

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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 style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 2em; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>KANSAS CITY LIFE INSURANCE COMPANY CASH BALANCE 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>KANSAS CITY LIFE INSURANCE COMPANY</u></p> <p><u>3520 BROADWAY BLVD</u> <u>3520 BROADWAY BLVD</u> <u>KANSAS CITY, MO 64111-2502</u> <u>KANSAS CITY, MO 64111-2502</u></p>	<p>1c Effective date of plan <u>10/04/1951</u></p> <p>2b Employer Identification Number (EIN) <u>44-0308260</u></p> <p>2c Plan Sponsor's telephone number <u>816-753-7000</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	SCOTT HARVISON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	SCOTT HARVISON
	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	597
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)	161
	6a(2)	145
	6b	345
	6c	70
	6d	560
	6e	5
	6f	565
	6g(1)	
6g(2)		
6h		
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:
1C 1I

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

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

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

a Pension Schedules

- (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>KANSAS CITY LIFE INSURANCE COMPANY CASH BALANCE 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>KANSAS CITY LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>44-0308260</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>143456102</u>
	b Actuarial value	2b	<u>149490828</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>357</u>	<u>65436668</u>
	b For terminated vested participants	<u>82</u>	<u>4749081</u>
	c For active participants	<u>161</u>	<u>19463476</u>
	d Total	<u>600</u>	<u>89649225</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>5.04 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>150000</u>
	c Target normal cost	6c	<u>150000</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>04/10/2025</u>	Date
	<u>CINDY FRATERRIGO</u>	<u>23-06229</u>	Most recent enrollment number
	<u>PWC US TAX LLP</u>	<u>312-298-2000</u>	Telephone number (including area code)
	<u>1 NORTH WACKER DRIVE CHICAGO, IL 60606</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	32639446
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	32639446
10	Interest on line 9 using prior year's actual return of <u>12.31</u> %	0	4017916
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.17</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	36657362

Part III Funding Percentages			
14	Funding target attainment percentage	14	125.86 %
15	Adjusted funding target attainment percentage	15	166.75 %
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	123.35 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 1
22 Weighted average retirement age				22 64
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 checked="" type="checkbox"/> Yes <input 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 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 150000
b Excess assets, if applicable, but not greater than line 31a				31b 150000
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment.....	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	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 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 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.
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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 KANSAS CITY LIFE INSURANCE COMPANY CASH BALANCE PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 KANSAS CITY LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 44-0308260	

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

BLACKROCK INSTITUTIONAL TRUST CO	400 HOWARD STREET SAN FRANCISCO, CA 94105
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

LEGAL & GENERAL INVESTMENT MANAGEME	71 SOUTH WACKER DRIVE CHICAGO, IL 60606
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

NORTHERN TRUST COMPANY	
36-2723087	

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

PIMCO	
33-0629048	

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

JANUE CAPITAL MANAGEMENT

151 DETROLT STREET
DENVER, CO 80206

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

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

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

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

(b) 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"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>KANSAS CITY LIFE INSURANCE COMPANY CASH BALANCE PENSION PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>KANSAS CITY LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>44-0308260</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>L&G LONG LIABILITY CORP CIT FUND</u>	b Name of sponsor of entity listed in (a): <u>RELIANCE TRUST COMPANY</u>	c EIN-PN <u>35-7085469-017</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>L&G LIABILITY CORP CIT FUND</u>	b Name of sponsor of entity listed in (a): <u>RELIANCE TRUST COMPANY</u>	c EIN-PN <u>35-7085469-027</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10798000</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>L&G LIABILITY TREASURY 3X CIT FUND</u>	b Name of sponsor of entity listed in (a): <u>RELIANCE TRUST COMPANY</u>	c EIN-PN <u>35-7085469-015</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>379000</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>L&G LIABILITY TREASURY CIT FUND</u>	b Name of sponsor of entity listed in (a): <u>RELIANCE TRUST COMPANY</u>	c EIN-PN <u>35-7085469-016</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>23406000</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK EQUITY INDEX NON-LENDABLE</u>	b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, NA</u>	c EIN-PN <u>80-0300291-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK MID CAP EQUITY NON-LENDAB</u>	b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, NA</u>	c EIN-PN <u>27-0739786-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LONG DURATION CORP CREDIT</u>	b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, NA</u>	c EIN-PN <u>27-4520291-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>28341000</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: ACADIAN NON US ALL CAP FUND		
b Name of sponsor of entity listed in (a): ACADIAN ASSET MANAGEMENT LLC		
c EIN-PN 04-2929221-015	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8960000
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE RUSSELL 1000 VALUE IN		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-098	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9215000
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE STRUCTURED SMALL CAP		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-076	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE QUANT ENHANCED EAFE F		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-014	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8245000
a Name of MTIA, CCT, PSA, or 103-12 IE: GMO MULTI-STRATEGY FUND OFFSHORE E		
b Name of sponsor of entity listed in (a): GMO MULTI-STRATEGY FUND (ONSHORE)		
c EIN-PN 01-0745810-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1427000
a Name of MTIA, CCT, PSA, or 103-12 IE: INTECH US BROAD LARGE CAP GROWTH		
b Name of sponsor of entity listed in (a): JANUS CAPITAL MANAGEMENT, LLC		
c EIN-PN 52-2391973-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan KANSAS CITY LIFE INSURANCE COMPANY CASH BALANCE PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 KANSAS CITY LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 44-0308260

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	49000 268000
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	45000 1820000
(2) U.S. Government securities	1c(2)	25000 18000
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	5125000 3175000
(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)	88804000 89344000
(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)	1429000 1427000
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	47964000 48130000
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	15000 10000

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	143456000	144192000
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	143456000	144192000

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)	1000	
(C) Corporate debt instruments.....	2b(1)(C)	164000	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	2000	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		167000
(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)	1432000	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	2037000	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	2037000	
(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)	73000	
(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)		7983000
(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)		-53000
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-114000
c Other income	2c		10000
d Total income. Add all income amounts in column (b) and enter total.....	2d		9498000

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	8521000	
(2) To insurance carriers for the provision of benefits	2e(2)	2000	
(3) Other.....	2e(3)	239000	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		8762000
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(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)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		8762000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		736000
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **FORVIS MAZARS LLP**

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

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 546364.

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

A Name of plan <u>KANSAS CITY LIFE INSURANCE COMPANY CASH BALANCE 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>KANSAS CITY LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>44-0308260</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	18

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input checked="" type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

***Kansas City Life
Insurance Company
Cash Balance Pension Plan***

Financial Statements
and
Supplemental Schedules
December 31, 2024 and 2023

<i>Statements of Net Assets Available for Plan Benefits.....</i>	<i>1</i>
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KANSAS CITY LIFE INSURANCE COMPANY
CASH BALANCE PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
(amounts in thousands)

	December 31	
	2024	2023
<i>Assets</i>		
Investments, at fair value	\$ 143,886	\$ 143,362
Cash	38	45
Accrued interest and receivables	268	49
	\$ 144,192	\$ 143,456
Net assets available for plan benefits	\$ 144,192	\$ 143,456

See accompanying Notes to Financial Statements.

KANSAS CITY LIFE INSURANCE COMPANY
CASH BALANCE PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
(amounts in thousands)

	Years ended December 31	
	2024	2023
Changes to net assets:		
Investments and receivables:		
Interest income	\$ 167	\$ 186
Dividend income	1,432	1,265
Other investment income	10	16
Net appreciation in fair value of investments	7,889	14,679
Net change in investments and receivables	9,498	16,146
Distributions:		
Benefits paid	8,523	8,545
Total distributions	8,523	8,545
Expenses:		
Other expenses*	239	-
Total expenses	239	-
Net increase in net assets available for plan benefits	\$ 736	\$ 7,601
Net assets available for plan benefits:		
Beginning of year	\$ 143,456	\$ 135,855
Net increase in net assets available for plan benefits	736	7,601
End of year	\$ 144,192	\$ 143,456

*See Note 1

See accompanying Notes to Financial Statements.

KANSAS CITY LIFE INSURANCE COMPANY
CASH BALANCE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
(amounts in thousands)

1. DESCRIPTION OF PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following description of the Kansas City Life Insurance Company (the “Company”, “Plan Sponsor” or “Plan Administrator”) Cash Balance Pension Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a comprehensive description of the Plan’s provisions.

General

The Plan is a defined benefit plan for participants who have at least one year of service and were age 21 or older at December 31, 2010. The Plan was amended effective December 31, 2010 to provide that participants’ accrued benefits were frozen and no further benefits or accruals would be earned after that date. Please see “Benefits” below for more information. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan is administered by an Administrative Committee, who are officers of the Company. Members of the Administrative Committee are appointed by the Executive Committee of the Kansas City Life Insurance Company’s Board of Directors.

Effective January 1, 2020, the Summary Plan Description was updated to clarify certain matters. These matters included, but were not limited to, eligibility, when a participant can commence benefits, claims review, and limitations on filing suit in court. There were no material changes to the Plan.

Effective January 1, 2024, the Plan was amended to allow Trustees or the Administrative Committee to authorize disbursement of funds from the Trust for payment of reasonable Plan expenses. The Plan was also amended to clarify the Administrative Committee’s discretionary authority over the adjudication of benefits under the Plan.

Benefits

Participants no longer accrue additional benefits under the Plan as of December 31, 2010. Participants continue to earn years of service for vesting purposes and participant accounts continue to earn interest.

Effective January 1, 1998, the Plan was amended for all employees other than those age 55 or over and who had at least 15 years of vested service. The Plan was converted to a cash balance plan whereby each employee has a cash balance account. Generally, the cash balance account consists of pay credits, which were based on an employee’s years of service, compensation, and interest credits. Participants in the Plan are entitled to annual, lifetime, pension benefits beginning at a retirement age of 65. Employees, whose age plus years of service after age 25 is greater than 75, are eligible for early retirement at age 55. Also, employees who became participants prior to January 1, 1982 are eligible for retirement at age 60 if they have 10 years of participation, and they are eligible for retirement at age 55 if they have 15 years of participation. Upon termination prior to retirement, vested participants whose benefits include post-1997 accruals may elect to receive benefits in the form of a life annuity or lump sum distribution, or may choose to leave their benefits in the plan for any period up to age 65. Upon termination prior to retirement, participants with pre-1998 benefits only may not elect distribution until early retirement or normal retirement and not later than age 65. Distribution will commence upon termination for those who terminate on or after age 65. All participants who have reached retirement age may elect to receive benefits in the form of a life annuity or lump sum distribution.

The Plan was amended effective January 1, 2017 to change its interest crediting rate to be the greater of 5.00% or the annual interest rate on 30-year U.S. Treasury securities for November of the preceding calendar year. For the years ended December 31, 2024 and 2023, the Plan credited interest to eligible participants in accordance with this amendment. The rate credited was 5.00% for the years ended December 31, 2024 and 2023.

On December 29, 2022, the SECURE Act of 2022 (Secure Act 2.0) was enacted as part of the Consolidated Appropriations Act, 2023, which includes provisions affecting qualified plans. The Secure Act 2.0 increases the required minimum distribution starting date first to age 73 beginning on January 1, 2023 and later to age 75 starting on January 1, 2033. Also, Pension Benefit Guaranty Corporation (“PBGC”) Variable Rate Premium rates will no longer be indexed to inflation and IRS Section 430 tables cannot reflect annual mortality improvements of greater than 0.78%. For plan years beginning after December 31, 2025, paper benefit statements must be provided to defined benefit plan participants at least once every three years, unless a participant elects otherwise.

KANSAS CITY LIFE INSURANCE COMPANY
CASH BALANCE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
(amounts in thousands)

1. DESCRIPTION OF PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Vesting

Participant benefits fully vest after three years of employment. Forfeited nonvested accounts are available to be used to reduce future employer contributions. There were no forfeiture nonvested account balances as of December 31, 2024 and 2023.

Death and Disability Benefits

A participant's death benefit is contingent upon several factors including, but not limited to, marital status, whether benefit payments have begun and the form of those payments.

A participant who was disabled before January 1, 1998, continued to receive an accrued benefit pursuant to the provisions of the prior Plan; with a maximum accrual of 10 years. A participant who became disabled on or after January 1, 1998, could receive credits to their cash balance account for a period of time, as specified in the Plan document. Effective January 1, 2011, a disabled participant could no longer accrue benefits or receive cash balance account credits, other than interest credits, under the Plan. The benefits, when paid, may reduce any payments being received from the Company's disability plan.

Basis of Presentation

The accompanying financial statements of the Plan have been prepared on an accrual basis of accounting in accordance with U.S. generally accepted accounting principles ("GAAP"). Certain reclassifications have been made to prior period results to conform with the current period's presentation.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that may affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Expenses

Effective January 1, 2024, costs associated with the administration of the Plan including, but not limited to, accounting, actuarial, legal and investment management expenses, are borne by the Plan. Prior to January 1, 2024, all costs associated with the administration of the Plan were borne by the Company.

Payments of Benefits

Benefit payments to participants are recorded upon distribution.

Investment Income Recognition

Purchases and sales of securities are recorded on a trade date basis. Gains and losses resulting from securities transactions, determined by the specific identification method, are calculated using amortized cost.

Interest income is recorded on an accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes both realized and unrealized gains and losses on investments bought and sold, as well as held during the year.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to 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 Plan Benefits.

KANSAS CITY LIFE INSURANCE COMPANY
CASH BALANCE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
(amounts in thousands)

1. DESCRIPTION OF PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Risk and Uncertainties (Continued)

The actuarial present value of accumulated plan benefits was 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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term may be material to the financial statements.

2. NEW ACCOUNTING PRONOUNCEMENTS

All new accounting standards and updates of existing standards issued through the date of this filing were considered by the Company and did not relate to accounting policies and procedures pertinent to the Plan at this time.

3. FAIR VALUE MEASUREMENTS

Valuation of Investments

Under ASC 820, Fair Value Measurement, the Plan bases fair value on the price that would be received to sell an asset or paid to transfer a liability (“exit price”) in an orderly transaction between market participants at the measurement date. It is the Plan’s policy to maximize the use of observable inputs and minimize the use of unobservable inputs when developing fair value measurements. The Plan uses an independent third party pricing service to obtain values for a significant portion of its fixed maturity securities and equity securities. When a price cannot be obtained from the primary third party pricing service, the Plan will use a second independent third party pricing service. If the Plan is still unable to determine a fair value, it will seek prices from independent brokers or internally to determine a fair value. If the Plan internally determines a fair value it will use various valuation techniques that may include discounted cash flows, spread-based models, or similar techniques, depending upon the security to be priced. The Plan utilizes available market information wherever possible, to identify inputs into the fair value determination.

The Plan performs an analysis on the prices received from third party security pricing services and independent brokers to ensure that the prices represent a reasonable estimate of the fair value. The Plan corroborates and validates the primary pricing sources through a variety of procedures that include but are not limited to comparison to additional independent third party pricing services or brokers, and comparison of prices to actual trades for specific securities where observable data exists. In addition, the Plan analyzes the third party pricing services’ methodologies and related inputs and also evaluates the various types of securities in its investment portfolio to determine classification under the fair value hierarchy.

The Plan categorizes its financial assets and liabilities measured at fair value in three levels, based on the inputs and assumptions used to determine the fair value. These levels are as follows:

- Level 1 – Valuations are based upon unadjusted quoted prices for identical instruments traded in active markets.
- Level 2 – Valuations are based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market. Valuations are obtained from third party pricing services or inputs that are observable or derived principally from or corroborated by observable market data.
- Level 3 – Valuations are generated from techniques that use significant assumptions not observable in the market. These unobservable assumptions reflect the Plan’s assumptions that market participants would use in pricing the asset or liability. Valuation techniques include the use of discounted cash flow models, spread based models, and similar techniques, using the best information available in the circumstances. These investments are considered immaterial to the overall financial statements.

KANSAS CITY LIFE INSURANCE COMPANY
CASH BALANCE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
(amounts in thousands)

3. FAIR VALUE MEASUREMENTS (Continued)

The following section is a description of the valuation techniques and inputs used by the Plan to measure each major class of assets at fair value. During 2024 and 2023, there were no changes to the valuation techniques used by the Plan to measure fair value.

Fixed maturity securities: Stated at their fair value at year-end based upon market prices, market quotes, pricing services, or in the absence of such information, other methods to reflect fair value.

Mutual funds: Recorded at fair value based upon the quoted net asset value (“NAV”) of shares held by the Plan at year-end.

The following tables present by level, investment categories reported at fair value on a recurring basis at December 31:

	2024			
	Level 1	Level 2	Level 3	Total
Fixed maturity securities				
United States government	\$ -	\$ 18	\$ -	\$ 18
Industrial and public utility	-	3,175	-	3,175
Mutual funds	48,130	-	-	48,130
Cash equivalents	1,782	-	-	1,782
Other invested assets	-	-	10	10
Total assets in the fair value hierarchy	<u>49,912</u>	<u>3,193</u>	<u>10</u>	<u>53,115</u>
Investments measured at net asset value (A)				
Collective trust	-	-	-	89,344
Limited partnerships	-	-	-	1,427
Investments, at fair value	<u>\$ 49,912</u>	<u>\$ 3,193</u>	<u>\$ 10</u>	<u>\$ 143,886</u>

	2023			
	Level 1	Level 2	Level 3	Total
Fixed maturity securities				
United States government	\$ -	\$ 25	\$ -	\$ 25
Industrial and public utility	-	5,125	-	5,125
Mutual funds	45,574	-	-	45,574
Cash equivalents	2,390	-	-	2,390
Other invested assets	-	-	15	15
Total assets in the fair value hierarchy	<u>47,964</u>	<u>5,150</u>	<u>15</u>	<u>53,129</u>
Investments measured at net asset value (A)				
Collective trust	-	-	-	88,804
Limited partnerships	-	-	-	1,429
Investments, at fair value	<u>\$ 47,964</u>	<u>\$ 5,150</u>	<u>\$ 15</u>	<u>\$ 143,362</u>

(A) These investments are valued based on net asset value per unit, as provided by the fund as a practical expedient which is allowed under ASU 2015-12, and have not been classified in the fair value hierarchy. The fair value amounts are provided to reconcile to the statement of net assets available for plan benefits.

KANSAS CITY LIFE INSURANCE COMPANY
CASH BALANCE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
(amounts in thousands)

3. FAIR VALUE MEASUREMENTS (Continued)

There were no material changes in Level 3 assets measured at fair value on a recurring basis for the years ended December 31, 2024 and 2023. Depending upon the availability of pricing inputs, specific securities may transfer between levels. There were no transfers between any levels for the years ended December 31, 2024 and 2023.

Investments Measured Using the Net Asset Value per Share Practical Expedient

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

	December 31, 2024			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective trust (A)	\$ 89,344	-	Various	Various
Limited partnerships (B)	1,427	-	Various	Various
	December 31, 2023			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective trust (A)	\$ 88,804	-	Various	Various
Limited partnerships (B)	1,429	-	Various	Various

(A) This category includes investments in collective trusts that primarily invest in equity and debt securities. One fund, representing approximately 6% of net assets in both 2024 and 2023 has a potential 30-day notice redemption restriction requirement and a possible redemption fee for redemptions made within 180 days of a contribution to this fund. There are no other significant redemption restrictions on these investments.

(B) This category consists of one investment fund that is a limited partnership invested in several other funds, including limited partnerships and master funds utilizing an investment long held strategy. Portions of the investment fund have a potential 14-day redemption restriction prior to month end in which the trade is made.

4. FUNDING POLICY

The Company's funding policy is to fund normal costs in the year incurred as well as qualifying prior service costs up to the maximum deductible on the Company's Federal Income Tax Return. The Company's contributions exceeded the minimum funding requirements for ERISA in both years.

5. PLAN TERMINATION

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

- a) Benefits attributable to employee contributions, taking into account those paid out before termination.
- b) Annuity benefits which former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of an annuity under the Plan. The priority amount is limited to the lowest benefit that was payable or would have been payable during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.

KANSAS CITY LIFE INSURANCE COMPANY
CASH BALANCE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
(amounts in thousands)

5. PLAN TERMINATION (Continued)

- c) Other vested benefits insured by the PBGC up to the applicable limitations.
- d) All other vested benefits not insured by the PBGC.
- e) All nonvested benefits.

Benefits to be provided via annuity contracts, under which the Plan or the Company are obligated to pay, would be excluded for allocation purposes.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the PBGC guaranteed amount of an individual's monthly benefit. For plan terminations occurring during 2024, the PBGC ceiling was \$7 per month as prescribed by the PBGC.

The PBGC ceiling applies to pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination, whichever comes later. For annuitants under age 65 at the time of retirement or plan termination, whichever is later, or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

6. RELATED-PARTY TRANSACTIONS

Transactions resulting in plan assets being transferred to or used by a related party are prohibited under ERISA unless a specific exemption is applied. Kansas City Life Insurance Company is a party-in-interest as defined by ERISA as a result of being the Plan Sponsor. For the years ended December 31, 2024 and 2023, there were no prohibited party-in-interest transactions.

7. TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated April 6, 2017, that the Plan is qualified and the trust established under the Plan is tax-exempt, under the appropriate sections of the Internal Revenue Code ("IRC"), including Section 401(a). Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

KANSAS CITY LIFE INSURANCE COMPANY
CASH BALANCE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
(amounts in thousands)

8. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered to the Company. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The accumulated plan benefits for active employees are based on their compensation and service through December 31, 2010, the Plan freeze date. Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included to the extent that they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts are excluded from Plan assets and excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits presented below was computed by the actuaries of the Company, or third-party actuarial specialists, using data as of January 1, 2025 and 2024. The significant actuarial assumptions underlying the actuarial computations include: (a) A discount rate of 6.44% in 2024 (2023 – 6.75%); (b) an employee turnover rate based upon the Company's past experience; (c) an annual postretirement cost of living increase of 2.40% in 2024 (2023 – 2.50%); (d) a retirement rate based on the Company's past experience; (e) the mortality assumption is based on the Pri-2012 Total Data Set mortality tables for annuitants and non-annuitants with generational improvement using MP-2021; (f) assumed rate of return used in measuring the actuarial present value of accumulated benefits of 6.44% in 2024 (2023 – 6.75%) and (g) an interest crediting rate of 5.50% in 2024 (2023 – 4.87%). The actuarial assumptions were based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

	December 31	
	2024	2023
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 56,514	\$ 58,250
Other participants	19,546	21,052
Total actuarial present value of accumulated plan benefits	\$ 76,060	\$ 79,302
Changes in accumulated plan benefits:		
Actuarial present value of accumulated plan benefits at beginning of year	\$ 79,302	\$ 82,362
Increase (decrease) during the year attributable to:		
Benefits accumulated and actuarial experience gains and losses	(1,392)	16
Increase for interest due to the decrease in the discount period	5,070	5,339
Benefits paid	(8,523)	(8,545)
Change in actuarial assumptions and methods	1,603	130
Actuarial present value of accumulated plan benefits at end of year	\$ 76,060	\$ 79,302

There were no material sources of actuarial gains and losses for the Plan related to changes in discount rate, mortality or conversion assumptions during 2024 or 2023.

KANSAS CITY LIFE INSURANCE COMPANY
CASH BALANCE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
(amounts in thousands)

9. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 10, 2025, which is the date that the financial statements were available to be issued.

There have been no other subsequent events that occurred during such period that require disclosure in, or adjustment to, the financial statements as of and for the year ended December 31, 2024.

KANSAS CITY LIFE INSURANCE COMPANY
CASH BALANCE PENSION PLAN
SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EMPLOYER IDENTIFICATION NUMBER: 44-0308260
PLAN NUMBER: 001
DECEMBER 31, 2024
(amounts in thousands)

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
United States government fixed maturity securities			
83162CSE4	SBAP 2008-20L 1, mat 12/1/2028, int 6.22%, par \$66	\$ 18	\$ 18
Total United States government fixed maturity securities		<u>18</u>	<u>18</u>
Industrial and public utility fixed maturity securities			
126650BQ2	CVS PASS-THROUGH, mat 1/10/2030, int 6.94%, par \$298	190	194
233851CB8	DAIMLER FINANCE NA LLC, mat 8/3/2025, int 3.50%, par \$500	500	496
30231GAF9	EXXON MOBIL CORPORATION, mat 3/6/2025, int 2.71%, par \$500	499	498
412822AD0	HARLEY-DAVIDSON INC, mat 7/28/2025, int 3.50%, par \$500	500	495
713448CY2	PEPSICO INC, mat 7/17/2025, int 3.50%, par \$500	500	497
822582BD3	SHELL INTERNATIONAL FIN, mat 5/11/2025, int 3.25%, par \$500	500	498
82620KAE3	SIEMENS FIN NV, mat 5/27/2025, int 3.25%, par \$500	500	497
Total industrial and public utility fixed maturity securities		<u>3,189</u>	<u>3,175</u>
Collective trusts			
	ACADIAN NON US ALL CAP FUND	\$ 3,394	\$ 8,960
	NT COLLECTIVE QUANT ENHANCED EAFE FUND - LENDING	8,108	8,245
	NT COLLECTIVE RUSSELL 1000 VALUE INDEX FUND - NON LENDING	2,669	9,215
	BLACKROCK LONG DURATION CORP CR SCREEN NONLEND FUND	25,232	28,341
	L&G LIABILITY TREASURY CIT FUND	25,756	23,406
	L&G LIABILITY TREASURY 3X CIT FUND	635	379
	L&G LIABILITY CORP CIT FUND	10,241	10,798
Total collective trusts		<u>76,035</u>	<u>89,344</u>
Limited partnerships			
	GMO MULTI-STRATEGY FUND OFFSHORE E FUND	436	1,427
Total limited partnerships		<u>436</u>	<u>1,427</u>
Mutual funds			
	PIMCO ALL ASSET INST FUND	10,151	8,747
	GMO STRATEGIC OPPORTUNITIES ALLOCATION FUND-III	5,292	7,436
	HARTFORD SCHRODER	8,392	6,635
	FIDELITY TOTAL MARKET INDEX	18,201	25,312
Total mutual funds		<u>42,036</u>	<u>48,130</u>
Cash equivalents			
	FIDELITY INST CASH PORTFOLIO: INSTITUTIONAL CLASS	1,782	1,782
Total cash equivalents		<u>1,782</u>	<u>1,782</u>
Other invested assets			
	MINERAL RIGHTS	-	10
Total other invested assets		<u>-</u>	<u>10</u>
Total investments		<u>\$ 123,496</u>	<u>\$ 143,886</u>

KANSAS CITY LIFE INSURANCE COMPANY
CASH BALANCE PENSION PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
EMPLOYER IDENTIFICATION NUMBER: 44-0308260
PLAN NUMBER: 001
YEAR ENDED DECEMBER 31, 2024
 (amounts in thousands)

Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction
Category (i) -- A single transaction within the plan year in excess of 5% of the current value of the plan assets.					
Northern Trust	Northern Trust Collective World Ex	\$ 7,385	-	-	-
Northern Trust	NT COLTV Quality Large Cap Core EAFE	-	8,343	-	-
Category (iii) -- Any transaction within the plan year involving securities of the same issue if within the plan year any series of transactions with respect to such securities amount in the aggregate to more than 5% of the current value of the plan assets.					
Fidelity Investments	Fidelity Investments Money Market Government Portfolio: Institutional Class				
	15 purchases	\$ 8,038	-	-	-
	16 sales	-	8,765	-	-

Note: There were no category (ii) or (iv) reportable transactions during 2024.

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

Independent Auditor's Report

The Trustees
Kansas City Life Insurance Company Cash Balance Pension Plan
Kansas City, Missouri

Opinion

We have audited the financial statements of Kansas City Life Insurance Company Cash Balance Pension Plan (the "Plan"), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), which comprise the statements of net assets available for plan benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for plan benefits of Kansas City Life Insurance Company Cash Balance Pension Plan as of December 31, 2024 and 2023, and the changes in its net assets available for plan benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Kansas City Life Insurance Company Cash Balance Pension Plan's ability to continue as a going concern within one year after the date that these financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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 Kansas City Life Insurance Company Cash Balance Pension 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 Kansas City Life Insurance Company Cash Balance Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

The Trustees
Kansas City Life Insurance Company Cash Balance Pension Plan

In our opinion, the information in the accompanying schedules are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Forvis Mazars, LLP

**Kansas City, Missouri
October 10, 2025**

Federal Employer Identification Number: 44-0160260

**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 KANSAS CITY LIFE INSURANCE COMPANY CASH BALANCE PENSION PLAN	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 KANSAS CITY LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 44-0308260
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:	2a 143,456,102		
		2b 149,490,828		
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment.....	357	65,436,668	65,436,668
	b For terminated vested participants	82	4,749,081	4,749,081
	c For active participants.....	161	19,463,476	19,463,476
	d Total.....	600	89,649,225	89,649,225
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	5.04%
6	Target normal cost			
	a Present value of current plan year accruals		6a	0
	b Expected plan-related expenses		6b	150,000
	c Target normal cost.....		6c	150,000

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>CMF</u>	<u>April 10, 2025</u>
	Signature of actuary	Date
	Cindy Fraterrigo	2306229
	Type or print name of actuary	Most recent enrollment number
	PwC US Tax LLP	312-298-2000
	Firm name	Telephone number (including area code)
	1 NORTH WACKER DRIVE	
	CHICAGO IL 60606	
	Address of the firm	

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

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

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	32,639,446
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	32,639,446
10	Interest on line 9 using prior year's actual return of <u>12.31</u> %	0	4,017,916
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.17</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance.....		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	36,657,362

Part III Funding Percentages			
14	Funding target attainment percentage.....	14	125.86%
15	Adjusted funding target attainment percentage	15	166.75%
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	123.35%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

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

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

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

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

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 1

22 Weighted average retirement age **22** 64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

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

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)..... **31a** 150,000

b Excess assets, if applicable, but not greater than line 31a **31b** 150,000

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

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

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

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	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** 0

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

a Total (excess, if any, of line 37 over line 36)..... **38a** 0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0

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

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

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

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

KANSAS CITY LIFE INSURANCE COMPANY
CASH BALANCE PENSION PLAN
SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EMPLOYER IDENTIFICATION NUMBER: 44-0308260
PLAN NUMBER: 001
DECEMBER 31, 2024
(amounts in thousands)

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
United States government fixed maturity securities			
83162CSE4	SBAP 2008-20L 1, mat 12/1/2028, int 6.22%, par \$66	\$ 18	\$ 18
Total United States government fixed maturity securities		<u>18</u>	<u>18</u>
Industrial and public utility fixed maturity securities			
126650BQ2	CVS PASS-THROUGH, mat 1/10/2030, int 6.94%, par \$298	190	194
233851CB8	DAIMLER FINANCE NA LLC, mat 8/3/2025, int 3.50%, par \$500	500	496
30231GAF9	EXXON MOBIL CORPORATION, mat 3/6/2025, int 2.71%, par \$500	499	498
412822AD0	HARLEY-DAVIDSON INC, mat 7/28/2025, int 3.50%, par \$500	500	495
713448CY2	PEPSICO INC, mat 7/17/2025, int 3.50%, par \$500	500	497
822582BD3	SHELL INTERNATIONAL FIN, mat 5/11/2025, int 3.25%, par \$500	500	498
82620KAE3	SIEMENS FIN NV, mat 5/27/2025, int 3.25%, par \$500	500	497
Total industrial and public utility fixed maturity securities		<u>3,189</u>	<u>3,175</u>
Collective trusts			
	ACADIAN NON US ALL CAP FUND	\$ 3,394	\$ 8,960
	NT COLLECTIVE QUANT ENHANCED EAFE FUND - LENDING	8,108	8,245
	NT COLLECTIVE RUSSELL 1000 VALUE INDEX FUND - NON LENDING	2,669	9,215
	BLACKROCK LONG DURATION CORP CR SCREEN NONLEND FUND	25,232	28,341
	L&G LIABILITY TREASURY CIT FUND	25,756	23,406
	L&G LIABILITY TREASURY 3X CIT FUND	635	379
	L&G LIABILITY CORP CIT FUND	10,241	10,798
Total collective trusts		<u>76,035</u>	<u>89,344</u>
Limited partnerships			
	GMO MULTI-STRATEGY FUND OFFSHORE E FUND	436	1,427
Total limited partnerships		<u>436</u>	<u>1,427</u>
Mutual funds			
	PIMCO ALL ASSET INST FUND	10,151	8,747
	GMO STRATEGIC OPPORTUNITIES ALLOCATION FUND-III	5,292	7,436
	HARTFORD SCHRODER	8,392	6,635
	FIDELITY TOTAL MARKET INDEX	18,201	25,312
Total mutual funds		<u>42,036</u>	<u>48,130</u>
Cash equivalents			
	FIDELITY INST CASH PORTFOLIO: INSTITUTIONAL CLASS	1,782	1,782
Total cash equivalents		<u>1,782</u>	<u>1,782</u>
Other invested assets			
	MINERAL RIGHTS	-	10
Total other invested assets		<u>-</u>	<u>10</u>
Total investments		<u>\$ 123,496</u>	<u>\$ 143,886</u>

KANSAS CITY LIFE INSURANCE COMPANY
CASH BALANCE PENSION PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
EMPLOYER IDENTIFICATION NUMBER: 44-0308260
PLAN NUMBER: 001
YEAR ENDED DECEMBER 31, 2024
 (amounts in thousands)

Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Category (i) -- A single transaction within the plan year in excess of 5% of the current value of the plan assets.								
Northern Trust	Northern Trust Collective World Ex	\$ 7,385	-	-	-	\$ 7,385	\$ 7,385	-
Northern Trust	NT COLTV Quality Large Cap Core EAFE	\$ -	8,343	-	-	\$ 5,024	\$ 8,343	\$ 3,319
Category (iii) -- Any transaction within the plan year involving securities of the same issue if within the plan year any series of transactions with respect to such securities amount in the aggregate to more than 5% of the current value of the plan assets.								
Fidelity Investments Money Market Government Portfolio, Institutional Class								
	15 purchases	\$ 8,038	-	-	-	\$ 8,038	\$ 8,038	-
	16 sales	\$ -	8,765	-	-	\$ 8,765	\$ 8,765	-

Note: There were no category (ii) or (iv) reportable transactions during 2024.

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

Attachment to the 2024 Schedule SB (Form 5500)
 Kansas City Life Insurance Company
 Kansas City Life Insurance Company Cash Balance Pension Plan
 EIN: 44-0308260; Plan Number: 001
 Schedule SB, Line 26a - Schedule of Active Participant Data

Age and Service Distribution of Active Members

Attained Age	Completed Years of Service ¹										Total No.
	Under 1 year No.	1 to 4 years No.	5 to 9 years No.	10 to 14 years No.	15 to 19 years No.	20 to 24 years No.	25 to 29 years No.	30 to 34 years No.	35 to 39 years No.	Over 40 years No.	
<25											
25-29											
30-34											
35-39		1									1
40-44		6	4	1							11
45-49		9	7	4							20
50-54		5	3	13	4	2					27
55-59		6	8	7	5	5	5				36
60-64		6	4	6	4	3	7	4			34
65-69		2	2	6	2	1	6	3	1		23
70&Up		1	1	3				1	2	1	9
Total		36	29	40	15	11	18	8	3	1	161

¹ Reflecting credited service through date of plan freeze of December 31, 2010.

Attachment to the 2024 Schedule SB (Form 5500)
 Kansas City Life Insurance Company
 Kansas City Life Insurance Company Cash Balance Pension Plan
 EIN: 44-0308260; Plan Number: 001
 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

A. Actuarial Assumptions for Funding Purposes

Valuation Interest Rates	<u>Post- MAP -21 reflecting ARPA</u>	<u>Pre- MAP- 21</u>
1st Segment Rate	4.75%	4.21%
2nd Segment Rate	4.87%	4.86%
3rd Segment Rate	5.59%	4.87%
Long-term rate of return on assets	6.83% - 2023 Plan Year 6.75% - 2024 Plan Year	
Cash Balance Interest Crediting Rate	5.00%	
Mortality	Sex distinct Pri-2012 Total Dataset mortality tables for Employees and Retirees with generational improvement using the modified version of MP-2021 scale.	
Withdrawal	According to Table T-5 of the <u>Actuary's Pension Handbook</u> . Sample annual rates of withdrawal are as follows:	
	<u>Age</u>	<u>Rates</u>
	40	5.15%
	50	2.56%
	60	0.09%
Retirement Age	Annual probabilities of retirement are as follows:	
	<u>Age</u>	<u>Rates</u>
	55	5.0%
	56	2.0%
	57	2.0%
	58	2.0%
	59	2.0%
	60	5.0%
	61	2.0%
	62	20.0%
	63	10.0%
	64	10.0%
	65	25.0%
	66	20.0%
	67	20.0%
	68	20.0%
	69	20.0%
	70	100.0%
Disability	None assumed	
Salary Scale	N/A	

Attachment to the 2024 Schedule SB (Form 5500)
Kansas City Life Insurance Company
Kansas City Life Insurance Company Cash Balance Pension Plan
EIN: 44-0308260; Plan Number: 001
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

A. Actuarial Assumptions for Funding Purposes (Continued)

Cost of Living Adjustment	2.50% (for benefits accrued under the prior plan)
Married Participants	85% of males and females are assumed to be married. Husbands are assumed be 3 years older than wives.
Maximum benefit allowed under IRC Section 415(b)	\$275,000 in 2024.
Maximum Compensation allowed under IRC Section 401(a)(17)	\$345,000 in 2024.
Form of Payment	Actives assumed to retire: 60% assumed to elect lump sum immediately 40% assumed to elect a life annuity immediately Actives assumed to terminate prior to retirement age: 60% assumed to elect lump sum immediately 20% assumed to elect a lump sum deferred to age 65 20% assumed to elect a life annuity deferred to age 65 Terminated vested participants assumed to retire: 50% assumed to elect a lump sum deferred to age 65 50% assumed to elect a life annuity deferred to age 65 For the life annuity, if the participant has a prior plan annuity, the prior plan annuity is valued with a COLA increase and the remaining Cash Balance annuity is valued without a COLA increase. Lump Sum based on maximum of Cash Balance account or present value of accrued benefit payable at age 65 or current age, if older.
Conversion Assumptions for Optional Payment Forms	Funding rates and the 2024 Applicable Mortality Table per IRC 417(e)
Administrative Expenses	\$150,000. We understand administrative expenses will be paid from the trust starting in 2024

Attachment to the 2024 Schedule SB (Form 5500)
Kansas City Life Insurance Company
Kansas City Life Insurance Company Cash Balance Pension Plan
EIN: 44-0308260; Plan Number: 001
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

B. Actuarial Assumptions Rationale

Valuation Interest Rate (Funding)	Prescribed by IRS rules.
Mortality (Funding)	Prescribed by IRS rules.
Retirement Rates	This assumption was based on the plan sponsor's historical experience and management's expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.
Withdrawal Rates	This assumption was based on Table-5 of the Actuary's Pension Handbook, and reflects past experience and plan sponsor's expectations for the future.
Marriage Percentage	This assumption is set based on the plan sponsor's historical experience and management's expectations for future marriage patterns and spousal age differences.
Cash Balance Interest Crediting Rate	Currently assumed to be the minimum rate provided by plan. The Plan provides an interest crediting rate that is the greater of 5.00% and the 30-year Treasury rate.
Cost of Living Adjustment	Based on CPI from JP Morgan Capital Market outlook.
Form of Benefit	The assumption was based on plan sponsor's historical experience with periodic monitoring that no significant deviation occurred from the assumption.
Administrative Expenses	Estimated plan expenses for the plan year including Pension Benefit Guaranty Corporation (PBGC) premium, actuarial fees and plan audit fees

C. Actuarial Methods for Funding Purposes

1. Actuarial Cost Method

The actuarial cost method is the Unit Credit Actuarial Cost Method.

Under this cost method, the target liability is defined as the present value of the accrued benefits on the valuation date. The funding shortfall is the excess, if any, of the amount by which the target liability exceeds the actuarial value of plan assets.

The Target Normal Cost is comprised entirely of administrative expenses paid out of the trust since the plan has been frozen to future accruals.

2. Asset Valuation Method

The asset valuation method uses the "average" value of assets on the valuation date plus receivable contributions discounted at the appropriate interest rate to the valuation date.

Under this method, plan assets are determined using the two- year averaging method as set forth in Notice 2009-22. The actuarial value of assets is the average of the fair market value of the assets on the valuation date and the adjusted fair market value of assets determined as of the two prior determination dates. The adjusted fair market value of assets as of a determination date is the market value of assets on that date, increased by contributions that were not included in the plan's asset balance on the determination date and decreased by adjustment for expected earnings as the sum of the expected earnings separately determined for each period between the determination date and the valuation date. The calculated value is then further constrained to be no more than 110% of the market value of assets plus discounted receivable contributions and no less than 90% of the market value of assets plus discounted contributions.

Attachment to the 2024 Schedule SB (Form 5500)
Kansas City Life Insurance Company
Kansas City Life Insurance Company Cash Balance Pension Plan
EIN: 44-0308260; Plan Number: 001
Schedule SB, Part V - Summary of Plan Provisions

Plan Name	Kansas City Life Insurance Company Cash Balance Pension Plan
Most Recent Restated Effective Date	August 1, 2013.
Eligibility	Age 21 and 1 year of service. Plan was frozen to new entrants and benefit accruals effective December 31, 2010.
Employee Contributions	None required or allowed.
Credited Service	One year of Benefit Service is credited for each Plan Year in which the Participant completes at least 1,000 Hours of Service. Benefit Service was frozen December 31, 2010. Below are special Rules: <ul style="list-style-type: none">• Sunset participants: service prior to Jan 1, 1974 is excluded.• Old American Participants: service prior to Jan 1, 1992 excluded.
Cash Balance Account	Initial Account Balance plus Pay Credits through December 31, 2010 and Interest Credits to the date of benefit commencement.
Initial Cash Balance Account	Present Value of Prior Plan Benefit as of December 31, 1997 using GATT mortality rates, 7% interest rate, and annual cost-of-living increase equal to 2.75% deferred to age 65. For participants who had completed 15 years of service as of December 31, 1997, the present value of the Prior Plan Benefit was determined using a deferral of age 60.
Interest Credits	For years beginning after 2017, the greater of 5.0% or the annual interest rate on 30-year Treasury securities for November (December GATT rate) of the preceding calendar year.
Prior Plan Benefit	Described in Appendix A of plan document. Benefit amount was frozen as of December 31, 1997 and receives annual cost of living increases.
Vesting Service	One full year of Vesting Service is credited for each Plan Year in which 1,000 Hours of Service are performed.
Normal Retirement Age	Age 65
Normal Retirement Benefit	Initial Cash Balance Account plus an Annual Pay Credit equal to a Pay Credit Percentage based on completed Years of Benefit Service

Attachment to the 2024 Schedule SB (Form 5500)
 Kansas City Life Insurance Company
 Kansas City Life Insurance Company Cash Balance Pension Plan
 EIN: 44-0308260; Plan Number: 001
 Schedule SB, Part V - Summary of Plan Provisions

At end of year as shown below multiplied by Compensation, increased with Credits each year:

<u>Completed years of Benefit</u> <u>Service at End of Year</u>	<u>Pay Credit Percentage</u>
0-4	3.0%
5-9	4.0%
10-14	5.5%
15-19	7.0%
20-24	9.0%
25-29	12.0%
30 or more	16.0%

- Transition Credits** Certain plan participants received additional annual pay credits for 1998 through 2002, based on age and years of Vesting Service as of December 31, 1997, as described below:
- If the participant has at least 10 years of Vesting Service the additional annual pay credit is 100% of Annual Pay Credit (adjusted as part of 2008 amendment)
- Grandfathered Benefits** Participants who on December 31, 1997 were age 55 and had 15 years of Vesting Service will receive the greater of the Prior Plan Benefit with Benefit Service Credit to severance and Cash Balance account at severance.
- Early Retirement Age** For participants who entered the plan prior to January 1, 1982, early retirement age is 60 with 10 years of participation or age 55 with 15 years of participation.
 For all others, age 55 and sum of age and years of employment after age 25 equals at least 75.
- Early Retirement Benefit** The Accrued Benefit actuarially reduced for early commencement. If the Prior Plan Benefit of Grandfathered Benefit is the Accrued Benefit, the Accrued Benefit is reduced by the Prior Plan early retirement reduction Factors.

Vesting percentage is determined by the following schedules:

<u>Years of Vesting Service</u>	<u>Vested Percentage</u>
1	0%
2	0%
3	100%

The participant is entitled to the accrued benefit multiplied by the appropriate vesting percentage.

Different vesting rules apply for participants who terminated before 2008.

Attachment to the 2024 Schedule SB (Form 5500)
Kansas City Life Insurance Company
Kansas City Life Insurance Company Cash Balance Pension Plan
EIN: 44-0308260; Plan Number: 001
Schedule SB, Part V - Summary of Plan Provisions

Pre-retirement Death Benefit For a participant who has a vested benefit under the Plan, the vested Cash Balance Account will be payable to the beneficiary at date of death. The spouse of the vested participant is entitled to a qualified joint and survivor annuity as if the participant commenced benefit on the day prior to death. Alternatively, the surviving spouse may elect to receive the greater of the Vested Cash Balance Account or the actuarial equivalent of pre-retirement survivor annuity.

Disability Retirement Benefit Eligible to receive benefits under Kansas City Life Insurance Company or Sunset Life Insurance Company LTD plan with ten or more years of Benefit Service, the participant will continue to receive credits to the Cash Balance Account and continued Benefit Service while disabled, but not for Service, the participant will continue to receive credits to the Cash Balance Account and continued Benefit Service, but not for more than the number of years of Benefit Service that had been completed on the date of disability.

All Credits to the Cash Balance Account ended on December 31, 2010.

Normal Form of Payment Life annuity if single or a qualified joint and survivor annuity if married.

Optional Form of Payment Lump Sum, life annuity, 50% joint and survivor annuity, 75% joint and survivor annuity, 100% joint and survivor annuity, 10 year certain life.

Changes Since Prior Valuation None.

Attachment to the 2024 Schedule SB (Form 5500)
 Kansas City Life Insurance Company
 Kansas City Life Insurance Company Cash Balance Pension Plan
 EIN: 44-0308260; Plan Number: 001
 Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement probabilities. The weighted average age of retirement for each employee is shown below.

The weighted average retirement age as of January 1, 2024 is 64.

Retirement Age	Rate of Retirement	Weighted Average Retirement Age
(A)	(B)	(C)
55	5%	2.75
56	2%	1.06
57	2%	1.06
58	2%	1.06
59	2%	1.06
60	5%	2.63
61	2%	1.02
62	20%	10.12
63	10%	4.11
64	10%	3.76
65	25%	8.59
66	20%	5.23
67	20%	4.25
68	20%	3.45
69	20%	2.80
70	100%	11.37
		<u>64</u>

Attachment to the 2024 Schedule SB (Form 5500)
Kansas City Life Insurance Company
Kansas City Life Insurance Company Cash Balance Pension Plan
EIN: 44-0308260; Plan Number: 001
Schedule SB, Line 24 - Change in Actuarial Assumptions

Cost of Living Adjustment

The future cost of living adjustment (COLA) assumption changed from 2.60% to 2.50% based upon JP Morgan Capital Market support.

Administrative Expenses

We understand administrative expenses are paid from the trust starting in 2024; therefore, the estimated 2024 administrative expenses increased from \$0 to \$150,000 and are reflected in Target Normal Cost.