNT 1150702904                     | 4,288.778                | 60.22            | 258,270.21      | 300,000.00   | 3,114      | 1.21       | 0.17        | 0.34        |
| 34,311.685                   | GMO QUALITY FD R6<br>ACCOUNT 1150702904                               | 34,311.685               | 32.54            | 1,116,502.23    | 900,000.00   | 11,529     | 1.03       | 0.75        | 1.48        |
| 50,856.08                    | GLENMEDE SECURED OPTIONS<br>PORTFOLIO INST<br>ACCOUNT 1150702904      | 50,856.08                | 13.95            | 709,442.32      | 563,932.08   | 3,712      | 0.52       | 0.48        | 0.94        |
| 15,832.259                   | HARDING LOEVNER INTL EQUITY<br>INSTL Z<br>ACCOUNT 1150702904          | 15,832.259               | 24.49            | 387,732.02      | 298,279.76   | 8,739      | 2.25       | 0.26        | 0.51        |
| 33,407.976                   | JPMORGAN HEDGED EQUITY FD CL R6<br>ACCOUNT 1150702904                 | 33,407.976               | 33.20            | 1,109,144.80    | 601,357.52   | 13,463     | 1.21       | 0.74        | 1.47        |
| 5,403.945                    | NEUBERGER & BERMAN GENESIS FD<br>INSTL SHRS<br>ACCOUNT 1150702904     | 5,403.945                | 65.39            | 353,363.96      | 400,000.00   | 0          | 0.00       | 0.24        | 0.47        |
| 14,406.786                   | T ROWE PRICE MID CAP VALUE FD CL<br>ACCOUNT 1150702904                | 14,406.786               | 31.84            | 458,712.07      | 464,310.81   | 7,275      | 1.59       | 0.31        | 0.61        |
| 2,700.234                    | VANGUARD INSTITUTIONAL INDEX FD<br>INST SHRS<br>ACCOUNT 1150702904    | 2,700.234                | 478.90           | 1,293,142.06    | 514,097.56   | 16,555     | 1.28       | 0.87        | 1.71        |
| 410,126.007                  | TOTAL MUTUAL FUNDS                                                    |                          |                  | 10,526,952.33   | 8,992,947.31 | 128,267    | 1.22       | 7.07        | 13.96       |
| MUTUAL FUNDS - EQUITY CLOSED |                                                                       |                          |                  |                 |              |            |            |             |             |
| MUTUAL FUNDS                 |                                                                       |                          |                  |                 |              |            |            |             |             |
| 5,262                        | OPUS SMALL CAP VALUE PLUS ETF<br>ACCOUNT 1150702904                   | 5,262                    | 36.99            | 194,641.38      | 199,967.05   | 2,505      | 1.29       | 0.13        | 0.26        |
| 5,000                        | INVESCO S&P 500 EQUAL WEIGHT                                          |                          | 175.23           | 876,150.00      | 918,761.99   | 13,290     | 1.52       | 0.59        | 1.16        |

Statement Period  
Account Number

01/01/2024 through 12/31/2024  
M22665

Schedule Of Assets

| UNITS          | DESCRIPTION                                                         | MDY<br>RTG | CURRENT<br>PRICE | MARKET<br>VALUE | TAX COST       | EST<br>INC | CUR<br>YLD | %TTL<br>MKT | % OF<br>GRP |
|----------------|---------------------------------------------------------------------|------------|------------------|-----------------|----------------|------------|------------|-------------|-------------|
|                | ACCOUNT 1150702904                                                  | 5,000      |                  |                 |                |            |            |             |             |
| 155,000        | ISHARES COMEX GOLD TRUST<br>ACCOUNT 1150702904                      | 155,000    | 49.51            | 7,674,050.00    | 3,854,372.73   | 0          | 0.00       | 5.15        | 10.18       |
| 1,500          | ISHARES CORE S&P SMALL CAP ETF<br>ACCOUNT 1150702904                | 1,500      | 115.22           | 172,830.00      | 68,097.48      | 3,546      | 2.05       | 0.12        | 0.23        |
| 13,000         | ISHARES MSCI EMERGING MARKETS EX<br>CHINA ETF<br>ACCOUNT 1150702904 | 13,000     | 55.45            | 720,850.00      | 755,592.70     | 19,383     | 2.69       | 0.48        | 0.96        |
| 320,000        | SPROTT PHYSICAL GOLD TRUST<br>ACCOUNT 1150702904                    | 320,000    | 20.14            | 6,444,800.00    | 4,877,232.55   | 0          | 0.00       | 4.33        | 8.55        |
| 135,003        | SPROTT PHYSICAL SILVER TR<br>ACCOUNT 1150702904                     | 135,003    | 9.65             | 1,302,778.95    | 1,201,775.53   | 0          | 0.00       | 0.87        | 1.73        |
| 266,500        | SPROTT PHYSICAL GOLD AND SILVER<br>TRUST<br>ACCOUNT 1150702904      | 266,500    | 23.76            | 6,332,040.00    | 4,364,638.45   | 0          | 0.00       | 4.25        | 8.40        |
| 4,013          | VANGUARD FTSE DEVELOPED MARKETS<br>ACCOUNT 1150702904               | 4,013      | 47.82            | 191,901.66      | 175,671.07     | 6,437      | 3.35       | 0.13        | 0.25        |
| 3,707          | VANGUARD ALL WORLD EX US INDEX<br>FD<br>ACCOUNT 1150702904          | 3,707      | 57.41            | 212,818.87      | 202,346.59     | 6,899      | 3.24       | 0.14        | 0.28        |
| 846            | VANGUARD MID CAP ETF<br>ACCOUNT 1150702904                          | 846        | 264.13           | 223,453.98      | 152,423.19     | 3,335      | 1.49       | 0.15        | 0.30        |
| 909,831        | TOTAL MUTUAL FUNDS                                                  |            |                  | 24,346,314.84   | 16,770,879.33  | 55,395     | 0.23       | 16.35       | 32.28       |
| 1,519,167.007  | TOTAL EQUITIES                                                      |            |                  | 75,414,896.48   | 47,718,670.56  | 483,577    | 0.64       | 50.63       | 100.00      |
| 42,785,523.008 | Total Fund                                                          |            |                  | 148,947,762.44  | 121,313,210.76 | 4,484,187  | 3.01       | 100.00      | 100.00      |

**Central Bancompany Retirement Plan**  
**EIN 43-0959114 PN 001**  
**Schedule H, Line 4j – Schedule of Reportable Transactions**  
**Year Ended December 31, 2024**

| Description                                                  | Sale Price     | Purchase Price | Expenses Incurred in Transaction | Net Gain (Loss) |
|--------------------------------------------------------------|----------------|----------------|----------------------------------|-----------------|
| <b>Series of Transactions</b>                                |                |                |                                  |                 |
| <b>Purchases</b>                                             |                |                |                                  |                 |
| Goldman Sachs Government - Money Market                      | \$ -           | \$ 142,614,680 | \$ -                             | \$ -            |
| <b>Sales</b>                                                 |                |                |                                  |                 |
| Goldman Sachs Government - Money Market                      | \$ 146,919,775 | \$ 146,919,775 | \$ -                             | \$ -            |
| <b>Individual Transaction</b>                                |                |                |                                  |                 |
| <b>Sale</b>                                                  |                |                |                                  |                 |
| United States Treasury Note DTD<br>8/31/2022 3.25% 8/31/2024 | \$ 13,992,344  | \$ 13,906,758  | \$ -                             | \$ 85,586       |

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  
CENTRAL BANCOMPANY RETIREMENT PLAN

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF  
CENTRAL BANCOMPANY, INC.

B Three-digit plan number (PN) 001

D Employer Identification Number (EIN)  
43-0959114

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:

a Market value 255,853,907

b Actuarial value 263,497,054

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 | 1,184                      | 136,619,320               | 136,619,320              |
| b For terminated vested participants                           | 352                        | 20,185,470                | 20,185,470               |
| c For active participants                                      | 1,160                      | 69,562,340                | 71,174,755               |
| d Total                                                        | 2,696                      | 226,367,130               | 227,979,545              |

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐

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 5.14%

6 Target normal cost

a Present value of current plan year accruals 6a 0

b Expected plan-related expenses 6b 0

c Target normal cost 6c 0

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

Barron E. Weber

Signature of actuary

BARRON E. WEBER, F.S.A.

Type or print name of actuary

MERCER

Firm name

800 Market Street, SUITE 1800

ST. LOUIS MO 63101

Address of the firm

5/28/2025

Date

2306244

Most recent enrollment number

314-588-2500

Telephone number (including area code)

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

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b>                                                                                                   |                       |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 18,550,115            | 10,712,931             |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 18,550,115            | 10,712,931             |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>9.64</u> % .....                                                                                 | 1,788,231             | 1,032,727              |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.05</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 20,338,346            | 11,745,658             |

| <b>Part III Funding Percentages</b>                                                                                                                                        |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 101.50 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 115.57 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 110.08 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

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

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

|                                                                                                                         |            |   |
|-------------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                    | <b>19a</b> | 0 |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0 |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 0 |

**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**

|                                                                                                                                                                                              |                   |                   |                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|----------------------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                   |                   |                                                                |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>% | 2nd segment:<br>% | 3rd segment:<br>%                                              |
|                                                                                                                                                                                              |                   |                   | <input checked="" type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                   |                   | <b>21b</b>                                                     |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                   |                   | <b>22</b>                                                      |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                   |                   | 62                                                             |

**Part VI Miscellaneous Items**

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

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

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

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

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c).....                                                                                                                                           | <b>31a</b>          | 0                  |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....                                                          | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          |                    |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....                                                                       | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

|                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|