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

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

| | |
|---|--|
| <p>1a Name of plan <u>SECURITY BENEFIT ASSOCIATES PENSION PLAN</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>001</u></p> |
| <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ELDRIDGE WEALTH SOLUTIONS</u></p> <p><u>ONE SECURITY BENEFIT PLACE</u> <u>TOPEKA, KS 66636-0001</u></p> | <p>1c Effective date of plan <u>07/01/1952</u></p> <p>2b Employer Identification Number (EIN) <u>48-1202239</u></p> <p>2c Plan Sponsor's telephone number <u>785-431-3000</u></p> <p>2d Business code (see instructions) <u>524140</u></p> |

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

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

| | | | |
|------------------|---|------------|--|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/14/2025 | JENNIFER FULKS |
| | 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 <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 514 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 140 |
| | 6a(2) | 113 |
| | 6b | 260 |
| | 6c | 112 |
| | 6d | 485 |
| | 6e | 25 |
| | 6f | 510 |
| | 6g(1) | |
| 6g(2) | | |
| 6h | | 0 |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

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

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

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

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

a Pension Schedules

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

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

| | | |
|---|---|------------|
| A Name of plan <u>SECURITY BENEFIT ASSOCIATES PENSION PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ELDRIDGE WEALTH SOLUTIONS</u> | D Employer Identification Number (EIN) <u>48-1202239</u> | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 | |

Part I Basic Information

| | | | |
|----------|---|----------------------------|---------------------------|
| 1 | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u> | | |
| 2 | Assets: | | |
| | a Market value | 2a | <u>52657821</u> |
| | b Actuarial value | 2b | <u>55459563</u> |
| 3 | Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target |
| | a For retired participants and beneficiaries receiving payment | <u>275</u> | <u>26743048</u> |
| | b For terminated vested participants | <u>104</u> | <u>6419911</u> |
| | c For active participants | <u>140</u> | <u>6752843</u> |
| | d Total | <u>519</u> | <u>39915802</u> |
| 4 | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/> | | |
| | a Funding target disregarding prescribed at-risk assumptions | 4a | |
| | b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | |
| 5 | Effective interest rate | 5 | <u>5.14 %</u> |
| 6 | Target normal cost | | |
| | a Present value of current plan year accruals | 6a | <u>0</u> |
| | b Expected plan-related expenses | 6b | <u>0</u> |
| | c Target normal cost | 6c | <u>0</u> |

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

| | |
|--|---|
| SIGN HERE | |
| Signature of actuary | <u>06/02/2025</u> Date |
| <u>GLEN C. GAHAN</u> Type or print name of actuary | <u>23-04875</u> Most recent enrollment number |
| <u>HUB INTERNATIONAL GREAT PLAINS</u> Firm name | <u>402-964-5400</u> Telephone number (including area code) |
| <u>11516 MIRACLE HILLS DRIVE</u> <u>OMAHA, NE 68154-8006</u> Address of the firm | |

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

| Part 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) | 0 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | | |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 | Interest on line 9 using prior year's actual return of _____ % | 0 | 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>9.48</u> % | | |
| | b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return | | |
| | c Total available at beginning of current plan year to add to prefunding balance | | 0 |
| | d Portion of (c) to be added to prefunding balance | | |
| 12 | Other reductions in balances due to elections or deemed elections | | |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 0 |

| Part III Funding Percentages | | | |
|-------------------------------------|--|-----------|----------|
| 14 | Funding target attainment percentage | 14 | 138.48 % |
| 15 | Adjusted funding target attainment percentage | 15 | 138.48 % |
| 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 | 136.38 % |
| 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 | |
| b Contributions made to avoid restrictions adjusted to valuation date | 19b | |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | |
| 20 Quarterly contributions and liquidity shortfalls: | | |
| a Did the plan have a "funding shortfall" for the prior year? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| c If line 20a is "Yes," see instructions and complete the following table as applicable: | | |
| Liquidity shortfall as of end of quarter of this plan year | | |
| (1) 1st | (2) 2nd | (3) 3rd |
| | | |
| (4) 4th | | |

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

21 Discount rate:

| | | | | |
|-------------------------|------------------------|------------------------|------------------------|---|
| a Segment rates: | 1st segment: 4.75 % | 2nd segment: 4.96 % | 3rd segment: 5.59 % | <input type="checkbox"/> N/A, full yield curve used |
|-------------------------|------------------------|------------------------|------------------------|---|

b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

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

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... **30** 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 | 0 |
| b Excess assets, if applicable, but not greater than line 31a | 31b | |

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

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

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

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

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

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

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

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

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

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

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

| | | |
|---|--|------------|
| A Name of plan SECURITY BENEFIT ASSOCIATES PENSION PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 ELDRIDGE WEALTH SOLUTIONS | D Employer Identification Number (EIN) 48-1202239 | |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MORGAN STANLEY & CO LLC

1300 THAMES STREET WHARF
BALTIMORE, MD 21231

| (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? |
|------------------------|---|--|--|--|---|--|
| 18 | CUSTODIAL | 9215 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|--|--|---|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 2024 This Form is Open to Public Inspection |
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| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan SECURITY BENEFIT ASSOCIATES PENSION PLAN | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 ELDRIDGE WEALTH SOLUTIONS | D Employer Identification Number (EIN) 48-1202239 |

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

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

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | | |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 0 | 0 |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | 371146 | 337480 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 5216674 | 5837152 |
| (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) | 29507465 | 25489643 |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | | |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | | |
| (9) Value of interest in common/collective trusts | 1c(9) | | |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 17562536 | 21148174 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| (15) Other | 1c(15) | | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|---|-------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 52657821 | 52812449 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 52657821 | 52812449 |

Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|--|----------|------------|-----------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers..... | 2a(1)(A) | | |
| (B) Participants..... | 2a(1)(B) | | |
| (C) Others (including rollovers)..... | 2a(1)(C) | | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)..... | 2a(3) | | 0 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | | |
| (B) U.S. Government securities..... | 2b(1)(B) | | |
| (C) Corporate debt instruments..... | 2b(1)(C) | 1943915 | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F)..... | 2b(1)(G) | | 1943915 |
| (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) | 619561 | |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C)..... | 2b(2)(D) | | 619561 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)..... | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (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) | | -354019 |
| c Other income | 2c | | 269680 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 2479137 |

Expenses

| | | | |
|---|---------------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 2314944 | |
| (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) | | 2314944 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 350 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 9215 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 9565 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 2324509 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 154628 |
| 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: RSM US LLP

(2) EIN: 42-0714325

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

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

Part IV Compliance Questions

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

During the plan year:

| | Yes | No | Amount |
|--|-----|----|----------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | | X | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | | X | |
| e Was this plan covered by a fidelity bond? | X | | 10000000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | X | | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | | |
| 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 549808.

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

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

| | | |
|---|--|------------|
| A Name of plan <u>SECURITY BENEFIT ASSOCIATES PENSION PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>ELDRIDGE WEALTH SOLUTIONS</u> | D Employer Identification Number (EIN) <u>48-1202239</u> | |

| | |
|---------------|----------------------|
| 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): 48-1236469

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

| | | |
|--|---|---|
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year | 3 | 0 |
|--|---|---|

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? 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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

Security Benefit Associates Pension Plan

Financial Report
December 31, 2024

Contents

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Independent Auditor's Report

Board of Trustees
Security Benefit Associates Pension Plan

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) 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 DOL'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 the modified cash basis of accounting as described in Note 2.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Emphasis of Matter—Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on a modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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 the modified cash basis of accounting.

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 (modified cash basis) of Schedule H, line 4i—schedule of assets (held at end of year)—modified cash basis as of December 31, 2024, and Schedule H, line 4j—schedule of reportable transactions—modified cash basis, for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 (modified cash basis), other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules (modified cash basis) 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 (modified cash basis), we evaluated whether the supplemental schedules (modified cash basis), other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

RSM US LLP

Kansas City, Missouri
October 10, 2025

Security Benefit Associates Pension Plan

**Statements of Net Assets Available for Benefits—Modified Cash Basis
December 31, 2024 and 2023**

| | 2024 | 2023 |
|--|----------------------|---------------|
| Assets | | |
| Investments at fair value | \$ 52,474,969 | \$ 52,286,675 |
| Accrued investment income | 337,480 | 371,146 |
| Total assets | 52,812,449 | 52,657,821 |
| Net assets available for benefits | \$ 52,812,449 | \$ 52,657,821 |

See notes to financial statements.

Security Benefit Associates Pension Plan

Statements of Changes in Net Assets Available for Benefits—Modified Cash Basis Years Ended December 31, 2024 and 2023

| | 2024 | 2023 |
|--|----------------------|----------------------|
| Investment income: | | |
| Additions: | | |
| Interest and dividend | \$ 2,563,476 | \$ 1,777,845 |
| Other income | 269,680 | 312,366 |
| Net (depreciation) appreciation in fair value of investments | (354,019) | 2,565,281 |
| Total additions | 2,479,137 | 4,655,492 |
| Deductions: | | |
| Benefits paid to participants | 2,314,944 | 2,237,452 |
| Administrative expenses | 9,565 | 11,467 |
| Total deductions | 2,324,509 | 2,248,919 |
| Net increase | 154,628 | 2,406,573 |
| Net assets available for benefits: | | |
| Beginning | 52,657,821 | 50,251,248 |
| Ending | \$ 52,812,449 | \$ 52,657,821 |

See notes to financial statements.

Security Benefit Associates Pension Plan

Notes to Financial Statements

Note 1. Description of the Plan

The following description of Security Benefit Associates Pension Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions including the vesting and benefit provisions. The Pension Benefit Guaranty Corporation's (PBGC) benefit guarantee is contained in the Summary Plan Description. Copies of the Summary Plan Description and the PBGC benefit guide are available from the Plan.

General: The Plan is a defined benefit plan which provides for retirement, disability and pre-retirement death benefits. For the years ended December 31, 2024 and 2023, the employers, which are subsidiaries of Eldridge Wealth Solutions, Inc. (EWS) (the Plan Sponsor), previously Security Benefit Corporation, that participated in this Plan include Security Benefit Business Services (SBBS); EWS; Security Benefit Life Insurance Company (SBLIC); First Security Benefit Life Insurance and Annuity Company of New York; Security Financial Resources, Inc.; Security Benefit Academy, Inc.; and SE2, LLC. The Plan's Board of Trustees is responsible for oversight of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Effective July 1, 2007, the benefits earned under the Plan as of that date were frozen and no additional future benefits will be earned, and there will be no new participants entering the plan.

Effective January 1, 2021, the Plan was amended to use the 5% interest rate corridor around the 25-year interest rate averages and the 5% interest rate floor prior to application of the corridor and the use of the 15-year amortization period of any funding shortfalls, in accordance with the American Rescue Plan Act of 2021. Effective January 1, 2023, the Plan was amended. This amendment states if the Plan Sponsor elects to terminate the Plan, following the full payment of all accrued benefits due to current participants, former participants, and beneficiaries of participants as well as any plan expenses, the remaining assets in the trust revert to the Plan Sponsor.

Funding policy: The employers have agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. The employers' present intention is to make contributions in amounts sufficient to annually fund the Plan's current service cost and the initial past service cost, plus interest, over a period of 20 years and to meet the ERISA minimum funding requirements.

Actuarial method: An actuarial valuation is obtained each year. The valuation is used to determine whether the participant benefit levels may reasonably be provided from the existing assets of the Plan. The valuation is performed based on the Projected Unit Credit Cost method. The most recent valuation was performed as of January 1, 2024.

Pension benefits: Benefits are generally determined based on the highest average yearly compensation of five of the last 10 years of employment prior to July 1, 2007, subject to Internal Revenue Service (IRS) limits. Upon normal retirement age or qualifying early retirement, participants receive a monthly benefit payment for their lifetime, unless the value of their vested Plan benefit is less than \$7,000, in which case a one-time lump-sum distribution will be made.

Upon death prior to the beginning of benefit payments, the participant's spouse will receive benefits in the form of a survivor annuity. Upon death after benefits have begun, the participant's spouse will receive benefits in the form of a survivor annuity, provided the participant elected a Joint & Survivor option. Participants must complete at least five years of service to be eligible for benefits.

Security Benefit Associates Pension Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The accounting records of the Plan are maintained on the modified cash basis of accounting. The modified cash basis is used for the Plan's financial reporting under ERISA. The modified cash basis of accounting adopted by the Plan differs from the accrual basis in that revenues, except for unrealized gains and losses on investments, are recognized when received rather than when earned, and expenses are recognized when paid rather than when the obligation is incurred. Unrealized gains or losses on investments are recognized as revenue or expense whenever fluctuations in the market value occur. Accordingly, the financial statements of the Plan are presented on a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

Use of estimates: The preparation of financial statements on the modified cash basis of accounting requires the Plan's management to make estimates and assumptions that affect the reported amounts of plan assets available for benefits and the actuarial present value of accumulated plan benefits (see Note 5) at the date of the financial statements. Actual results could differ from those estimates.

Investment valuation and income recognition: Investments are reported at fair value. 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. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by the Plan's investment advisor and custodian. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividends are recorded when earned. Net realized and unrealized appreciation/depreciation in fair value includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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.

Actuarial present value of accumulated plan benefits: Accumulated plan benefits (see Note 5) are those estimated future periodic payments that are attributable, under the Plan's provisions, to services rendered by the employees. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries; (b) present employees or their beneficiaries; and, (c) beneficiaries of employees who have died. Benefits for terminated employees or their beneficiaries are based on employees' compensation over the five consecutive years of service prior to July 1, 2007 which produce the highest average within their last 10 years of credited service. The accumulated plan benefits for active employees are based on their average compensation over the five consecutive years of service which produces the highest average within the 10 years preceding the valuation date. Benefits payable under all circumstances, whether it be retirement, permanent disability, termination of employment and preretirement death benefits, are included to the extent they are deemed attributable to employee service rendered prior to the valuation date. Benefits to be provided via annuity contracts are excluded from Plan assets and from accumulated plan benefits.

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

Payment of benefits: Benefits are recorded when paid.

Security Benefit Associates Pension Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

Administrative expenses: Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

Reclassification: Certain balances in the December 31, 2023, financial statements have been reclassified to conform with the December 31, 2024, financial statement presentation.

Subsequent events: The Plan has evaluated subsequent events (events occurring after December 31, 2024) through October 10, 2025, the date the financial statements were available to be issued.

Note 3. Information Certified by State Street (Custodian)

The following is a summary of the Plan's asset information as of December 31, 2024 and 2023, and for the years then ended, included throughout the Plan's financial statements and ERISA-required supplemental schedules, obtained by management and agreed to or derived from information certified as complete and accurate by State Street, the custodian and a qualified institution:

| | 2024 | 2023 |
|----------------------------|----------------------|----------------------|
| Investments at fair value: | | |
| Money market funds | \$ 5,837,152 | \$ 5,216,674 |
| Exchange traded funds | 21,148,174 | 17,562,536 |
| Fixed maturity investments | 25,489,643 | 29,507,465 |
| | <u>\$ 52,474,969</u> | <u>\$ 52,286,675</u> |

State Street also certified to the completeness and accuracy of \$(354,019) and \$2,565,281 of net (depreciation) appreciation in fair value of investments and \$2,563,476 and \$1,777,845 of interest and dividends, and \$269,680 and \$312,366 of other income related to the aforementioned plan assets for the years ended December 31, 2024 and 2023, respectively.

Note 4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

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

Level 2: Inputs to the valuation methodology include:

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

Security Benefit Associates Pension Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Money market funds and exchange traded funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. Money market funds are valued at the NAV of shares in each account held by the Plan at year-end.

Fixed maturity investments: Determined by utilizing third party pricing services. Fixed maturity investments include bonds, commercial paper and collateralized loan obligations. The Plan has regular interactions with pricing services and its investment advisors to understand the pricing methodologies used and to confirm the prices are utilizing observable inputs. The pricing methodologies will vary based on the asset class and include inputs such as estimated cash flows, reported trades, broker quotes, credit quality, industry and economic events. Fixed maturity investments with fair values obtained from pricing services, applicable market indices or internal models with substantially observable inputs are included in Level 2.

The following tables set forth, by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

| Description | December 31, 2024 | | | |
|---------------------------------|----------------------|----------------------|-------------|----------------------|
| | Level 1 | Level 2 | Level 3 | Total |
| Money market funds | \$ 5,837,152 | \$ - | \$ - | \$ 5,837,152 |
| Exchange traded funds | 21,148,174 | - | - | 21,148,174 |
| Fixed maturity investments | - | 25,489,643 | - | 25,489,643 |
| Total investments at fair value | <u>\$ 26,985,326</u> | <u>\$ 25,489,643</u> | <u>\$ -</u> | <u>\$ 52,474,969</u> |

| Description | December 31, 2023 | | | |
|---------------------------------|----------------------|----------------------|-------------|----------------------|
| | Level 1 | Level 2 | Level 3 | Total |
| Money market funds | \$ 5,216,674 | \$ - | \$ - | \$ 5,216,674 |
| Exchange traded funds | 17,562,536 | - | - | 17,562,536 |
| Fixed maturity investments | - | 29,507,465 | - | 29,507,465 |
| Total investments at fair value | <u>\$ 22,779,210</u> | <u>\$ 29,507,465</u> | <u>\$ -</u> | <u>\$ 52,286,675</u> |

Security Benefit Associates Pension Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

To assess the appropriate classification of financial instruments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

Note 5. Accumulated Plan Benefits

HUB International Great Plains (the Plan's consulting actuaries) estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, permanent disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Actuarial present value of accumulated plan benefits: Accumulated plan benefits are discussed in Note 1. These benefits are generally based on the highest average yearly compensation of five of the last 10 years of employment prior to July 1, 2007, subject to IRS limits. Benefits payable under all circumstances—retirement, death, permanent disability and termination of employment—are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The information presented in these financial statements regarding actuarial present value of accumulated plan benefits is based on the beginning of the year valuation dates.

The accumulated plan benefit information as of the beginning of the plan year (January 1) is as follows:

| | <u>2024</u> |
|---|----------------------|
| Actuarial present value of accumulated plan benefits: | |
| Retirees and beneficiaries of deceased participants | \$ 27,200,692 |
| Vested terminated participants | 6,715,654 |
| Active participants | 7,079,952 |
| Non-vested benefits | 254,921 |
| | <u>\$ 41,251,219</u> |

The changes in accumulated plan benefits are as follows:

| | |
|---|----------------------|
| Actuarial present value of accumulated plan benefits at January 1, 2023 | \$ 40,961,666 |
| Increase (decrease) during the year attributable to: | |
| Changes in actuarial assumptions | 575,957 |
| Benefits paid | (2,237,452) |
| Interest | 2,083,786 |
| Benefits accumulated and experience losses | (132,738) |
| Actuarial present value of accumulated plan benefits at January 1, 2024 | <u>\$ 41,251,219</u> |

Security Benefit Associates Pension Plan

Notes to Financial Statements

Note 5. Accumulated Plan Benefits (Continued)

Significant assumptions used by the Plan's actuaries in their valuation were as follows for the plan year ended December 31, 2024:

| | |
|-----------------|--|
| Interest | 2024—5.01% |
| Retirement | Aggregate retirement rates base on participant's age and years of service |
| Mortality basis | PRI 2012 Annuitant— distinct mortality table with MP 2021 generational projection of future mortality improvements |

The actuarial assumption changes are as follows:

- The interest rate changed from 5.23% to 5.01%.

The foregoing actuarial assumptions are based on the presumption 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. Related-Party and Parties-in-Interest Transactions

State Street is the custodian of the Plan; therefore, transactions with State Street qualify as party-in-interest transactions. There were no fees paid by the Plan to State Street for the years ended December 31, 2024 and 2023. The Plan paid certain expenses related to Plan operation and investment activity to various service providers. These transactions qualify as party-in-interest transactions under ERISA.

Note 7. Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, its net assets will generally not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC's benefit guarantee, while other benefits may not be provided for at all.

Note 8. Tax Status

The IRS has determined and informed the Plan Sponsor, by a letter dated March 18, 2015, that the Plan, as designed, is qualified and the trust established under the Plan is tax-exempt under the appropriate section(s) of Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes the Plan and trust are currently designed and being operated in compliance with the applicable requirements of the IRS, and therefore, believes the Plan is qualified, and the related trust is tax exempt.

Security Benefit Associates Pension Plan

Notes to Financial Statements

Note 8. Tax Status (Continued)

U.S. GAAP requires Plan management to evaluate uncertain income tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that is more likely than not would not be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however there are currently no audits for any tax periods in progress.

Note 9. Risks and Uncertainties

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

Security Benefit Associates Pension Plan

Schedule H, Line 4i—Schedule of Assets (Held at End of Year)—Modified Cash Basis December 31, 2024

Employer Identification Number: 48-1202239

Plan Number: 001

| (a) | (b) | (c) | (d) | (e) |
|--|--|----------------------|----------------------|-----|
| Identity of Issue, Borrower, Lessor, or Similar Party | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, Maturity Value | Cost | Current Value | |
| | Exchange traded funds: | | | |
| iShares | S&P 500 Index ETF | \$ 3,306,368 | \$ 3,767,552 | |
| iShares | Russell 2000 ETF | 593,852 | 618,688 | |
| iShares | S&P 500 Mid-Cap ETF | 704,783 | 747,720 | |
| iShares | 20+ Year Treasury Bond | 9,454,616 | 7,859,700 | |
| Charles Schwab Corp | Preferred Shares | 463,750 | 496,876 | |
| Vanguard | FTSE Emerging Markets | 1,181,548 | 1,171,464 | |
| Vanguard | FTSE Developed Markets | 2,577,218 | 2,558,370 | |
| Vanguard | Mortgage-Backed Securities | 3,952,746 | 3,927,804 | |
| | | <u>22,234,881</u> | <u>21,148,174</u> | |
| | Money market funds: | | | |
| Vanguard | Money Market | 72,274 | 72,274 | |
| * State Street | Custodian Account | 5,764,878 | 5,764,878 | |
| | | <u>5,837,152</u> | <u>5,837,152</u> | |
| | Fixed maturity investments: | | | |
| Bain Capital Credit CLO | Subordinated Notes Due 2030 | 287,731 | 25,000 | |
| Athene Global Funding | Subordinated Notes Due 2028 | 874,574 | 893,724 | |
| Bank of America Corp | Subordinated Notes Due 2034 | 1,000,000 | 993,254 | |
| Blackstone Holdings Financial | Subordinated Notes Due 2033 | 1,035,635 | 1,050,121 | |
| Blackstone Private Credit Fund | Subordinated Notes Due 2027 | 913,981 | 957,357 | |
| Broadcom Inc | Subordinated Notes Due 2037 | 926,858 | 951,650 | |
| Energy Transfer LP | Subordinated Notes Due 2033 | 1,029,234 | 1,013,708 | |
| F&G Annuities & Life Inc | Subordinated Notes Due 2028 | 1,515,040 | 1,563,933 | |
| Five Corners Fund TR III | Subordinated Notes Due 2033 | 1,036,074 | 1,025,186 | |
| Global Atlantic Financial Co | Subordinated Notes Due 2031 | 834,475 | 858,136 | |
| Jackson National Life Global | Subordinated Notes Due 2028 | 998,809 | 995,838 | |
| Maranon Loan Funding LTD | Subordinated Notes Due 2028 | 1,000,000 | 1,005,231 | |
| Morgan Stanley | Subordinated Notes Due 2038 | 497,538 | 501,363 | |
| Pacific Gas & Electric | Subordinated Notes Due 2032 | 1,012,397 | 1,026,733 | |
| Phillip Morris Intl Inc | Subordinated Notes Due 2033 | 1,024,406 | 1,002,173 | |
| Northwoods Capital LTD | Subordinated Notes Due 2037 | 1,000,000 | 1,005,486 | |
| Rockford Tower Clo LTD | Subordinated Notes Due 2037 | 500,000 | 509,479 | |
| Carlyle Global Market Strategies | Subordinated Notes Due 2035 | 1,000,000 | 1,009,045 | |
| Silver Point CLO, LTD | Subordinated Notes Due 2035 | 1,000,000 | 1,007,497 | |
| Wellfeet CLO LTD | Subordinated Notes Due 2033 | 446,759 | 500,447 | |
| Wind River CLO LTD | Subordinated Notes Due 2033 | 965,526 | 1,001,132 | |
| DB Master Finance LLC | Subordinated Notes Due 2051 | 866,984 | 875,664 | |
| Dominos Pizza Master Issuer LL | Subordinated Notes Due 2051 | 1,212,447 | 1,227,737 | |
| Jimmy John's Funding LLC | Subordinated Notes Due 2047 | 620,801 | 632,950 | |
| Maritime Partners, LLC | Subordinated Notes Due 2063 | 466,076 | 469,262 | |
| Bcred Bsl Clo KTD | Subordinated Notes Due 2034 | 459,393 | 481,033 | |
| Taco Bell Funding, LLC | Subordinated Notes Due 2051 | 904,141 | 917,443 | |
| Freddie Mac | Subordinated Notes Due 2051 | 2,137,305 | 1,989,061 | |
| Jamestown CLO LTD | Subordinated Notes Due 2029 | 115,836 | - | |
| | | <u>25,682,020</u> | <u>25,489,643</u> | |
| | | <u>\$ 53,754,053</u> | <u>\$ 52,474,969</u> | |

* Designates party-in-interest

The above information has been certified by State Street, the custodian, to be complete and accurate.

The accompanying notes to the financial statements are an integral part of this schedule.

Security Benefit Associates Pension Plan

**Schedule H, Line 4j—Schedule of Reportable Transactions—Modified Cash Basis
Year Ended December 31, 2024**

Employer Identification Number: 48-1202239

Plan Number: 001

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) |
|---|----------------------|----------------|---------------|--------------|-----------------------------------|---------------|--|--------------------|
| Identity of Party Involved | Description of Asset | Purchase Price | Selling Price | Lease Rental | Expense Incurred with Transaction | Cost of Asset | Current Value of Asset on Transaction Date | Net Gain or (Loss) |
| (i) Individual transaction in excess of 5% of plan assets: | | | | | | | | |
| (ii) Series of transactions in excess of 5% of plan assets: | | | | | | | | |
| ISHARES CORE S&P 500 ETF | Exchange traded fund | \$ 3,737,387 | \$ 4,072,172 | \$ - | \$ - | \$ 3,467,048 | \$ 4,072,172 | \$ 605,124 |

The accompanying notes to the financial statements are an integral part of this schedule.

Security Benefit Associates Pension Plan

Plan: 001 EIN: 48-0409770

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below based on 1,000 employees actively employed at age 55. The average retirement age is 62.

| Column A | Column B | Column C | Column D | Column E |
|-----------------------|--|--|---|-----------------|
| Retirement Age | Retirement Rate (less than 30 years of service) | Retirement Rate (30 or more years of service) | Number of employees expected to retire, per 1000 retirements | A x D |
| 55 | 0.00% | 5.00% | 22.62 | 1,244.34 |
| 56 | 0.00% | 5.00% | 21.49 | 1,203.62 |
| 57 | 0.00% | 5.00% | 20.42 | 1,163.86 |
| 58 | 5.00% | 5.00% | 46.77 | 2,712.85 |
| 59 | 5.00% | 5.00% | 44.43 | 2,621.64 |
| 60 | 5.00% | 20.00% | 94.73 | 5,683.91 |
| 61 | 5.00% | 20.00% | 79.49 | 4,848.98 |
| 62 | 20.00% | 30.00% | 156.41 | 9,697.71 |
| 63 | 20.00% | 50.00% | 149.78 | 9,436.18 |
| 64 | 30.00% | 50.00% | 124.84 | 7,989.56 |
| 65 | 50.00% | 50.00% | 119.50 | 7,767.51 |
| 66 | 50.00% | 50.00% | 59.75 | 3,943.51 |
| 67 | 50.00% | 50.00% | 29.88 | 2,001.63 |
| 68 | 50.00% | 50.00% | 14.94 | 1,015.75 |
| 69 | 50.00% | 50.00% | 7.47 | 515.34 |
| 70 | 100.00% | 100.00% | 7.47 | 522.81 |
| Total | | | 1,000 | 62,369.20 |
| Average | | | | 62.3692 |

Security Benefit Associates Pension Plan
Plan: 001 EIN: 48-0409770
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Actuarial Cost Method

Annual costs were calculated using the Traditional Unit Credit Actuarial Cost Method as required by the Pension Protection Act of 2006. The Traditional Unit Credit Method is one of the Accrued Benefit Actuarial Cost Methods.

Under the Traditional Unit Credit Cost Method, benefits are assigned to each year and are valued as they accrue.

The target normal cost for each year is defined as the actuarial present value of retirement and ancillary benefits that are earned for each active participant and the expected administrative expenses to be paid from plan assets in the current year.

The funding target is defined as the actuarial present value of retirement and ancillary benefits that have been earned in years of service prior to the current year.

Asset Valuation Method

For funding purposes, the value of plan assets is based on the two-year smoothing method. This method determines the value of plan assets by averaging the market value as of the valuation date and the adjusted market values as of the preceding two valuation dates. The adjusted market values are determined in accordance with IRS Notice 2009-22. This value of plan assets can be no greater than 110% of the market value nor less than 90% of market value as of the valuation date.

Contributions for the prior plan year made after the end of the plan year are included in the current year's market value of assets at their discounted value, based on the prior year's effective interest rate.

Security Benefit Associates Pension Plan
Plan: 001 EIN: 48-0409770
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
Actuarial Assumptions

Interest Rates

- Plan Funding - Minimum Required Contribution
 - 4.75% for benefits expected to be paid within 5 years of the valuation date (first segment).
 - 4.96% for benefits expected to be paid within 6-20 years of the valuation date (second segment).
 - 5.59% for benefits expected to be paid more than 20 years from the valuation date (third segment).
 - The plan sponsor has elected to use the 3-segment interest rates based on the month of the valuation date, subject to the MAP-21 stabilized 3-segment rates.
 - 5.14% effective interest rate.
- Plan Funding - Maximum Deductible Contribution and ERISA 4010 Reporting
 - 4.37% for benefits expected to be paid within 5 years of the valuation date (first segment).
 - 4.96% for benefits expected to be paid within 6-20 years of the valuation date (second segment).
 - 4.95% for benefits expected to be paid more than 20 years from the valuation date (third segment).
 - 4.92% effective interest rate.
- PBGC Premium
 - 4.37% for benefits expected to be paid within 5 years of the valuation date (first segment).
 - 4.96% for benefits expected to be paid within 6-20 years of the valuation date (second segment).
 - 4.95% for benefits expected to be paid more than 20 years from the valuation date (third segment).
- ASC 960 Financial Information
 - 5.01% compounded annually.

Mortality Rates

The mortality rates are based on the static IRS 2024 annuitant-distinct mortality table, as presented in Notice 2023-73 for funding purposes. For ASC 715 and ASC 960 reporting purposes, the PRI 2012 / MP 2021 mortality rates were used.

Security Benefit Associates Pension Plan

Plan: 001 EIN: 48-0409770

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

Actuarial Assumptions

(continued)

Turnover Rates

Rates of withdrawal based on age and years of participation. The ultimate rates are from the T-4 Table.

| Entry Age | Years of Participation | | | | |
|--------------|------------------------|--------|--------|--------|-------|
| | 1 | 2 | 3 | 4 | 5+ |
| 21-24 | 33.75% | 26.25% | 18.75% | 13.50% | 5.38% |
| 25-29 | 21.00% | 17.25% | 13.50% | 10.50% | 5.22% |
| 30-34 | 17.25% | 14.25% | 11.25% | 9.00% | 4.94% |
| 35-39 | 14.25% | 11.25% | 9.00% | 6.75% | 4.51% |
| 40-44 | 10.50% | 9.00% | 6.75% | 5.25% | 3.95% |
| 45-49 | 6.75% | 6.00% | 4.50% | 3.75% | 3.20% |
| 50-54 | 3.75% | 3.00% | 2.25% | 1.50% | 1.86% |
| 55+ | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

Retirement Age

Participants are assumed to retire in accordance with the following schedule:

| Age | Less Than 30 Years of Service | 30+ Years of Service |
|-----|-------------------------------------|-------------------------|
| 55 | 0% | 5% |
| 56 | 0% | 5% |
| 57 | 0% | 5% |
| 58 | 5% | 5% |
| 59 | 5% | 5% |
| 60 | 5% | 20% |
| 61 | 5% | 20% |
| 62 | 20% | 30% |
| 63 | 20% | 50% |
| 64 | 30% | 50% |
| 65 | 50% | 50% |
| 66 | 50% | 50% |
| 67 | 50% | 50% |
| 68 | 50% | 50% |
| 69 | 50% | 50% |
| 70 | 100% | 100% |

Disability Rates

Nominal rates increasing by age.

Administrative Expenses

Equal to the prior year actual administrative expenses paid from plan assets.

Security Benefit Associates Pension Plan
Plan: 001 EIN: 48-0409770
Schedule SB, Part V
Summary of Plan Provisions

| | |
|--|---|
| Effective Date | July 1, 1952 |
| Plan Year | January 1 through December 31 |
| Participation | One year of service and age 21. |
| Plan Freeze | All benefit accruals and plan participation were frozen as of June 30, 2007. |
| Definitions | |
| <i>Year of Service</i> | A 12-month period in which 1,000 hours are worked. |
| <i>Vesting Service</i> | A plan year in which 1,000 hours are worked measured from date of hire. |
| <i>Benefit Service</i> | A plan year in which 1,000 hours are worked excluding plan years prior to plan participation. |
| <i>Compensation</i> | Regular base compensation including overtime pay, contractual bonuses, and elective deferrals to the 401(k) Plan and the Cafeteria Plan. Compensation also includes commissions, cash bonuses, but excludes deferred bonus and long-term incentive amounts. |
| <i>Average Compensation</i> | Monthly compensation averaged over the highest 5 consecutive completed plan years of the last 10 preceding the date of determination. |
| <i>Covered Compensation</i> | The average of the Social Security taxable wage bases for the 35 years ending with the year of attaining Social Security Retirement Age. |
| <i>Normal Retirement</i> | The first day of the month coinciding with or next following the attainment of age 65. |
| <i>Early Retirement</i> | Age 55 and 10 years of vesting service. |
| <i>Special Early Retirement</i> | Age 62 and 30 years of vesting service. |
| <i>Disability</i> | Ten years of vesting service. |
| <i>Death</i> | Five years of vesting service. |

Security Benefit Associates Pension Plan

Plan: 001 EIN: 48-0409770

Schedule SB, Part V

Summary of Plan Provisions

(continued)

Benefits

| | |
|--|--|
| <i>Normal Retirement</i> | Monthly annuity equal to .9% of Average Compensation times years of benefit service, plus .5% of Average Compensation in excess of Covered Compensation times years of benefit service not to exceed 35 years. The monthly benefit cannot be less than \$10 for each year of benefit service. |
| <i>Early Retirement</i> | Accrued benefit payable at age 65, reduced by .5% for each month the Early Retirement Date precedes the Normal Retirement Date. |
| <i>Special Early Retirement</i> | If a participant has completed 30 years of vesting service and attained age 62, no early retirement reduction applies. If a participant completes 30 years of vesting service but has not attained age 62, the accrued monthly benefit will be reduced by .5% for each month Early Retirement precedes age 62. |
| <i>Late Retirement</i> | Accrued benefit to the date of actual retirement, including benefits accrued after age 65. |
| <i>Death</i> | The monthly benefit equal to 50% of the accrued benefit reduced for early retirement and to reflect payment in the form of a Joint and 50% Survivor Annuity. |
| <i>Disability</i> | Participant continues to earn benefit service to Normal Retirement assuming the participant is disabled until normal retirement. Compensation is based on compensation earned as of date of disability and the benefit is payable at the normal retirement date. |
| <i>Vested Termination</i> | Benefit after 5 years of vesting service equal to the accrued benefit as of the date of termination. |

Forms of Annuity

| | |
|------------------------|---|
| <i>Normal</i> | Life only. |
| <i>Optional</i> | Joint and Survivor Annuity or Period Certain. Lump sum distribution if less than \$5,000. |

Contributions

The employer contributes the amount necessary to provide plan benefits.

**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 SECURITY BENEFIT ASSOCIATES PENSION PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SECURITY BENEFIT CORPORATION | D Employer Identification Number (EIN) 48-1202239 | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 | |

| Part I | Basic Information |
|----------|---|
| 1 | Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u> |
| 2 | Assets: |
| | a Market value 2a 52,657,821 |
| | b Actuarial value 2b 55,459,563 |
| 3 | Funding target/participant count breakdown |
| | a For retired participants and beneficiaries receiving payment..... (1) Number of participants 275 (2) Vested Funding Target 26,743,048 (3) Total Funding Target 26,743,048 |
| | b For terminated vested participants..... 104 6,419,911 6,419,911 |
| | c For active participants 140 6,752,843 6,883,482 |
| | d Total..... 519 39,915,802 40,046,441 |
| 4 | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/> |
| | a Funding target disregarding prescribed at-risk assumptions 4a |
| | b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor 4b |
| 5 | Effective interest rate 5 5.14 % |
| 6 | Target normal cost..... |
| | a Present value of current plan year accruals 6a 0 |
| | b Expected plan-related expenses 6b 0 |
| | c Target normal cost 6c 0 |

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

| | | |
|------------------|---|--|
| SIGN HERE |  | <u>6/02/2025</u> |
| | Signature of actuary | Date |
| | Glen C. Gahan | 23-04875 |
| | Type or print name of actuary | Most recent enrollment number |
| | HUB International Great Plains | (402) 964-5400 |
| | Firm name | Telephone number (including area code) |
| | 11516 Miracle Hills Drive | |
| | Omaha | NE 68154-8006 |
| | Address of the firm | |

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

| Part 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) | 0 | 0 |
| 8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | | |
| 9 Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 Interest on line 9 using prior year's actual return of _____% | 0 | 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>9.48</u> % | | |
| b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return | | |
| c Total available at beginning of current plan year to add to prefunding balance | | 0 |
| d Portion of (c) to be added to prefunding balance | | |
| 12 Other reductions in balances due to elections or deemed elections | | |
| 13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 0 |

| Part III | Funding Percentages | |
|--|----------------------------|---------|
| 14 Funding target attainment percentage | 14 | 138.48% |
| 15 Adjusted funding target attainment percentage | 15 | 138.48% |
| 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 | 136.38% |
| 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 |
| b Contributions made to avoid restrictions adjusted to valuation date | 19b |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c |
| 20 Quarterly contributions and liquidity shortfalls: | |
| a Did the plan have a "funding shortfall" for the prior year? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c If line 20a is "Yes," see instructions and complete the following table as applicable: | |
| Liquidity shortfall as of end of quarter of this plan year | |
| (1) 1st | (2) 2nd |
| (3) 3rd | (4) 4th |
| | |

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

| | | | | |
|---|--|---|-------------------------------------|---|
| 21 Discount rate: | | | | |
| a Segment rates: | 1st segment: 4.75 % | 2nd segment: 4.96 % | 3rd segment: 5.59 % | <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code) | | | | 21b 0 |
| 22 Weighted average retirement age | | | | 22 62 |
| 23 Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> 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 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 26 Demographic and benefit information | | |
| a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment | 27 | |

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

| | | |
|--|-----------|---|
| 28 Unpaid minimum required contributions for all prior years | 28 | |
| 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) | 29 | |
| 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) | 30 | 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 | 0 | |
| b Excess assets, if applicable, but not greater than line 31a | 31b | | |
| 32 Amortization installments: | Outstanding Balance | Installment | |
| a Net shortfall amortization installment | | | |
| b Waiver amortization installment | | | |
| 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | 33 | | |
| 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... | 34 | 0 | |
| | Carryover balance | Prefunding balance | Total balance |
| 35 Balances elected for use to offset funding requirement | | | 0 |
| 36 Additional cash requirement (line 34 minus line 35) | 36 | 0 | |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | 37 | | |
| 38 Present value of excess contributions for current year (see instructions) | | | |
| a Total (excess, if any, of line 37 over line 36) | 38a | 0 | |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | 38b | | |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | 39 | 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

Security Benefit Associates Pension Plan

Schedule H, Line 4i—Schedule of Assets (Held at End of Year)—Modified Cash Basis December 31, 2024

Employer Identification Number: 48-1202239

Plan Number: 001

| (a) | (b) | (c) | (d) | (e) |
|--|--|---------------|------------------|-----|
| Identity of Issue, Borrower, Lessor, or Similar Party | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, Maturity Value | Cost | Current Value | |
| Exchange traded funds: | | | | |
| iShares | S&P 500 Index ETF | \$ 3,306,368 | \$ 3,767,552 | |
| iShares | Russell 2000 ETF | 593,852 | 618,688 | |
| iShares | S&P 500 Mid-Cap ETF | 704,783 | 747,720 | |
| iShares | 20+ Year Treasury Bond | 9,454,616 | 7,859,700 | |
| Charles Schwab Corp | Preferred Shares | 463,750 | 496,876 | |
| Vanguard | FTSE Emerging Markets | 1,181,548 | 1,171,464 | |
| Vanguard | FTSE Developed Markets | 2,577,218 | 2,558,370 | |
| Vanguard | Mortgage-Backed Securities | 3,952,746 | 3,927,804 | |
| | | 22,234,881 | 21,148,174 | |
| Money market funds: | | | | |
| Vanguard | Money Market | 72,274 | 72,274 | |
| * State Street | Custodian Account | 5,764,878 | 5,764,878 | |
| | | 5,837,152 | 5,837,152 | |
| Fixed maturity investments: | | | | |
| Bain Capital Credit CLO | Subordinated Notes Due 2030 | 287,731 | 25,000 | |
| Athene Global Funding | Subordinated Notes Due 2028 | 874,574 | 893,724 | |
| Bank of America Corp | Subordinated Notes Due 2034 | 1,000,000 | 993,254 | |
| Blackstone Holdings Financial | Subordinated Notes Due 2033 | 1,035,635 | 1,050,121 | |
| Blackstone Private Credit Fund | Subordinated Notes Due 2027 | 913,981 | 957,357 | |
| Broadcom Inc | Subordinated Notes Due 2037 | 926,858 | 951,650 | |
| Energy Transfer LP | Subordinated Notes Due 2033 | 1,029,234 | 1,013,708 | |
| F&G Annuities & Life Inc | Subordinated Notes Due 2028 | 1,515,040 | 1,563,933 | |
| Five Corners Fund TR III | Subordinated Notes Due 2033 | 1,036,074 | 1,025,186 | |
| Global Atlantic Financial Co | Subordinated Notes Due 2031 | 834,475 | 858,136 | |
| Jackson National Life Global | Subordinated Notes Due 2028 | 998,809 | 995,838 | |
| Maranon Loan Funding LTD | Subordinated Notes Due 2028 | 1,000,000 | 1,005,231 | |
| Morgan Stanley | Subordinated Notes Due 2038 | 497,538 | 501,363 | |
| Pacific Gas & Electric | Subordinated Notes Due 2032 | 1,012,397 | 1,026,733 | |
| Phillip Morris Intl Inc | Subordinated Notes Due 2033 | 1,024,406 | 1,002,173 | |
| Northwoods Capital LTD | Subordinated Notes Due 2037 | 1,000,000 | 1,005,486 | |
| Rockford Tower Clo LTD | Subordinated Notes Due 2037 | 500,000 | 509,479 | |
| Carlyle Global Market Strategies | Subordinated Notes Due 2035 | 1,000,000 | 1,009,045 | |
| Silver Point CLO, LTD | Subordinated Notes Due 2035 | 1,000,000 | 1,007,497 | |
| Wellfeet CLO LTD | Subordinated Notes Due 2033 | 446,759 | 500,447 | |
| Wind River CLO LTD | Subordinated Notes Due 2033 | 965,526 | 1,001,132 | |
| DB Master Finance LLC | Subordinated Notes Due 2051 | 866,984 | 875,664 | |
| Dominos Pizza Master Issuer LL | Subordinated Notes Due 2051 | 1,212,447 | 1,227,737 | |
| Jimmy John's Funding LLC | Subordinated Notes Due 2047 | 620,801 | 632,950 | |
| Maritime Partners, LLC | Subordinated Notes Due 2063 | 466,076 | 469,262 | |
| Bcred Bsl Clo KTD | Subordinated Notes Due 2034 | 459,393 | 481,033 | |
| Taco Bell Funding, LLC | Subordinated Notes Due 2051 | 904,141 | 917,443 | |
| Freddie Mac | Subordinated Notes Due 2051 | 2,137,305 | 1,989,061 | |
| Jamestown CLO LTD | Subordinated Notes Due 2029 | 115,836 | - | |
| | | 25,682,020 | 25,489,643 | |
| | | \$ 53,754,053 | \$ 52,474,969 | |

* Designates party-in-interest

The above information has been certified by State Street, the custodian, to be complete and accurate.

The accompanying notes to the financial statements are an integral part of this schedule.

Security Benefit Associates Pension Plan

**Schedule H, Line 4j—Schedule of Reportable Transactions—Modified Cash Basis
Year Ended December 31, 2024**

Employer Identification Number: 48-1202239

Plan Number: 001

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) |
|---|----------------------|----------------|---------------|--------------|-----------------------------------|---------------|--|--------------------|
| Identity of Party Involved | Description of Asset | Purchase Price | Selling Price | Lease Rental | Expense Incurred with Transaction | Cost of Asset | Current Value of Asset on Transaction Date | Net Gain or (Loss) |
| (i) Individual transaction in excess of 5% of plan assets: | | | | | | | | |
| (ii) Series of transactions in excess of 5% of plan assets: | | | | | | | | |
| ISHARES CORE S&P 500 ETF | Exchange traded fund | \$ 3,737,387 | \$ 4,072,172 | \$ - | \$ - | \$ 3,467,048 | \$ 4,072,172 | \$ 605,124 |

The accompanying notes to the financial statements are an integral part of this schedule.