

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></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><b>1a</b> Name of plan <u>ALLIANT ENERGY RETIREE HEALTH &amp; WELFARE BENEFIT PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>502</u></p>
<p><b>2a</b> 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>ALLIANT ENERGY CORPORATE SERV. INC.</u></p> <p><u>ATTENTION BENEFIT PLANS COMMITTEE</u> <u>4902 N. BILTMORE LANE</u> <u>SUITE 1000</u> <u>MADISON, WI 53718-2148</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/2011</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>39-1914946</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>608-458-3680</u></p> <p><b>2d</b> Business code (see instructions) <u>221100</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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/13/2025	AMY BEST
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/13/2025	AMY BEST
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	3448
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	
	<b>6a(2)</b>	
	<b>6b</b>	3449
	<b>6c</b>	129
	<b>6d</b>	3578
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
4A 4B 4D 4F 4H 4L 4Q

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

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

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

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**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.

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

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

Receipt Confirmation Code \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>ALLIANT ENERGY RETIREE HEALTH &amp; WELFARE BENEFIT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>502</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ALLIANT ENERGY CORPORATE SERV. INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>39-1914946</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**BLUE CROSS BLUE SHIELD OF WISCONSIN**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>39-0138065</b>	<b>54003</b>	<b>210025</b>	<b>3136</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

<b>b</b> Balance at the end of the previous year .....			<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>			
	<b>7c(2)</b>			
	<b>7c(3)</b>			
	<b>7c(4)</b>			
	<b>7c(5)</b>			
	(6) Total additions .....			
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	
<b>e</b> Deductions:				
	<b>7e(1)</b>			
	<b>7e(2)</b>			
	<b>7e(3)</b>			
	<b>7e(4)</b>			
(5) Total deductions .....		<b>7e(5)</b>	0	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....			<b>7f</b>	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	1295159
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>ALLIANT ENERGY RETIREE HEALTH &amp; WELFARE BENEFIT PLAN</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>502</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ALLIANT ENERGY CORPORATE SERV. INC.</b>		<b>D</b> Employer Identification Number (EIN) <b>39-1914946</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**MINNESOTA LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>41-0417830</b>	<b>66168</b>	<b>34262</b>	<b>927</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

<b>(a)</b> Total amount of commissions paid <b>15483</b>	<b>(b)</b> Total amount of fees paid <b>8776</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**WILLIS TOWERS WATSON MIDWEST INC** **10 SOUTH LASALLE STREET STE. 3000**  
**CHICAGO, IL 60603-1002**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>15483</b>		<b>SUPPLEMENTAL COMMISSIONS</b>	<b>3</b>

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**WILLIS TOWERS WATSON INSURANCE SERV** **PO BOX 101162**  
**PASADENA, CA 91189**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
	<b>8776</b>	<b>SUPPLEMENTAL COMMISSIONS</b>	<b>3</b>

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

<b>b</b> Balance at the end of the previous year .....			<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>			
	<b>7c(2)</b>			
	<b>7c(3)</b>			
	<b>7c(4)</b>			
	<b>7c(5)</b>			
	(6) Total additions .....			
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	
<b>e</b> Deductions:				
	<b>7e(1)</b>			
	<b>7e(2)</b>			
	<b>7e(3)</b>			
	<b>7e(4)</b>			
(5) Total deductions .....		<b>7e(5)</b>	0	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....			<b>7f</b>	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	387076
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>ALLIANT ENERGY RETIREE HEALTH &amp; WELFARE BENEFIT PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>502</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ALLIANT ENERGY CORPORATE SERV. INC.</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>39-1914946</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**MINNESOTA LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
41-0417830	66168	34262	31	01/01/2024	12/31/2024

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

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;"><b>164</b></p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;"><b>93</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

**WILLIS TOWERS WATSON MIDWEST INC** **10 SOUTH LASALLE STREET STE. 3000**  
**CHICAGO, IL 60603-1002**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
164		SUPPLEMENTAL COMMISSIONS	3

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

**WILLIS TOWERS WATSON INSURANCE SERV** **PO BOX 101162**  
**PASADENA, CA 91189**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	93	SUPPLEMENTAL COMMISSIONS	3

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

<b>b</b> Balance at the end of the previous year .....			<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>			
	<b>7c(2)</b>			
	<b>7c(3)</b>			
	<b>7c(4)</b>			
	<b>7c(5)</b>			
	(6) Total additions .....			
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	
<b>e</b> Deductions:				
	<b>7e(1)</b>			
	<b>7e(2)</b>			
	<b>7e(3)</b>			
	<b>7e(4)</b>			
(5) Total deductions .....		<b>7e(5)</b>	0	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....			<b>7f</b>	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	4104
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>ALLIANT ENERGY RETIREE HEALTH &amp; WELFARE BENEFIT PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>502</b></p>	
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ALLIANT ENERGY CORPORATE SERV. INC.</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>39-1914946</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**VISION SERVICE PLAN**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1227840	39616	30100103	3162	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid <b>29012</b>	(b) Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**WILLIS TOWERS WATSON MIDWEST INC** **93033 NETWORK PL**  
**CHICAGO, IL 60673-1970**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
29012		SUPPLEMENTAL COMMISSIONS	3

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	(6) Total additions .....	<b>7c(6)</b>
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	<b>7e(5)</b>
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	583378
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

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

<b>A</b> Name of plan <b>ALLIANT ENERGY RETIREE HEALTH &amp; WELFARE BENEFIT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>502</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ALLIANT ENERGY CORPORATE SERV. INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>39-1914946</b>	

**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

**THE VANGUARD GROUP, INC.** **P.O. BOX 2900**  
**VALLEY FORGE, PA 19482**

**23-1945930**

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

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

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

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

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

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

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

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

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

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

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

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

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

BLUE CROSS & BLUE SHIELD OF WISCONS

39-0138065

(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?
12 13 15 49 62	CLAIMS ADMINISTRATION	261083	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

BUSINESSOLVER

42-1503807

(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?
49	BENEFITS ADMINISTRATION	244974	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)

WILLIS TOWERS WATSON VIA BENEFITS

26-0775680

(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?
12 13	CLAIMS ADMINISTRATION	83396	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)

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARIAL	43158	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)

AON INVESTMENTS USA INC

36-3109431

(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	INVESTMENT ADVISORY	42898	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)

COLEMAN & WILLIAMS, LTD.

7127 N. GREEN BAY AVE.  
MILWAUKEE, WI 53209

39-1658905

(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	AUDIT	36450	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)

PARAMETRIC DEFENSIVE EQUITY FUND

45-2531297

(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?
28	INVESTMENT MANAGER	34266	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)

DELTA DENTAL OF WISCONSIN

39-6094742

(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?
22 13	CLAIMS ADMINISTRATION	28396	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)

CONNECTYOURCARE, LLC (CYC)

26-1274092

(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?
12 13 15 99	CLAIMS ADMINISTRATION	24155	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)

PRINCIPAL CUSTODY SOLUTIONS

51-0099493

(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?
21	TRUSTEE	17557	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
BLUE CROSS & BLUE SHIELD OF WISCONS	22 53 55	177016

(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.	
WILLIS TOWERS WATSON MIDWEST 775 YARD STREET SUITE 200 COLUMBUS, OH 43212  39-0138065	SALES AND BASE COMMISSIONS PAID	

(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.

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>ALLIANT ENERGY RETIREE HEALTH &amp; WELFARE BENEFIT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>502</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ALLIANT ENERGY CORPORATE SERV. INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>39-1914946</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	41978	43651
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	360111	366302
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	8395	7329
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		1946439
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	69590046	66217762
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>	1297639	1166182

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	71298169	69747665
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	621489	676968
<b>h</b> Operating payables.....	<b>1h</b>	139987	22940
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	638925	636494
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	1400401	1336402
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	69897768	68411263

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	15810776	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	151409	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		15962185
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	2415200	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		2415200
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	1567967	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		19945352

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	23077165	
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		23077165
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	641881	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	36450	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	77164	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	17557	
(7) Actuarial fees .....	<b>2i(7)</b>	43158	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		816210
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		23893375

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-3948023
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		2461518
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **COLEMAN & WILLIAMS**

(2) EIN: **39-1658905**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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

**Alliant Energy Retiree Health & Welfare Benefit Plan**

**Financial Statements as of  
December 31, 2024 and 2023  
and for the Year Ended December 31, 2024  
Together with Independent Auditors' Report**

# Alliant Energy Retiree Health & Welfare Benefit Plan

Financial Statements  
December 31, 2024 and 2023

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COLEMAN & WILLIAMS, LTD.

*A Professional Services Firm*

## INDEPENDENT AUDITORS' REPORT

To the Benefit Plans Committee and Participants of the  
Alliant Energy Retiree Health & Welfare Benefit Plan:

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

We have performed audits of the accompanying financial statements of Alliant Energy Retiree Health & Welfare Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

### Opinion

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

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

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### **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 the Plan's ability to continue as a going concern for one year after the date 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.

### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with generally accepted auditing standards, we:

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

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

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

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



**Supplemental Schedules Required by ERISA**

The supplemental schedules of Assets (Held at End of Year), Assets (Acquired and Disposed of Within Year) and Reportable Transaction are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

A handwritten signature in black ink that reads "Coleman &amp; Williams, Ltd." The signature is written in a cursive, flowing style.

Milwaukee, Wisconsin

October 13, 2025

## Alliant Energy Retiree Health & Welfare Benefit Plan

### Statements of Net Assets Available for Benefits As of December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>ASSETS:</b>		
Investments, at fair value (Notes 4 and 5)	<b>\$68,164,201</b>	\$69,590,046
Health reimbursement arrangement accounts	<b>1,166,182</b>	1,297,639
Contribution receivable	<b>366,302</b>	360,111
Cash held in bank accounts	<b>43,651</b>	41,978
Accrued interest and dividends	<b>7,329</b>	8,395
Deferred income tax asset, net (Note 6)	<b>259,955</b>	217,377
Net assets held in Alliant Energy Cash Balance Pension Plan - restricted for 401(h) accounts (Note 9)	<b>10,998,942</b>	12,906,009
<b>Total assets</b>	<b><u>81,006,562</u></b>	<u>84,421,555</u>
<b>LIABILITIES:</b>		
Administrative fees and others payable	<b>22,940</b>	139,987
<b>Total liabilities</b>	<b><u>22,940</u></b>	<u>139,987</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b><u><u>\$80,983,622</u></u></b>	<u><u>\$84,281,568</u></u>

The accompanying Notes to Financial Statements are an integral part of these statements.

## Alliant Energy Retiree Health & Welfare Benefit Plan

### Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2024

#### ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Net appreciation in fair value of investments (Note 4)	\$1,567,967
Employer contributions	15,810,776
Participant contributions	151,409
Interest and dividends (Note 4)	2,415,200
Transfer from Alliant Energy Cash Balance Plan 401(h) account	2,461,518
Income taxes (Note 6)	42,578
<b>Total additions</b>	<b>22,449,448</b>

#### DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Health and dental benefits paid (Note 1(b))	22,561,554
Net decrease in 401(h) accounts (Note 9)	1,907,067
Insurance premiums paid for benefits (Note 1(b))	462,563
Administrative and other expenses	816,210
<b>Total deductions</b>	<b>25,747,394</b>
<b>Net decrease</b>	<b>(3,297,946)</b>

#### NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	84,281,568
End of year	<b>\$80,983,622</b>

The accompanying Notes to Financial Statements are an integral part of this statement.

## Alliant Energy Retiree Health & Welfare Benefit Plan

### Statements of Benefit Obligations As of December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS AND THEIR DEPENDENTS:</b>		
Health and dental claims	<b>\$676,968</b>	\$621,489
<b>OBLIGATIONS FOR CURRENT BENEFIT COVERAGE AT ESTIMATED AMOUNTS:</b>		
Health and dental claims incurred but not reported	<b>604,000</b>	604,545
Premiums due to insurers	<b>32,494</b>	34,380
	<b><u>636,494</u></b>	<u>638,925</u>
<b>POSTRETIREMENT BENEFIT OBLIGATIONS (NOTE 7):</b>		
Retirees	<b>104,080,406</b>	115,145,546
Other participants fully eligible for benefits	<b>14,474,387</b>	16,436,673
Other participants not yet fully eligible for benefits	<b>29,006,951</b>	27,912,831
	<b><u>147,561,744</u></b>	<u>159,495,050</u>
<b>TOTAL BENEFIT OBLIGATIONS</b>	<b><u><u>\$148,875,206</u></u></b>	<u><u>\$160,755,464</u></u>

The accompanying Notes to Financial Statements are an integral part of these statements.

## Alliant Energy Retiree Health & Welfare Benefit Plan

### Statement of Changes in Benefit Obligations For the Year Ended December 31, 2024

#### AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS AND THEIR DEPENDENTS:

Balance at beginning of year	\$621,489
Health and dental claims reported and approved for payment	22,617,033
Health and dental claims paid	<u>(22,561,554)</u>
Balance at end of year	<u>676,968</u>

#### OBLIGATIONS FOR CURRENT BENEFIT COVERAGE AT ESTIMATED AMOUNTS:

Balance at beginning of year	638,925
Net change of incurred but not reported health and dental claims during year	(545)
Net change of premiums due to insurers	<u>(1,886)</u>
Balance at end of year	<u>636,494</u>

#### POSTRETIREMENT BENEFIT OBLIGATIONS (NOTE 7):

Balance at beginning of year	159,495,050
Increase (decrease) during the year attributed to:	
Interest cost	8,234,000
Benefits earned	1,636,095
Special/contractual termination benefit	32,402
Actuarial assumptions and census changes	<u>(7,298,076)</u>
Benefit payments (including insurance premiums), net of participant contributions	<u>(14,537,727)</u>
Balance at end of year	<u>147,561,744</u>

**TOTAL BENEFIT OBLIGATIONS** **\$148,875,206**

The accompanying Notes to Financial Statements are an integral part of this statement.

## Alliant Energy Retiree Health & Welfare Benefit Plan

### Notes to Financial Statements

December 31, 2024 and 2023

#### NOTE 1. DESCRIPTION OF THE PLAN

The following brief description of the Alliant Energy Retiree Health & Welfare Benefit Plan (the Plan) provides only general information. Participants should refer to the various Plan documents for a complete description of the Plan's provisions.

a. General

The Plan provides health and welfare benefits covering all eligible retirees of Alliant Energy Corporation (Alliant Energy) or its subsidiaries (collectively, the Companies). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan is administered by the Benefit Plans Committee of Alliant Energy and sponsored by Alliant Energy Corporate Services, Inc. (Corporate Services), a direct subsidiary of Alliant Energy. The Plan's trustee is Delaware Charter Guarantee & Trust Company, conducting business as Principal Trust Company (the Trustee or Principal).

b. Benefits

The Plan provides health, vision, dental and death benefits to eligible retirees of the Companies and their eligible dependents.

Less Than Age 65 - The Companies are self-insured for health and dental benefits. Health and prescription drug claims are processed by Anthem Blue Cross Blue Shield and Carelon Rx, and dental claims are processed by Delta Dental of Wisconsin. Vision benefits are insured through VSP. Death benefits are insured through Securian Financial. Eligible retirees less than age 65 may also elect health coverage that includes a health reimbursement arrangement (HRA).

Age 65 and Over - Eligible retirees age 65 and over are provided a HRA processed by Willis Towers Watson's Via Benefits; however, these retirees must purchase independent individual health care policies. Death benefits are insured through Securian Financial.

c. Postretirement Contributions

The postretirement costs of the Plan are shared by the Companies and certain retirees. In addition to deductibles and co-payments, approximate monthly participant retiree contributions, based on retirement date and the company from which the participant retired, were generally as follows:

		Non-bargaining		Bargaining	
		2024	2023	2024	2023
Retiree Contributions for Participants:					
Less Than Age 65:	Retiree	\$570	\$570	\$159-570	\$162-\$570
	Retiree plus one	1,140	1,140	361-1,140	369-1,140
	Family	1,732	1,732	560-1,732	571-1,732
	Surviving spouse (a)	1,141	1,141	1,141	1,141

- (a) Amounts represent the full cost of coverage surviving spouses pay after six months following the death of retiree. Certain surviving spouses may only continue coverage until they reach age 65, at which time coverage ceases.

Due to the Plan benefits for retirees age 65 and over, they do not make monthly participant retiree contributions.

d. Descriptions of the Trusts

The Wisconsin Power & Light Non-Bargaining Employees Health and Welfare Benefit Trust (WPL Non-Bargaining Trust) is a Voluntary Employee Beneficiary Association (VEBA) trust with Principal as trustee and is established for funding health and welfare benefits for certain retired WPL non-bargaining employees.

The Interstate Power and Light Bargaining Employees Health and Welfare Benefit Trust (IPL Bargaining Trust) is a VEBA trust with Principal as trustee and is established for funding health and welfare benefits for certain retired IPL bargaining employees.

The Servco/AER Employees Health and Welfare Benefit Trust (Servco/AER Trust) is a VEBA trust with Principal as trustee and was established for funding health and welfare benefits for certain retirees of Corporate Services and Alliant Energy Resources, LLC (AER) and its subsidiaries. The Servco/AER Trust funded health and welfare benefits for certain retirees of Cedar Rapids and Iowa City Railway Company (CRANDIC) and AER until funds in the trust for CRANDIC and AER were exhausted in December 2015 and June 2016, respectively. Funding for health and welfare benefits for certain retirees of CRANDIC and AER is now made by CRANDIC and AER, respectively, as claims are incurred and reported for payment.

e. Amendments to or Termination of the Plan

Corporate Services has the right under the Plan to modify benefits provided and contributions required of retirees, to discontinue its contributions, and to terminate the Plan subject to the provisions set forth in ERISA.

**NOTE 2. SUMMARY OF ACCOUNTING POLICIES**

a. Basis of Accounting

The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (U.S.) (GAAP) on the accrual basis of accounting. Management has evaluated subsequent events through the date which the financial statements were available to be issued on October 13, 2025.

b. Valuation of Investments

All investments are carried at fair value as determined by the Trustee by reference to published market data.

c. Net Appreciation/Depreciation in Fair Value of Investments

Net realized and unrealized appreciation (depreciation) is recorded in the accompanying statement of changes in net assets available for benefits as "Net appreciation (depreciation) in fair value of investments."

d. Expenses

Expenses of the Plan associated with certain retirees' benefits are paid from the appropriate trusts, if applicable, or from the general funds of the respective Companies. All other expenses of the Plan are paid from the general funds of the respective Companies.

e. Use of Estimates

The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results may, in some cases, differ from these estimates.

f. Risk and Uncertainties

The Plan invests in registered investment companies, common/collective trusts and money market funds. Investments, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of certain investments may occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

The Companies' contributions to the trusts are made and the actuarial present value of postretirement benefit obligations are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported in the financial statements.

### NOTE 3. CONTRIBUTIONS AND FUNDING POLICY

The Companies' contributions to the trusts under the Plan are primarily based on the respective funding requirements of each trust and actuarial calculations performed by Willis Towers Watson, the Plan's actuary and are in accordance with applicable respective state regulations. Funding for the health and dental benefits for certain retirees is made by the respective Companies as claims are incurred and reported for payment. Certain retirees also contribute specified amounts for the coverage selected.

Certain retiree benefits are funded through a Section 401(h) account within the Alliant Energy Cash Balance Pension Plan (Note 9). The net assets within this account are available to pay postretirement medical benefits for certain retirees under the Plan, and are included in the Plan's financial statements.

### NOTE 4. INVESTMENTS

#### WPL Non-Bargaining Trust

The fair value of the assets held by the Plan in the WPL Non-Bargaining Trust at December 31, as certified by Principal were as follows:

	<u>2024</u>	<u>2023</u>
Investments at fair value:		
Registered investment companies	<b>\$7,767,265</b>	\$7,740,858
Interest-bearing cash	<b>271,193</b>	750,809
	<b><u>\$8,038,458</u></b>	<b><u>\$8,491,667</u></b>

Investment income of the WPL Non-Bargaining Trust assets held by the Plan in 2024 was as follows:

Interest and dividends	<b>\$386,597</b>
Net realized and unrealized depreciation in fair value of investments	<u>(116,972)</u>
	<u><b>\$269,625</b></u>

**IPL Bargaining Trust**

The fair value of the assets held by the Plan in the IPL Bargaining Trust at December 31, as certified by Principal were as follows:

	<u>2024</u>	<u>2023</u>
Investments at fair value:		
Registered investment companies	<b>\$40,512,542</b>	\$35,469,756
Common/collective trusts	—	18,416,216
Equity funds	<b>17,937,955</b>	6,276,426
Interest-bearing cash	<b>706,245</b>	578,159
	<u><b>\$59,156,742</b></u>	<u>\$60,740,557</u>

Investment income of the IPL Bargaining Trust in 2024 was as follows:

Interest and dividends	<b>\$1,991,881</b>
Net realized and unrealized appreciation in fair value of investments	<u>1,684,939</u>
	<u><b>\$3,676,820</b></u>

**Servco/AER Trust**

The fair value of the assets held by the Plan in the Servco/AER Trust at December 31, as certified by Principal were as follows:

	<u>2024</u>	<u>2023</u>
Investments at fair value:		
Interest-bearing cash	<b>\$969,001</b>	\$357,822
	<u><b>\$969,001</b></u>	<u>\$357,822</u>

Investment income of the Servco/AER Trust in 2024 was as follows:

Interest and dividends	<u><b>\$36,722</b></u>
	<u><b>\$36,722</b></u>

**NOTE 5. FAIR VALUE MEASUREMENTS**

Fair value measurement accounting establishes three levels of fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The three levels of the fair value hierarchy and a description of the Plan's assets for each are as follows:

Level 1 - Pricing inputs are quoted prices available in active markets for identical assets or liabilities as of the reporting date. Level 1 Plan assets include investments in registered investment companies and are valued at the closing price reported in the active market in which the individual securities are traded.

Level 2 - Pricing inputs are quoted prices for similar asset 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 and inputs that are derived principally from or corroborated by observable market data by correlation or other means. Level 2 Plan assets include interest-bearing cash held in money market accounts managed by an affiliate of the Trustee.

Level 3 - Pricing inputs are unobservable inputs for assets or liabilities for which little or no market data exist and require significant management judgment or estimation. The Plan did not hold any Level 3 assets at December 31, 2024 or 2023.

The fair value hierarchy gives the highest priority to quoted prices in active markets (Level 1) and the lowest priority to unobservable data (Level 3). In some cases, the inputs used to measure fair value might fall in different levels of the fair value hierarchy. The lowest level input that is significant to a fair value measurement in its entirety determines the applicable level in the fair value hierarchy. Assessing the significance of a particular input to the fair value measurement in its entirety requires judgment, considering factors specific to the asset or liability.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

**Fair Value Measurements** - Assets subject to fair value measurements disclosure requirements were as follows:

	Fair Value Measurements	Level 1	Level 2
<b><u>Assets at December 31, 2024</u></b>			
<b>WPL Non-Bargaining Trust:</b>			
Interest-bearing cash	\$271,193	\$—	\$271,193
<b>Registered investment companies:</b>			
Fixed income - mutual funds	7,767,265	7,767,265	—
<b>IPL Bargaining Trust:</b>			
Interest-bearing cash	706,245	—	706,245
<b>Registered investment companies:</b>			
Fixed income - mutual funds	40,512,542	40,512,542	—
International blend	5,568,448	5,568,448	—
U.S. blend	12,369,507	12,369,507	—
<b>Servco/AER Trust:</b>			
Interest-bearing cash	969,001	—	969,001
<b>Total assets in the fair value hierarchy</b>	<b>\$68,164,201</b>	<b>\$66,217,762</b>	<b>\$1,946,439</b>
<b>Total assets at fair value</b>	<b>\$68,164,201</b>		

	Fair Value		
	Measurements	Level 1	Level 2
<u>Assets at December 31, 2023</u>			
WPL Non-Bargaining Trust:			
Interest-bearing cash	\$750,809	\$—	\$750,809
Registered investment companies:			
Fixed income - mutual funds	7,740,858	7,740,858	—
IPL Bargaining Trust:			
Interest-bearing cash	578,159	—	578,159
Registered investment companies:			
Fixed income - mutual funds	35,469,756	35,469,756	—
U.S. blend	6,276,426	6,276,426	—
Servco/AER Trust:			
Interest-bearing cash	357,822	—	357,822
Total assets in the fair value hierarchy	\$51,173,830	\$49,487,040	\$1,686,790
Assets measured at net asset value (NAV) (a)	18,416,216		
Total assets at fair value	\$69,590,046		

(a) In accordance with FASB authoritative guidance, certain investments that are measured at fair value using the NAV practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits. Common/collective trusts are valued at the NAV of shares held by the IPL Bargaining Trust which is based on the fair market value of the underlying investments of the common/collective trusts.

## NOTE 6. TAX STATUS

The Plan is subject to routine audits by the Internal Revenue Service (IRS); however, there are currently no audits on the Plan for any tax periods.

### WPL Non-Bargaining Trust

The WPL Non-Bargaining Trust is a VEBA trust as allowed under Section 501(c)9 of the Internal Revenue Code (the Code). For 2024, the WPL Non-Bargaining Trust had unrelated business income and as applicable was subject to federal income tax at a rate of 37% on interest, dividend and short-term capital gains income and 20% on long-term capital gains income. The WPL Non-Bargaining Trust was also subject to state income tax during 2024.

The WPL Non-Bargaining Trust accounts for income taxes under the liability method as prescribed by the FASB's authoritative guidance on accounting for income taxes. Under the liability method, deferred income taxes are provided on the differences between the book and tax basis of assets and liabilities. At December 31, 2024 and 2023, the WPL Non-Bargaining Trust had book and tax basis differences on the carrying value of its investments resulting in deferred income tax assets of \$259,955 and \$217,377, respectively.

### **IPL Bargaining Trust**

The IPL Bargaining Trust is a VEBA trust which is tax exempt under Section 501(c)9 of the Code. The IPL Bargaining Trust has obtained a favorable tax determination letter dated June 10, 1994 from the IRS approving its tax exempt status. The IPL Bargaining Trust has been amended since receiving the last tax determination letter. The Plan's administrator and the Plan's tax counsel believe that the IPL Bargaining Trust, as amended, continues to qualify and to operate in accordance with applicable provisions of the Code.

### **Servco/AER Trust**

The Servco/AER Trust is a VEBA trust as allowed under Section 501(c)9 of the Code. For 2024, the Servco/AER Trust had unrelated business income and as applicable was subject to federal income tax at a rate of 37% on interest, dividend and short-term capital gains income and 20% on long-term capital gains income. The Servco/AER Trust was also subject to state income tax during 2024.

The Servco/AER Trust accounts for income taxes under the liability method as prescribed by the FASB's authoritative guidance on accounting for income taxes. Under the liability method, deferred income taxes are provided on the differences between the book and tax basis of assets and liabilities. At December 31, 2024 and 2023, the Servco/AER Trust had no book and tax basis differences on the carrying value of its investments.

### **NOTE 7. BENEFIT OBLIGATIONS**

The Plan's deficiency of net assets over benefit obligations at December 31, 2024 and 2023 is related to the postretirement benefit obligations, the funding of which is not covered by current contributions. The deficiency is expected to be funded through future contributions.

The postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributed to employee service rendered to December 31. Postretirement benefits include future benefits expected to be paid to or for: (1) currently retired or terminated employees and their spouses and (2) active employees and their spouses after retirement from service with the Companies. Prior to an active employee's full eligibility date, the postretirement benefit obligations represent the obligations that are attributed to that employee's service to the Companies rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligations is determined by Willis Towers Watson, the Plan's actuary, and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment, and to reflect the portion of those costs expected to be borne by Medicare, the retired participants and other providers.

For measurement purposes, annual rate increases of 7% in the per capita cost of covered health care benefits was assumed for 2024 and 2023. The rates were assumed to gradually decrease to 5% by 2033 and to remain at that level thereafter.

The following were other significant assumptions used in the valuations as of December 31, 2024 and 2023:

Weighted-average discount rate	2024: 5.62% 2023: 5.40%
Average retirement age	Non-bargaining: 61 Bargaining: 61
Mortality	2024: Pri-2012 Mortality Table using MP-2021 rates converging to a long-term rate of improvement similar to that of the 2024 Social Security Administration  2023: Pri-2012 Mortality Table using MP-2021 rates converging to a long-term rate of improvement similar to that of the 2023 Social Security Administration

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligations.

The health care cost-trend rate assumption has a significant effect on the amounts reported. A 1% increase in the assumed health care cost-trend rates, holding all other assumptions constant, would increase the obligation as of December 31, 2024 by approximately \$1.2 million.

#### **NOTE 8. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE**

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Principal has certified that the following data, included in the financial statements and supplemental schedules is complete and accurate:

- (a) Investments as shown in the Statements of Net Assets Available for Benefits.
- (b) The net realized and unrealized appreciation, and interest and dividend income as shown in the Statement of Changes in Net Assets Available for Benefits.
- (c) The assets held for investment purposes at December 31, 2024, as shown on Schedule H, line 4i.
- (d) The reportable transactions for the year ended December 31, 2024, as shown on Schedule H, line 4j.
- (e) The assets acquired and disposed of within the year for the year ended December 31, 2024, as shown on Schedule H, line 4i.

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

## NOTE 9. 401(h) ACCOUNT

The Companies have established a separate 401(h) account within the Alliant Energy Cash Balance Pension Plan. The assets, liabilities and earnings of the 401(h) account are segregated from the rest of the Alliant Energy Cash Balance Pension Plan's assets. The 401(h) account is used to pay postretirement medical benefits of certain retirees and their beneficiaries. These medical benefits are payable under the Plan. The assets within the 401(h) account may not be used to pay retirement benefit payments. The related postretirement benefit obligations for health benefits are not included in the Alliant Energy Cash Balance Pension Plan's financial statements but are reported as postretirement benefit obligations in the Plan's financial statements. No contributions were made to this 401(h) account in 2024.

The following tables present the components of the net assets available for such obligations and the related changes in net assets available for this 401(h) account under the Plan:

### Net Assets Available for Postretirement Health and Welfare Benefits in 401(h) Account of Alliant Energy Cash Balance Pension Plan

	December 31, 2024	December 31, 2023
Investments, at fair value:		
Registered investment companies	5,331,246	5,098,700
Interest-bearing cash	5,648,657	7,770,551
Accrued interest income	22,618	36,758
Administrative fees payable	(3,579)	—
Net assets available in 401(h) account	<u>\$10,998,942</u>	<u>\$12,906,009</u>

### Changes in Net Assets in 401(h) Account of Alliant Energy Cash Balance Pension Plan

	For the Year Ended December 31, 2024
Allocation of net investment income of the Alliant Energy	
Net depreciation in fair value of other investments	42,989
Other interest and income	529,354
Transfer to the Plan	(2,461,518)
Administrative and other expenses	(17,892)
Net decrease in net assets available in 401(h) account	<u>(\$1,907,067)</u>

Other investment disclosures related to the 401(h) account assets are included in the Alliant Energy Cash Balance Pension Plan financial statements.

## NOTE 10. RECONCILIATION TO FORM 5500

The following tables reconcile net assets available for benefits and changes in net assets available for benefits per the financial statements to the Form 5500 as filed by Corporate Services:

	December 31,	
	2024	2023
Net assets available for benefits per financial statements	<b>\$80,983,622</b>	\$84,281,568
Adjustment for 401(h) net assets	<b>(10,998,942)</b>	(12,906,009)
Adjustment for claims incurred but not reported	<b>(604,000)</b>	(604,545)
Adjustment for premiums due to insurers	<b>(32,494)</b>	(34,380)
Adjustment for health and dental claims payable	<b>(676,968)</b>	(621,489)
Adjustment for deferred income taxes	<b>(259,955)</b>	(217,377)
Net assets available for benefits per Form 5500	<b>\$68,411,263</b>	\$69,897,768

	For the Year Ended
	December 31, 2024
Net decrease in net assets available for benefits per financial statements	<b>(\$3,297,946)</b>
Adjustment for net increase in 401(h) account	<b>1,907,067</b>
Adjustment for deferred income taxes	<b>(42,578)</b>
Adjustment related to change in premiums due to insurers	<b>1,886</b>
Adjustment related to change in claims incurred but not reported	<b>545</b>
Adjustment related to change in health and dental claims payable	<b>(55,479)</b>
Net decrease in net assets available for benefits per Form 5500	<b>(\$1,486,505)</b>

The Plan had health and dental claims payable and health claims incurred but not reported as of December 31, 2024 and 2023 that are recorded as reductions of net assets available for benefits in the Plan's Form 5500; however, these amounts are included in benefit obligations, and therefore are not a component of net assets available for benefits in the accompanying financial statements. The 401(h) net assets and changes in 401(h) net assets are included in the accompanying financial statements for the Plan however, the Plan's Form 5500 does not include these amounts. The 401(h) net assets and changes in 401(h) net assets are included with the Alliant Energy Cash Balance Pension Plan's Form 5500 (refer to Note 9). Deferred income taxes are included in the accompanying financial statements of the Plan, but are not included in the Form 5500.

## NOTE 11. OTHER MATTERS

In 2004, Alliant Energy adopted the FASB's authoritative guidance on accounting and disclosure requirements related to the Medicare Prescription Drug, Improvement and Modernization Act of 2003. In 2005, the U.S. Department of Health and Human Services (Centers for Medicare & Medicaid Services) published regulations regarding actuarial equivalence. Due to the amendment adopted in May 2011, Alliant Energy is not eligible to receive the Medicare subsidy. The Plan's postretirement benefit obligations and changes in postretirement benefit obligations do not reflect any amounts associated with the Medicare subsidy.

**NOTE 12. RELATED PARTY TRANSACTIONS**

Certain Plan investments are shares of funds managed by an affiliate of the Trustee. These transactions qualify as party-in-interest and are not prohibited transactions as defined by ERISA.

The Alliant Energy Cash Balance Plan holds assets within 401(h) accounts that are used to pay post retirement medical benefits. The Alliant Energy Cash Balance Plan transferred \$2,461,518 from the 401(h) account balance to the Alliant Energy Retiree Health and Welfare Plan in 2024.

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Alliant Energy Retiree Health & Welfare Benefit Plan

EIN: 39-1914946

PN: 502

As of December 31, 2024

Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
<b><u>Wisconsin Power &amp; Light Non-Bargaining Employees Health and Welfare Benefit Trust</u></b>			
<b>Interest-bearing Cash:</b>			
	ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS, 271,193 SHARES	\$271,193	\$271,193
<b>Registered Investment Companies:</b>			
	VANGUARD INTERMEDIATE-TERM CORPORATE BOND INDEX FUND CLASS, 101,602 SHARES	2,935,506	2,718,861
	VANGUARD ULTRA SHORT TERM BOND FUND ADM CLASS, 195,905 SHARES	3,922,135	3,923,975
	VANGUARD LONG TERM BOND INDEX FUND INSTITUTIONAL CLASS, 108,222 SHARES	1,531,228	1,124,429
<b>Total Wisconsin Power &amp; Light Non-Bargaining Employees Health and Welfare Benefit Trust</b>		<b>8,660,062</b>	<b>8,038,458</b>
<b><u>Interstate Power and Light Bargaining Employees Health and Welfare Benefit Trust</u></b>			
<b>Interest-bearing Cash:</b>			
	ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS, 706,245 SHARES	706,245	706,245
<b>Registered Investment Companies:</b>			
	VANGUARD LONG TERM BOND INDEX FUND INSTITUTIONAL CLASS, 540,159 SHARES	7,612,485	5,612,248
	VANGUARD INTERMEDIATE-TERM CORPORATE BOND INDEX FUND CLASS INS, 880,642 SHARES	24,699,860	23,565,970
	VANGUARD LONG TERM INVESTMENT GRADE FUND ADMIRAL CLASS, 1,505,222 SHARES	11,501,927	11,334,324
	VANGUARD TOTAL INTERNATIONAL STOCK INDEX FUND INSTITUTIONAL CLASS, 43,943 SHARES	5,718,263	5,568,448
	VANGUARD TOTAL STOCK MARKET INDEX FUND INSTITUTIONAL, 87,696 SHARES	10,162,971	12,369,507
<b>Total Interstate Power &amp; Light Bargaining Employees Health and Welfare Benefit Trust</b>		<b>60,401,751</b>	<b>59,156,742</b>
<b><u>Servco/AER Employees Health and Welfare Benefit Trust</u></b>			
<b>Interest-bearing Cash:</b>			
	ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS, 969,001 SHARES	969,001	969,001
<b>Total Servco/AER Employees Health and Welfare Benefit Trust</b>		<b>969,001</b>	<b>969,001</b>
<b>Total Assets Held for Investment Purposes</b>		<b>\$70,030,814</b>	<b>\$68,164,201</b>

**Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within Year)**

**Alliant Energy Retiree Health & Welfare Benefit Plan**

**EIN: 39-1914946**

**PN: 502**

**As of December 31, 2024**

Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost of Acquisitions	Proceeds of Dispositions
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None.

**Schedule H, Line 4j - Schedule of Reportable Transactions**

**Alliant Energy Retiree Health & Welfare Plan**

**EIN: 39-1914946**

**PN: 502**

**For the Year Ended December 31, 2024**

Purchases		Sales			
No. of Transactions	Purchase Price*	No. of Transactions	Cost of Asset	Selling Price*	Gain (Loss)

**Single Transactions in Same Security Exceeds 5% of Value:**

**Wisconsin Power & Light Non-Bargaining Employees Health and Welfare Benefit Trust**

No Single Transactions in Same Security Exceeding 5% of Value

**Interstate Power and Light Bargaining Employees Health and Welfare Benefit Trust**

ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	8,250,000				
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	17,618,113				
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	25,400,000	25,400,000	—
PARAMETRIC DEFENSIVE EQUITY FUND			1	7,770,023	18,548,549	10,778,526
VANGUARD INTERMEDIATE TERM CORPORATE BOND INDEX FUND CLASS	1	3,250,000				
VANGUARD LONG TERM BOND INDEX FUND INSTITUTIONAL CLASS			1	11,162,542	8,250,000	(2,912,542)
VANGUARD LONG TERM INVESTMENT GRADE FUND ADMIRAL CLASS	1	11,300,000				
VANGUARD TOTAL INTERNATIONAL STOCK INDEX FUND INSTITUTIONAL CLASS	1	5,500,000				
VANGUARD TOTAL STOCK MARKET INDEX FUND INSTITUTIONAL CLASS	1	5,350,000				

**Servco/AER Employees Health and Welfare Benefit Trust**

ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	39,755	39,755	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	1,203,958				
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	63,447	63,447	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	59,215				
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS			1	29,802	29,802	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	28,762				
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	770,082	770,082	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	54,151	54,151	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	55,921				
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	99,835	99,835	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	55,321				
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	50,422				
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	100,202	100,202	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	81,068	81,068	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	20,912	20,912	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	36,617	36,617	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	26,246				
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	530,917				
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	77,454	77,454	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	19,300	19,300	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	56,752				
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	100,508	100,508	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	45,445				
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	27,548	27,548	—

ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	100,167	100,167	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	53,112	53,112	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	92,578	92,578	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	54,683				
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	98,320	98,320	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	19,322	19,322	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	56,524				
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	49,731	49,731	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	56,223				
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	21,618	21,618	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	57,621				
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	66,390	66,390	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	26,480	26,480	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	715,919				
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	64,308	64,308	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	59,402				
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	23,582	23,582	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	26,534	26,534	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	58,222				

**Series of Transactions in Same Security Exceeds 5% of Value:**

**Wisconsin Power & Light Non-Bargaining Employees Health and Welfare Benefit Trust**

ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *	44	404,639	128	884,259	884,259	—
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**Interstate Power and Light Bargaining Employees Health and Welfare Benefit Trust**

ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS*	36	32,486,613	122	32,358,531	32,358,531	—
PARAMETRIC DEFENSIVE EQUITY FUND			10	9,354,289	20,132,815	10,778,526
VANGUARD INTERMEDIATE TERM CORPORATE BOND INDEX FUND CLASS	14	4,368,591	2	1,574,914	1,500,000	(74,914)
VANGUARD LONG TERM BOND INDEX FUND INSTITUTIONAL CLASS	12	440,513	1	11,162,542	8,250,000	(2,912,542)
VANGUARD LONG TERM INVESTMENT GRADE FUND ADMIRAL CLASS	8	11,837,417	1	335,490	350,000	14,510
VANGUARD TOTAL INTERNATIONAL STOCK INDEX FUND INSTITUTIONAL CLASS	4	5,718,263				
VANGUARD TOTAL STOCK MARKET INDEX FUND INSTITUTIONAL SHARES	5	5,471,192	3	844,905	1,000,000	155,095

**Servco/AER Employees Health and Welfare Benefit Trust**

ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *	32	3,226,219	118	2,615,037	2,615,037	—
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\*The purchase/selling price was equal to the fair value on the date of purchase/sale.

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Alliant Energy Retiree Health & Welfare Benefit Plan

EIN: 39-1914946

PN: 502

As of December 31, 2024

Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
<b><u>Wisconsin Power &amp; Light Non-Bargaining Employees Health and Welfare Benefit Trust</u></b>			
<b>Interest-bearing Cash:</b>			
	ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS, 271,193 SHARES	\$271,193	\$271,193
<b>Registered Investment Companies:</b>			
	VANGUARD INTERMEDIATE-TERM CORPORATE BOND INDEX FUND CLASS, 101,602 SHARES	2,935,506	2,718,861
	VANGUARD ULTRA SHORT TERM BOND FUND ADM CLASS, 195,905 SHARES	3,922,135	3,923,975
	VANGUARD LONG TERM BOND INDEX FUND INSTITUTIONAL CLASS, 108,222 SHARES	1,531,228	1,124,429
	<b>Total Wisconsin Power &amp; Light Non-Bargaining Employees Health and Welfare Benefit Trust</b>	<b>8,660,062</b>	<b>8,038,458</b>
<b><u>Interstate Power and Light Bargaining Employees Health and Welfare Benefit Trust</u></b>			
<b>Interest-bearing Cash:</b>			
	ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS, 706,245 SHARES	706,245	706,245
<b>Registered Investment Companies:</b>			
	VANGUARD LONG TERM BOND INDEX FUND INSTITUTIONAL CLASS, 540,159 SHARES	7,612,485	5,612,248
	VANGUARD INTERMEDIATE-TERM CORPORATE BOND INDEX FUND CLASS INS, 880,642 SHARES	24,699,860	23,565,970
	VANGUARD LONG TERM INVESTMENT GRADE FUND ADMIRAL CLASS, 1,505,222 SHARES	11,501,927	11,334,324
	VANGUARD TOTAL INTERNATIONAL STOCK INDEX FUND INSTITUTIONAL CLASS, 43,943 SHARES	5,718,263	5,568,448
	VANGUARD TOTAL STOCK MARKET INDEX FUND INSTITUTIONAL, 87,696 SHARES	10,162,971	12,369,507
	<b>Total Interstate Power &amp; Light Bargaining Employees Health and Welfare Benefit Trust</b>	<b>60,401,751</b>	<b>59,156,742</b>
<b><u>Servco/AER Employees Health and Welfare Benefit Trust</u></b>			
<b>Interest-bearing Cash:</b>			
	ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS, 969,001 SHARES	969,001	969,001
	<b>Total Servco/AER Employees Health and Welfare Benefit Trust</b>	<b>969,001</b>	<b>969,001</b>
	<b>Total Assets Held for Investment Purposes</b>	<b>\$70,030,814</b>	<b>\$68,164,201</b>

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210 - 0110  
1210 - 0089

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

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

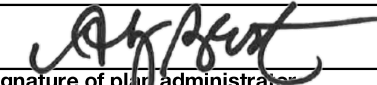
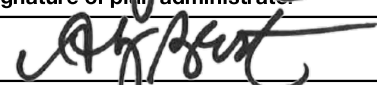
- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here ..... ▶
- D** Check box if filing under:  Form 5558  automatic extension  the DFVC program  
 special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ..... ▶

**Part II Basic Plan Information** - enter all requested information

<b>1a</b> Name of plan <b>ALLIANT ENERGY RETIREE HEALTH &amp; WELFARE BENEFIT PLAN</b>	<b>1b</b> Three-digit plan number (PN) ▶	<b>502</b>
	<b>1c</b> Effective date of plan	<b>01/01/2011</b>
<b>2a</b> 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) <b>ALLIANT ENERGY CORPORATE SERV. INC.</b>	<b>2b</b> Employer Identification Number (EIN)	<b>39-1914946</b>
	<b>2c</b> Plan Sponsor's telephone number	<b>608-458-3680</b>
<b>ATTENTION: BENEFIT PLANS COMMITTEE</b> <b>4902 N. BILTMORE LANE</b> <b>SUITE 1000</b> <b>MADISON WI 53718-2148</b>	<b>2d</b> Business code (see instructions)	<b>221100</b>

**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.

<b>SIGN HERE</b>		10/13/2025	AMY BEST
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		10/13/2025	AMY BEST
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

**Schedule H, Line 4j - Schedule of Reportable Transactions**

**Alliant Energy Retiree Health & Welfare Plan**

**EIN: 39-1914946**

**PN: 502**

**For the Year Ended December 31, 2024**

Purchases		Sales			
No. of Transactions	Purchase Price*	No. of Transactions	Cost of Asset	Selling Price*	Gain (Loss)

**Single Transactions in Same Security Exceeds 5% of Value:**

**Wisconsin Power & Light Non-Bargaining Employees Health and Welfare Benefit Trust**

No Single Transactions in Same Security Exceeding 5% of Value

**Interstate Power and Light Bargaining Employees Health and Welfare Benefit Trust**

ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	8,250,000				
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	17,618,113				
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	25,400,000	25,400,000	—
PARAMETRIC DEFENSIVE EQUITY FUND			1	7,770,023	18,548,549	10,778,526
VANGUARD INTERMEDIATE TERM CORPORATE BOND INDEX FUND CLASS	1	3,250,000				
VANGUARD LONG TERM BOND INDEX FUND INSTITUTIONAL CLASS			1	11,162,542	8,250,000	(2,912,542)
VANGUARD LONG TERM INVESTMENT GRADE FUND ADMIRAL CLASS	1	11,300,000				
VANGUARD TOTAL INTERNATIONAL STOCK INDEX FUND INSTITUTIONAL CLASS	1	5,500,000				
VANGUARD TOTAL STOCK MARKET INDEX FUND INSTITUTIONAL CLASS	1	5,350,000				

**Servco/AER Employees Health and Welfare Benefit Trust**

ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	39,755	39,755	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	1,203,958				
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	63,447	63,447	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	59,215				
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS			1	29,802	29,802	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	28,762				
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	770,082	770,082	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	54,151	54,151	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	55,921				
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	99,835	99,835	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	55,321				
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	50,422				
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	100,202	100,202	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	81,068	81,068	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	20,912	20,912	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	36,617	36,617	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	26,246				
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	530,917				
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	77,454	77,454	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	19,300	19,300	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	56,752				
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	100,508	100,508	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	45,445				
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	27,548	27,548	—

ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	100,167	100,167	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	53,112	53,112	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	92,578	92,578	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	54,683				
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	98,320	98,320	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	19,322	19,322	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	56,524				
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	49,731	49,731	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	56,223				
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	21,618	21,618	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	57,621				
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	66,390	66,390	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	26,480	26,480	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	715,919				
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	64,308	64,308	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	59,402				
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	23,582	23,582	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *			1	26,534	26,534	—
ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS	1	58,222				

**Series of Transactions in Same Security Exceeds 5% of Value:**

**Wisconsin Power & Light Non-Bargaining Employees Health and Welfare Benefit Trust**

ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *	44	404,639	128	884,259	884,259	—
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**Interstate Power and Light Bargaining Employees Health and Welfare Benefit Trust**

ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS*	36	32,486,613	122	32,358,531	32,358,531	—
PARAMETRIC DEFENSIVE EQUITY FUND			10	9,354,289	20,132,815	10,778,526
VANGUARD INTERMEDIATE TERM CORPORATE BOND INDEX FUND CLASS	14	4,368,591	2	1,574,914	1,500,000	(74,914)
VANGUARD LONG TERM BOND INDEX FUND INSTITUTIONAL CLASS	12	440,513	1	11,162,542	8,250,000	(2,912,542)
VANGUARD LONG TERM INVESTMENT GRADE FUND ADMIRAL CLASS	8	11,837,417	1	335,490	350,000	14,510
VANGUARD TOTAL INTERNATIONAL STOCK INDEX FUND INSTITUTIONAL CLASS	4	5,718,263				
VANGUARD TOTAL STOCK MARKET INDEX FUND INSTITUTIONAL SHARES	5	5,471,192	3	844,905	1,000,000	155,095

**Servco/AER Employees Health and Welfare Benefit Trust**

ALLSPRING TREASURY PLUS MONEY MARKET INSTITUTIONAL CLASS *	32	3,226,219	118	2,615,037	2,615,037	—
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\*The purchase/selling price was equal to the fair value on the date of purchase/sale.