

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan AMERICAN UNITED LIFE INSURANCE COMPANY EMPLOYEES RETIREMENT PLAN AND TRUST
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/01/1948
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ONEAMERICA FINANCIAL PARTNERS INC. ONE AMERICA SQUARE, PO BOX 368 INDIANAPOLIS, IN 46206-0368
2b	Employer Identification Number (EIN) 35-2126602
2c	Plan Sponsor's telephone number 317-285-1877
2d	Business code (see instructions) 524140

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	STEPHEN PEARSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor BENEFITS PLAN ADMINISTRATIVE COMMITTEE ONE AMERICA SQUARE, PO BOX 368 INDIANAPOLIS, IN 46206-0368	3b Administrator's EIN 35-0145825																																	
	3c Administrator's telephone number 317-285-1694																																	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																																	
5 Total number of participants at the beginning of the plan year	5 4245																																	
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:80%;"></td></tr><tr><td>6a(1)</td><td></td><td>2247</td></tr><tr><td>6a(2)</td><td></td><td>1607</td></tr><tr><td>6b</td><td></td><td>1020</td></tr><tr><td>6c</td><td></td><td>1630</td></tr><tr><td>6d</td><td></td><td>4257</td></tr><tr><td>6e</td><td></td><td>82</td></tr><tr><td>6f</td><td></td><td>4339</td></tr><tr><td>6g(1)</td><td></td><td></td></tr><tr><td>6g(2)</td><td></td><td></td></tr><tr><td>6h</td><td></td><td>108</td></tr></table>				6a(1)		2247	6a(2)		1607	6b		1020	6c		1630	6d		4257	6e		82	6f		4339	6g(1)			6g(2)			6h		108
6a(1)		2247																																
6a(2)		1607																																
6b		1020																																
6c		1630																																
6d		4257																																
6e		82																																
6f		4339																																
6g(1)																																		
6g(2)																																		
6h		108																																
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																																	

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

1A

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
--	---

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

a Pension Schedules

- (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 1
- (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 _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 AMERICAN UNITED LIFE INSURANCE COMPANY EMPLOYEES RETIREMENT PLAN AND TRUST	B Three-digit plan number (PN) ▶ 001	
C Plan sponsor's name as shown on line 2a of Form 5500 ONEAMERICA FINANCIAL PARTNERS INC.	D Employer Identification Number (EIN) 35-2126602	

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

1 Coverage Information:

(a) Name of insurance carrier AMERICAN UNITED LIFE INSURANCE COMPANY
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0145825	60895	Y80153	4339	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	12073469
c Additions: (1) Contributions deposited during the year	7c(1)	0
(2) Dividends and credits.....	7c(2)	9929
(3) Interest credited during the year.....	7c(3)	192132
(4) Transferred from separate account	7c(4)	14999975
(5) Other (specify below).....	7c(5)	0
(6) Total additions	7c(6)	15202036
d Total of balance and additions (add lines 7b and 7c(6))	7d	27275505
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	245828
(2) Administration charge made by carrier.....	7e(2)	82860
(3) Transferred to separate account	7e(3)	15446380
(4) Other (specify below).....	7e(4)	0
(5) Total deductions	7e(5)	15775068
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	11500437

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) 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 AMERICAN UNITED LIFE INSURANCE COMPANY EMPLOYEES RETIREMENT PLAN AND TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ONEAMERICA FINANCIAL PARTNERS INC.	D Employer Identification Number (EIN) 35-2126602
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	464643194	
b	Actuarial value	2b	474293369	
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	1021	170557979	170557979
b	For terminated vested participants	980	80404957	80404957
c	For active participants	2247	145323186	150075063
d	Total	4248	396286122	401037999
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	5.21 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	19732634	
b	Expected plan-related expenses	6b	0	
c	Target normal cost	6c	19732634	

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

SIGN HERE	Signature of actuary MICHAEL MULLEN Type or print name of actuary WILLIS TOWERS WATSON US LLC Firm name WILLIS TOWER 233 SOUTH WACKER DRIVE SUITE 1800 CHICAGO, IL 60606 Address of the firm	09/26/2025 Date 23-09074 Most recent enrollment number 312-228-7700 Telephone number (including area code)
--------------------------	---	--

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	48278967	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	48278967	0
10 Interest on line 9 using prior year's actual return of <u>18.53</u> %	8946093	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.34</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	57225060	0

Part III Funding Percentages

14 Funding target attainment percentage	14	103.99 %
15 Adjusted funding target attainment percentage	15	118.26 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	120.69 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	19732634	
b Excess assets, if applicable, but not greater than line 31a	31b	16030310	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	3702324	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	3702324	0	3702324
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	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 AMERICAN UNITED LIFE INSURANCE COMPANY EMPLOYEES RETIREMENT PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ONEAMERICA FINANCIAL PARTNERS INC.	D Employer Identification Number (EIN) 35-2126602	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a

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

b

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AMERICAN UNITED LIFE INSURANCE CO.
35-0145825

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

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

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

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

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

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

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

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

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

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

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

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	112837	Yes ☐ No ☒

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

FORVIS MAZARS LLP

44-0160260

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	28150	Yes ☐ No ☒

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

AMERICAN UNITED LIFE INSURANCE CO.

35-0145825

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52 59 60 63	SERVICE PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WILLIS TOWERS WATSON US LLC	11 17	112837

(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.
AMERICAN UNITED LIFE INSURANCE CO. 35-0145825	ACTUARY SERVICES - ERISA ACCOUNT - REVENUE SHARING

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FORVIS MAZARS LLP	10	28150

(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.
AMERICAN UNITED LIFE INSURANCE CO. 35-0145825	AUDIT SERVICES - ERISA ACCOUNT - REVENUE SHARING

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO.	52 59 60 63	0

(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.
AMERICAN FUNDS 95-1411037	REVENUE SHARING FORMULA - SEE ATTACHED

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO.	52 59 60 63	0

(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.
INVESCO 74-1881364	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO.	52 59 60 63	0

(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.
NORTHERN TRUST COMPANY 36-2723087	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO.	52 59 60 63	0

(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.
MFS INVESTMENT MANAGEMENT 04-3169826	REVENUE SHARING FORMULA - SEE ATTACHED

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO.	52 59 60 63	0

(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.
STATE STREET GLOBAL ADVISORS 04-1867445	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO.	52 59 60 63	0

(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.
VANGUARD 23-1945930	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 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 AMERICAN UNITED LIFE INSURANCE COMPANY EMPLOYEES RETIREMENT PLAN AND TRUST			B Three-digit plan number (PN) ▶		001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ONEAMERICA FINANCIAL PARTNERS INC.			D Employer Identification Number (EIN) 35-2126602		
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: AUL SEPARATE ACCOUNT INVESTMENT OPT					
b Name of sponsor of entity listed in (a): AMERICAN UNITED LIFE INSURANCE CO.					
c EIN-PN 35-0145825-000		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 215145694		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT,		

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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

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

A Name of plan AMERICAN UNITED LIFE INSURANCE COMPANY EMPLOYEES RETIREMENT PLAN AND TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ONEAMERICA FINANCIAL PARTNERS INC.	D Employer Identification Number (EIN) 35-2126602

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1603178	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	15937017	15446354
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	48517163	48048418
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	389623130	431576928
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	12073469	11500437
(15) Other.....	1c(15)	0	35933

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	467753957	506608070
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	252871	1832401
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	252871	1832401
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	467501086	504775669

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	43772	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	192132	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		235904
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1099504	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		1099504
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-575692	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		32930708
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-4323398
c Other income	2c		23626046
d Total income. Add all income amounts in column (b) and enter total	2d		52993072

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	15682279	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		15682279
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	36210	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		36210
j Total expenses. Add all expense amounts in column (b) and enter total	2j		15718489

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		37274583
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		30000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 549929.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		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 AMERICAN UNITED LIFE INSURANCE COMPANY EMPLOYEES RETIREMENT PLAN AND TRUST				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ONEAMERICA FINANCIAL PARTNERS INC.				D Employer Identification Number (EIN) 35-2126602	
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	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____					
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	42
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☒ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
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: 64.1 % Private Equity: 7.7 % Investment-Grade Debt and Interest Rate Hedging Assets: 23.4 %

High-Yield Debt: 1.4 % Real Assets: 0.0 % Cash or Cash Equivalents: 3.4 % Other: 0.0 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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



American United Life Insurance Company Employees Retirement Plan and Trust

EIN 35-2126602 PN 001

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

December 31, 2024 and 2023



American United Life Insurance Company
Employees Retirement Plan and Trust
Contents
December 31, 2024 and 2023

Independent Auditor's Report	1
Financial Statements	
Statements of Net Assets Available for Benefits.....	5
Statements of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7
Supplemental Schedules	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year).....	20
Schedule H, Line 4j - Schedule of Reportable Transactions	21

Independent Auditor's Report

Plan Administrator
American United Life Insurance Company
Employees Retirement Plan and Trust
Indianapolis, Indiana

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

We have performed audits of the financial statements of the financial statements of American United Life Insurance Company Employees Retirement Plan and Trust, 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 American United Life Insurance Company Employees Retirement Plan and Trust'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 3 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- 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 American United Life Insurance Company Employees Retirement Plan and Trust and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about American United Life Insurance Company Employees Retirement Plan and Trust'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 American United Life Insurance Company Employees Retirement Plan and Trust'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 American United Life Insurance Company Employees Retirement Plan and Trust's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter – Supplemental 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 their 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 schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Forvis Mazars, LLP

Indianapolis, Indiana
October 13, 2025

Federal Employer Identification Number: 44-0160260

**American United Life Insurance Company
Employees Retirement Plan and Trust
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023**

	2024	2023
ASSETS		
Investments, at fair value	\$ 506,572,137	\$ 466,150,779
Accrued Interest	35,933	-
Noninterest-Bearing Cash	-	1,603,178
Total assets	506,608,070	467,753,957
LIABILITY - pending purchases	1,832,401	252,871
Net Assets Available for Benefits	\$ 504,775,669	\$ 467,501,086

American United Life Insurance Company
Employees Retirement Plan and Trust
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	2024	2023
Additions		
Investment Income		
Net appreciation in fair value of investments	\$ 40,246,403	\$ 66,052,498
Interest	13,851,694	7,955,447
	<u>54,098,097</u>	<u>74,007,945</u>
Less: investment expense	1,105,025	1,197,625
Net investment income	<u>52,993,072</u>	<u>72,810,320</u>
Deductions		
Benefits paid to participants	15,682,279	14,424,678
Administrative expenses	36,210	83,334
Total	<u>15,718,489</u>	<u>14,508,012</u>
Net Increase	37,274,583	58,302,308
Net Assets Available for Benefits, Beginning of Year	<u>467,501,086</u>	<u>409,198,778</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 504,775,669</u></u>	<u><u>\$ 467,501,086</u></u>

Note 1. Description of the Plan

The following description of the American United Life Insurance Company Employees Retirement Plan and Trust (Plan) provides only general information. Additional information about the vesting and benefit provisions and the Pension Benefit Guaranty Corporation's (PBGC) benefit guarantee is contained in the Plan Document and *Summary Plan Description*, which are available from the Plan Administrator.

General

The Plan is a noncontributory defined-benefit plan sponsored by OneAmerica Financial Partners, Inc. (Company) for the benefit of the employees of American United Life Insurance Company who are age 21 or older and have completed one year of service. The Plan is subject to provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). American United Life Insurance Company (AUL) serves as the Plan custodian. Matrix Trust Company also serves as Plan custodian.

A member of Company management serves as trustee of the Plan. In addition, there are two benefit oversight committees; Benefit Plans Investment Committee and Benefit Plans Administrative Committee.

The Plan is funded in part by a group annuity contract and in part via a trust agreement with Matrix Trust Company. Contributions are allocated to either a fixed interest investment option, or an AUL Separate Account where they purchase units of portfolios within the separate account, which in turn purchases shares of corresponding mutual funds or to Matrix Trust Company to invest in investment options that are not available under the group annuity contract.

Contributions

Prior to July 1, 1977, each participant was required to make monthly contributions to the Plan at a rate of one percent (1%) of the participant's monthly compensation as a condition of participation in the Plan. Employee contributions to the Plan are no longer allowed.

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, if any, subject to the maximum employer contributions which can be deducted by the Company for federal corporate tax purposes. The Plan has met the minimum funding requirements established by the federal government.

The Company maintains an ERISA account related to the Plan. This account is a ledger account and receives credits on a quarterly basis based on the estimated revenue share generated by the Plan's investments in the AUL Separate Account. Credits are used by the Company to pay Plan expenses, with any excess being contributed to the Plan at year end. These expenses are not included in the statements of changes in net assets. This contribution has been included as other contributions in the accompanying financial statements. Plan expenses paid by the account for 2024 and 2023 were \$513,337 and \$463,494, respectively. During 2024 and 2023, net credits exceeded Plan expenses, therefore, expenses totaling \$82,860 and \$83,334, respectively, were paid directly by the Plan.

Pension Benefits

Benefits under the Plan are based on employees' five highest compensation years during their last ten years of credited service. Normal retirement age for Plan benefits is 65. Participants may elect to receive reduced benefits upon early retirement at age 55, provided that they have at least five years of service with the Company. Accrued benefits are payable as an annuity over a variety of options.

Death Benefits

A surviving spouse will be entitled to receive a death benefit in the event of a participant's death prior to the commencement of a monthly pension benefit, but following the completion of five years of service. The monthly pension benefit will be equal to 2/3 of the monthly pension benefit which would have been payable had the participant retired on the day before death and elected a joint and survivor pension.

Vesting

Eligible employees are 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. Benefits attributable to employee contributions, taking into account those paid out before termination.
- b. 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 proceeding Plan termination.
- c. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) up to the applicable limitations discussed below.
- d. Vested benefits not insured by the PBGC.
- e. 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

Method of Accounting

The accompanying financial statements are prepared on the accrual method 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. Actual results could differ from those estimates.

Valuation of Investments and Income Recognition

Quoted market prices, if available, are used to value investments. The Plan's alternative investments are recorded at net asset value (NAV), as a practical expedient, to determine fair value of investments. The Plan's fixed interest investment is maintained in AUL's general account. The account is credited with earnings on the underlying investments and charged for withdrawals. The fixed income investment option issuer is contractually obligated to repay the principal and a specified interest rate of 1% that is guaranteed to the Plan. The contract may be subject to a market adjustment upon contract termination.

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

Limited Partnerships

The value of the Barings Global Private Loan Fund (Lux) is determined by the value of the underlying investments held at year end primarily based upon the audited results for holding companies and internal determination of value for secured loans that are based upon internal reviews of credit profile, exit horizons, credit index, and other items which are reviewed by an independent valuation committee who reviews and approves all valuation. The fund's investment objective is to provide consistently attractive returns, primarily through current income and secondarily through capital appreciation. To execute the investment strategy, the General Partner incorporated private limited liability companies in Luxembourg to share capital. The fund invests in a diversified portfolio consisting principally of senior secured loans, unitranche loans, second-lien loans, and subordinated debt.

The value of the Blue Owl GP Stakes IV Pension Investors LP is determined by the value of the partners' capital of the underlying investments held at year end. The holding funds were formed for the purpose of acquiring minority equity interests in investment management companies. The primary investment focus is to target investment opportunities in companies deriving a significant component of their income from the sponsorship and management of private equity and related products. The investment period ends on the earliest of (1) the 5th anniversary, provided that the General Partner may extend for one 12-month period, and for an additional 12-month period with the consent of the advisory committee, (2) the date determined by the General Partner in its sole discretion, or (3) the date at which 80% in interest elect in writing to terminate the investment period.

American United Life Insurance Company
Employees Retirement Plan and Trust
Notes to Financial Statements
December 31, 2024 and 2023

The value of the Carlyle Partners VIII LP Fund is determined by the value of the underlying investments in alternative investment vehicles (parallel vehicles). The partnership's primary activity is to invest in control positions in management-led buyouts, restructuring and bankruptcies and in strategic minority investments in public and private investments. Distributions will be made periodically at the discretion of the General Partners. The partnership will continue until its scheduled termination on March 10, 2032, unless extended or dissolved sooner.

The value of the Cornerstone Real Estate Fund X LP is determined by the value of the underlying investments held at year end primarily through independent appraisals, estimated sales proceeds and internal determinations of value, as audited by independent accountants. The fund's investment objective is to achieve a compounded annual rate of return of 11-13%. Distributions of net cash flow shall be distributed quarterly and proportionate to the Plan's ownership percentage, as determined by the General Partner of the fund. This fund has been terminated and is in the process of fully distributing capital balances to partners.

The value of the Dawson Portfolio Finance 5 LP is determined by the proportionate share of the partner's capital of underlying investee partnerships. The partnership was formed to invest primarily in WHLP V Holdings LP, which makes structured investments in the preferred equity of special purpose entities organized by Whitehorse Liquidity Partners, Inc. or other counterparties. The partnership seeks to provide investor returns through long-term capital appreciation and current income. The partnership will continue until the end of the fiscal quarter during which the sixth anniversary of the initial closing date occurs, December 31, 2027, unless sooner dissolved. The partnership may be extended for up to three additional one-year periods by the General Partner, in its discretion. During 2024, the Fund's name changed from Whitehorse Liquidity Partners V, LP to Dawson Portfolio Finance 5 LP.

The value of the Dover Street X LP is determined based on the net asset value of the limited partnership interest in HarbourVest Dover Street X Investment L.P., as audited by independent accountants. The primary purpose of the Partnership is to invest in limited partnerships or other entities which intend to invest primarily in equity or debt investments in venture capital, management buy-in, management buy-out, leveraged buy-out, mezzanine, special situation, recapitalization, power, infrastructure assets that are not "core-like" and other private market transactions. The partnership is scheduled to terminate on May 31, 2029, subject to four one-year extensions upon the decision by the General Partner or the partnership.

The value of the Fort Washington Private Equity Opportunities Fund IV, LP is determined by the proportionate share of the partner's capital of underlying investee partnerships. The partnership was formed to invest primarily in secondary private equity opportunities, including, but not limited to, the purchase of limited partnership interests, the recapitalization of existing funds, annex funds, loans and secondary direct investments. The partnership seeks to provide investors with high and early returns while reducing the risks related to investing in private equity. The partnership will continue until the tenth anniversary of the final closing date, or as otherwise provided in the limited partnership agreement. The partnership may be extended for an additional one-year period by the General Partner, in its discretion, and for a second additional one-year period with the consent of the advisory committee.

The value of the Hamilton Lane Secondary Fund VI-B, LP is determined by the proportionate share of the partner's capital of underlying investee partnerships. The partnership was formed to invest substantially all its assets in HLSF VI Holdings LP, which acquires and holds a diversified portfolio of private equity investment partnerships. The partnership will continue until the tenth anniversary of the final subscription date, or October 22, 2033. The partnership may be extended for two additional one-year periods by the General Partner, in its discretion, with the consent of either the Advisory Committee or the Majority in Interest, as defined by the partnership agreement.

American United Life Insurance Company
Employees Retirement Plan and Trust
Notes to Financial Statements
December 31, 2024 and 2023

The value of the HarbourVest Partners Cayman is determined by the value of the underlying investments held at year end primarily based upon fair values for actively traded securities. For investments with unobservable inputs, either the market value approach (using the guideline company method or similar transaction method) or income approach (consisting of net present value of estimated future cash flows, discounted as appropriate for liquidity, credit, market and/or other risk factors). Certain debt investments are valued using the discounted cash flow valuation approach. Operating companies are valued considering the financial condition and operating results of each issuer, the nature of each investment, the prices at which securities purchased in subsequent financing, if any, were issued and such other factors as deemed appropriate. The fund's investment objective is to invest in mezzanine investments (with or without equity components) in management buy-in, management buyout, leveraged buy-out, recapitalization, growth equity, special situation and other private equity transactions involving companies having trailing twelve month revenues greater than \$7.5 million at the time of investment. The fund invests in common and preferred equity securities, debt, warrants, privately issued securities and operating companies. The fund was scheduled to terminate on October 1, 2023, subject to three one-year extensions, upon such decision by the General Partner. The partnership exercised its right to extend the term for two additional one-year periods. The partnership will now expire on September 30, 2025.

The value of the HGGC Fund III-A, L.P. is estimated using the original transaction price, recent transactions in the same or similar instruments, completed or pending third-party transactions in the underlying investment or comparable issuers, subsequent rounds of financing, recapitalizations and other transactions across the capital structure, offerings in the equity or debt capital markets, discounted cash flow analysis, current financial position and operating results, and change in financial ratios or cash flows. The fund's investment objective is investing in middle-market buyouts and growth equity investments principally in the United States and Canada. Distributions shall be made from the Partnership at the discretion of the General Partner. The partnership will terminate on December 31, 2027, unless otherwise extended or terminated earlier in accordance with the Agreement.

The value of the HarbourVest Dover IX Fund is determined based on the net asset value of the limited partnership interest in Dover Street IX L.P., as audited by independent accountants. The fund's investment objective is to invest in equity-oriented investments, venture capital, management buy-in, management buy-out, leveraged buy-out, mezzanine, special situation, recapitulation and other private equity transactions. Gains and losses are allocated to partners in accordance with their respective sharing percentages. The fund is scheduled to terminate on May 31, 2026, subject to four one-year extensions, or earlier upon decision of the General Partner. The underlying investments are nonredeemable, and the General Partner estimates an average remaining life of 6 years with 1 to 12 years remaining.

The value of the InfraBridge Global Infrastructure Fund (Non EU), LP is determined by the value of the underlying investments held at year end primarily through net present value and of estimated future cash flows. The fund's investment objective is to invest with a primary focus on infrastructure investments within the OECD Europe and North America, along with a focus on Australia, New Zealand and other OECD countries. The Partnership seeks to achieve a high level of diversification across industry, sector and geography and adopts a buy and hold approach to its investments. Distributions of investment and short-term investment income shall be apportioned preliminarily to the General Partner in respect of the General Partner's share and then among the partners in proportion to their sharing percentages with respect to the applicable Investment. The Partnership will exist until the later of (i) the tenth anniversary of the first close or (ii) the date by which all investments of the Partnership have been liquidated. The Partnership may also be dissolved earlier or its term may be extended for another two years by the General Partner, with the approval of a majority of the limited partners' interests.

The value of NB Secondary Opportunities Fund V LP is determined by the proportionate share of the partner's capital of the underlying investments. The primary purpose of the Partnership is identifying, acquiring, holding and disposing of investments in the secondary market in seasoned pooled investment vehicles including U.S. and Western European buyout funds, as well as credit related, energy, fund of funds, venture capital, infrastructure and real estate funds, portfolios of direct investments, royalties and co-investments and others. The partnership will continue until August 2032 unless dissolved earlier or extended per the Partnership Agreement.

American United Life Insurance Company
Employees Retirement Plan and Trust
Notes to Financial Statements
December 31, 2024 and 2023

The value of NOVA Infrastructure Fund II, L.P. is determined by the proportionate share of the partner's capital of the underlying investments. The primary purpose of the Partnership is to invest in value-added infrastructure investments in environmental services, transportation, communications and digital, energy/energy transition and other infrastructure sectors primarily in North America. The Partnership was established on February 2, 2024 and will continue until the 10th anniversary of its final closing date, and may be extended by the General Partner for an additional period of one year at its sole discretion and for a second additional period of one year.

The value of Pacific Private Equity Opportunity Fund III LP is determined by the proportionate share of the partner's capital of the underlying investments. The primary purpose of the Partnership is to seek to generate returns for its partners, principally through long-term capital appreciation, by making primary fund investments in a diversified portfolio of private equity investments. The Partnership will terminate on the 10th anniversary from the final closing date, which occurred on January 6, 2020, and may be extended by the General Partner for up to a total of three successive one-year periods and thereafter with the consent of limited partners holding 66% of the then-outstanding interests.

The value of PineBridge Structured Capital Partners III is determined by the proportionate share of the partner's capital of the Master Fund. Private investments, including equity and debt securities, are valued through either the income or market approach. The fund's investment objective is to provide junior capital to US-based middle market companies in the form of subordinated debt, holdco debt, preferred equity and, to a lesser extent, common equity securities targeting equity-like returns, while endeavoring to structure investments with a meaningful level of downside protection. The fund invests in promissory notes, senior notes and common shares of equity.

The value of Ponom Capital X, LP Fund is determined by the valuations provided by the underlying investments of the limited partnerships, limited liability companies and limited companies. The purpose of the partnership is to build a diversified portfolio of investments. The partnership is scheduled to terminate on October 15, 2030. The partnership is subject to two one-year extensions at the election of the General Partner.

The value of Red Reef Farmland Opportunities I, LP Fund is determined by the underlying real estate investments capitalized earnings, reduced by distributions of returns of capital. The principal purpose of the partnership is to invest in certain real estate. The fund shall be dissolved on the tenth anniversary of the effective date. The General Partner may extend the term for up to two additional one-year periods and with the consent of the advisory board for an additional third one-year period.

The value of Shenkman Tactical Credit Fund (Cayman) LP is determined by the proportionate share of the partner's capital of the Master Fund. The Master Fund's investment objective is to maximize total return through a value oriented strategy focused on event-driven situations across the corporate credit spectrum, including high-yield, stressed, distressed and special situation investments. The Partnership shall continue until the six-year anniversary of the final closing date, and may be extended for up to two additional one-year periods upon approval by the General Partner.

The value of Strategic Partners VIII LP is determined by the proportionate share of the partner's capital of the underlying investments. Investments are in secondary interests of pooled private equity investment vehicles as designated by the General Partner. Investments are made (1) on a secondary basis in Portfolio Partnerships, (2) on a primary basis in Portfolio Partnerships which investments shall be made as part of the Partnerships secondary investment or direct investment activities, and (3) in direct equity, equity-like and debt securities, in each case pursuing investments in mature, high quality leveraged buyout vehicles, with mezzanine, venture capital, distressed securities, fund of funds and other strategies. The term of the Partnership is scheduled to expire on March 29, 2029, subject to two one-year extensions at the General Partner's discretion. Such term may be further extended for up to two additional one-year periods with the consent of the Advisory Committee or a Combined Limited Partner Consent.

American United Life Insurance Company
Employees Retirement Plan and Trust
Notes to Financial Statements
December 31, 2024 and 2023

The value of the TGP Partners IX, LP is determined by the value of the underlying investments held at year end primarily based upon fair values for actively traded securities. The partnership was formed to invest in companies through acquisitions and restructurings. The partnership will continue until December 31, 2033. The partnership may be extended for two additional one-year periods by the General Partner, in its discretion, or dissolved or terminated prior to expiration in accordance with the partnership agreement.

The value of Voya Commercial Mortgage Lending Fund LP is determined by the value of the underlying investments held at year end primarily through third-party valuations. The Fund is organized as a perpetual life, open-ended commercial mortgage debt fund. The Fund's investment objective is to originate, invest in and manage a portfolio of institutional-quality loans. The Fund seeks to provide consistent current income, attractive risk-adjusted returns and preservation of principal over such market cycle to facilitate the targeted distribution.

Hedge Funds

The value of Private Advisors Hedged Equity (QP) LP is determined by the proportionate share of the partner's capital of the Master Fund. The investment objective of the Master Fund is to seek long-term capital appreciation above historical equity returns, over a full market cycle, with volatility that is lower than that of the equity market and returns that demonstrate a low correlation to both the equity and fixed income markets. The Master Fund will seek to achieve this objective by investing with hedge fund portfolio managers who have extensive investment management experience and who invest alongside their clients' capital. The Master Fund anticipates that the primary investment strategies employed by the hedge funds selected will be long and short equity investing driven by fundamental, bottom-up research. The Master Fund may invest opportunistically in other strategies, as market conditions warrant. During 2024, the Board of Directors of the Fund approved a plan to liquidate, therefore, this investment is presented on the liquidation basis of accounting.

Accumulated Plan Benefits

Accumulated plan benefits (see Note 5) are those estimated future periodic payments, including lump-sum distributions 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 employees' five highest compensation years during their last ten years of credited service. The accumulated plan benefits for active employees are based on their average compensation for the five highest years preceding the valuation date. Benefits payable under all circumstances — retirement, death, disability and termination of employment — are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

Plan Tax Status

The Plan obtained its latest determination letter on January 5, 2017, in which the Internal Revenue Service stated 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.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

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

Note 3. Certification of Plan Custodians

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, American United Life Insurance Company and Matrix Trust Company, qualified institutions, have certified the following information included in the accompanying financial statements and ERISA-required supplemental schedules is complete and accurate:

- Investments, noninterest-bearing cash, accrued interest, and pending purchases 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 year end) as of December 31, 2024 and the accompanying schedule of reportable transactions for the year ended December 31, 2024

Due to the nature of the Plan's investments in limited partnerships/hedge funds, there is a delay in the timing for the determination of fair value for those investments. This delay resulted in a difference between the fair value certified by the custodian and the carrying basis reflected in the financial statements. The market value reflected in the Matrix Trust Company certified trust statement was decreased by \$276,464 at December 31, 2024 and was increased by \$3,261,963 at December 31, 2023, to reflect the market value as of that date.

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

Note 4. Disclosures About Fair Value of Plan Assets

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. 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 or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; 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 or liabilities
- Level 3** Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets or liabilities

American United Life Insurance Company
Employees Retirement Plan and Trust
Notes to Financial Statements
December 31, 2024 and 2023

Recurring Measurements

The following tables present 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					
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Investments Measured at NAV ^(A)
December 31, 2024					
Separate account investment options	\$ 215,145,694	\$ 215,145,694	\$ -	\$ -	\$ -
Money market account	15,446,354	15,446,354	-	-	-
Mutual funds	86,300,243	86,300,243	-	-	-
Exchange traded funds	130,130,991	130,130,991	-	-	-
Limited partnerships	47,459,646	-	-	-	47,459,646
Hedge funds	588,772	-	-	-	588,772
Fixed interest investment option	11,500,437	-	11,500,437	-	-
	<u>\$ 506,572,137</u>	<u>\$ 447,023,282</u>	<u>\$ 11,500,437</u>	<u>\$ -</u>	<u>\$ 48,048,418</u>

Fair Value Measurements Using					
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Investments Measured at NAV ^(A)
December 31, 2023					
Separate account investment options	\$ 197,214,959	\$ 197,214,959	\$ -	\$ -	\$ -
Money market account	15,937,017	15,937,017	-	-	-
Mutual funds	74,971,002	74,971,002	-	-	-
Exchange traded funds	117,437,169	117,437,169	-	-	-
Limited partnerships	44,881,230	-	-	-	44,881,230
Hedge funds	3,635,933	-	-	-	3,635,933
Fixed interest investment option	12,073,469	-	12,073,469	-	-
	<u>\$ 466,150,779</u>	<u>\$ 405,560,147</u>	<u>\$ 12,073,469</u>	<u>\$ -</u>	<u>\$ 48,517,163</u>

(A) Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts included above are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of financial position.

American United Life Insurance Company
Employees Retirement Plan and Trust
Notes to Financial Statements
December 31, 2024 and 2023

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, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of securities with similar characteristics or discounted cash flows. Level 2 securities include separate account investment options and the fixed interest investment option. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy.

Separate account investment options: Valued at the net asset value (NAV) per accumulation units held by the Plan at year end.

Mutual funds: Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year end.

Money market accounts and exchange traded funds: 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.

Fixed interest investment option: Value based on contractual terms of the underlying agreement, providing a daily rate of income accretion.

The value of certain investments, classified as alternative investments, is determined using net asset value (or its equivalent) as a practical expedient. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value.

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following tables summarize investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2024 and 2023. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	December 31, 2024			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Limited partnerships	\$ 47,459,646	\$ 31,924,539	Not redeemable	N/A
Hedge funds	588,772	-	Quarterly	65-90 days

American United Life Insurance Company
Employees Retirement Plan and Trust
Notes to Financial Statements
December 31, 2024 and 2023

	December 31, 2023			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Limited partnerships	\$ 44,881,230	\$ 33,481,156	Not redeemable	N/A
Hedge funds	3,635,933	-	Quarterly	65-90 days

Note 5. Accumulated Plan Benefits

An independent actuary 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.

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	\$ 141,897,695
Other participants	163,267,381
	<u>305,165,076</u>
Nonvested benefits	3,287,269
	<u>3,287,269</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 308,452,345</u>

The change in the actuarial present value of accumulated plan benefits were as follows:

Actuarial present value of accumulated plan benefits, beginning of year	<u>\$ 285,458,932</u>
Increase (decrease) during the year attributable to	
Benefits accumulated	11,014,452
Actuarial loss	4,709,138
Increase for interest due to the decrease in the discount period	21,694,501
Benefits paid	(14,424,678)
Net increase	<u>22,993,413</u>
Actuarial present value of accumulated plan benefits, end of year	<u>\$ 308,452,345</u>

American United Life Insurance Company
Employees Retirement Plan and Trust
Notes to Financial Statements
December 31, 2024 and 2023

Significant assumptions underlying the actuarial computations are:

- Assumed rate of return on investments: 7.50%
- Mortality basis: Separate rates for annuities, non-annuitants, and contingent survivors based on the Pri-2012 healthy mortality tables adjusted forward with fully generational projections using the MP-2021 two-dimensional scales
- Retirement: 5.00% for ages 55 through 61; 10.00% for ages 62 through 64; and 50.00% for ages 65 through 69 and 100% at age 70
- Asset valuation: Average market value for the current and two preceding years adjusted for actual cash flow and expected earnings

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.

Note 6. 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, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

Some of the investments held by the Plan are managed and maintained by AUL. During 2024 and 2023, the Plan paid \$1,105,025 and \$1,197,625, respectively, to a variety of brokers providing services to the Plan. Additional expenses totaling \$82,860 and \$83,334 were paid to various vendors during 2024 and 2023, respectively. The Company also provides certain administrative services at no cost to the Plan.

Due to the Plan's various investments in partnerships, Unrelated Business Taxable Income (UBTI), may be generated by the partnerships. The Plan paid \$30,000 and \$65,130 during 2024 and 2023, respectively, to the IRS. This was paid through the ERISA account discussed in Note 1. During 2024, due to an overpayment of taxes in 2023, the Plan received \$46,650 as a refund of prior year payments.

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. Subsequent Events

Effective January 1, 2025, VOYA acquired OneAmerica's recordkeeping business. This transaction impacted more than 20% of the Plan participants, therefore, this constituted a partial plan termination. Impacted employees who have at least one year of service in the Plan and are 18 years or older became 100% vested.

The impacted employees are considered terminated from the Company and if their vested accrued benefit is less than \$5,000, they will be required to take a lump-sum payment or rollover to another qualified plan or IRA. Employees with balances between \$5,000 and \$20,000 have the option to take a lump-sum payment, but it is not required.

Subsequent events have been evaluated through October 13, 2025, which is the date the financial statements were available to be issued.

Supplemental Schedules

American United Life Insurance Company
Employees Retirement Plan and Trust
EIN 35-2126602 PN 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Market Value
*AUL Separate Account Investment Options			
State Street S&P 500 Index	5,699,776 units	\$ 24,409,644	\$ 128,805,038
American Funds AMCAP R4	2,455,326 units	4,618,031	13,279,463
Northern Small Cap Value NL	9,839,694 units	16,518,332	31,283,782
Invesco Developing Market FD Y	9,836,553 units	10,382,329	13,301,450
Vanguard VIF Small Company Growth	2,011,338 units	3,211,014	9,921,418
MFS International Value	6,619,140 units	8,646,636	18,554,543
		<u>67,785,986</u>	<u>215,145,694</u>
Money Market Accounts			
Wilmington U.S. Govt Money Market Instl	4,744,996 shares	4,744,996	4,744,996
JPMorgan U.S. Government Money Market	10,701,358 shares	10,701,358	10,701,358
		<u>15,446,354</u>	<u>15,446,354</u>
Mutual Funds			
T. Rowe Price Inst L/C Core	623,390 shares	23,268,922	44,977,585
Vanguard Long-Term Bond Index Fund Admiral	2,580,198 shares	36,099,519	26,808,256
Vanguard Strategic Eq	401,616 shares	13,472,408	14,514,402
		<u>72,840,849</u>	<u>86,300,243</u>
Exchange Traded Fund			
iShares 1-3 Year Treasury Bond	110,000 shares	8,908,179	9,017,800
iShares 20+ Year Treasury Bond	380,000 shares	48,628,546	33,185,400
iShares iBoxx High Yield Corp	41,000 shares	3,581,180	3,224,650
iShares iBoxx Investment Grade	157,000 shares	19,058,559	16,773,880
iShares Russell 2000 ETF	59,000 shares	8,998,721	13,036,640
SPDR Port Lng Trm Corp Bnd	335,000 shares	10,093,162	7,447,050
SPDR S&P 500 ETF	43,400 shares	14,859,880	25,435,872
Vanguard Long-Term Corp Bond	120,000 shares	9,601,500	8,973,600
Vanguard Value ETF	77,000 shares	11,682,230	13,036,099
		<u>135,411,957</u>	<u>130,130,991</u>
Limited Partnerships			
Baring Global Private Loan Fund	5,410 units	569,595	459,026
Blue Owl GP Stakes IV Pension Investors LP	1 unit	1,920,665	4,580,137
Carlyle Partners VIII LP	1 unit	1,503,959	1,867,481
Cornerstone Real Estate Fund X LP	1 unit	1,069,874	3,806
Dawson Portfolio Finance 5 LP	1 unit	2,664,964	2,429,532
Dover Street X Feeder Fund LP	1 unit	3,850,000	4,467,730
Fort Washington Private Equity Opportunities Fund IV LP	1 unit	1,770,000	1,653,572
Hamilton Lane Secondary Fund VI	1 unit	460,646	1,321,848
HarbourVest Partners Cayman	1 unit	1,673,800	404,926
HGGC Funds III-A LP	1 unit	1,771,095	1,787,649
Harbourvest Dover IX	1 unit	1,800,000	922,447
InfraBridge Global Infrastructure Fund (Non EU B)	1 unit	1,408,508	1,545,178
NB Secondary Opportunities Fund V LP	1 unit	1,725,437	2,614,829
NOVA Infrastructure Fund II L.P.	1 unit	-	417,067
Pacific Private Equity Opportunity Fund III LP	1 unit	2,856,035	5,677,245
PineBridge Structured Capital Partners III	1 unit	1,372,825	678,159
Ponoma Capital X LP	1 unit	1,939,493	2,558,199
Red Reef Farmland Opportunities I LP	1 unit	3,815,850	4,271,807
ShenkmanTactical Credit Fund	1 unit	690,688	2,021,740
Strategic Partners VIII LP	1 unit	959,051	1,285,199
TPG Partners IX	1 unit	1,586,599	1,770,293
Voya Commercial Mortgage Lending Fund LP	1 unit	5,000,000	4,721,776
		<u>40,409,084</u>	<u>47,459,646</u>
Hedge Fund			
Private Advisors Hedged Equity (QP) LP	1 unit	1,850,649	588,772
*Fixed Interest Investment Option			
AUL Fixed Interest Account	\$11,500,437	11,500,437	11,500,437
		<u>\$ 345,245,316</u>	<u>\$ 506,572,137</u>

*Party-in-interest

American United Life Insurance Company
Employees Retirement Plan and Trust
EIN 35-2126602 PN 001
Schedule H, Line 4j - Schedule of Reportable Transaction
(Transactions in Excess of 5% of Plan Assets at Beginning of Year)
Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Issuer	Wilmington U.S. Govt Money Market Instl Purchases Sales	\$ 12,219,860	\$ 18,189,922	\$ 12,219,860 18,189,922	\$ 12,219,860 18,189,922	\$ -
Issuer	AUL Fixed Interest Account Purchases Sales	15,202,035	15,775,067	15,202,035 15,775,067	15,202,035 15,775,067	\$ -

SCHEDULE SB ATTACHMENTS

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

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	15	14	0	0	0	0	0	0	0	0	29
25-29	-	-	-	-	-	-	-	-	-	-	66,268
	47	80	11	0	0	0	0	0	0	0	138
30-34	64,832	67,787	-	-	-	-	-	-	-	-	68,916
	57	110	65	2	0	0	0	0	0	0	234
35-39	78,489	82,312	94,642	-	-	-	-	-	-	-	85,886
	61	87	82	14	6	0	0	0	0	0	250
40-44	98,170	92,770	118,537	-	-	-	-	-	-	-	105,274
	49	76	102	51	21	7	0	0	0	0	306
45-49	106,344	108,784	96,122	130,283	122,870	-	-	-	-	-	108,000
	44	75	77	24	33	40	9	0	0	0	302
50-54	109,519	117,360	125,415	157,887	148,327	128,044	-	-	-	-	126,458
	59	96	103	35	45	27	29	10	0	0	404
55-59	120,775	138,095	121,735	151,326	103,982	138,377	136,720	-	-	-	127,286
	34	75	80	33	28	26	25	22	3	0	326
60-64	137,706	124,212	115,224	124,653	135,892	107,616	121,751	134,196	-	-	123,401
	19	52	47	15	22	15	9	5	11	1	196
65-69	-	129,881	130,759	-	101,362	-	-	-	-	-	118,469
	4	9	20	5	2	5	4	1	1	5	56
70 & over	-	-	130,650	-	-	-	-	-	-	-	118,047
	1	2	1	1	0	0	1	0	0	0	6
Total	390	676	588	180	157	120	77	38	15	6	2,247
	100,010	105,511	113,974	134,092	122,440	117,513	124,277	122,562	-	-	111,821

¹ Age and service for purposes of determining category are based on exact (not rounded) values.
Plan Name: American United Life Insurance Company Employees Retirement Plan and Trust
EIN / PN: 35-2126602/001
Plan Sponsor: OneAmerica Financial Partners Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

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

Interest rates

Reflecting Corridors

Not Reflecting Corridors

- First segment rate 4.75% 3.62%
- Second segment rate 4.87% 4.46%
- Third segment rate 5.59% 4.52%
- Effective interest rate 5.21% 4.46%
- Expected long-term return on assets for 2024 7.50%

Annual rates of increase

- Inflation (CPI) 2.50%
- Compensation 4.00%
- Future Social Security wage bases 4.00%

Future increases in maximum benefits and plan compensation limitations

Benefits are limited to the maximum allowed under IRC Section 415. Plan compensation is limited to the maximum allowed under IRC Section 401(a)(17). No provisions are made for future increases in the maximum annual benefit or compensation limit.

Plan-related expenses

\$0, the plan sponsor pays administrative expenses directly.

Plan Name: American United Life Insurance Company Employees Retirement Plan and Trust
EIN / PN: 35-2126602/001
Plan Sponsor: OneAmerica Financial Partners Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Demographic and Other Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the eligible employee becomes a participant in the pension plan.
New or rehired employees	It was assumed there will be no new or rehired participants.
Benefit commencement dates	
• Preretirement death benefit	First day of the month coincident with or next following the later of the death of the active participant or the participant's earliest retirement date.
• Deferred vested benefit	First day of the month coincident with or next following the later of age 55 or termination of employment, per the retirement rates up to age 65 described below.
• Disability benefit	First day of the month coincident with or next following the later of age 65 or disablement.
• Retirement benefit	First day of the month coincident with or next following termination of employment.
Form of payment	For participants that are not already in payment status, 50% are assumed to elect a single life annuity and 50% are assumed to elect a 50% joint and survivor annuity.
Percent married	80% of eligible participants are assumed to be married. This assumption is used to value pre-retirement surviving spouse benefits.
Spouse age	Males are assumed to be 3 years older than their female spouse.
Covered pay	Assumed plan compensation for the year beginning on the valuation date was determined as the base rate of pay on the valuation date, plus the target bonus. For sales eligible participants, the amount is the average of pension earnings for the prior two years.

Plan Name:	American United Life Insurance Company Employees Retirement Plan and Trust
EIN / PN:	35-2126602/001
Plan Sponsor:	OneAmerica Financial Partners Inc.
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Mortality:

- **Healthy life mortality rates** For all other purposes – Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
- **Disabled life mortality rates** For all other purposes – disabled mortality table published in Revenue Ruling 96-7 for plan years beginning after December 31, 1994 for males and females.

Disability rates

1978 Society of Actuaries LTD Table.

Termination Rates (not due to disability, retirement or mortality)

Representative rates at which participants are assumed to terminate employment are shown below:

The rates shown below apply during the first four years of service.

Percentage assumed to leave during the year	
Attained Service	
0-1	30.00%
1-2	30.00%
2-3	20.00%
3-4	10.00%

After four years of service, rates from the Small Plans Table from the 2003 Society of Actuaries Study apply. Illustrative rates are shown below.

Percentage assumed to leave during the year	
Attained Age	
20	24.30%
25	19.50%
30	15.50%
35	12.10%
40	9.40%
45	7.30%
50	5.60%
55	4.20%

Plan Name: American United Life Insurance Company Employees Retirement Plan and Trust
EIN / PN: 35-2126602/001
Plan Sponsor: OneAmerica Financial Partners Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement

The rates at which eligible participants are assumed to retire by age are shown below.

Percentage assumed to retire during the year	
Age	
55	5.0%
56	5.0%
57	5.0%
58	5.0%
59	5.0%
60	5.0%
61	5.0%
62	10.0%
63	10.0%
64	10.0%
65	50.0%
66	50.0%
67	50.0%
68	50.0%
69	50.0%
70+	100.0%

Cash flow

- Timing of benefit payments
- Benefit payments are assumed to be made uniformly throughout the year and, on average, at mid-year.

Funding policy

The plan sponsor’s funding policy is to annually review the Plan's minimum funding requirement and budget contributions to meet this commitment. American United Life Insurance Company periodically considers the Plan's funded status and makes additional contributions in excess of the minimum required contributions when deemed appropriate.

Methods

Valuation date	January 1, 2024
Funding target	Present value of accrual benefits as required by regulations under IRC §430.

Plan Name: American United Life Insurance Company Employees Retirement Plan and Trust
EIN / PN: 35-2126602/001
Plan Sponsor: OneAmerica Financial Partners Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during this plan year as required by regulations under IRC §430.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued.
Actuarial value of assets (for determining minimum required contributions)	Under this method, the valuation assets are equal to the average of three values (all determined without regard to receivable contributions), the result increased by the discounted present value of contributions expected to be made after the valuation date based on the prior plan year PPA effective interest rate. This amount is then subject to a 10% corridor around the market value of assets (including the discounted present value of receivable contributions) as of the valuation date. The three values used to develop the average value are: the market value of assets as of the current valuation date, the adjusted market value of assets as of the prior valuation date and the adjusted market value of assets as of the second prior valuation date. The adjusted market value as of a relevant valuation date is equal to the market value of assets as of the prior valuation date increased by actual plan contributions and assumed return on plan assets and decreased by actual plan disbursements after that date until the current valuation date. The assumed rate of return on plan assets for the prior plan year (pursuant to IRS Notice 2009-22) was 5.74%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 7.50%, and the applicable limitation for the plan year, equal to 5.74%. The assumed rate of return on plan assets for the second prior plan year (pursuant to IRS Notice 2009-22) was 5.92%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 7.50%, and the applicable limitation for the plan year, equal to 5.92%. The algebraically equivalent development of this method (pursuant to IRS Notice 2009-22) is shown in Section 2.3. Because expected investment returns under this method are limited under WRERA, over time it is more likely to produce an actuarial value that is expected to be less than the market value of assets.

Plan Name:	American United Life Insurance Company Employees Retirement Plan and Trust
EIN / PN:	35-2126602/001
Plan Sponsor:	OneAmerica Financial Partners Inc.
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data were reviewed for reasonableness and consistency, but no audit was performed.

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

Assumptions Rational- Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Compensation increases	Assumed compensation increases are based on plan sponsor expectations and the effect that the assumed long-term CPI and NAW will have on compensation over the longer term.

Assumptions Rationale - Significant Demographic

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h) and selected by the plan sponsor.
Termination and Retirement	These assumptions were selected by the plan sponsor and represent a best estimate of future experience. Willis Towers Watson has not completed a detailed experience study of these assumptions due to limited exposure; however actual retirement and termination experience are compared annually to expected retirement and termination experience for the valuation and we believe these assumptions are reasonable.
Form of payment	The percentage of retiring participants assumed to take joint and survivor annuities, and the assumed survivor percentages, are based on observed experience among recent retirees.
Percent married	The assumed percent married is based on the percent married observed among recent retirees.
Spouse age	The assumed age difference for spouses is based on general population statistics on the age difference for married individuals of retirement age.

Plan Name:	American United Life Insurance Company Employees Retirement Plan and Trust
EIN / PN:	35-2126602/001
Plan Sponsor:	OneAmerica Financial Partners Inc.
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

Changes in assumptions and methods since prior valuation

The following changes were made to the actuarial assumptions and methods since the last valuation of the plan:

- The CPI increase rate was updated from 3.00% to 2.50%.
- The Social Security Wage Base increase rate was updated from 3.50% to 4.00%.
- Liability interest rates changed from September 2022 3-segment rates to September 2023 3-segment rates. As a result, the effective rate changed from 5.34% to 5.21%.
- The mortality table used to calculate the funding target and target normal cost was updated to reflect the latest mortality improvement scale and changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by IRS under IRC §430.

Plan Name: American United Life Insurance Company Employees Retirement Plan and Trust
EIN / PN: 35-2126602/001
Plan Sponsor: OneAmerica Financial Partners Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	OneAmerica Financial Partners Inc.
EIN/PN	35-2126602/001
Plan Name	American United Life Insurance Company Employees Retirement Plan and Trust
Valuation Date	January 1, 2024
Enrolled Actuary	Michael Mullen
Enrollment Number	23-09074

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

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

American United Life Insurance Company
Employees Retirement Plan and Trust
EIN 35-2126602 PN 001
Schedule H, Line 4j - Schedule of Reportable Transaction
(Transactions in Excess of 5% of Plan Assets at Beginning of Year)
Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Issuer	Wilmington U.S. Govt Money Market Instl Purchases Sales	\$ 12,219,860	\$ 18,189,922	\$ 12,219,860 18,189,922	\$ 12,219,860 18,189,922	\$ -
Issuer	AUL Fixed Interest Account Purchases Sales	15,202,035	15,775,067	15,202,035 15,775,067	15,202,035 15,775,067	\$ -

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 AMERICAN UNITED LIFE INSURANCE COMPANY EMPLOYEES RETIREMENT PLAN AND TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ONEAMERICA FINANCIAL PARTNERS INC.	D Employer Identification Number (EIN) 35-2126602
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	464,643,194	
b	Actuarial value	2b	474,293,369	
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	1,021	170,557,979	170,557,979
b	For terminated vested participants	980	80,404,957	80,404,957
c	For active participants	2,247	145,323,186	150,075,063
d	Total	4,248	396,286,122	401,037,999
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	5.21%	
6	Target normal cost			
a	Present value of current plan year accruals	6a	19,732,634	
b	Expected plan-related expenses	6b	0	
c	Target normal cost	6c	19,732,634	

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	Michael Mullen M.M. Signature of actuary	9/26/2025 Date
Michael Mullen Type or print name of actuary	2309074 Most recent enrollment number	312-228-7700 Telephone number (including area code)
Willis Towers Watson US LLC Firm name	Willis Tower 233 South Wacker Drive Suite 1800 Chicago IL 60606 Address of the firm	

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	19,732,634	
b Excess assets, if applicable, but not greater than line 31a	31b	16,030,310	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	3,702,324	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	3,702,324	0	3,702,324
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

SCHEDULE SB ATTACHMENTS

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	547,905	601,589	14,751,364	15,900,858
2025	1,594,356	1,542,038	14,540,104	17,676,498
2026	2,506,823	2,314,437	14,298,399	19,119,659
2027	3,376,189	2,962,360	14,069,651	20,408,200
2028	4,251,562	3,598,625	13,812,281	21,662,468
2029	5,092,823	4,238,140	13,534,829	22,865,792
2030	5,920,349	4,764,485	13,256,198	23,941,032
2031	6,787,859	5,153,527	12,958,427	24,899,813
2032	7,696,395	5,426,262	12,611,018	25,733,675
2033	8,621,211	5,667,223	12,227,844	26,516,278
2034	9,533,263	5,924,295	11,815,525	27,273,083
2035	10,357,889	6,179,590	11,371,673	27,909,152
2036	11,156,539	6,371,813	10,912,826	28,441,178
2037	11,931,639	6,512,078	10,414,960	28,858,677
2038	12,546,028	6,597,709	9,896,075	29,039,812
2039	13,059,587	6,667,314	9,367,728	29,094,629
2040	13,537,914	6,679,081	8,815,416	29,032,411
2041	13,874,580	6,642,182	8,250,785	28,767,547
2042	14,120,463	6,608,591	7,668,037	28,397,091
2043	14,325,660	6,564,782	7,072,165	27,962,607
2044	14,429,159	6,501,534	6,487,463	27,418,156
2045	14,430,512	6,399,663	5,911,766	26,741,941
2046	14,375,595	6,255,816	5,344,473	25,975,884
2047	14,268,642	6,089,999	4,790,512	25,149,153
2048	14,092,853	5,908,118	4,254,870	24,255,841
2049	13,870,869	5,714,592	3,742,476	23,327,937
2050	13,577,482	5,500,356	3,257,975	22,335,813
2051	13,209,672	5,251,680	2,805,488	21,266,840
2052	12,821,461	4,974,791	2,388,389	20,184,641
2053	12,417,331	4,688,558	2,009,137	19,115,026
2054	11,965,632	4,399,790	1,669,195	18,034,617
2055	11,464,532	4,110,090	1,368,988	16,943,610
2056	10,927,646	3,824,533	1,107,896	15,860,075
2057	10,365,239	3,538,394	884,343	14,787,976
2058	9,793,332	3,253,921	695,972	13,743,225
2059	9,208,964	2,978,751	539,836	12,727,551
2060	8,616,027	2,712,645	412,567	11,741,239
2061	8,022,907	2,458,844	310,579	10,792,330
2062	7,434,668	2,218,933	230,235	9,883,836
2063	6,855,944	1,994,524	168,015	9,018,483
2064	6,293,202	1,785,644	120,662	8,199,508
2065	5,750,784	1,592,835	85,253	7,428,872
2066	5,231,891	1,415,887	59,243	6,707,021
2067	4,739,121	1,254,307	40,482	6,033,910
2068	4,274,442	1,107,402	27,196	5,409,040
2069	3,839,185	974,335	17,959	4,831,479
2070	3,434,072	854,226	11,656	4,299,954
2071	3,059,348	746,158	7,435	3,812,941
2072	2,714,739	649,200	4,660	3,368,599
2073	2,399,504	562,438	2,870	2,964,812

Plan Name: American United Life Insurance Company Employees Retirement Plan and Trust
 EIN / PN: 35-2126602/001
 Plan Sponsor: OneAmerica Financial Partners Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

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

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.05	1,000	1.000000	0.050000	2.750000
56	0.05	950	0.950000	0.047500	2.660000
57	0.05	903	0.902500	0.045125	2.572125
58	0.05	857	0.857375	0.042869	2.486388
59	0.05	815	0.814506	0.040725	2.402793
60	0.05	774	0.773781	0.038689	2.321343
61	0.05	735	0.735092	0.036755	2.242030
62	0.10	698	0.698337	0.069834	4.329691
63	0.10	629	0.628504	0.062850	3.959572
64	0.10	566	0.565653	0.056565	3.620181
65	0.50	509	0.509088	0.254544	16.545356
66	0.50	255	0.254544	0.127272	8.399950
67	0.50	127	0.127272	0.063636	4.263611
68	0.50	64	0.063636	0.031818	2.163624
69	0.50	32	0.031818	0.015909	1.097721
70	1.00	16	0.015909	0.015909	1.113630
Average age at retirement					62.928015
Rounded for Schedule SB item 22					63

Plan Name: American United Life Insurance Company Employees Retirement Plan and Trust
 EIN / PN: 35-2126602/001
 Plan Sponsor: OneAmerica Financial Partners Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The plan was originally effective July 1, 1948, and most recently amended and restated effective January 1, 2015. The plan was last amended effective January 1, 2019.

Coverage and participation

An employee who is a member of the Eligible Class will become a participant in the plan on the first day of the month which coincides with or next follows the attainment of age 21 and the completion of 1,000 hours of service in the 12 consecutive month period following their hire date or any subsequent plan year.

Definitions

Participation service

A Year of Participation is earned for each completed year (and fraction thereof) of active participation during which 1,000 or more hours of service are completed.

Credited service

A Year of Service is earned for a twelve consecutive month period during which an employee completes 1,000 or more hours of service. The initial twelve consecutive month period shall commence on the employee's Employment Commencement Date.

Vesting service

If a participant terminates employment for any reason other than death, disability or retirement, he shall be entitled to 100% of his accrued benefit if he has been credited with 5 or more Years of Service.

Average monthly compensation

The average of the total compensation during the 60 consecutive months of participation (during the last 10 Years of Participation) for which the total compensation is the highest.

Covered compensation

The average (without indexing) of the Social Security taxable wage bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the participant will attain Social Security Retirement Age, assuming the taxable wage base in effect for the current calendar year remains the same.

Plan Name: American United Life Insurance Company Employees Retirement Plan and Trust
EIN / PN: 35-2126602/001
Plan Sponsor: OneAmerica Financial Partners Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Grandfathered groups	Grandfathered Group A includes any participant of the Plan who was 100% vested in their accrued benefit on December 31, 2004 and had "Age Plus Service" as of December 31, 2004 equal to or greater than sixty-five. Grandfathered Group B includes any participant who was 100% vested in their accrued benefit on December 31, 2004 but is not in Grandfathered Group A. Grandfathered Group C includes any participant who was hired before January 1, 2005 and who is not in Grandfathered Group A or Grandfathered Group B. Grandfathered Group D includes any participant who was hired on or after January 1, 2005.
-----------------------------	--

Eligibility for Benefits

Normal retirement	The first of the month coincident with or next following the participant's 65th birthday.
Early retirement	The first of the month coincident with or next following the participant's 55th birthday and completion of 5 Years of Service.
Late retirement	Retirement after Normal Retirement Date.
Vested termination	In the event of the termination of a participant's employment for any reason other than death, disability, or retirement, the participant is entitled to receive a monthly pension benefit commencing on his Normal Retirement Date equal to his vested accrued benefit.
Disability	No special disability benefits are provided under this plan to participants who became disabled on or after January 1, 2011. For a participant who became disabled before January 1, 2011, the participant is eligible for a disability retirement benefit the first of the month coincident with or next following the date of termination of employment due to the occurrence of a permanent disability which qualifies as such under the Federal Social Security Act or under the Employer's Group Long Term Disability Plan.

Plan Name:	American United Life Insurance Company Employees Retirement Plan and Trust
EIN / PN:	35-2126602/001
Plan Sponsor:	OneAmerica Financial Partners Inc.
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Preretirement death benefit

A participant's surviving spouse is eligible to receive a death benefit in the event of a participant's death prior to the commencement of a monthly pension benefit but following the participant's completion of five years of service. If the participant dies after the earliest retirement age, the Surviving Spouse will receive the same benefit that would have been payable if the participant had retired with an immediate Joint and Survivor annuity on the day before the participant's date of death. If the participant dies before the earliest retirement age, the Surviving Spouse will receive the same benefit that would be payable if the participant had (i) separated from service on the date of death (ii) survived to the earliest retirement age (iii) retired with an immediate Joint and Survivor Annuity at the earliest retirement age and (iv) died on the day after the earliest retirement age.

Benefits Paid Upon the Following Events

Normal retirement

For participants who are in Grandfathered Group A or Grandfathered Group B:

- a) 2% of Average Monthly Compensation multiplied by Years of Participation (not to exceed 30 years), plus
- b) 1% of Average Monthly Compensation multiplied by Years of Participation in excess of 30 years (but not in excess of 15 years), less
- c) The lesser of 1.5% of estimated monthly Social Security benefit or 0.65% of monthly Covered Compensation, multiplied by Years of Participation (not to exceed 30 years).

For participants who are in Grandfathered Group C or Grandfathered Group D:

- a) 2% of Average Monthly Compensation multiplied by Years of Participation earned as of December 31, 2004, less
- b) The lesser of 1.5% of estimated monthly Social Security benefit or 0.65% of monthly Covered Compensation, multiplied by Years of Participation earned as of December 31, 2004, plus
- c) 1.5% of Average Monthly Compensation multiplied by Years of Participation earned after December 31, 2004 (not to exceed 40 years), less
- d) The lesser of 1.25% of estimated monthly Social Security benefit multiplied by Years of Participation (not to exceed 40 years) or 0.65% of monthly Covered Compensation multiplied by Years of Participation earned after December 31, 2004 (not to exceed 30 years).

Plan Name:	American United Life Insurance Company Employees Retirement Plan and Trust
EIN / PN:	35-2126602/001
Plan Sponsor:	OneAmerica Financial Partners Inc.
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Early retirement	A participant's early retirement benefit is equal to the participant's accrued benefit determined as of his early retirement date reduced by 6% (3% for Grandfathered Group A) for each year commencement of the retirement benefits precedes the Normal Retirement Date.
Late retirement	The late retirement income will be the normal retirement benefit calculated using Years of Participation as of the late retirement date.
Deferred vested termination	In the event of the termination of a participant's employment for any reason other than death, disability, or retirement, the participant is entitled to receive a monthly pension benefit commencing on his Normal Retirement Date equal to his vested accrued benefit.
Disablement	A participant's disability retirement benefit is equal to the normal retirement benefit to which the participant would have been entitled with such benefit calculated on the basis of his Years of Participation and Average Monthly Compensation as of his Disability Retirement Date.
Preretirement death	The surviving spouse benefit is equal to 66-2/3% of the monthly pension benefit which would have been payable had the participant retired on the day before his death and elected a Joint and 66-2/3% Contingent Survivor Pension.

Other Plan Provisions

Form of payment

Normal forms of Payment

- For single participants, the monthly pension is payable as a Single Life Annuity.
- For married, the monthly pension is payable in a reduced Qualified 66-2/3% Joint and Survivor Annuity.

Forms of Payment in Lieu of Normal Form

- Joint & Survivor Options (50%, 66-2/3%, 75%, 100%)
- Certain and Life Annuity Options (5, 10, 15, 20)
- 20 year Certain and Life Annuity combined with a 50%, 66-2/3%, 75%, or 100% Joint and Survivor
- Lump sum distributions are allowed but only if the lump sum value does not exceed \$20,000.

The reduced annuity pension will be actuarially equivalent to the Single Life Annuity and, if married, spousal consent may be required.

Plan Name:	American United Life Insurance Company Employees Retirement Plan and Trust
EIN / PN:	35-2126602/001
Plan Sponsor:	OneAmerica Financial Partners Inc.
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Change in Plan Provisions

None.

Plan Name: American United Life Insurance Company Employees Retirement Plan and Trust
EIN / PN: 35-2126602/001
Plan Sponsor: OneAmerica Financial Partners Inc.
Valuation Date: January 1, 2024

American United Life Insurance Company
Employees Retirement Plan and Trust
EIN 35-2126602 PN 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Market Value
*AUL Separate Account Investment Options			
State Street S&P 500 Index	5,699,776 units	\$ 24,409,644	\$ 128,805,038
American Funds AMCAP R4	2,455,326 units	4,618,031	13,279,463
Northern Small Cap Value NL	9,839,694 units	16,518,332	31,283,782
Invesco Developing Market FD Y	9,836,553 units	10,382,329	13,301,450
Vanguard VIF Small Company Growth	2,011,338 units	3,211,014	9,921,418
MFS International Value	6,619,140 units	8,646,636	18,554,543
		<u>67,785,986</u>	<u>215,145,694</u>
Money Market Accounts			
Wilmington U.S. Govt Money Market Instl	4,744,996 shares	4,744,996	4,744,996
JPMorgan U.S. Government Money Market	10,701,358 shares	10,701,358	10,701,358
		<u>15,446,354</u>	<u>15,446,354</u>
Mutual Funds			
T. Rowe Price Inst L/C Core	623,390 shares	23,268,922	44,977,585
Vanguard Long-Term Bond Index Fund Admiral	2,580,198 shares	36,099,519	26,808,256
Vanguard Strategic Eq	401,616 shares	13,472,408	14,514,402
		<u>72,840,849</u>	<u>86,300,243</u>
Exchange Traded Fund			
iShares 1-3 Year Treasury Bond	110,000 shares	8,908,179	9,017,800
iShares 20+ Year Treasury Bond	380,000 shares	48,628,546	33,185,400
iShares iBoxx High Yield Corp	41,000 shares	3,581,180	3,224,650
iShares iBoxx Investment Grade	157,000 shares	19,058,559	16,773,880
iShares Russell 2000 ETF	59,000 shares	8,998,721	13,036,640
SPDR Port Lng Trm Corp Bnd	335,000 shares	10,093,162	7,447,050
SPDR S&P 500 ETF	43,400 shares	14,859,880	25,435,872
Vanguard Long-Term Corp Bond	120,000 shares	9,601,500	8,973,600
Vanguard Value ETF	77,000 shares	11,682,230	13,036,099
		<u>135,411,957</u>	<u>130,130,991</u>
Limited Partnerships			
Baring Global Private Loan Fund	5,410 units	569,595	459,026
Blue Owl GP Stakes IV Pension Investors LP	1 unit	1,920,665	4,580,137
Carlyle Partners VIII LP	1 unit	1,503,959	1,867,481
Cornerstone Real Estate Fund X LP	1 unit	1,069,874	3,806
Dawson Portfolio Finance 5 LP	1 unit	2,664,964	2,429,532
Dover Street X Feeder Fund LP	1 unit	3,850,000	4,467,730
Fort Washington Private Equity Opportunities Fund IV LP	1 unit	1,770,000	1,653,572
Hamilton Lane Secondary Fund VI	1 unit	460,646	1,321,848
HarbourVest Partners Cayman	1 unit	1,673,800	404,926
HGGC Funds III-A LP	1 unit	1,771,095	1,787,649
Harbourvest Dover IX	1 unit	1,800,000	922,447
InfraBridge Global Infrastructure Fund (Non EU B)	1 unit	1,408,508	1,545,178
NB Secondary Opportunities Fund V LP	1 unit	1,725,437	2,614,829
NOVA Infrastructure Fund II L.P.	1 unit	-	417,067
Pacific Private Equity Opportunity Fund III LP	1 unit	2,856,035	5,677,245
PineBridge Structured Capital Partners III	1 unit	1,372,825	678,159
Ponoma Capital X LP	1 unit	1,939,493	2,558,199
Red Reef Farmland Opportunities I LP	1 unit	3,815,850	4,271,807
ShenkmanTactical Credit Fund	1 unit	690,688	2,021,740
Strategic Partners VIII LP	1 unit	959,051	1,285,199
TPG Partners IX	1 unit	1,586,599	1,770,293
Voya Commercial Mortgage Lending Fund LP	1 unit	5,000,000	4,721,776
		<u>40,409,084</u>	<u>47,459,646</u>
Hedge Fund			
Private Advisors Hedged Equity (QP) LP	1 unit	1,850,649	588,772
*Fixed Interest Investment Option			
AUL Fixed Interest Account	\$11,500,437	11,500,437	11,500,437
		<u>\$ 345,245,316</u>	<u>\$ 506,572,137</u>

*Party-in-interest

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The following changes were made to the actuarial assumptions since the last valuation of the plan:

- The CPI increase rate was updated from 3.00% to 2.50%.
- The Social Security Wage Base increase rate was updated from 3.50% to 4.00%.

Plan Name: American United Life Insurance Company Employees Retirement Plan and Trust
EIN / PN: 35-2126602/001
Plan Sponsor: OneAmerica Financial Partners Inc.
Valuation Date: January 1, 2024