

<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: 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>▶ 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: large; font-weight: bold;">2024</p> <hr/> <p style="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>SECURA EMPLOYEES' 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>SECURA INSURANCE, A MUTUAL COMPANY</u></p> <p><u>1500 MUTUAL WAY</u> <u>NEENAH, WI 54956</u></p>	<p>1c Effective date of plan <u>04/01/1949</u></p> <p>2b Employer Identification Number (EIN) <u>39-0355180</u></p> <p>2c Plan Sponsor's telephone number <u>920-830-4352</u></p> <p>2d Business code (see instructions) <u>524150</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	TERRI HANSEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	233
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)	149
	6a(2)	139
	6b	7
	6c	70
	6d	216
	6e	0
	6f	216
	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:
1A 3H

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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>SECURA EMPLOYEES' 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>SECURA INSURANCE, A MUTUAL COMPANY</u>	D Employer Identification Number (EIN) <u>39-0355180</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>88785309</u>
	b Actuarial value	2b	<u>96384046</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>4</u>	<u>2393660</u>
	b For terminated vested participants	<u>82</u>	<u>12532189</u>
	c For active participants	<u>149</u>	<u>37625041</u>
	d Total	<u>235</u>	<u>52550890</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>5.26 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>2831817</u>
	b Expected plan-related expenses	6b	<u>100400</u>
	c Target normal cost	6c	<u>2932217</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>JAMES D. PINKERTON, FSA, EA</u> Type or print name of actuary <u>OCTOBER THREE CONSULTING LLC</u> Firm name <u>233 S. WACKER DRIVE</u> <u>SUITE 8350</u> <u>CHICAGO, IL 60606</u> Address of the firm	<u>10/08/2025</u> Date <u>23-06373</u> Most recent enrollment number <u>312-878-2352</u> Telephone number (including area code)
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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)	14590523	21556253
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)	14590523	21556253
10	Interest on line 9 using prior year's actual return of <u>13.82</u> %	2016410	2979074
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>5.28</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	5000000	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	11606933	24535327

Part III Funding Percentages			
14	Funding target attainment percentage	14	114.63 %
15	Adjusted funding target attainment percentage	15	183.41 %
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	118.89 %
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
03/22/2024	843640	0			
			Totals ▶	18(b)	18(c)
				843640	0

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28 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	2932217	
b Excess assets, if applicable, but not greater than line 31a	31b	2932217	
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 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 SECURA EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SECURA INSURANCE, A MUTUAL COMPANY	D Employer Identification Number (EIN) 39-0355180	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MCCREADY AND KEENE, INC.

35-0500670

(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?
27 51	NONE	103843	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CAPFINANCIAL PARTNERS, LLC

26-0058143

(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?
27 51	NONE	61540	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PRINCIPAL FINANCIAL GROUP INC

42-1520346

(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?
15 27 50 51 60 63	NONE	59406	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

PALISADE CAPITAL MANAGEMENT LLC

22-3330049

(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?
27 51	NONE	46033	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SAWGRASS ASSET MANAGMENT LLC

59-3488505

(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?
27 51	NONE	40082	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MONDRIAN INVESTMENT GROUP

56-2475915

(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?
27 51	NONE	17893	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

CLIFTON LARSON ALLEN LLP

41-0746749

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	13125	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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 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 SECURA EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SECURA INSURANCE, A MUTUAL COMPANY	D Employer Identification Number (EIN) 39-0355180

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	157251	577828
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5648610	425261
(2) U.S. Government securities	1c(2)	0	20538038
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	47714337
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	23521052	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	49341808	21308782
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	10224578	0

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	88893299	90564246
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	107990	45850
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	107990	45850
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	88785309	90518396

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)	843640	
(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)		843640
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	452154	
(B) U.S. Government securities.....	2b(1)(B)	440595	
(C) Corporate debt instruments.....	2b(1)(C)	1462521	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	133395	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2488665
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	79065	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	692161	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		771226
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	261861424	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	260186167	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		1675257
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-1574819	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-1574819

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1617728
c Other income	2c		49275
d Total income. Add all income amounts in column (b) and enter total.....	2d		5870972

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3717835	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3717835
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)	13125	
(5) Investment advisory and investment management fees	2i(5)	243676	
(6) Bank or trust company trustee/custodial fees	2i(6)	23536	
(7) Actuarial fees	2i(7)	103843	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	35870	
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		420050
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4137885

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1733087
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: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 547684.

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>SECURA EMPLOYEES' 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>SECURA INSURANCE, A MUTUAL COMPANY</u>	D Employer Identification Number (EIN) <u>39-0355180</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 56-6417419

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	16
--	---	----

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

SECURA EMPLOYEES' PENSION PLAN
FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES
YEARS ENDED DECEMBER 31, 2024 AND 2023



CPAs | CONSULTANTS | WEALTH ADVISORS

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**SECURA EMPLOYEES' PENSION PLAN
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INDEPENDENT AUDITORS' REPORT

Administrative Committee
SECURA Employees' Pension Plan
Appleton, Wisconsin

Report on the Audit of the Financial Statements

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

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

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

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

Opinion

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

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of SECURA Employees' 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 ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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.

Administrative Committee
SECURA Employees' Pension Plan

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 SECURA Employees' 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 SECURA Employees' Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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


Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) and schedule of reportable transactions as of and for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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



CliftonLarsonAllen LLP

Appleton, Wisconsin
October 13, 2025

**SECURA EMPLOYEES' PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

	2024	2023
ASSETS		
INVESTMENTS (at Fair Value)		
Money Market Fund	\$ 425,261	\$ 5,648,610
Common and Preferred Stocks	-	23,521,052
U.S. Government Securities	20,538,038	-
Corporate Debt Instruments	47,714,337	-
Mutual Funds	21,308,782	49,341,808
Partnership	-	10,224,578
Total Investments, at Fair Value	89,986,418	88,736,048
ACCRUED INTEREST AND DIVIDENDS RECEIVABLE	577,828	157,251
Total Assets	90,564,246	88,893,299
LIABILITIES		
DUE TO BROKER FOR SECURITIES PURCHASED	45,850	107,990
NET ASSETS AVAILABLE FOR BENEFITS	\$ 90,518,396	\$ 88,785,309

See accompanying Notes to Financial Statements.

**SECURA EMPLOYEES' PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2024 AND 2023**

	2024	2023
ADDITIONS:		
INVESTMENT INCOME		
Net Appreciation in Fair Value of Investments	\$ 1,718,166	\$ 12,955,421
Interest and Dividends	3,259,891	3,060,298
Other Income	49,275	514,982
Total Investment Income	5,027,332	16,530,701
EMPLOYER CONTRIBUTIONS	843,640	-
Total Additions	5,870,972	16,530,701
DEDUCTIONS:		
BENEFITS PAID TO PARTICIPANTS	3,717,835	5,907,975
ADMINISTRATIVE EXPENSES	420,050	925,285
ANNUITY PURCHASE	-	54,819,587
Total Deductions	4,137,885	61,652,847
NET INCREASE (DECREASE)	1,733,087	(45,122,146)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	88,785,309	133,907,455
End of Year	\$ 90,518,396	\$ 88,785,309

See accompanying Notes to Financial Statements.

SECURA EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 DESCRIPTION OF PLAN

The following description of the SECURA (the Company) Employees' Pension Plan (the Plan) provides only general information. The following description of the Plan is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan established April 1, 1949. The Plan was amended and restated throughout the years to comply with tax legislation.

The Plan is administered by the Company's Administrative Committee (Committee), which is a committee of the Board of Directors of the Company. The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

The Plan covers all employees of the Company who have completed one year of service (1,000 hours during the completion of 12 months of employment) and who have attained age 21. Employees may enter the Plan on January 1 or July 1, after meeting the eligibility service requirement. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan was amended effective January 1, 2006, to freeze participation in the Plan for any new hires and rehires subsequent to January 1, 2006. Service credits and benefit accumulations of current participants will remain unaffected by this amendment so long as they remain employed by the Company.

During 2023, the Plan entered into an agreement to purchase a group annuity contract. The provider of the annuity contract assumes an irrevocable commitment to pay the outstanding pension benefits of the Plan for these designated Plan members. A total of \$54,819,587 was transferred out of the Plan assets during 2023 for this benefit obligation.

Pension Benefits

Employees with five or more years of service are entitled to a monthly pension payable for life, beginning at normal retirement age of 65.

For participants who are credited with at least 30 years of benefit service as of March 31, 1996, the employee's accrued retirement benefit is equal to the sum of a) and b) below:

- a) 1.700% of the employee's average monthly Plan compensation times the employee's years of benefit service before April 1, 1997.
- b) 0.585% of the employee's average monthly Plan compensation in excess of covered compensation multiplied by years of benefit service at normal retirement, not to exceed 35 years.

**SECURA EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Pension Benefits (Continued)

For participants who are credited with less than 30 years of benefit service as of March 31, 1996, the employee's accrued retirement benefit is equal to the sum of a) and b) above as well as c) below:

- c) 1.300% of the employee's average monthly Plan compensation times their years of benefit service after April 1, 1997, not to exceed 35 years.

For a participant whose employment severs on or after satisfaction of early or normal retirement requirements or for reason of death, the standard retirement benefit shall not be less than \$200, reduced \$20 for each year of benefit service less than 10 at normal retirement. The standard retirement benefit shall also not be less than a participant's accrued benefit as of February 25, 1992, determined under the provisions of the Plan in effect prior to that date.

The Plan permits early retirement for employees that have reached the age of 55 and have earned five years of vesting service. Employees vest in their balance after five years of service. Employees have the option to receive their pension benefit in the form of a life annuity over 10, 15, or 20 years certain and life thereafter, a joint and survivor annuity, or lump sum if accrued benefit does not exceed \$50,000. If employees terminate before rendering five years of service, they are not entitled to a termination benefit unless they terminate after attaining age 65.

Effective July 1, 2023, an unlimited lump sum payment is available to any retiree or terminated participant who has not yet commenced payment or been paid in addition to vested participants who have severed employment as stated previously.

Death Benefits

If an active, married employee dies after satisfaction of vesting requirements but prior to their actual retirement, their surviving spouse will receive a death benefit equal to the ERISA qualified joint and survivor benefit. If an active, single employee dies prior to the normal retirement age, the benefit is calculated as if married to a spouse the same age.

Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2024 and 2023, the Company made contributions of \$843,640 and \$-0-, respectively. The Company's contributions for 2024 and 2023 met the minimum funding requirements of ERISA.

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

SECURA EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and 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.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Administrative Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See Note 5 for discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Plan's expenses are paid by either the Plan or the Company as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment-related expenses are included in net appreciation of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Subsequent Events

The Plan has evaluated subsequent events through October 13, 2025, the date the financial statements were available to be issued.

SECURA EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 3 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. 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.

Benefits under the Plan are accumulated based on the employees' compensation, as more fully disclosed in Note 1. Benefits payable under all circumstances – retirement, death, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided through annuity contracts are excluded from plan assets and are also excluded from accumulated plan benefits. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of December 31, 2024 were:

- a. Life expectancy of Participants (the Pri-2012 White Collar Mortality with Generational basis using Scale MP-2021).
- b. Retirement Age Assumptions (10% of participants are assumed to retire at ages 60 and 61; 25% are assumed to retire at ages 62, 63, and 64; and 100% are assumed to retire at age 65).
- c. Investment Return (the assumed average rate of return was 7.5% per annum, compounded annually, which is net of investment expenses).

The significant actuarial assumptions used in the valuation as of December 31, 2023 were:

- a. Life expectancy of Participants (the Pri-2012 White Collar Mortality with Generational basis using Scale MP-2021).
- b. Retirement Age Assumptions (10% of participants are assumed to retire at ages 60 and 61; 25% are assumed to retire at ages 62, 63, and 64; and 100% are assumed to retire at age 65).
- c. Investment Return (the assumed average rate of return was 7.5% per annum, compounded annually, which is net of investment expenses).

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

**SECURA EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The following is a summary of actuarial present value of accumulated plan benefits as of December 31:

	<u>2024</u>	<u>2023</u>
Actuarial Present Value of Accumulated Plan Benefits:		
Vested Benefits:		
Participants Currently Receiving Payments	\$ 4,278,327	\$ 1,995,611
Other Participants	<u>38,041,659</u>	<u>38,148,908</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 42,319,986</u>	<u>\$ 40,144,519</u>

The changes in the actuarial present value of accumulated plan benefits are summarized as follows for the periods December 31:

	<u>2024</u>	<u>2023</u>
Actuarial Present Value of Accumulated Plan Benefits - Beginning of Year	\$ 40,144,519	\$ 85,411,531
Increase (Decrease) During the Year Attributable to:		
Actuarial (Gain) Loss	-	6,856,842
Benefits Accumulated	3,019,361	2,044,506
Interest on Accumulated Benefits	2,873,941	6,559,203
Benefits Paid	<u>(3,717,835)</u>	<u>(60,727,563)</u>
Actuarial Present Value of Accumulated Plan Benefits - End of Year	<u>\$ 42,319,986</u>	<u>\$ 40,144,519</u>

The computations of the actuarial present value of accumulated plan benefits were made as of January 1. Had valuations been performed as of December 31 there would be no material differences.

NOTE 4 CERTIFICATION OF INVESTMENT INFORMATION

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2024 and 2023, and net appreciation in fair value of investments, interest and dividends for the years ended December 31, 2024 and 2023, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the trustee, Principal Bank.

SECURA EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 5 FAIR VALUE MEASUREMENTS

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

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

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

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

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

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

Common and Preferred Stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual Funds and Money Market Fund: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

U.S. Government Securities: U.S. Treasury bonds and notes are valued at the daily closing price as reported by the security. The remaining U.S government securities are valued using pricing models maximizing the use of observable inputs for similar securities.

SECURA EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 5 FAIR VALUE MEASUREMENTS (CONTINUED)

Corporate Debt Instruments: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Partnership: Valued at the NAV of units held by the Plan at year-end. The NAV, as provided by the fund, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund, minus its liabilities, and then divided by the number of units outstanding. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. The fund's investment objective is to achieve a long-term total return.

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

	2024			Total
	Level 1	Level 2	Level 3	
Assets:				
Mutual Funds	\$ 21,308,782	\$ -	\$ -	\$ 21,308,782
Money Market Fund	425,261	-	-	425,261
U.S. Government Securities	-	20,538,038	-	20,538,038
Corporate Debt Instruments	-	47,714,337	-	47,714,337
Total Investments at Fair Value	<u>\$ 21,734,043</u>	<u>\$ 68,252,375</u>	<u>\$ -</u>	<u>\$ 89,986,418</u>
	2023			Total
	Level 1	Level 2	Level 3	
Assets:				
Common and Preferred Stocks	\$ 23,521,052	\$ -	\$ -	\$ 23,521,052
Mutual Funds	49,341,808	-	-	49,341,808
Money Market Fund	5,648,610	-	-	5,648,610
Total Investments in the Fair Value Hierarchy	<u>\$ 78,511,470</u>	<u>\$ -</u>	<u>\$ -</u>	<u>78,511,470</u>
Investments Measured at Net Asset Value				10,224,578
Total Investments at Fair Value				<u>\$ 88,736,048</u>

The following table summarizes investments for which fair value is measured using the net asset per share practical expedient as of December 31:

	Fair Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2024	2023			
Partnership:					
Equity Fund	\$ -	\$ 10,224,578	\$ -	Monthly	15th Day of Prior Month

**SECURA EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 6 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:

1. Annuity benefits former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

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

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

NOTE 7 PLAN TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated August 10, 2011, that the Plan and related trust are designed in accordance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan is qualified, and the related trust is tax-exempt.

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

SECURA EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 8 RISKS AND UNCERTAINTIES

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

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

NOTE 9 PARTY-IN-INTEREST TRANSACTIONS

The Plan investments are managed by Principal Trust Company. Principal is the trustee as defined by the Plan and, therefore, the investment transactions qualify as party-in-interest transactions. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.



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SCHEDULE SB LINE 26 - SCHEDULE OF ACTIVE PARTICIPANT DATA

PLAN NAME: SECURA Employees' Pension Plan

EIN: 39-0355180 Plan Number: 001

Analysis of Employees by Age and Service as of January 1, 2024

YEARS OF CREDITED SERVICE

ATTAINED AGE	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up			
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.		
Under 25	0		0		0		0		0		0		0		0		0		0		0	
25 to 29	0		0		0		0		0		0		0		0		0		0		0	
30 to 34	0		0		0		0		0		0		0		0		0		0		0	
35 to 39	0		0		0		0		0		0		0		0		0		0		0	
40 to 44	0		0		0		0		4	4	12	12	1	1	0	0	0	0	0	0	0	0
45 to 49	0		0		0		0		3	3	6	6	7	7	2	2	0	0	0	0	0	0
50 to 54	0		0		0		0		1	1	13	13	14	14	12	12	7	7	0	0	0	0
55 to 59	0		0		0		0		1	1	6	6	14	14	3	3	13	13	4	4	0	0
60 to 64	0		0		0		0		1	1	3	3	7	7	2	2	3	3	6	6	0	0
65 to 69	0		0		0		0		0	0	0	0	0	0	2	2	0	0	1	1	0	0
70 & up	0		0		0		0		0	0	0	0	1	1	0	0	0	0	0	0	0	0

For any cell that has 20 or more participants, the average compensation (or frozen accrued benefit) is also shown.

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

SECURA Employees' Pension Plan

EIN: 39-0355180

PN: 001

Plan Year: January 1, 2024 to December 31, 2024

ACTUARIAL ASSUMPTIONS

	PPA Funding (MAP-21/ARPA)	Maximum	FASB ASC 960
Segmented Interest Rates			
Segment 1 (0-5 years)	4.75%	4.37%	7.50%
Segment 2 (5-20 years)	4.96%	4.96%	7.50%
Segment 3 (20+ years)	5.59%	4.95%	7.50%
Applicable Month	January	January	N/A
Effective Interest Rate	5.26%	4.94%	7.50%

Rationale

For PPA Funding and determination of the Maximum Deductible contribution, the segment rates are set by statute, IRS rule, and employer election. The ASC 960 rate is a long term expected rate of return on plan assets.

Mortality

2024 Separate Annuitant & Non-Annuitant Tables	2024 Separate Annuitant & Non-Annuitant Tables	Pri-2012 Amount- Weighted Mortality (separate tables for employees, retirees, survivors, and disabled participants)
---	---	---

Mortality Improvement

Mortality includes projection of 8 years for males and 9 years for females with further projection based on age.	Mortality includes projection of 8 years for males and 9 years for females with further projection based on age.	Generational basis using Scale MP-2021
--	--	---

Rationale

For PPA Funding and determination of the Maximum Deductible contribution, the mortality assumptions are set by statute, IRS rule, and employer election. For the ASC 960 calculations, the mortality assumptions are our best estimate for a plan that does not have sufficient experience to develop plan-specific assumptions.

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

SECURA Employees' Pension Plan

EIN: 39-0355180

PN: 001

Plan Year: January 1, 2024 to December 31, 2024

ACTUARIAL ASSUMPTIONS

- Continued -

	<u>PPA Funding (MAP-21/ARPA)</u>	<u>Maximum</u>	<u>FASB ASC 960</u>
Future Salary Increases	4.50%	4.50%	4.50%
Rationale	Future salary increases are based on historical and anticipated salary increases.		
Disability	None Assumed	None Assumed	None Assumed
Rationale	The plan does not provide a specific disability benefit and the possibility of future disability retirements is not considered material for this valuation.		
Termination	Sarason T-6	Sarason T-6	Sarason T-6
Rationale	The termination assumptions are our best estimate for a plan that does not have sufficient experience to develop plan-specific assumptions.		
Assumed Retirement Age (Active)	10% of participants are assumed to retire at ages 60 and 61, 25% are assumed to retire at ages 62, 63 and 64, and 100% are assumed to retire at age 65		
Assumed Retirement Age (Terminated Vested)	Age 65	Age 65	Age 65
Rationale	These assumptions reflect the expectation of receiving unreduced benefits at 65.		

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

SECURA Employees' Pension Plan

EIN: 39-0355180

PN: 001

Plan Year: January 1, 2024 to December 31, 2024

ACTUARIAL ASSUMPTIONS

- Continued -

	<u>PPA Funding (MAP-21/ARPA)</u>	<u>Maximum</u>	<u>FASB ASC 960</u>
Percent Married	100%	100%	100%
Age Difference in Participant & Spouse	Males two years older than females	Males two years older than females	Males two years older than females
Rationale	These assumptions are based on plan specific observations and observations of other plans' experience.		
Administrative Expense	Anticipated Administrative Expenses	Anticipated Administrative Expenses	N/A
Rationale	Based on actual administrative expenses paid by the plan in the most recently completed plan year.		

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

SECURA Employees' Pension Plan

EIN: 39-0355180

PN: 001

Plan Year: January 1, 2024 to December 31, 2024

ACTUARIAL ASSUMPTIONS

- Continued -

OTHER DISCLOSURES PERTAINING TO ECONOMIC ASSUMPTIONS

Any known change in circumstances that occurs after the valuation date that would affect economic assumptions selected as of the valuation date?

None

OTHER DISCLOSURES PERTAINING TO DEMOGRAPHIC ASSUMPTIONS

Any known change in circumstances that occurs after the valuation date that would affect demographic assumptions selected as of the valuation date?

None

OTHER DISCLOSURES PERTAINING TO PRESCRIBED ASSUMPTIONS OR METHODS

Any prescribed assumption or method set by another party that significantly conflicts with what, in the actuary's professional judgment, would be reasonable for the purpose of the valuation?

None

Any prescribed assumption or method set by another party that the actuary is unable to evaluate for reasonableness for the purpose of the valuation?

None

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

SECURA Employees' Pension Plan

EIN: 39-0355180

PN: 001

Plan Year: January 1, 2024 to December 31, 2024

ACTUARIAL METHODS

	<u>PPA Funding</u>	<u>Suggested Maximum Contribution</u>	<u>FAS ASC</u>
ACTUARIAL COST METHOD	Accrued Benefit (Unit Credit)	Projected Unit Credit	Accrued Benefit (Unit Credit)
ASSET VALUATION METHOD	See Below	See Below	Market Value

Accrued Benefit (Unit Credit)

The funding target is equal to the sum of the individual accrued liabilities for all participants. The individual's accrued liability is the present value of the benefit accrued in prior plan years. The target normal cost is the present value of benefits accruing in the plan year. Experience gains and losses are included in the calculation of the funding target and are amortized as part of the shortfall

Projected Unit Credit

Under this method, the actuarial accrued liability is calculated for each participant as the actuarial present value of the portion of the projected benefit earned to date calculated by applying the plan's benefit formula to service for all plan years before the current plan year and the average earnings projected to retirement or other termination date. The normal cost is the portion of the accrued liability allocated to the current plan year.

Actuarial Value of Assets

The Actuarial Value of Assets is a 24-month average determined in accordance with Notice 2009-22. Actuarial Value of Assets must fall within 90% to 110% of market value.

The Assumed Rate of Return is the lesser of 8.00% or the segment rate specified in Notice 2009-22.

SECURA EMPLOYEES' PENSION PLAN
E.I.N. 39-0355180 PLAN NO. 001
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset (Include Interest Rate and Maturity in Case of 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) - Single Transaction in Excess of 5% of Plan Assets								
ALLSPRING	TREASURY PLUS MONEY MARKET FUND	\$ 38,843,834	\$ -	\$ -	\$ -	\$ 38,843,834	\$ 38,843,834	\$ -
ALLSPRING	TREASURY PLUS MONEY MARKET FUND	11,918,526	-	-	-	11,918,526	11,918,526	-
ALLSPRING	TREASURY PLUS MONEY MARKET FUND	8,343,672	-	-	-	8,343,672	8,343,672	-
ALLSPRING	TREASURY PLUS MONEY MARKET FUND	-	43,000,000	-	-	43,000,000	43,000,000	-
ALLSPRING	TREASURY PLUS MONEY MARKET FUND	-	10,416,151	-	-	10,416,151	10,416,151	-
ALLSPRING	TREASURY PLUS MONEY MARKET FUND	10,416,151	-	-	-	10,416,151	10,416,151	-
ALLSPRING	TREASURY PLUS MONEY MARKET FUND	-	5,500,000	-	-	5,500,000	5,500,000	-
ALLSPRING	TREASURY PLUS MONEY MARKET FUND	-	5,511,115	-	-	5,511,115	5,511,115	-
ALLSPRING	TREASURY PLUS MONEY MARKET FUND	-	4,926,996	-	-	4,926,996	4,926,996	-
ALLSPRING	TREASURY PLUS MONEY MARKET FUND	-	4,816,637	-	-	4,816,637	4,816,637	-
ALLSPRING	TREASURY PLUS MONEY MARKET FUND	14,208,139	-	-	-	14,208,139	14,208,139	-
ALLSPRING	TREASURY PLUS MONEY MARKET FUND	-	14,410,003	-	-	14,410,003	14,410,003	-
ALLSPRING	TREASURY PLUS MONEY MARKET FUND	10,717,442	-	-	-	10,717,442	10,717,442	-
ALLSPRING	TREASURY PLUS MONEY MARKET FUND	-	11,073,814	-	-	11,073,814	11,073,814	-
ALLSPRING	TREASURY PLUS MONEY MARKET FUND	68,483,817	-	-	-	68,483,817	68,483,817	-
ALLSPRING	TREASURY PLUS MONEY MARKET FUND	-	59,633,882	-	-	59,633,882	59,633,882	-
ALLSPRING	TREASURY PLUS MONEY MARKET FUND	-	8,486,471	-	-	8,486,471	8,486,471	-
INVESCO	S&P 500 EQUAL WEIGHT	5,511,115	-	-	656	5,511,115	5,511,115	-
INVESCO	S&P 500 EQUAL WEIGHT	4,926,996	-	-	600	4,926,996	4,926,996	-
INVESCO	S&P 500 EQUAL WEIGHT	4,816,637	-	-	524	4,816,637	4,816,637	-
MONDRIAN	ALL COUNTRIES WORLD LP	-	10,416,151	-	-	5,957,182	10,416,151	4,458,969
U.S. TREASURY	BONDS 4.75% 11/15/53	8,068,884	-	-	-	8,068,884	8,068,884	-
U.S. TREASURY	BONDS 4.5% 2/15/44	10,204,124	-	-	-	10,204,124	10,204,124	-
U.S. TREASURY	NOTES 4% 2/15/34	10,562,817	-	-	-	10,562,817	10,562,817	-
VANGUARD	LT INV GRADE FD CL ADM #568	-	26,959,515	-	-	33,805,922	26,959,515	(6,846,407)
VANGUARD	STRAT EQTY FD #114	-	11,877,053	-	-	11,146,602	11,877,053	730,451
VANGUARD	IT CORP BD IDX-INS #1646	5,500,000	-	-	13,750	5,500,000	5,500,000	-
VANGUARD	VALUE VIPER	-	11,957,833	-	831	7,882,301	11,957,833	4,075,532

SECURA EMPLOYEES' PENSION PLAN
E.I.N. 39-0355180 PLAN NO. 001
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)
YEAR ENDED DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset (Include Interest Rate and Maturity in Case of 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 (iii) - A Series of Transactions in Excess of 5% of Plan Assets								
ALLSPRING	TREASURY PLUS MONEY MARKET FUND	\$ 172,998,577	\$ -	\$ -	\$ -	\$ 172,998,577	\$ 172,998,577	\$ -
ALLSPRING	TREASURY PLUS MONEY MARKET FUND	-	178,221,919	-	-	178,221,919	178,221,919	-
INVESCO	S&P 500 EQUAL WEIGHT	15,254,749	-	-	1,780	15,254,749	15,254,749	-
MONDRIAN	ALL COUNTRIES WORLD LP	-	10,434,044	-	-	5,967,702	10,434,044	4,466,342
U.S. TREASURY	STRIPS Z-CPN 11/15/53	3,970,843	-	-	-	3,970,843	3,970,843	-
U.S. TREASURY	STRIPS Z-CPN 11/15/53	-	2,834,462	-	-	2,886,740	2,834,462	(52,278)
U.S. TREASURY	BONDS 4.75% 11/15/53	8,068,884	-	-	-	8,068,884	8,068,884	-
U.S. TREASURY	BONDS 4.75% 11/15/53	-	7,405,895	-	-	7,393,010	7,405,895	12,885
U.S. TREASURY	BONDS 4.5% 2/15/44	10,546,099	-	-	-	10,546,099	10,546,099	-
U.S. TREASURY	BONDS 4.5% 2/15/44	-	8,840,596	-	-	8,844,231	8,840,596	(3,635)
U.S. TREASURY	NOTES 4% 2/15/34	10,735,497	-	-	-	10,735,497	10,735,497	-
U.S. TREASURY	NOTES 4% 2/15/34	-	10,731,187	-	-	10,735,498	10,731,187	(4,311)
U.S. TREASURY	NOTES 4.125% 2/15/27	3,103,038	-	-	-	3,103,038	3,103,038	-
U.S. TREASURY	NOTES 4.125% 2/15/27	-	3,081,592	-	-	3,103,037	3,081,592	(21,445)
U.S. TREASURY	NOTES 4.125% 3/31/29	3,423,689	-	-	-	3,423,689	3,423,689	-
U.S. TREASURY	NOTES 4.125% 3/31/29	-	3,401,984	-	-	3,423,688	3,401,984	(21,704)
VANGUARD	LT INV GRADE FD CL ADM #568	328,746	-	-	-	328,746	328,746	-
VANGUARD	LT INV GRADE FD CL ADM #568	-	27,068,130	-	-	33,916,354	27,068,130	(6,848,224)
VANGUARD	STRAT EQTY FD #114	-	11,877,053	-	-	11,146,602	11,877,053	730,451

SECURA EMPLOYEES' PENSION PLAN
E.I.N. 39-0355180 PLAN NO. 001
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)
YEAR ENDED DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset (Include Interest Rate and Maturity in Case of 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 (iii) - A Series of Transactions in Excess of 5% of Plan Assets (Continued)								
VANGUARD	IT CORP BD IDX-INS #1646	\$ 5,668,766	\$ -	\$ -	\$ -	\$ 5,668,766	\$ 5,668,766	\$ -
VANGUARD	VALUE VIPER	-	11,957,833	-	-	7,882,301	11,957,833	4,075,532

There were no category (ii) or (iv) reportable transactions for the year ended December 31, 2024.

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 SECURA EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SECURA INSURANCE, A MUTUAL COMPANY	D Employer Identification Number (EIN) 39-0355180	
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	88,785,309
	b Actuarial value	2b	96,384,046
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	4	2,393,660
	b For terminated vested participants	82	12,532,189
	c For active participants	149	37,625,041
	d Total	235	52,550,890
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	5.26%
6	Target normal cost		
	a Present value of current plan year accruals	6a	2,831,817
	b Expected plan-related expenses	6b	100,400
	c Target normal cost	6c	2,932,217

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	James D. Pinkerton <i>JP</i> Signature of actuary JAMES D. PINKERTON, FSA, EA Type or print name of actuary OCTOBER THREE CONSULTING LLC Firm name 233 S. WACKER DRIVE SUITE 8350 CHICAGO IL 60606 Address of the firm	<u>10/08/2025</u> Date <u>2306373</u> Most recent enrollment number <u>312-878-2352</u> Telephone number (including area code)
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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 V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

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

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

22 Weighted average retirement age **22** 63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c).....	31a	2,932,217
b Excess assets, if applicable, but not greater than line 31a	31b	2,932,217

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
35 Balances elected for use to offset funding requirement	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

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

SECURA Employees' Pension Plan

EIN: 39-0355180

PN: 001

Plan Year: January 1, 2024 to December 31, 2024

(a) Retirement Age	(b) Survival Rate	(c) Retirement Rate	(a) x (b) x (c)
60	1.00	0.10	6
61	0.90	0.10	5
62	0.81	0.25	13
63	0.61	0.25	10
64	0.46	0.25	7
65	0.34	1.00	22
AVERAGE RETIREMENT AGE			63

Schedule SB, Part V - Summary of Plan Provisions

SECURA Employees' Pension Plan

EIN: 39-0355180

PN: 001

Plan Year: January 1, 2024 to December 31, 2024

SUMMARY OF PLAN PROVISIONS

EFFECTIVE DATE	April 1, 1949. Latest Restatement January 1, 2015
PARTICIPATION	1 year of Eligibility Service and age 21 (Effective January 1, 2000, entry occurs on January 1 or July 1). Participation is frozen for employees hired on or after January 1, 2006.
Normal Retirement	Age 65
Early Retirement	Age 55 and 5 years of vesting service
Late Retirement	Subject to continued employment after the normal retirement date
Termination Benefit	Five or more years of service
Death Benefit	Payable to a qualified surviving spouse or beneficiary if death occurs after eligibility for vested benefit.
AMOUNT OF BENEFITS:	
Normal Retirement	The standard retirement benefit is a monthly pension guaranteed for a period certain of 120 months and payable for life thereafter equal to: 1.7% of plan compensation* multiplied by benefit service before April 1, 1997 plus 1.3% of plan compensation multiplied by benefit service after April 1, 1997 (the total of these two benefit service amounts limited to 35 years) plus .585% of plan compensation in excess of covered compensation multiplied by years of benefit service at normal retirement not to exceed 35 years.

*Plan compensation is the monthly average of wages and salaries paid during the five consecutive calendar years producing the highest such average. Wages and salaries include Section 401(k) and Section 125 deferrals but exclude expense allowances, fringe benefits, moving expenses, and welfare benefits. Effective January 1, 2008, plan compensation also excludes bonuses.

Schedule SB, Part V - Summary of Plan Provisions

SECURA Employees' Pension Plan

EIN: 39-0355180

PN: 001

Plan Year: January 1, 2024 to December 31, 2024

SUMMARY OF PLAN PROVISIONS

-Continued-

AMOUNT OF BENEFITS:

Normal Retirement,
continued

If a participant had at least 30 years of Benefit Service as of March 31, 1996, 1.7% of plan compensation multiplied by benefit service (no limit) plus .585% of plan compensation in excess of covered compensation multiplied by benefit service (maximum 35 years).

The standard retirement benefit shall not be less than \$200, reduced \$20 for each year of participation less than 10 at normal retirement.

Furthermore, the standard retirement benefit shall not be less than a participant's accrued benefit as of February 25, 1992 determined under the provisions of the plan in effect prior to that date.

The normal form of retirement benefit for married participants shall be an actuarially equivalent reduced monthly pension which provides for a 50% continuation of monthly payments to a surviving spouse. However, a participant may elect to receive the standard retirement benefit or various optional benefits in lieu of this form of annuity.

Early Retirement

This benefit is the accrued retirement benefit determined as of the early retirement date and payable commencing at the normal retirement date. However, a participant may elect to have his benefit commence prior to his normal retirement date in a reduced monthly amount determined in accordance with the provisions of the plan (reduced 1/180th for each of the first 60 months and 1/360th for each of the next 60 months by which the benefit commencement date precedes the normal retirement date).

Late Retirement

A participant whose employment continues after his normal retirement date shall be entitled to the greater of (1) the standard retirement benefit determined as of his late retirement date based on plan compensation and years of benefit service as of his late retirement date, or (2) the actuarial equivalent of the standard retirement benefit otherwise payable at his normal retirement date.

Schedule SB, Part V - Summary of Plan Provisions

SECURA Employees' Pension Plan

EIN: 39-0355180

PN: 001

Plan Year: January 1, 2024 to December 31, 2024

SUMMARY OF PLAN PROVISIONS

-Continued-

AMOUNT OF BENEFITS:

Termination Upon completion of five years of vesting service but prior to becoming eligible for an early or normal retirement benefit, the participant shall be entitled to a deferred vested termination benefit equal to a percentage of his accrued retirement benefit payable as of the participant's normal retirement date in accordance with the following table:

<u>Years of Vesting Service</u>	<u>Vested Percentage</u>
Less than 5 years	0%
5 years	100%

Death Benefit If the participant's death occurs after eligibility for a vested benefit but prior to his actual receipt of benefits, his qualified surviving spouse shall be entitled to the ERISA qualified joint and survivor benefit. A single participant shall have his benefit computed as if he were married to a spouse the same age.

If a participant dies after attaining age 65 while employed or after retirement but prior to benefit commencement, a more generous death benefit is provided.

Optional Forms of Payment Life Annuity, Life with Period Certain of 120, 180, or 240 months, Joint and Survivor with 50%, 66-2/3%, 75%, or 100% continuation, Installments of at least 5 years payable at regular intervals (not less frequently than annually and not to exceed life expectancy), Lump Sum (if commuted value of accrued benefit does not exceed \$50,000 - Lump sum window during 2013).

Actuarial Equivalence To determine actuarially equivalent forms of payment, UP-1984 Mortality (50/50 male/female) and 6.00% Interest

NOTE: If information given in this Summary disagrees or appears to disagree with the provisions of the plan legal document, the provisions of the document prevail.

SECURA EMPLOYEES' PENSION PLAN
E.I.N. 39-0355180 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Market Value
		<u>MONEY MARKET FUND:</u>		
ALLSPRING		TREASURY PLUS MONEY MARKET FUND	\$ 425,261	\$ 425,261
		<u>US GOVERNMENT SECURITIES:</u>		
		U.S. TREASURY BONDS 4.125% 8/15/44	830,673	769,225
		U.S. TREASURY BONDS 4.125% 11/30/29	430,631	429,070
		U.S. TREASURY BONDS 4.25% 2/15/54	353,363	319,288
		U.S. TREASURY BONDS 4.5% 2/15/44	1,701,868	1,651,233
		U.S. TREASURY BONDS 4.625% 5/15/44	150,936	140,572
		U.S. TREASURY BONDS 4.625% 5/15/54	711,356	636,398
		U.S. TREASURY BONDS 4.75% 11/15/53	675,873	643,038
		U.S. TREASURY NOTES 3.875% 8/15/34	568,930	529,502
		U.S. TREASURY STRIPS Z-CPN 8/15/50	829,354	783,380
		U.S. TREASURY BONDS 8/15/1946	1,250,901	1,215,054
		U.S. TREASURY BONDS 8/15/1948	1,016,940	973,747
		U.S. TREASURY STRIPS Z-CPN 05/15/54	327,929	271,866
		U.S. TREASURY STRIPS Z-CPN 2/15/54	800,895	644,315
		U.S. TREASURY STRIPS Z-CPN 5/15/54	1,688,897	1,487,256
		U.S. TREASURY STRIPS Z-CPN 8/15/49	912,655	868,998
		U.S. TREASURY STRIPS Z-CPN 8/15/52	684,456	636,077
		U.S. TREASURY STRIPS Z-CPN 8/15/53	616,458	579,200
		U.S. TREASURY STRIPS Z-CPN 11/15/53	1,084,103	1,019,358
		US TREAS SEC STRIPPED	1,495,471	1,464,187
		US TREAS SEC STRIPPED 5/15/1944	732,970	716,871
		US TREAS SEC STRIPPED 8/15/1945	1,413,924	1,377,155
		US TREAS SEC STRIPPED 8/15/1947	1,160,600	1,124,025
		US TREAS SEC STRIPPED 8/15/1951	755,007	707,814
		U.S. TREASURY BONDS 8/15/1943	<u>1,578,707</u>	<u>1,550,409</u>
		Total US Government Securities	21,772,897	20,538,038
		<u>CORPORATE DEBT INSTRUMENTS:</u>		
		CPS AUTO TRUST ABS 2.840% 4/16/29	148,116	152,174
		DRIVE AUTO RECE ABS 5.520% 5/17/32	264,951	260,111
		EXETER AUTOMOBIL ABS 3.020% 6/15/28	702,241	723,100
		EXETER AUTOMOBIL ABS 5.700% 7/16/29	270,116	273,434
		EXETER AUTOMOBIL ABS 5.810% 12/16/30	344,905	347,826
		EXETER AUTOMOBIL ABS 5.920% 2/15/30	629,902	635,481
		EXETER AUTOMOBIL ABS 6.950% 12/17/29	276,919	277,339
		GLS AUTO RECEIV ABS 5.950% 12/17/29	562,219	570,989
		GNMA SER 29 CMO V-M 3.500% 5/16/64	373,708	378,478
		GOLUB CAP ABS V-Q 6.174% 8/05/37	340,000	341,489
		KATAYMA CLO ABS V-Q VAR CPN 10/20/36	455,484	454,360
		PAGAYA AI DEBT ABS 7.958% 6/16/31	97,474	98,120
		SANTANDER DRIVE ABS 5.140% 2/17/32	289,975	287,103
		SANTANDER DRIVE ABS 5.840% 6/17/30	667,208	678,094
		SANTANDER DRIVE ABS 6.430% 2/18/31	1,374,372	1,382,058
		VR SFAVE COMMERCIAL 4.144% 1/05/35	435,391	428,125
		ABBVIE INC 5.050% 3/15/34	205,521	202,536
		AERCAP IRELAND CAP/G 3.000% 10/29/28	307,107	305,567
		ALLSTATE CORP 4.200% 12/15/46	406,415	401,410
		AMAZON.COM INC 2.500% 6/03/50	637,696	611,515
		AMEREN ILLINOIS CO 3.700% 12/01/47	538,344	504,711
		AMERICAN EXPRESS V-D 5.282% 7/27/29	351,162	353,938
		AMERICAN HONDA MTN 5.850% 10/04/30	265,407	265,626
		AMGEN INC 2.300% 2/25/31	336,786	344,829
		ANHEUSER-BUSCH INBEV 5.450% 1/23/39	571,462	561,198
		ANTHEM INC 4.100% 5/15/32	471,832	471,566
		APPLE INC 4.375% 5/13/45	1,004,343	979,841
		ARES CAPITAL CORP 7.000% 1/15/27	319,025	321,315
		ARTHUR J GALLAGH 5.150% 2/15/35	192,503	190,117
		ASTRAZENECA PLC 3.000% 5/28/51	133,990	127,510
		AT&T INC 4.350% 3/01/29	363,157	366,877
		AVALONBAY CMNTYS 5.350% 6/01/34	302,121	296,584
		BANK OF NOVA SCOTIA 2.450% 2/02/32	444,791	450,711

SECURA EMPLOYEES' PENSION PLAN
E.I.N. 39-0355180 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

(a)	(b)	(c)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Market Value	Market Value
<u>CORPORATE DEBT INSTRUMENTS (CONTINUED):</u>			
	BERKSHIRE HATHAWAY 4.300% 5/15/43	\$ 472,616	\$ 454,277
	BLACKSTONE PRIVATE 2.625% 12/15/26	273,849	285,882
	BORGWARNER INC 4.950% 8/15/29	109,910	109,391
	BP CAP MARKETS AMERI 2.721% 1/12/32	575,970	577,598
	BRISTOL-MYERS 5.900% 11/15/33	265,160	262,308
	BURLINGTN NORTH SANT 5.150% 9/01/43	443,216	435,449
	CANADIAN NATL RAILWA 3.650% 2/03/48	342,136	326,963
	CAPITAL ONE FINL V-D 4.927% 5/10/28	266,466	269,131
	CENTERPOINT ENERGY 1.750% 10/01/30	268,265	272,448
	CHUBB INA HLDGS MTN 5.000% 3/15/34	174,945	167,884
	CIGNA CORP 2.400% 3/15/30	240,800	245,036
	CISCO SYSTEMS INC 5.500% 1/15/40	403,943	393,182
	COMCAST CORP 3.400% 7/15/46	408,352	393,226
	COMCAST CORP 4.250% 4.250% 1/15/33	609,492	606,431
	COMMONWEALTH EDISON 3.700% 3/01/45	407,715	400,565
	CONAGRA BRANDS INC 1.375% 11/01/27	407,033	422,155
	CONOCOPHILLIPS 5.300% 5/15/53	339,052	319,163
	CONS EDISON CO OF NY 4.450% 3/15/44	411,194	401,418
	COREBRIDGE FIN V-A 6.875% 12/15/52	413,769	415,619
	CORPORATE OFFICE PRO 2.000% 1/15/29	200,486	211,152
	CVS HEALTH CORP 1.750% 8/21/30	339,109	337,818
	DTE ELECTRIC CO 2.950% 3/01/50	617,705	605,409
	DUKE ENERGY INDIANA 3.750% 5/15/46	635,696	615,128
	ELI LILLY & CO 3.950% 3/15/49	203,143	199,484
	ENERGY TRANS 6.400% 12/01/30	187,915	184,910
	ENTERPRISE PRODUCTS 2.800% 1/31/30	205,100	207,925
	EVERSOURCE ENERGY 2.900% 3/01/27	199,714	206,374
	EXXON MOBIL CORPORAT 3.095% 8/16/49	171,235	163,217
	FLORIDA POWER & LIGH 4.050% 10/01/44	580,396	562,012
	GENERAL DYNAMICS COR 4.250% 4/01/40	339,526	331,645
	GENERAL MOTORS FINL 4.300% 4/06/29	518,693	526,307
	GILEAD SCIENCES INC 4.000% 9/01/36	256,360	255,803
	HALEON US CAPITAL LL 3.625% 3/24/32	480,339	484,443
	HCA INC 5.200% 6/01/28	357,058	350,857
	HOME DEPOT INC 4.500% 12/06/48	508,776	495,436
	HONEYWELL INTL 5.250% 3/01/54	370,076	351,180
	HYUNDAI CAP AMER 5.680% 6/26/28	434,760	436,244
	INTEL CORP 3.734% 12/08/47	370,967	319,858
	INTERCONTINENTALEXCH 2.650% 9/15/40	343,894	339,008
	JOHN DEERE CAP MTN 5.050% 6/12/34	278,240	278,771
	JOHNSON & JOHNSON 3.550% 3/01/36	531,765	528,304
	KIMBERLY-CLARK CORP 3.900% 5/04/47	133,879	128,830
	KIMCO REALTY CORP 6.400% 3/01/34	508,539	510,797
	KINDER MORGAN INC 5.100% 8/01/29	113,044	109,985
	MANUF & TRADERS TRUS 3.400% 8/17/27	619,823	635,164
	MASTERCARD INC 3.650% 6/01/49	337,365	324,392
	MICROSOFT CORP 2.921% 3/17/52	678,596	650,720
	MIDAMERICAN ENERGY 4.250% 7/15/49	745,986	721,381
	MOTOROLA SOLUTIONS 5.400% 4/15/34	139,317	140,057
	NATIONAL RURAL UTIL 3.700% 3.700% 3/15/29	344,644	348,816
	NATIONAL RURAL UTIL 5.800% 5.800% 1/15/33	166,405	165,517
	O'REILLY AUTOMOTIVE 1.750% 3/15/31	310,537	315,758
	OGE ENERGY CORP 5.450% 5/15/29	310,029	304,908
	OMNICOM GROUP INC 2.600% 8/01/31	375,042	380,408
	ONCOR ELECTRIC DELIV 3.800% 6/01/49	403,837	392,080
	ORACLE CORP 6.500% 4/15/38	329,739	327,750
	PAYPAL HLDGS INC 5.150% 6/01/34	171,236	168,905
	PEPSICO INC 2.875% 10/15/49	200,643	192,390
	PHILIP MORRIS INTL 4.750% 11/01/31	349,218	347,172
	PNC BANK NA 4.050% 7/26/28	512,741	521,667
	PROLOGIS LP 1.250% 1.250% 10/15/30	231,346	237,698
	PROLOGIS LP 5.000% 5.000% 3/15/34	297,617	288,115
	PRUDENTIAL FINANCIAL 3.000% 3/10/40	239,792	236,182
	RTX CORP 6.000% 3/15/31	172,275	173,090

SECURA EMPLOYEES' PENSION PLAN
E.I.N. 39-0355180 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Market Value
		<u>CORPORATE DEBT INSTRUMENTS (CONTINUED):</u>		
		SIMON PROPERTY GROUP 3.800% 7/15/50	\$ 508,001	\$ 500,568
		STATE STREET V-D 5.159% 5/18/34	228,099	228,539
		STATOIL ASA 3.950% 5/15/43	339,240	331,780
		TRAVELERS COS INC 4.050% 3/07/48	207,278	200,075
		UNITED PARCEL SERVIC 3.750% 11/15/47	406,835	389,721
		UNITEDHEALTH GROUP 4.625% 7/15/35	779,844	764,794
		US BANCORP V-D 4.548% 7/22/28	372,172	376,892
		VERIZON COMMUNICATIO 4.400% 11/01/34	673,387	667,058
		VICI PROPERTIES LP 5.125% 11/15/31	99,660	97,546
		VIRGINIA ELEC & PWR 5.300% 8/15/33	273,744	273,633
		VR BANK OF AMERICA 2.087% 6/14/29	782,928	807,737
		VR CITIGROUP INC 2.666% 1/29/31	373,619	383,097
		VR GOLDMAN SACHS GRO 1.992% 1/27/32	511,200	524,040
		VR JPMORGAN CHASE & 3.882% 7/24/38	777,786	780,669
		VR MANULIFE FINANCIA 4.061% 2/24/32	373,328	380,312
		VR MORGAN STANLEY 1.928% 4/28/32	269,792	278,096
		VR NATWEST GROUP PLC 1.642% 6/14/27	202,334	209,922
		VULCAN MATLS CO 5.350% 12/01/34	34,962	34,894
		WALMART INC 4.500% 9/09/52	409,757	392,526
		BHP BILLITON FIN 4.900% 2/28/33	427,036	427,335
		PFIZER INVT ENTERPRI 5.300% 5/19/53	497,775	477,523
		SUMITOMO MITSUI FIN 5.520% 1/13/28	371,307	370,800
		TORONTO-DOM MTN CONV 4.456% 6/08/32	410,693	412,180
		TOTALENERGIES CAP 4.724% 9/10/34	178,871	173,020
		P/P BOSTON GAS COMPA 3.001% 8/01/29	370,780	381,133
		P/P CAMERON LNG LLC 2.902% 7/15/31	274,378	278,640
		P/P ENEL FINANCE INT 3.500% 4/06/28	366,370	371,471
		P/P NEW YORK LIFE IN 3.750% 5/15/50	370,269	356,789
		VR P/P BNP PARIBAS 3.052% 1/13/31	421,728	428,222
		Total Corporate Debt Instruments	48,054,302	47,714,337
		<u>MUTUAL FUNDS:</u>		
VANGUARD		IT CORP BD IDX-INS #1646	5,668,766	5,713,312
INVESCO		S&P 500 EQUAL WEIGHT	15,254,749	15,595,470
		Total Mutual Funds	20,923,515	21,308,782
		Total Assets (Held at End of Year)	\$ 91,175,975	\$ 89,986,418