

<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>
---	---	--

**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 MUTUAL OF OMAHA RETIREMENT INCOME PLAN</p>	<p><b>1b</b> Three-digit plan number (PN) ▶ 004</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) MUTUAL OF OMAHA INSURANCE COMPANY</p> <p>MUTUAL OF OMAHA PLAZA OMAHA, NE 68175</p> <p>MUTUAL OF OMAHA PLAZA OMAHA, NE 68175</p>	<p><b>1c</b> Effective date of plan 02/12/1938</p> <p><b>2b</b> Employer Identification Number (EIN) 47-0246511</p> <p><b>2c</b> Plan Sponsor's telephone number 402-351-3300</p> <p><b>2d</b> Business code (see instructions) 524140</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.	10/15/2025	STEVEN SCHLANGE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/15/2025	STEVEN SCHLANGE
	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 type="checkbox"/> Same as Plan Sponsor  <b>RETIREMENT PLANS ADMINISTRATION COMMITTEE</b>  <b>MUTUAL OF OMAHA PLAZA</b> <b>OMAHA, NE 68175</b>	<b>3b</b> Administrator's EIN <b>47-0582522</b>
	<b>3c</b> Administrator's telephone number <b>402-351-3300</b>

<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>	423
---	----------	-----

<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>6a(1)</b>	415
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	325
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	0
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	2
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	327
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>	
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	327
<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>6g(1)</b>	
<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>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<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:  
 1A 1E 3F 3J

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

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

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

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

---

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

---

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

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

---

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

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

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

---

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>MUTUAL OF OMAHA RETIREMENT INCOME PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>004</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MUTUAL OF OMAHA INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>47-0246511</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

**UNITED OF OMAHA 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>47-0322111</b>	<b>69868</b>	<b>GDA 06200/10693</b>	<b>6890</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>(b)</b> Total amount of fees paid
---	--------------------------------------

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

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

<b>(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	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	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 .....	479798820
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	211038246
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	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. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input checked="" type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 485329841
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b> 5000000
	(2) Dividends and credits.....	<b>7c(2)</b> 0
	(3) Interest credited during the year.....	<b>7c(3)</b> 16369181
	(4) Transferred from separate account .....	<b>7c(4)</b> 65512015
	(5) Other (specify below)..... ▶	<b>7c(5)</b> 0
	(6) Total additions .....	<b>7c(6)</b> 86881196
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 572211037
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 64417137
	(2) Administration charge made by carrier.....	<b>7e(2)</b> 253290
	(3) Transferred to separate account .....	<b>7e(3)</b> 13000000
	(4) Other (specify below)..... ▶	<b>7e(4)</b> 14741790
(5) Total deductions .....	<b>7e(5)</b> 92412217	
<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> 479798820

**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>	
<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>
---	--	--

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>MUTUAL OF OMAHA RETIREMENT INCOME PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>004</b></p>	
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MUTUAL OF OMAHA INSURANCE COMPANY</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>47-0246511</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  
**UNITED OF OMAHA 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
47-0322111	69868	39G 11416	127	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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
---	--------------------------------------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	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 .....	3313718
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	0
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	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. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 4963848
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b> 0
	(2) Dividends and credits.....	<b>7c(2)</b> 0
	(3) Interest credited during the year.....	<b>7c(3)</b> 186554
	(4) Transferred from separate account .....	<b>7c(4)</b> 0
	(5) Other (specify below)..... ▶	<b>7c(5)</b> 0
	(6) Total additions .....	<b>7c(6)</b> 186554
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 5150402
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 1836684
	(2) Administration charge made by carrier.....	<b>7e(2)</b> 0
	(3) Transferred to separate account .....	<b>7e(3)</b> 0
	(4) Other (specify below)..... ▶	<b>7e(4)</b> 0
(5) Total deductions .....	<b>7e(5)</b> 1836684	
<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> 3313718

**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>	
<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 style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: 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 style="text-align: center;">▶ <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: large;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
---	--	--

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 <span style="color: blue;">MUTUAL OF OMAHA RETIREMENT INCOME PLAN</span></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><span style="color: blue;">004</span></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">MUTUAL OF OMAHA INSURANCE COMPANY</span></p>	<p><b>D</b> Employer Identification Number (EIN) <span style="color: blue;">47-0246511</span></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  
UNITED OF OMAHA 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
47-0322111	69868	39G 12052	0	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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	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 .....	0
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	0
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	6b
<b>c</b>	Premiums due but unpaid at the end of the year .....	6c
<b>d</b>	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. .... Specify nature of costs ▶	6d
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration      (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment      (4) <input type="checkbox"/> other ▶	
<b>b</b>	Balance at the end of the previous year .....	7b      0
<b>c</b>	(1) Contributions deposited during the year .....	7c(1)      0
	(2) Dividends and credits.....	7c(2)      0
	(3) Interest credited during the year.....	7c(3)      0
	(4) Transferred from separate account .....	7c(4)      0
	(5) Other (specify below)..... ▶	7c(5)      229775
	(6) Total additions .....	7c(6)      229775
<b>d</b>	Total of balance and additions (add lines 7b and 7c(6)) .....	7d      229775
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	7e(1)      227325
	(2) Administration charge made by carrier.....	7e(2)      2450
	(3) Transferred to separate account .....	7e(3)
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions .....	7e(5)      229775	
<b>f</b>	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f      0

**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>	
<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. ▶

<b>SCHEDULE SB</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>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
---	--	--

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

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

<b>A</b> Name of plan <u>MUTUAL OF OMAHA RETIREMENT INCOME PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>004</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MUTUAL OF OMAHA INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>47-0246511</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>	
<b>2</b> Assets:				
<b>a</b> Market value .....	<b>2a</b>	<u>976715862</u>		
<b>b</b> Actuarial value .....	<b>2b</b>	<u>996394009</u>		
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>5235</u>	<u>667141490</u>	<u>667141490</u>	
<b>b</b> For terminated vested participants .....	<u>1605</u>	<u>131364944</u>	<u>131364944</u>	
<b>c</b> For active participants .....	<u>836</u>	<u>184086726</u>	<u>184469976</u>	
<b>d</b> Total .....	<u>7676</u>	<u>982593160</u>	<u>982976410</u>	
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>				
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>			
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>			
<b>5</b> Effective interest rate .....	<b>5</b>	<u>5.06 %</u>		
<b>6</b> Target normal cost				
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>5826404</u>		
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>0</u>		
<b>c</b> Target normal cost .....	<b>6c</b>	<u>5826404</u>		

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

<b>SIGN HERE</b>  Signature of actuary  <u>ALI REHAN RATTANSI</u> Type or print name of actuary  <u>WILLIS TOWERS WATSON US LLC</u> Firm name  <u>8400 NORMANDALE LAKE BOULEVARD</u> <u>SUITE 1700</u> <u>BLOOMINGTON, MN 55437-3837</u>  Address of the firm	<u>10/15/2025</u> Date  <u>23-07888</u> Most recent enrollment number  <u>952-842-7000</u> Telephone number (including area code)
---	--

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	38495291
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	2999935
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	35495356
<b>10</b>	Interest on line 9 using prior year's actual return of <u>7.89</u> % .....	0	2800584
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.19</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	38295940

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	97.46 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	101.36 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	100.31 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

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

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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 61
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>				
<b>28</b> Unpaid minimum required contributions for all prior years .....				<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....				<b>31a</b> 5826404
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	24878341		2263439	
<b>b</b> Waiver amortization installment.....	0		0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 8089843
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	8089843	8089843	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 0
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

<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>
--	--	---

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>MUTUAL OF OMAHA RETIREMENT INCOME PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>004</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MUTUAL OF OMAHA INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>47-0246511</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

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

UNITED OF OMAHA LIFE INSURANCE CO

47-0322111

(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?
13 15 57	CONTRACT ADMINISTRATOR	255740	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)

(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.

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> 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 D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan 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>	OMB No. 1210-0110  <hr/> <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
---	--	--

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

<b>A</b> Name of plan <u>MUTUAL OF OMAHA RETIREMENT INCOME PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>004</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MUTUAL OF OMAHA INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>47-0246511</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
---------------	--

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>INSTITUTIONAL INDEX FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>UNITED OF OMAHA LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>47-0322111-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>100972311</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD INTL GROWTH FUND ADM</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>UNITED OF OMAHA LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>47-0322111-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>40656194</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>DFA WORLD EX U.S. CORE EQUITY</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>UNITED OF OMAHA LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>47-0322111-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>40531363</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL COMPANY FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>UNITED OF OMAHA LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>47-0322111-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>28878378</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<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>
--	--	--

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>MUTUAL OF OMAHA RETIREMENT INCOME PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>004</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MUTUAL OF OMAHA INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>47-0246511</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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>a</b> Total noninterest-bearing cash .....	<b>1a</b>	1841586	4649592
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<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>	102378964	94993483
<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>	210839375	211038246
<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>	174145221	166654049
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	490293689	483112538
<b>(15)</b> Other.....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(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>	979498835	960447908
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	979498835	960447908

**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>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<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>		0
<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>	19753024	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		19753024
<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>		0
(3) 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>	9734015	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	8194573	
<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>		1539442
<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>	-5831771	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		-5831771

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		7594007
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		34198871
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		-9567615
(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>		47685958

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	64669347	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	1811798	
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		66481145
<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>	255740	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(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>		255740
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		66736885

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-19050927
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(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: EIDE BAILLY LLP

(2) EIN: 45-0250958

**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		25000000
<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		94993483
<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.			

**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 556019.

<b>SCHEDULE R</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>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <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>
--	---	---

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

<b>A</b> Name of plan <u>MUTUAL OF OMAHA RETIREMENT INCOME PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>004</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>MUTUAL OF OMAHA INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>47-0246511</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

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

1	
---	--

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 47-0322111

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

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

3	0
---	---

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

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

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

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

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

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

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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

# ***Mutual of Omaha Retirement Income Plan***

***EIN: 47-0246511 Plan Number: 004***

*Financial Statements as of December 31, 2024 and 2023,  
and for the Year Ended December 31, 2024,  
Supplemental Schedules as of and  
for the Year Ended December 31, 2024  
and Independent Auditor's Report*

# Mutual of Omaha Retirement Income Plan

## Table of Contents

---

	<u>Page</u>
Independent Auditor's Report .....	1 – 3
Financial Statements:	
Statements of Net Assets Available for Benefits As of December 31, 2024 and 2023 .....	4
Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2024 .....	5
Notes to Financial Statements As of and for the Years Ended December 31, 2024 and 2023 .....	6 – 15
Supplemental Schedules:	
Form 5500 Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year) As of December 31, 2024 .....	16
Form 5500 Schedule H, Part IV, Line 4(j) – Schedule of Reportable Transactions For the Year Ended December 31, 2024 .....	17



## Independent Auditor's Report

Retirement Plans Administration Committee of Mutual of Omaha Insurance Company  
Mutual of Omaha Retirement Income Plan  
Omaha, Nebraska

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

We have performed audits of the financial statements of Mutual of Omaha Retirement Income Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

### Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 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.

[eidebaily.com](http://eidebaily.com)

### **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 that the financial statements are available to be issued.

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

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

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

**Other Matters – Supplemental Schedules Required by ERISA**

The supplemental Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year) and Schedule H, Part IV, Line 4(j) – Schedule of Reportable Transactions as of or for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL’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 DOL’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).



Omaha, Nebraska  
October 14, 2025

## Mutual of Omaha Retirement Income Plan

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

---

	<u>2024</u>	<u>2023</u>
ASSETS:		
Investment, at contract value	\$ 479,798,820	\$ 485,329,841
Investments, at fair value	472,685,778	487,363,560
Cash	<u>4,649,592</u>	<u>1,841,586</u>
Total investments	957,134,190	974,534,987
Net assets held in 401(h) account, at contract value	<u>3,313,718</u>	<u>4,963,848</u>
Total assets	960,447,908	979,498,835
LIABILITIES:		
Amounts related to obligation of 401(h) account	<u>3,313,718</u>	<u>4,963,848</u>
Total liabilities	<u>3,313,718</u>	<u>4,963,848</u>
NET ASSETS AVAILABLE FOR BENEFITS	\$ <u>957,134,190</u>	\$ <u>974,534,987</u>

*See notes to financial statements.*

## Mutual of Omaha Retirement Income Plan

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

---

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Interest and dividend income	\$ 29,921,708
Net appreciation in fair value of investments	<u>17,577,696</u>
Total additions	<u>47,499,404</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	64,644,461
Administrative expenses	<u>255,740</u>
Total deductions	<u>64,900,201</u>
DECREASE IN NET ASSETS	(17,400,797)
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	<u>974,534,987</u>
End of year	<u>\$ 957,134,190</u>

*See notes to financial statements.*

# Mutual of Omaha Retirement Income Plan

## Notes to Financial Statements

As of and for the Years Ended December 31, 2024 and 2023

---

### (A) Description of the Plan

The Mutual of Omaha Retirement Income Plan (the "Plan") was adopted effective February 12, 1938, to provide retirement, disability and death benefits to employees of Mutual of Omaha Insurance Company (the "Company") and certain of its affiliated corporations (the "Companies"). Affiliated corporations who participated in the Plan as of December 31, 2024 and 2023 consisted of: United of Omaha Life Insurance Company ("United"), Companion Life Insurance Company, East Campus Realty, LLC, Mutual of Omaha Investor Services, Inc., Medicare Advantage Insurance Company of Omaha, and Omaha Health Insurance Company. Administration of the Plan is vested with the Retirement Plans Administration Committee.

Effective January 1, 2005, the Plan was amended to freeze benefits for participants 40 years of age and under on that date. The Plan was closed to new participants on December 31, 2004. Employees hired on or after January 1, 2005, are not eligible for participation in the Plan.

The following description of the Plan provides general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General** – The Plan is a defined benefit pension plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

**Funding** – Contributions to the Plan are made by the Companies as determined by annual actuarial valuations of the Plan with the objective of accumulating sufficient assets so that Plan benefits are fully funded. The Company made no contributions to the Plan in 2024 or 2023. There were no contributions required in 2024 or 2023 after consideration of credit balances accumulated from prior years' overfunding.

**Benefits** – A participant is eligible for a normal retirement pension if employment is terminated on or after normal retirement age, which is the later of the day on which the participant attains age 65 or has five years of service. If a participant's employment has continued past the normal retirement age, service and compensation earned after that age will be taken into account in the computation of the pension benefit. For employees who continue to accrue benefit service under the Plan, the monthly amount of the normal retirement pension will be 1.3% for each year of service limited to 30 years, plus 0.5% for each year of service after 30 years, of the participant's average monthly compensation as defined by the Plan, considering average monthly compensation and service at termination of employment. For employees who terminated prior to January 1, 2008, benefits are calculated in accordance with the Plan's agreement in place at time of termination. The Plan also provides for an early retirement pension and a disability retirement pension.

The Plan includes an Internal Revenue Code Section 401(h) retiree medical account to fund a portion of the Companies' postretirement medical benefit obligations. A separate account has been established and maintained in the Plan for such benefits and amounts included in this account are used solely to fund postretirement medical benefits. Investments not segregated under the 401(h) retiree medical account cannot be used to fund postretirement medical benefits.

**Administrative Expenses** – Certain check writing and management fees are charged to the Plan. Other direct expenses related to the administration of the Plan are paid by the Companies. These expenses consist primarily of salaries and related benefits of employees performing actuarial, payroll and administrative functions, and fees paid for professional services.

### (B) Summary of Significant Accounting Policies

**Basis of Accounting** – The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

**Use of Estimates** – The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates. The most significant estimates and assumptions include those used in determining investment

# Mutual of Omaha Retirement Income Plan

## Notes to Financial Statements

### As of and for the Years Ended December 31, 2024 and 2023

---

valuation in the absence of quoted market values and the actuarial present value of accumulated plan benefits.

**Risks and Uncertainties** – Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the financial statements. Furthermore, the Plan's investment in the Group Annuity Contract General Asset Account comprised approximately 50% of net assets available for benefits at December 31, 2024 and 2023.

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

**Fair Value** – Investments other than those measured using net asset value have been categorized into a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2      Inputs to the valuation methodology include:

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The investment valuation methods used may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan's management 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. There have been no changes in the methodologies used at December 31, 2024 and 2023.

**Investments** – Investments in United's Group Annuity Contract include the General Asset Account and certain separate accounts. The valuation of investments has been determined as follows:

The General Asset Account investment with United is an Immediate Participation Guarantee Contract ("IPG") and is valued at contract value as determined by United. Included in this IPG are the net assets held in the 401(h) account.

The Separate Account K-Small Company Fund ("Small Company Fund") is recorded at estimated fair value based on its net asset value ("NAV") as determined by the quoted market prices of the underlying

## Mutual of Omaha Retirement Income Plan

### Notes to Financial Statements

#### As of and for the Years Ended December 31, 2024 and 2023

---

investments, which consist primarily of common stocks traded on organized exchanges and over-the-counter markets.

The Separate Account K-DFA World Ex U.S. Core Equity Portfolio (the Portfolio) is a portfolio of a broad and diverse group of securities of non-U.S. companies. The Portfolio invests in companies of all sizes, with increased exposure to smaller capitalization, lower relative price, and higher profitability companies relative to the non-U.S. Universe. The Portfolio is recorded at estimated fair value based on their respective NAV as determined by the quoted market prices of the underlying investments, which consist of funds traded on organized exchanges and over-the-counter markets.

The Separate Account K-Vanguard International Growth Fund focuses on non-U.S. companies with high growth potential. The fund employs an aggressive approach that attempts to capitalize on global economic expansion. The fund invests in non-U.S. stocks, including those in developed and emerging markets. The fund is recorded at estimated fair value based on their respective NAV as determined by the quoted market prices of the underlying investments, which consist of funds traded on organized exchanges and over-the-counter markets.

The Separate Account II-Vanguard Institutional Index Plus Fund (“Institutional Index Plus Fund”) represents mutual funds invested with The Vanguard Group concentrated in publicly traded stocks and is recorded at fair value based on the NAV of the Plan’s proportionate share of the underlying net assets.

The Vanguard Long-Term Corporate Bond Index Fund employs an indexing investment approach designed to track the performance of the Bloomberg Barclays U.S. 10+ Year Corporate Bond Index (Index). This Index includes U.S. dollar-denominated, investment-grade, fixed-rate, taxable securities issued by industrial, utility, and financial companies, with maturities greater than 10 years. It is recorded at estimated fair value based on the respective NAV as determined by quoted market prices of the underlying investments, which consist of funds traded on organized exchanges and over-the-counter markets.

The Vanguard S&P 500 Exchange Traded Fund (“ETF”) seeks to track the investment performance of the S&P 500 Index, a benchmark that is dominated by the stocks of large U.S. companies. The fund is an exchange-traded share class of the Vanguard 500 Index Fund and holds all stocks in the same capitalization weighting as the index. The fund is recorded at estimated fair value based on the respective NAV as determined by quoted market prices of the underlying investments, which consist of funds traded on organized exchanges and over-the-counter markets.

The Vanguard Intermediate-Term Treasury ETF seeks to track the performance of a market-weighted Treasury bond index with an intermediate-term dollar-weighted average maturity. The fund invests by sampling the index, meaning that it holds a range of securities that, in the aggregate, approximates the full index in terms of key risk factors and other characteristics. All of the fund’s investments will be selected through the sampling process, and at least 80% of the fund’s assets will be invested in bonds included in the index. The fund maintains a dollar-weighted average maturity consistent with that of the index. The fund is recorded at estimated fair value based on the respective NAV as determined by quoted market prices of the underlying investments, which consist of funds traded on organized exchanges and over-the-counter markets.

The Vanguard Long-Term Treasury ETF seeks to track the performance of a market-weighted Treasury bond index with a long-term dollar-weighted average maturity. The fund invests by sampling the index, meaning that it holds a range of securities that, in the aggregate, approximates the full index in terms of key risk factors and other characteristics. All of the fund’s investments will be selected through the sampling process, and at least 80% of the fund’s assets will be invested in bonds included in the index. The fund maintains a dollar-weighted average maturity consistent with that of the index. The fund is recorded at estimated fair value based on the respective NAV as determined by quoted market prices of the underlying investments, which consist of funds traded on organized exchanges and over-the-counter markets.

The Plan’s investments in limited partnerships are recorded at estimated fair value based on information provided from the partnerships. The limited partnerships allocate gains, losses and expenses to the partners based on the ownership percentage as described in the partnership agreement.

# Mutual of Omaha Retirement Income Plan

## Notes to Financial Statements

### As of and for the Years Ended December 31, 2024 and 2023

The Plan presents in the statement of changes in net assets available for benefits the net appreciation or depreciation in the fair value of investments, which consists of realized gains or losses and unrealized appreciation or depreciation on those investments. Purchases and sales are recorded on a trade-date basis.

The classification of investment earnings reported in the statement of changes in net assets available for benefits may differ from the classification of earnings on Form 5500 due to different reporting requirements on Form 5500.

**Investment Income** – Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

**Payment of Benefits** – Benefit payments to participants are recorded upon distribution.

#### (C) Investments

Information on the Plan's General Asset Account, DFA World Ex U.S. Core Equity Portfolio, Vanguard International Growth Fund, Small Company Fund, and Institutional Index Plus Fund investments included throughout the Plan's financial statements and supplemental schedules in the amount of \$690,837,066 and \$696,169,216 as of December 31, 2024 and 2023, respectively, and investment income (including interest and dividend income and net appreciation, net of administrative expenses) of \$47,551,080 for the year ended December 31, 2024, was prepared by or derived from information provided by United and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from United that information provided to the Plan Administrator by United related to these investments is complete and accurate. Accordingly, as permitted by 29 Code of Federal Regulations 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to this information that appears throughout the financial statements and supplemental schedules as of and for the year ended December 31, 2024 and as of December 31, 2023.

#### (D) Fair Value

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023:

	2024			
	Quoted Prices in Active Markets for Identical Assets or Liabilities (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Pooled separate accounts	\$ 182,159,868	\$ --	\$ --	\$ 182,159,868
Mutual funds	166,654,049	--	--	166,654,049
	348,813,917	--	--	348,813,917
Investments measured at net asset value				123,871,861
Total				\$ 472,685,778

## Mutual of Omaha Retirement Income Plan

### Notes to Financial Statements

As of and for the Years Ended December 31, 2024 and 2023

	<b>2023</b>			
	Quoted Prices in Active Markets for Identical Assets or Liabilities (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Pooled separate accounts	\$ 185,290,674	\$ --	\$ --	\$ 185,290,674
Mutual funds	174,145,221	--	--	174,145,221
	359,435,895	--	--	359,435,895
Investments measured at net asset value				127,927,665
Total				<u>\$ 487,363,560</u>

**Fair Value of Investments that Calculate NAV Per Share or its Equivalent** – The following table sets forth additional disclosures of the Plan's separate account funds, pooled investments and limited partnerships, classified by major category, whose fair value is estimated using NAV per share or its equivalent, as of December 31, 2024 and 2023:

	<b>2024</b>			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Separate Account K equity securities	\$ 28,878,378	\$ --	Immediate	None
Limited partnerships: (a)			(b)	(b)
Real estate investments	57,371,678	--		
Debt and equity investments	<u>37,621,805</u>	<u>15,684,382</u>		
Total	<u>\$ 123,871,861</u>	<u>\$ 15,684,382</u>		

  

	<b>2023</b>			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Separate Account K equity securities	\$ 25,548,701	\$ --	Immediate	None
Limited partnerships: (a)			(b)	(b)
Real estate investments	61,846,160	--		
Debt and equity investments	<u>40,532,804</u>	<u>18,922,834</u>		
Total	<u>\$ 127,927,665</u>	<u>\$ 18,922,834</u>		

- (a) This category includes private equity funds that seek long-term growth of capital and income. These funds invest in various real estate, equity, or debt investments according to the investment strategies associated with the partnership.

# Mutual of Omaha Retirement Income Plan

## Notes to Financial Statements

### As of and for the Years Ended December 31, 2024 and 2023

---

- (b) Limited partnership agreements typically have a fixed term of 7 - 10 years with annual extensions allowed. The majority of the funds in this category are closed-end funds which do not allow the investor redemption rights for the duration of the partnership. Certain funds are open-end funds which allow the investor to request redemption of the investment with required notification as determined by the partnership agreement during the term of the partnership.

#### **(E) Investment Contract With Insurance Company**

The Plan has a group annuity contract with United totaling \$479,798,820 for 2024 and \$485,329,841 for 2023. United maintains the contributions for the general asset account, which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. United is contractually obligated to pay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula agreed upon with the issuer but may not be less than 0%. Such interest rates are determined monthly and fixed for five years. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by United, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments. Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan) and (2) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

#### **(F) Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions, to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to: (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The effect of Plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective. There were no Plan amendments made during 2024 or 2023 that materially impacted the actuarial valuation.

## Mutual of Omaha Retirement Income Plan

### Notes to Financial Statements

#### As of and for the Years Ended December 31, 2024 and 2023

The actuarial present value of accumulated plan benefits as of January 1, 2025 and 2024 is summarized as noted below. Had the valuations been performed as of December 31, 2024 and 2023, there would be no material differences.

	<u>2025</u>	<u>2024</u>
Vested benefits:		
For retired and terminated Plan members receiving benefits	\$ 684,273,641	\$ 658,952,802
For active and terminated Plan members not yet in pay status (deferred vested)	<u>282,717,248</u>	<u>313,417,176</u>
Total vested benefits	966,990,889	972,369,978
Total non-vested benefits	<u>279,416</u>	<u>213,631</u>
Total actuarial present value of accumulated plan benefits	\$ <u><u>967,270,305</u></u>	\$ <u><u>972,583,609</u></u>

The changes in the actuarial present value of the Plan's accumulated plan benefits for the year ended January 1, 2025 is as follows:

Actuarial present value of accumulated plan benefits at January 1, 2024	\$ 972,583,609
Change during the year attributed to:	
Interest	49,655,021
Benefits paid	(65,094,195)
Benefits accumulated	5,773,417
Actuarial loss	<u>4,352,453</u>
Net decrease	<u>(5,313,304)</u>
Actuarial present value of accumulated plan benefits at January 1, 2025	\$ <u><u>967,270,305</u></u>

**Actuarial Assumptions** – The significant actuarial assumptions used in the January 1, 2025 and 2024 valuations were as follows:

Interest Rates: The discount rate was 5.25% as of January 1, 2025 and 2024.

Mortality Rates: Mortality Table projected with Scale MP-2021, on a generational basis, with employee rates before termination and healthy annuitant rates after termination.

Turnover Rates:	<u>Years of Service</u>	<u>Male</u>	<u>Female</u>
	10	8.0%	9.5%
	15	4.5%	7.0%
	20	4.0%	6.0%
	25	4.0%	4.0%

## Mutual of Omaha Retirement Income Plan

### Notes to Financial Statements

#### As of and for the Years Ended December 31, 2024 and 2023

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

Attained Age	Annual Rate of Retirement
55 – 59	7.5%
60	10.0%
61	12.0%
62	25.0%
63 – 64	20.0%
65+	100.0%

Inactive participants who have not yet retired are assumed to retire at age 65.

Expenses: All Plan expenses are paid outside of the trust.

Years of Service	Annual Increase
1 – 20	3.0%
20+	2.5%

Attained Age	Disability Rate	
	Males	Females
40	0.10%	0.26%
45	0.20%	0.40%
50	0.41%	0.58%
55	0.69%	0.78%
60	1.18%	1.15%

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

#### (G) Federal Income Tax Status

The Internal Revenue Service (“IRS”) has determined and informed the Company by a letter issued April 26, 2018, that the Plan is qualified, and the trust established under the Plan is tax-exempt, under the appropriate sections of the Internal Revenue Code (“IRC”). The Plan’s continued qualification is contingent on its operation in compliance with the applicable law and any subsequent amendments thereto. The Plan Administrator and the Plan’s tax counsel believe the Plan has been and is currently being operated in compliance with the applicable requirements of the IRC and that all required amendments to comply with the applicable law have been adopted.

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

#### (H) Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations there under, and the Plan document.

# Mutual of Omaha Retirement Income Plan

## Notes to Financial Statements

### As of and for the Years Ended December 31, 2024 and 2023

---

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

#### (I) Exempt Party-In-Interest Transactions

As of December 31, 2024 and 2023 Plan investments in the amount of \$690,837,066 and \$696,169,216, respectively, were deposited in a group annuity contract with United. Additionally, net assets held in a 401(h) account, as noted in Note J below were also held by United. United is the contract administrator as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for contract administrator services amounted to \$255,740 for the year ended December 31, 2024.

Certain management fees and operating expenses charged to the Plan for investments in the United Group Annuity Contracts, as established by United, are deducted from income earned on a daily basis and are not separately reflected. Consequently, some management fees and operating expenses are reflected as a reduction of investment return for such investments.

#### (J) 401(h) Account

Portions of the Plan's obligations are funded through contributions to the Plan in accordance with IRC Section 401(h). The net assets available for such obligations are held in United Group Annuity Contracts with a contract value of \$3,313,718 and \$4,963,848 as of December 31, 2024 and 2023, respectively. The total contract value of these net assets have been certified by United as of December 31, 2024 and 2023 and for the year ended December 31, 2024.

#### (K) Reconciliations of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits reflected in the financial statements to the Form 5500 as of December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits reflected in the financial statements	\$ 957,134,190	\$ 974,534,987
Amounts related to obligation of 401(h) account	<u>3,313,718</u>	<u>4,963,848</u>
Net assets per the Form 5500	<u>\$ 960,447,908</u>	<u>\$ 979,498,835</u>

The net assets of the 401(h) account included in Form 5500 are not available to pay pension benefits but can be used only to pay postretirement medical benefits.

## Mutual of Omaha Retirement Income Plan

### Notes to Financial Statements

#### As of and for the Years Ended December 31, 2024 and 2023

---

The following is a reconciliation of changes in net assets available for benefits reflected in the financial statements to the Form 5500 for the year ended December 31, 2024:

	Amounts in the Financial Statements	401(h) Account	Amounts in the Form 5500
Total additions	\$ 47,499,404	\$ 186,554	\$ 47,685,958
Benefits paid to participants	64,644,461	1,836,684	66,481,145

**(L) Plan Amendment**

Effective October 1, 2024, the Plan was amended to raise the lump sum distribution threshold for participants from \$5,000 to \$7,000.

**(M) Subsequent Events**

Subsequent events have been evaluated through October 14, 2025, the date the financial statements were available to be issued.

**Mutual of Omaha Retirement Income Plan**  
**EIN: 47-0246511 Plan Number: 004**

**Form 5500 Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year)**  
**As of December 31, 2024**

Column A	Column B	Column C	Column D	Column E
	Identity of Issue or Borrower, Lessor or Similar Party	Description of Investment Including Collateral, Rate of Interest, Maturity Date, Par or Maturity Value	Cost	Current Value
*	United of Omaha Life Insurance Company	Group Annuity Contract, General Asset Account Rates from 2.31% to 5.54% through December 31, 2024	\$ 479,798,820	\$ 479,798,820
*	United of Omaha Life Insurance Company	Group Annuity Contract, Separate Account K – Small Company Fund	24,886,512	28,878,378
*	United of Omaha Life Insurance Company	Group Annuity Contract, Separate Account K – DFA World Ex U.S. Core Equity Portfolio	37,668,741	40,531,363
*	United of Omaha Life Insurance Company	Group Annuity Contract, Separate K Account – Vanguard International Growth Fund	45,454,348	40,656,194
*	United of Omaha Life Insurance Company	Group Annuity Contract, Separate Account II – Vanguard Institutional Index Plus Fund	70,026,241	100,972,311
	Vanguard	Vanguard Long-Term Corporate Bond Index Fund	147,983,224	107,702,792
	Vanguard	Vanguard Intermediate Term Government Bond ETF	15,288,112	15,234,222
	Vanguard	Vanguard Long-Term Government Bond ETF	45,808,701	43,717,035
	Advanced Technology Ventures VII	Limited Partnership in Advanced Technology Ventures VII	7,462	9,968
	Blue Owl GP Stakes Pension Investors IV	Limited Partnership in Blue Owl GP Stakes Pension Investors IV	2,269,051	2,748,083
	Dawson Portfolio Finance IV	Limited Partnership in Dawson Portfolio Finance IV	5,090,875	4,776,424
	Dawson Portfolio Finance V	Limited Partnership in Dawson Portfolio Finance V	2,437,268	2,454,111
	Hamilton Lane Secondary Feeder Fund IV	Limited Partnership in Hamilton Lane Secondary Feeder Fund IV	3,052,171	2,876,753
	JP Morgan Strategic Property Fund	Limited Partnership in JP Morgan Strategic Property Fund	10,335,735	10,793,722
	KSL Capital Partners IV	Limited Partnership in KSL Capital Partners IV	5,259,007	5,339,349
	KSL Capital Partners V	Limited Partnership in KSL Capital Partners V	3,017,272	3,135,045
	Lion Industrial Trust	Limited Partnership in Lion Industrial Trust	5,791,716	21,963,221
	Morgan Stanley Private Markets Fund VI	Limited Partnership in Morgan Stanley Private Markets Fund VI	3,689,917	3,051,852
	Northstar Mezzanine Partners VI	Limited Partnership in Northstar Mezzanine Partners VI	391,688	430,558
	PineBridge Secondary Partners IV	Limited Partnership in PineBridge Secondary Partners IV	5,920,881	5,776,299
	Prudential Capital Partners V	Limited Partnership in Prudential Capital Partners V	2,490,132	2,256,378
	Revelstoke Capital Partners Fund II	Limited Partnership in Revelstoke Capital Partners Fund II	4,181,713	4,370,975
	RREEF America REIT II	Limited Partnership in RREEF America REIT II	8,293,853	13,152,878
	Trilantic Capital Partners IV	Limited Partnership in Trilantic Capital Partners IV	133,839	162,006
	USAA Eagle Real Estate Fund	Limited Partnership in USAA Real Estate Feeder 1	10,000,000	11,461,857
	Vintage IV Offshore Holdings	Limited Partnership in Goldman Sachs Vintage IV Offshore	280,946	234,004
*	United of Omaha Life Insurance Company	401(h) Account Group Annuity Contract, General Asset Account Rates averaged 5.78% through December 31, 2024	3,313,718	3,313,718
	* Represents a party-in-interest		\$ 942,871,943	\$ 955,798,316

**Mutual of Omaha Retirement Income Plan  
 EIN: 47-0246511 Plan Number: 004**

**Form 5500 Schedule H, Part IV, Line 4(j) – Schedule of Reportable Transactions  
 For the Year Ended December 31, 2024**

Column A	Column B	Column C	Column D	Column G	Column H	Column I	
Identity of Party Involved	Description of Asset	Number of Transactions	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<b>Aggregate Transactions</b>							
*United of Omaha Life Insurance Company	Group Annuity Contracts – General Asset Account	9	\$87,110,971	--	\$87,110,971	\$87,110,971	--

\* Represents a party-in-interest

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Summary of Plan Provisions

### Plan Sponsor

Mutual of Omaha Insurance Company

### Plan

Mutual of Omaha Retirement Income Plan

### Plan Provisions

The most recent amendment and restatement was adopted on January 1, 2021 and the most recent amendment was effective August 11, 2023.

#### Covered employees

An Employee whose employment commenced on or before December 31, 2004. Leased employees, independent contractors, non-U.S. employees are not covered.

#### Participation date

Enter plan on the first day of the month following completion of one Year of Service and attainment of age 21. Effective January 1, 2005, no new entrants are allowed in the plan.

### Definitions

#### Vesting service

Service from date of hire, including all full and partial months.

Completed Year of Service	Nonforfeitable Percentage
2	20%
3	40%
4	60%
5	80%
6 or more	100%

#### Pension service

Service from date of hire, including all full and partial months.

For employees who had not attained age 40 as of December 31, 2004, or who are rehired after December 31, 2004, Service is only credited for purposes of vesting.

Plan Name: Mutual Of Omaha Retirement Income Plan  
EIN / PN: 47-0246511/004  
Plan Sponsor: Mutual of Omaha Insurance Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

**Pensionable pay** Regular monthly base pay, plus overtime and incentive or production-based bonus compensation. Compensation includes all salary reduction contributions under any employer-sponsored qualified benefit plans.

Pensionable pay for any plan year will not exceed \$160,000.

**Average earnings** The average of the highest 60 consecutive calendar months of pensionable pay during the 120-month period ending on the earlier of the participant's termination date or retirement date

**Normal retirement date (NRD)** The later of age 65 and 5 years of service

**Monthly pension benefit** The greater of (1), (2), and (3):

- (1) 1.3% of Average Compensation times total years of service up to 30 years, plus 0.5% of Average Compensation times total years of service in excess of 30 years.
- (2) \$75 per month
- (3) Accrued Benefit as of August 31, 2002: calculated as the greater of (a), (b), and (c)
  - a. 1.6% of Average Compensation times years of service up to 25 years, plus 0.5% of Average Compensation times years of service in excess of 25 years
  - b. Accrued benefit as of December 31, 1995 increased at the rate of 4% per year compounded annually
  - c. For participants eligible to retire in 1996 or 1997 the benefit calculated under the provisions of the plan in effect on December 31, 1995, using Service and Compensation defined under the prior plan provisions through the earlier of a participant's retirement date or December 31, 1997.

For employees who had not attained age 40 as of December 31, 2004, or who are rehired after December 31, 2004, the monthly pension benefit is calculated as of January 1, 2005.

Plan Name: Mutual Of Omaha Retirement Income Plan  
EIN / PN: 47-0246511/004  
Plan Sponsor: Mutual of Omaha Insurance Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

**Monthly preretirement death benefit**

Monthly benefit for a married participant's surviving spouse, payable on the later of the participant's early retirement date and the participant's date of death. Calculated as equal to a Joint & Survivor 50% annuity, payable

If a married participant, who is eligible for early retirement dies, the participant's spouse is entitled to an immediately monthly benefit. The benefit is equal to the monthly annuity the spouse would have received if the participant had retired the day before their death and had elected the Joint and 50% Survivor option.

The preretirement death benefit amounts accrued as of December 31, 1988 under the prior plan are frozen and are provided as a minimum death benefit.

## Eligibility for Benefits

**Normal retirement**

The later of age 65 or completion of 5 years of service

**Early retirement**

Age 55 with 10 years of service, or 60 and 5 years of service

**Deferred vested termination**

100% vested interest in the participant's accrued benefit after 5 Years of Service

**Disability**

Monthly benefit determined on the same basis as the Normal Retirement Benefit commencing on the participant's normal retirement date. Participant continues to accrue additional Years of Service to Normal Retirement. Average Compensation will be determined by assuming compensation as of the date of disability continued to Normal Retirement.

The monthly benefit determined under above is reduced actuarially from the participant's Normal Retirement Date.

Plan Name: Mutual Of Omaha Retirement Income Plan  
EIN / PN: 47-0246511/004  
Plan Sponsor: Mutual of Omaha Insurance Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## **Preretirement death benefit**

If a married vested participant dies prior to attainment of early retirement age, the participant's surviving spouse will receive a monthly benefit beginning on the participant's early retirement date. The monthly benefit is equal to 50% of the vested accrued benefit reduced for early retirement and to reflect payment in the form of a Joint and 50% Survivor Annuity.

If a married participant, who is eligible for early retirement dies, the participant's spouse is entitled to an immediately monthly benefit. The benefit is equal to the monthly annuity the spouse would have received if the participant had retired the day before their death and had elected the Joint and 50% Survivor option.

The preretirement death benefit amounts accrued as of December 31, 1988 under the prior plan are frozen and are provided as a minimum death benefit.

## **Benefits Paid Upon the Following Events**

### **Normal retirement**

Straight Life Annuity, except for participants with a frozen death benefit under the pre-1996 formula, a Modified Installment Refund Annuity.

### **Early retirement**

The monthly benefit determined under (b) above is reduced 5% for each year and partial year which early commencement of benefits precedes age 63.

For monthly benefits payable calculated under (a) or (c) above, such benefits shall be reduced according to the plan provisions in effect on December 31, 1995.

The monthly benefit determined above is reduced actuarially from the participant's Normal Retirement Date.

### **Disablement**

Monthly benefit determined on the same basis as the Normal Retirement Benefit commencing on the participant's normal retirement date. Participant continues to accrue additional Years of Service to Normal Retirement. Average Compensation will be determined by assuming compensation as of the date of disability continued to Normal Retirement.

The monthly benefit determined above is reduced actuarially from the participant's Normal Retirement Date.

Plan Name: Mutual Of Omaha Retirement Income Plan  
EIN / PN: 47-0246511/004  
Plan Sponsor: Mutual of Omaha Insurance Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Preretirement death

If a married vested participant dies prior to attainment of early retirement age, the participant's surviving spouse will receive a monthly benefit beginning on the participant's early retirement date. The monthly benefit is equal to 50% of the vested accrued benefit reduced for early retirement and to reflect payment in the form of a Joint and 50% Survivor Annuity.

If a married participant, who is eligible for early retirement dies, the participant's spouse is entitled to an immediately monthly benefit. The benefit is equal to the monthly annuity the spouse would have received if the participant had retired the day before their death and had elected the Joint and 50% Survivor option.

The preretirement death benefit amounts accrued as of December 31, 1988 under the prior plan are frozen and are provided as a minimum death benefit.

## Other Plan Provisions

### Forms of payment

Normal: Straight Life Annuity, except for participants with a frozen death benefit under the pre-1996 formula, a Modified Instalment Refund Annuity.

Optional: Five, ten and fifteen years certain and life, 50%, 66-2/3%, 75%, and 100% joint and survivor.

### Pension Increases

None

### Plan participants' contributions

None

### Maximum limits on benefits and pay

Compensation is limited to \$160,000 for plan years beginning in 2000.

## Future Plan Changes

WTW is not aware of any future plan changes that are required to be reflected.

## Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: Mutual Of Omaha Retirement Income Plan  
EIN / PN: 47-0246511/004  
Plan Sponsor: Mutual of Omaha Insurance Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Schedule SB – Statement by Enrolled Actuary

<b>Plan Sponsor</b>	Mutual of Omaha Insurance Company
<b>EIN/PN</b>	47-0246511/004
<b>Plan Name</b>	Mutual Of Omaha Retirement Income Plan
<b>Valuation Date</b>	January 1, 2024
<b>Enrolled Actuary</b>	Ali Rehan Rattansi
<b>Enrollment Number</b>	23-07888

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

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

# SCHEDULE SB ATTACHMENTS

---

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

### Economic Assumptions

#### Interest rate basis

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

Interest rates	Reflecting Stabilization	Not Reflecting Stabilization
----------------	--------------------------	------------------------------

#### Annual rates of increase

- Compensation
  - < 20 Years of Service                      3.00% (4.00% for 2024)
  - 20+ Years of Service                      2.50% (3.50% for 2024)

**Plan-related expenses**                      \$0; the plan sponsor pays administrative expenses directly

Plan Name:                      Mutual Of Omaha Retirement Income Plan  
EIN / PN:                      47-0246511/004  
Plan Sponsor:                      Mutual of Omaha Insurance Company  
Valuation Date:                      January 1, 2024

## SCHEDULE SB ATTACHMENTS

---

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Plan Name: Mutual Of Omaha Retirement Income Plan  
EIN / PN: 47-0246511/004  
Plan Sponsor: Mutual of Omaha Insurance Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Demographic Assumptions

**Inclusion date** The valuation date coincident with or next following the date on which the employee becomes a participant.

**New or rehired employees** It was assumed there will be no new or rehired employees.

### Mortality

- **Healthy** Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
- **Disabled** Same as described above for Healthy Mortality.

**Termination (not due to disability or retirement rates)** The rates at which participants are assumed to terminate employment by service are shown below:

#### Representative Termination Rates

Percentage leaving during the year		
Years of Service	Males	Females
10	8.0	9.5
15	4.5	7.0
20	4.0	6.0
25	4.0	4.0

Plan Name: Mutual Of Omaha Retirement Income Plan  
EIN / PN: 47-0246511/004  
Plan Sponsor: Mutual of Omaha Insurance Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Disability rates

Sample rates are shown below

The rates at which participants become disabled by age and gender are shown below:

Percentage becoming disabled during the year		
Age	Males	Females
40	0.10	0.26
45	0.20	0.40
50	0.41	0.58
55	0.69	0.78
60	1.18	1.15

## Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage retiring during the year	
Age	Rate
55 - 59	7.5%
60	10.0
61	12.0
62	25.0
63	20.0
64	20.0
65+	100.0

## Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit The later of age 55 or termination of employment
- Disability benefit Age 65
- Retirement benefit Upon termination of employment

## Form of payment

50% of participants are assumed to elect a single life annuity and 50% of participants are assumed to elect a 100% joint and survivor annuity

## Percent married

85% of males; 70% of females are assumed to be married.

Plan Name: Mutual Of Omaha Retirement Income Plan  
EIN / PN: 47-0246511/004  
Plan Sponsor: Mutual of Omaha Insurance Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

<b>Spouse age</b>	Females are 3 years younger than males
<b>Covered pay</b>	Actual gross earnings during the prior year provided by the employer, increased with a full year's assumed salary increase
<b>Loads</b>	None.
<b>At-risk assumptions</b>	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the single life annuity form of payment.
<b>Timing of benefit payments</b>	Benefit payments are assumed to be made uniformly throughout the year and, on average, at mid-year.

## Methods

<b>Valuation date</b>	First day of plan year
<b>Funding target</b>	Present value of accrued benefits as required by regulations under IRC §430.
<b>Target normal cost</b>	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
<b>Decrement timing</b>	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Plan Name: Mutual Of Omaha Retirement Income Plan  
EIN / PN: 47-0246511/004  
Plan Sponsor: Mutual of Omaha Insurance Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

**Actuarial value of assets** Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 5.00% (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).

**Benefits not valued** All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.

The plan pays small benefits (with present value up to \$5,000) in a single lump sum payment. Such lump sums are not explicitly valued; rather such participants benefits are valued using the benefit choice assumption described above.

## Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

## Assumptions Rationale - Significant Economic Assumptions

**Discount rate** The basis chosen was selected by the plan sponsor from among choices prescribed by IRC §430(h), all of which are based on observed market data over certain periods of time. We believe the discount rate chosen does not significantly conflict with what would be reasonable.

### Rates of increase in:

- Compensation Assumed compensation increases are based on plan sponsors expectations. We believe the assumptions selected do not significantly conflict with what would be reasonable.

Plan Name: Mutual Of Omaha Retirement Income Plan  
EIN / PN: 47-0246511/004  
Plan Sponsor: Mutual of Omaha Insurance Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

- **Assumed return for asset smoothing**      The assumed return used for asset smoothing is accounting expected return on assets, limited by the third segment rate. Although determining the expected rate of return on plan assets was not within the scope of our work, it is the client's best estimate of future experience for trust asset returns, reflecting the plan's current asset allocation and any expected changes during the current plan year, current market conditions and the plan sponsor's expectations for future market conditions.  
  
WTW's determination that this assumption does not significantly conflict with what would be reasonable is informed by WTW's Expected Return Estimator model, including underlying bonds and pricing spread for the IPG contract and by analysis of recent and historical data.

## Assumptions Rationale - Significant Demographic Assumptions

<b>Healthy Mortality</b>	Assumptions used for funding purposes are as prescribed by IRC §430(h).
<b>Disabled Mortality</b>	Assumptions used for funding purposes are as prescribed by IRC §430(h).
<b>Termination</b>	Assumed termination rates differ by service because of expected differences in termination rates by service, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. We believe the assumptions selected do not significantly conflict with what would be reasonable.
<b>Disability</b>	Disability rates are based on plan sponsor expectations for the future, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. We believe the assumptions selected do not significantly conflict with what would be reasonable.
<b>Retirement</b>	Retirement rates are based on plan sponsor expectations for the future, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. We believe the assumptions selected do not significantly conflict with what would be reasonable.

Plan Name:            Mutual Of Omaha Retirement Income Plan  
EIN / PN:            47-0246511/004  
Plan Sponsor:        Mutual of Omaha Insurance Company  
Valuation Date:     January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

**Form of payment** The percentage of retiring participants assumed to take a joint and survivor annuity, and the assumed survivor percentages, are based on observed experience from 2022 experience study. We believe the assumptions selected do not significantly conflict with what would be reasonable.

**Percent married** The percentage married is based on plan sponsor expectations for the future, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. We believe the assumptions selected do not significantly conflict with what would be reasonable.

## Prescribed Methods

**Funding methods** The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

## Changes in Assumptions and Methods

**Change in assumptions and methods since prior valuation**

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality table used to calculate the funding target and target normal cost was updated to reflect the latest mortality improvement scale, as required by guidance issued by IRS under IRC §430, and the base mortality table was updated to Pri-2012, as required.
- The salary scale assumption was updated to 3.00% for participants with less than 20 years of service, and 2.50% for participants with more than 20 years of service, with 1.00% additional increase for the 2024 calendar year across all years of service.

**Change in estimation techniques since prior valuation** None.

Plan Name: Mutual Of Omaha Retirement Income Plan  
EIN / PN: 47-0246511/004  
Plan Sponsor: Mutual of Omaha Insurance Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a

### Schedule of Active Participant Data as of January 1, 2024

Number accruing pay-related benefits and average plan compensation limited by IRC §401(a)(17) distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service <sup>1</sup>										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
35-39	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
40-44	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
45-49	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
50-54	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
55-59	0	0	0	0	1	4	8	9	23	12	57	57
	-	-	-	-	-	-	-	-	106,506	-	112,175	112,175
60-64	0	0	0	0	4	22	34	35	56	126	277	277
	-	-	-	-	-	117,114	115,901	107,086	117,537	85,549	101,274	101,274
65-69	0	0	0	0	1	7	12	6	7	36	69	69
	-	-	-	-	-	-	-	-	-	96,950	108,506	108,506
70 & over	0	0	0	0	0	0	1	2	0	1	4	4
	-	-	-	-	-	-	-	-	-	-	-	-
Total	0	0	0	0	6	33	55	52	86	175	407	407
	-	-	-	-	-	119,398	117,009	110,087	114,935	89,525	104,138	104,138

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Mutual Of Omaha Retirement Income Plan  
 EIN / PN: 47-0246511/004  
 Plan Sponsor: Mutual of Omaha Insurance Company  
 Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a

### Schedule of Active Participant Data for Frozen Plans as of January 1, 2024

Number and average annual frozen benefit distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service <sup>2</sup>										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
35-39	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
40-44	0	20	4	0	0	0	0	0	0	0	0	24
	-	1,199	-	-	-	-	-	-	-	-	-	1,317
45-49	0	24	49	3	0	0	0	0	0	0	0	76
	-	1,869	3,788	-	-	-	-	-	-	-	-	3,240
50-54	0	29	59	42	16	0	0	0	0	0	0	146
	-	2,532	4,808	8,488	-	-	-	-	-	-	-	5,743
55-59	0	20	29	37	68	28	0	0	0	0	0	182
	-	2,535	4,775	9,899	10,012	10,676	-	-	-	-	-	8,435
60-64	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
65-69	0	1	0	0	0	0	0	0	0	0	0	1
	-	-	-	-	-	-	-	-	-	-	-	-
70 & over	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
Total	0	94	141	82	84	28	0	0	0	0	0	429
	-	2,063	4,365	9,006	9,591	10,676	-	-	-	-	-	6,183

<sup>2</sup> Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Mutual Of Omaha Retirement Income Plan  
 EIN / PN: 47-0246511/004  
 Plan Sponsor: Mutual of Omaha Insurance Company  
 Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Schedule SB, Line 24 Change in Actuarial Assumptions

- The salary scale assumption was updated to 3.00% for participants with less than 20 years of service, and 2.50% for participants with more than 20 years of service, with 1.00% additional increase for the 2024 calendar year across all years of service.

Plan Name: Mutual Of Omaha Retirement Income Plan  
EIN / PN: 47-0246511/004  
Plan Sponsor: Mutual of Omaha Insurance Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

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

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	$q_x^r$	$l_x$	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.075	1,000	1.000000	0.075000	4.125000
56	0.075	925	0.925000	0.069375	3.885000
57	0.075	856	0.855625	0.064172	3.657797
58	0.075	791	0.791453	0.059359	3.442821
59	0.075	732	0.732094	0.054907	3.239517
60	0.100	677	0.677187	0.067719	4.063122
61	0.120	609	0.609468	0.073136	4.461308
62	0.250	536	0.536332	0.134083	8.313149
63	0.200	402	0.402249	0.080450	5.068339
64	0.200	322	0.321799	0.064360	4.119031
65	1.000	257	0.257439	0.257439	16.733564
Average age at retirement					61.108648
Rounded for Schedule SB item 22					61

Plan Name: Mutual Of Omaha Retirement Income Plan  
 EIN / PN: 47-0246511/004  
 Plan Sponsor: Mutual of Omaha Insurance Company  
 Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	2,970,175	1,148,279	63,503,172	67,621,626
2025	7,105,745	2,792,203	61,899,653	71,797,601
2026	9,402,491	4,662,963	60,234,984	74,300,438
2027	11,262,730	6,193,471	58,515,702	75,971,903
2028	12,594,669	7,531,930	56,751,519	76,878,118
2029	13,644,418	8,643,888	54,940,920	77,229,226
2030	14,163,827	9,408,366	53,069,478	76,641,671
2031	14,287,765	9,836,525	51,098,693	75,222,983
2032	14,352,976	10,078,172	49,075,610	73,506,758
2033	14,339,001	10,260,679	47,033,328	71,633,008
2034	14,274,644	10,436,218	44,940,963	69,651,825
2035	14,169,333	10,605,986	42,798,825	67,574,144
2036	14,040,833	10,735,764	40,603,617	65,380,214
2037	13,873,474	10,780,678	38,346,644	63,000,796
2038	13,664,669	10,740,748	36,039,907	60,445,324
2039	13,423,037	10,645,507	33,712,962	57,781,506
2040	13,139,541	10,501,325	31,372,354	55,013,220
2041	12,825,255	10,319,454	29,021,130	52,165,839
2042	12,478,035	10,106,515	26,673,180	49,257,730
2043	12,088,210	9,861,146	24,343,955	46,293,311
2044	11,657,384	9,577,175	22,050,056	43,284,615
2045	11,187,016	9,255,480	19,808,974	40,251,470
2046	10,678,927	8,901,298	17,638,836	37,219,061
2047	10,135,900	8,514,846	15,557,967	34,208,713
2048	9,558,479	8,097,629	13,584,326	31,240,434
2049	8,949,915	7,652,626	11,734,789	28,337,330
2050	8,315,710	7,182,377	10,024,054	25,522,141
2051	7,661,677	6,690,441	8,463,475	22,815,593
2052	6,995,153	6,181,610	7,060,386	20,237,149
2053	6,324,841	5,662,118	5,817,725	17,804,684
2054	5,660,339	5,139,364	4,733,983	15,533,686
2055	5,011,734	4,621,380	3,803,611	13,436,725
2056	4,388,785	4,116,201	3,017,585	11,522,571
2057	3,800,214	3,631,333	2,364,133	9,795,680
2058	3,253,306	3,173,183	1,829,665	8,256,154
2059	2,753,505	2,746,783	1,399,609	6,899,897
2060	2,304,203	2,355,692	1,059,154	5,719,049
2061	1,906,814	2,001,987	793,935	4,702,736
2062	1,560,879	1,686,401	590,514	3,837,794
2063	1,264,335	1,408,416	436,764	3,109,515
2064	1,013,908	1,166,528	322,131	2,502,567
2065	805,451	958,473	237,701	2,001,625
2066	634,270	781,438	176,169	1,591,877
2067	495,471	632,307	131,702	1,259,480
2068	384,230	507,840	99,756	991,826
2069	295,990	404,849	76,868	777,707
2070	226,624	320,320	60,452	607,396
2071	172,515	251,493	48,611	472,619
2072	130,581	195,891	39,978	366,450
2073	98,264	151,337	33,577	283,178

Plan Name: Mutual Of Omaha Retirement Income Plan  
 EIN / PN: 47-0246511/004  
 Plan Sponsor: Mutual of Omaha Insurance Company  
 Valuation Date: January 1, 2024

<b>SCHEDULE SB</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>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
---	--	--

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

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

<b>A</b> Name of plan MUTUAL OF OMAHA RETIREMENT INCOME PLAN	<b>B</b> Three-digit plan number (PN) ▶	004
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MUTUAL OF OMAHA INSURANCE COMPANY	<b>D</b> Employer Identification Number (EIN) 47-0246511	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	976,715,862
	<b>b</b> Actuarial value .....	<b>2b</b>	996,394,009
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	5,235	667,141,490
	<b>b</b> For terminated vested participants .....	1,605	131,364,944
	<b>c</b> For active participants .....	836	184,086,726
	<b>d</b> Total .....	7,676	982,593,160
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b) .....		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	5.06%
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	5,826,404
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	0
	<b>c</b> Target normal cost .....	<b>6c</b>	5,826,404

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

<b>SIGN HERE</b>	Ali Rehan Rattansi <span style="font-size: 2em; font-family: cursive; margin-left: 20px;">ARR</span> Signature of actuary	10/6/2025 Date 2307888 Most recent enrollment number 952-842-7000 Telephone number (including area code)
	Ali Rehan Rattansi Type or print name of actuary  Willis Towers Watson US LLC Firm name  8400 Normandale Lake Boulevard Suite 1700 Bloomington MN 55437-3837 Address of the firm	

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	38,495,291
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	2,999,935
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	35,495,356
<b>10</b>	Interest on line 9 using prior year's actual return of <u>7.89%</u> .....	0	2,800,584
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.19%</u> .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	38,295,940

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	97.46%
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	101.36%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	100.31%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

**Part IV Contributions and Liquidity Shortfalls**

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	0

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

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

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 61
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>				
<b>28</b> Unpaid minimum required contributions for all prior years .....				<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....				<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c).....				<b>31a</b> 5,826,404
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	24,878,341		2,263,439	
<b>b</b> Waiver amortization installment .....	0		0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....				<b>34</b> 8,089,843
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	8,089,843	8,089,843	
<b>36</b> Additional cash requirement (line 34 minus line 35).....				<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				<b>37</b> 0
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

# SCHEDULE SB ATTACHMENTS

---

## Schedule SB – Statement by Enrolled Actuary

<b>Plan Sponsor</b>	Mutual of Omaha Insurance Company
<b>EIN/PN</b>	47-0246511/004
<b>Plan Name</b>	Mutual Of Omaha Retirement Income Plan
<b>Valuation Date</b>	January 1, 2024
<b>Enrolled Actuary</b>	Ali Rehan Rattansi
<b>Enrollment Number</b>	23-07888

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

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

# SCHEDULE SB ATTACHMENTS

---

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

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	$q_x^r$	$l_x$	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.075	1,000	1.000000	0.075000	4.125000
56	0.075	925	0.925000	0.069375	3.885000
57	0.075	856	0.855625	0.064172	3.657797
58	0.075	791	0.791453	0.059359	3.442821
59	0.075	732	0.732094	0.054907	3.239517
60	0.100	677	0.677187	0.067719	4.063122
61	0.120	609	0.609468	0.073136	4.461308
62	0.250	536	0.536332	0.134083	8.313149
63	0.200	402	0.402249	0.080450	5.068339
64	0.200	322	0.321799	0.064360	4.119031
65	1.000	257	0.257439	0.257439	16.733564
Average age at retirement					61.108648
Rounded for Schedule SB item 22					61

Plan Name: Mutual Of Omaha Retirement Income Plan  
 EIN / PN: 47-0246511/004  
 Plan Sponsor: Mutual of Omaha Insurance Company  
 Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

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

### Economic Assumptions

#### Interest rate basis

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

Interest rates	Reflecting Stabilization	Not Reflecting Stabilization
----------------	--------------------------	------------------------------

#### Annual rates of increase

- Compensation
  - < 20 Years of Service                      3.00% (4.00% for 2024)
  - 20+ Years of Service                      2.50% (3.50% for 2024)

**Plan-related expenses**                      \$0; the plan sponsor pays administrative expenses directly

Plan Name:                      Mutual Of Omaha Retirement Income Plan  
EIN / PN:                      47-0246511/004  
Plan Sponsor:                      Mutual of Omaha Insurance Company  
Valuation Date:                      January 1, 2024

## SCHEDULE SB ATTACHMENTS

---

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Plan Name: Mutual Of Omaha Retirement Income Plan  
EIN / PN: 47-0246511/004  
Plan Sponsor: Mutual of Omaha Insurance Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Demographic Assumptions

**Inclusion date** The valuation date coincident with or next following the date on which the employee becomes a participant.

**New or rehired employees** It was assumed there will be no new or rehired employees.

### Mortality

- **Healthy** Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
- **Disabled** Same as described above for Healthy Mortality.

**Termination (not due to disability or retirement rates)** The rates at which participants are assumed to terminate employment by service are shown below:

#### Representative Termination Rates

Percentage leaving during the year		
Years of Service	Males	Females
10	8.0	9.5
15	4.5	7.0
20	4.0	6.0
25	4.0	4.0

Plan Name: Mutual Of Omaha Retirement Income Plan  
EIN / PN: 47-0246511/004  
Plan Sponsor: Mutual of Omaha Insurance Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Disability rates

Sample rates are shown below

The rates at which participants become disabled by age and gender are shown below:

Percentage becoming disabled during the year		
Age	Males	Females
40	0.10	0.26
45	0.20	0.40
50	0.41	0.58
55	0.69	0.78
60	1.18	1.15

## Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage retiring during the year	
Age	Rate
55 - 59	7.5%
60	10.0
61	12.0
62	25.0
63	20.0
64	20.0
65+	100.0

## Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit The later of age 55 or termination of employment
- Disability benefit Age 65
- Retirement benefit Upon termination of employment

## Form of payment

50% of participants are assumed to elect a single life annuity and 50% of participants are assumed to elect a 100% joint and survivor annuity

## Percent married

85% of males; 70% of females are assumed to be married.

Plan Name: Mutual Of Omaha Retirement Income Plan  
EIN / PN: 47-0246511/004  
Plan Sponsor: Mutual of Omaha Insurance Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

<b>Spouse age</b>	Females are 3 years younger than males
<b>Covered pay</b>	Actual gross earnings during the prior year provided by the employer, increased with a full year's assumed salary increase
<b>Loads</b>	None.
<b>At-risk assumptions</b>	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the single life annuity form of payment.
<b>Timing of benefit payments</b>	Benefit payments are assumed to be made uniformly throughout the year and, on average, at mid-year.

## Methods

<b>Valuation date</b>	First day of plan year
<b>Funding target</b>	Present value of accrued benefits as required by regulations under IRC §430.
<b>Target normal cost</b>	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
<b>Decrement timing</b>	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Plan Name: Mutual Of Omaha Retirement Income Plan  
EIN / PN: 47-0246511/004  
Plan Sponsor: Mutual of Omaha Insurance Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

**Actuarial value of assets** Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 5.00% (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).

**Benefits not valued** All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.

The plan pays small benefits (with present value up to \$5,000) in a single lump sum payment. Such lump sums are not explicitly valued; rather such participants benefits are valued using the benefit choice assumption described above.

## Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

## Assumptions Rationale - Significant Economic Assumptions

**Discount rate** The basis chosen was selected by the plan sponsor from among choices prescribed by IRC §430(h), all of which are based on observed market data over certain periods of time. We believe the discount rate chosen does not significantly conflict with what would be reasonable.

### Rates of increase in:

- Compensation Assumed compensation increases are based on plan sponsors expectations. We believe the assumptions selected do not significantly conflict with what would be reasonable.

Plan Name: Mutual Of Omaha Retirement Income Plan  
EIN / PN: 47-0246511/004  
Plan Sponsor: Mutual of Omaha Insurance Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

- **Assumed return for asset smoothing**      The assumed return used for asset smoothing is accounting expected return on assets, limited by the third segment rate. Although determining the expected rate of return on plan assets was not within the scope of our work, it is the client's best estimate of future experience for trust asset returns, reflecting the plan's current asset allocation and any expected changes during the current plan year, current market conditions and the plan sponsor's expectations for future market conditions.  
  
WTW's determination that this assumption does not significantly conflict with what would be reasonable is informed by WTW's Expected Return Estimator model, including underlying bonds and pricing spread for the IPG contract and by analysis of recent and historical data.

## Assumptions Rationale - Significant Demographic Assumptions

<b>Healthy Mortality</b>	Assumptions used for funding purposes are as prescribed by IRC §430(h).
<b>Disabled Mortality</b>	Assumptions used for funding purposes are as prescribed by IRC §430(h).
<b>Termination</b>	Assumed termination rates differ by service because of expected differences in termination rates by service, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. We believe the assumptions selected do not significantly conflict with what would be reasonable.
<b>Disability</b>	Disability rates are based on plan sponsor expectations for the future, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. We believe the assumptions selected do not significantly conflict with what would be reasonable.
<b>Retirement</b>	Retirement rates are based on plan sponsor expectations for the future, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. We believe the assumptions selected do not significantly conflict with what would be reasonable.

Plan Name:            Mutual Of Omaha Retirement Income Plan  
EIN / PN:            47-0246511/004  
Plan Sponsor:        Mutual of Omaha Insurance Company  
Valuation Date:     January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

**Form of payment** The percentage of retiring participants assumed to take a joint and survivor annuity, and the assumed survivor percentages, are based on observed experience from 2022 experience study. We believe the assumptions selected do not significantly conflict with what would be reasonable.

**Percent married** The percentage married is based on plan sponsor expectations for the future, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. We believe the assumptions selected do not significantly conflict with what would be reasonable.

## Prescribed Methods

**Funding methods** The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

## Changes in Assumptions and Methods

**Change in assumptions and methods since prior valuation**

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality table used to calculate the funding target and target normal cost was updated to reflect the latest mortality improvement scale, as required by guidance issued by IRS under IRC §430, and the base mortality table was updated to Pri-2012, as required.
- The salary scale assumption was updated to 3.00% for participants with less than 20 years of service, and 2.50% for participants with more than 20 years of service, with 1.00% additional increase for the 2024 calendar year across all years of service.

**Change in estimation techniques since prior valuation** None.

Plan Name: Mutual Of Omaha Retirement Income Plan  
EIN / PN: 47-0246511/004  
Plan Sponsor: Mutual of Omaha Insurance Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Schedule SB, Line 24 Change in Actuarial Assumptions

- The salary scale assumption was updated to 3.00% for participants with less than 20 years of service, and 2.50% for participants with more than 20 years of service, with 1.00% additional increase for the 2024 calendar year across all years of service.

Plan Name: Mutual Of Omaha Retirement Income Plan  
EIN / PN: 47-0246511/004  
Plan Sponsor: Mutual of Omaha Insurance Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Summary of Plan Provisions

### Plan Sponsor

Mutual of Omaha Insurance Company

### Plan

Mutual of Omaha Retirement Income Plan

### Plan Provisions

The most recent amendment and restatement was adopted on January 1, 2021 and the most recent amendment was effective August 11, 2023.

### Covered employees

An Employee whose employment commenced on or before December 31, 2004. Leased employees, independent contractors, non-U.S. employees are not covered.

### Participation date

Enter plan on the first day of the month following completion of one Year of Service and attainment of age 21. Effective January 1, 2005, no new entrants are allowed in the plan.

### Definitions

#### Vesting service

Service from date of hire, including all full and partial months.

Completed Year of Service	Nonforfeitable Percentage
2	20%
3	40%
4	60%
5	80%
6 or more	100%

#### Pension service

Service from date of hire, including all full and partial months.

For employees who had not attained age 40 as of December 31, 2004, or who are rehired after December 31, 2004, Service is only credited for purposes of vesting.

Plan Name: Mutual Of Omaha Retirement Income Plan  
EIN / PN: 47-0246511/004  
Plan Sponsor: Mutual of Omaha Insurance Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

**Pensionable pay** Regular monthly base pay, plus overtime and incentive or production-based bonus compensation. Compensation includes all salary reduction contributions under any employer-sponsored qualified benefit plans.

Pensionable pay for any plan year will not exceed \$160,000.

**Average earnings** The average of the highest 60 consecutive calendar months of pensionable pay during the 120-month period ending on the earlier of the participant's termination date or retirement date

**Normal retirement date (NRD)** The later of age 65 and 5 years of service

**Monthly pension benefit** The greater of (1), (2), and (3):

- (1) 1.3% of Average Compensation times total years of service up to 30 years, plus 0.5% of Average Compensation times total years of service in excess of 30 years.
- (2) \$75 per month
- (3) Accrued Benefit as of August 31, 2002: calculated as the greater of (a), (b), and (c)
  - a. 1.6% of Average Compensation times years of service up to 25 years, plus 0.5% of Average Compensation times years of service in excess of 25 years
  - b. Accrued benefit as of December 31, 1995 increased at the rate of 4% per year compounded annually
  - c. For participants eligible to retire in 1996 or 1997 the benefit calculated under the provisions of the plan in effect on December 31, 1995, using Service and Compensation defined under the prior plan provisions through the earlier of a participant's retirement date or December 31, 1997.

For employees who had not attained age 40 as of December 31, 2004, or who are rehired after December 31, 2004, the monthly pension benefit is calculated as of January 1, 2005.

Plan Name: Mutual Of Omaha Retirement Income Plan  
EIN / PN: 47-0246511/004  
Plan Sponsor: Mutual of Omaha Insurance Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

**Monthly preretirement death benefit**

Monthly benefit for a married participant's surviving spouse, payable on the later of the participant's early retirement date and the participant's date of death. Calculated as equal to a Joint & Survivor 50% annuity, payable

If a married participant, who is eligible for early retirement dies, the participant's spouse is entitled to an immediately monthly benefit. The benefit is equal to the monthly annuity the spouse would have received if the participant had retired the day before their death and had elected the Joint and 50% Survivor option.

The preretirement death benefit amounts accrued as of December 31, 1988 under the prior plan are frozen and are provided as a minimum death benefit.

## Eligibility for Benefits

**Normal retirement**

The later of age 65 or completion of 5 years of service

**Early retirement**

Age 55 with 10 years of service, or 60 and 5 years of service

**Deferred vested termination**

100% vested interest in the participant's accrued benefit after 5 Years of Service

**Disability**

Monthly benefit determined on the same basis as the Normal Retirement Benefit commencing on the participant's normal retirement date. Participant continues to accrue additional Years of Service to Normal Retirement. Average Compensation will be determined by assuming compensation as of the date of disability continued to Normal Retirement.

The monthly benefit determined under above is reduced actuarially from the participant's Normal Retirement Date.

Plan Name: Mutual Of Omaha Retirement Income Plan  
EIN / PN: 47-0246511/004  
Plan Sponsor: Mutual of Omaha Insurance Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## **Preretirement death benefit**

If a married vested participant dies prior to attainment of early retirement age, the participant's surviving spouse will receive a monthly benefit beginning on the participant's early retirement date. The monthly benefit is equal to 50% of the vested accrued benefit reduced for early retirement and to reflect payment in the form of a Joint and 50% Survivor Annuity.

If a married participant, who is eligible for early retirement dies, the participant's spouse is entitled to an immediately monthly benefit. The benefit is equal to the monthly annuity the spouse would have received if the participant had retired the day before their death and had elected the Joint and 50% Survivor option.

The preretirement death benefit amounts accrued as of December 31, 1988 under the prior plan are frozen and are provided as a minimum death benefit.

## **Benefits Paid Upon the Following Events**

### **Normal retirement**

Straight Life Annuity, except for participants with a frozen death benefit under the pre-1996 formula, a Modified Installment Refund Annuity.

### **Early retirement**

The monthly benefit determined under (b) above is reduced 5% for each year and partial year which early commencement of benefits precedes age 63.

For monthly benefits payable calculated under (a) or (c) above, such benefits shall be reduced according to the plan provisions in effect on December 31, 1995.

The monthly benefit determined above is reduced actuarially from the participant's Normal Retirement Date.

### **Disablement**

Monthly benefit determined on the same basis as the Normal Retirement Benefit commencing on the participant's normal retirement date. Participant continues to accrue additional Years of Service to Normal Retirement. Average Compensation will be determined by assuming compensation as of the date of disability continued to Normal Retirement.

The monthly benefit determined above is reduced actuarially from the participant's Normal Retirement Date.

Plan Name: Mutual Of Omaha Retirement Income Plan  
EIN / PN: 47-0246511/004  
Plan Sponsor: Mutual of Omaha Insurance Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Preretirement death

If a married vested participant dies prior to attainment of early retirement age, the participant's surviving spouse will receive a monthly benefit beginning on the participant's early retirement date. The monthly benefit is equal to 50% of the vested accrued benefit reduced for early retirement and to reflect payment in the form of a Joint and 50% Survivor Annuity.

If a married participant, who is eligible for early retirement dies, the participant's spouse is entitled to an immediately monthly benefit. The benefit is equal to the monthly annuity the spouse would have received if the participant had retired the day before their death and had elected the Joint and 50% Survivor option.

The preretirement death benefit amounts accrued as of December 31, 1988 under the prior plan are frozen and are provided as a minimum death benefit.

## Other Plan Provisions

### Forms of payment

Normal: Straight Life Annuity, except for participants with a frozen death benefit under the pre-1996 formula, a Modified Instalment Refund Annuity.

Optional: Five, ten and fifteen years certain and life, 50%, 66-2/3%, 75%, and 100% joint and survivor.

### Pension Increases

None

### Plan participants' contributions

None

### Maximum limits on benefits and pay

Compensation is limited to \$160,000 for plan years beginning in 2000.

## Future Plan Changes

WTW is not aware of any future plan changes that are required to be reflected.

## Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: Mutual Of Omaha Retirement Income Plan  
EIN / PN: 47-0246511/004  
Plan Sponsor: Mutual of Omaha Insurance Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a

### Schedule of Active Participant Data as of January 1, 2024

Number accruing pay-related benefits and average plan compensation limited by IRC §401(a)(17) distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service <sup>1</sup>										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
35-39	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
40-44	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
45-49	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
50-54	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
55-59	0	0	0	0	1	4	8	9	23	12	57	57
	-	-	-	-	-	-	-	-	106,506	-	112,175	112,175
60-64	0	0	0	0	4	22	34	35	56	126	277	277
	-	-	-	-	-	117,114	115,901	107,086	117,537	85,549	101,274	101,274
65-69	0	0	0	0	1	7	12	6	7	36	69	69
	-	-	-	-	-	-	-	-	-	96,950	108,506	108,506
70 & over	0	0	0	0	0	0	1	2	0	1	4	4
	-	-	-	-	-	-	-	-	-	-	-	-
Total	0	0	0	0	6	33	55	52	86	175	407	407
	-	-	-	-	-	119,398	117,009	110,087	114,935	89,525	104,138	104,138

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Mutual Of Omaha Retirement Income Plan  
 EIN / PN: 47-0246511/004  
 Plan Sponsor: Mutual of Omaha Insurance Company  
 Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a

### Schedule of Active Participant Data for Frozen Plans as of January 1, 2024

Number and average annual frozen benefit distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service <sup>2</sup>										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
35-39	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
40-44	0	20	4	0	0	0	0	0	0	0	0	24
	-	1,199	-	-	-	-	-	-	-	-	-	1,317
45-49	0	24	49	3	0	0	0	0	0	0	0	76
	-	1,869	3,788	-	-	-	-	-	-	-	-	3,240
50-54	0	29	59	42	16	0	0	0	0	0	0	146
	-	2,532	4,808	8,488	-	-	-	-	-	-	-	5,743
55-59	0	20	29	37	68	28	0	0	0	0	0	182
	-	2,535	4,775	9,899	10,012	10,676	-	-	-	-	-	8,435
60-64	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
65-69	0	1	0	0	0	0	0	0	0	0	0	1
	-	-	-	-	-	-	-	-	-	-	-	-
70 & over	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
Total	0	94	141	82	84	28	0	0	0	0	0	429
	-	2,063	4,365	9,006	9,591	10,676	-	-	-	-	-	6,183

<sup>2</sup> Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Mutual Of Omaha Retirement Income Plan  
 EIN / PN: 47-0246511/004  
 Plan Sponsor: Mutual of Omaha Insurance Company  
 Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	2,970,175	1,148,279	63,503,172	67,621,626
2025	7,105,745	2,792,203	61,899,653	71,797,601
2026	9,402,491	4,662,963	60,234,984	74,300,438
2027	11,262,730	6,193,471	58,515,702	75,971,903
2028	12,594,669	7,531,930	56,751,519	76,878,118
2029	13,644,418	8,643,888	54,940,920	77,229,226
2030	14,163,827	9,408,366	53,069,478	76,641,671
2031	14,287,765	9,836,525	51,098,693	75,222,983
2032	14,352,976	10,078,172	49,075,610	73,506,758
2033	14,339,001	10,260,679	47,033,328	71,633,008
2034	14,274,644	10,436,218	44,940,963	69,651,825
2035	14,169,333	10,605,986	42,798,825	67,574,144
2036	14,040,833	10,735,764	40,603,617	65,380,214
2037	13,873,474	10,780,678	38,346,644	63,000,796
2038	13,664,669	10,740,748	36,039,907	60,445,324
2039	13,423,037	10,645,507	33,712,962	57,781,506
2040	13,139,541	10,501,325	31,372,354	55,013,220
2041	12,825,255	10,319,454	29,021,130	52,165,839
2042	12,478,035	10,106,515	26,673,180	49,257,730
2043	12,088,210	9,861,146	24,343,955	46,293,311
2044	11,657,384	9,577,175	22,050,056	43,284,615
2045	11,187,016	9,255,480	19,808,974	40,251,470
2046	10,678,927	8,901,298	17,638,836	37,219,061
2047	10,135,900	8,514,846	15,557,967	34,208,713
2048	9,558,479	8,097,629	13,584,326	31,240,434
2049	8,949,915	7,652,626	11,734,789	28,337,330
2050	8,315,710	7,182,377	10,024,054	25,522,141
2051	7,661,677	6,690,441	8,463,475	22,815,593
2052	6,995,153	6,181,610	7,060,386	20,237,149
2053	6,324,841	5,662,118	5,817,725	17,804,684
2054	5,660,339	5,139,364	4,733,983	15,533,686
2055	5,011,734	4,621,380	3,803,611	13,436,725
2056	4,388,785	4,116,201	3,017,585	11,522,571
2057	3,800,214	3,631,333	2,364,133	9,795,680
2058	3,253,306	3,173,183	1,829,665	8,256,154
2059	2,753,505	2,746,783	1,399,609	6,899,897
2060	2,304,203	2,355,692	1,059,154	5,719,049
2061	1,906,814	2,001,987	793,935	4,702,736
2062	1,560,879	1,686,401	590,514	3,837,794
2063	1,264,335	1,408,416	436,764	3,109,515
2064	1,013,908	1,166,528	322,131	2,502,567
2065	805,451	958,473	237,701	2,001,625
2066	634,270	781,438	176,169	1,591,877
2067	495,471	632,307	131,702	1,259,480
2068	384,230	507,840	99,756	991,826
2069	295,990	404,849	76,868	777,707
2070	226,624	320,320	60,452	607,396
2071	172,515	251,493	48,611	472,619
2072	130,581	195,891	39,978	366,450
2073	98,264	151,337	33,577	283,178

Plan Name: Mutual Of Omaha Retirement Income Plan  
 EIN / PN: 47-0246511/004  
 Plan Sponsor: Mutual of Omaha Insurance Company  
 Valuation Date: January 1, 2024

**Mutual of Omaha Retirement Income Plan  
EIN: 47-0246511 Plan Number: 004**

**Form 5500 Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year)  
As of December 31, 2024**

Column A	Column B	Column C	Column D	Column E
Identity of Issue or Borrower, Lessor or Similar Party	Description of Investment Including Collateral, Rate of Interest, Maturity Date, Par or Maturity Value		Cost	Current Value
*	United of Omaha Life Insurance Company	Group Annuity Contract, General Asset Account Rates from 2.31% to 5.54% through December 31, 2024	479,798,820	\$ 479,798,820
*	United of Omaha Life Insurance Company	Group Annuity Contract, Separate Account K – Small Company Fund	24,886,512	\$ 24,886,512
*	United of Omaha Life Insurance Company	Group Annuity Contract, Separate Account K – DFA World Ex U.S. Core Equity Portfolio	37,668,741	\$ 37,668,741
*	United of Omaha Life Insurance Company	Group Annuity Contract, Separate K Account – Vanguard International Growth Fund	45,454,348	\$ 45,454,348
*	United of Omaha Life Insurance Company	Group Annuity Contract, Separate Account II – Vanguard Institutional Index Plus Fund	70,026,241	\$ 70,026,241
	Vanguard	Vanguard Long-Term Corporate Bond Index Fund	147,983,224	\$ 147,983,224
	Vanguard	Vanguard Intermediate Term Government Bond ETF	15,288,112	\$ 15,288,112
	Vanguard	Vanguard Long-Term Government Bond ETF	45,808,701	\$ 45,808,701
	Advanced Technology Ventures VII	Limited Partnership in Advanced Technology Ventures VII	7,462	\$ 7,462
	Blue Owl GP Stakes Pension Investors IV	Limited Partnership in Blue Owl GP Stakes Pension Investors IV	2,269,051	\$ 2,269,051
	Dawson Portfolio Finance IV	Limited Partnership in Dawson Portfolio Finance IV	5,090,875	\$ 5,090,875
	Dawson Portfolio Finance V	Limited Partnership in Dawson Portfolio Finance V	2,437,268	\$ 2,437,268
	Hamilton Lane Secondary Feeder Fund IV	Limited Partnership in Hamilton Lane Secondary Feeder Fund IV	3,052,171	\$ 3,052,171
	JP Morgan Strategic Property Fund	Limited Partnership in JP Morgan Strategic Property Fund	10,335,735	\$ 10,335,735
	KSL Capital Partners IV	Limited Partnership in KSL Capital Partners IV	5,259,007	\$ 5,259,007
	KSL Capital Partners V	Limited Partnership in KSL Capital Partners V	3,017,272	\$ 3,017,272
	Lion Industrial Trust	Limited Partnership in Lion Industrial Trust	5,791,716	\$ 5,791,716
	Morgan Stanley Private Markets Fund VI	Limited Partnership in Morgan Stanley Private Markets Fund VI	3,689,917	\$ 3,689,917
	Northstar Mezzanine Partners VI	Limited Partnership in Northstar Mezzanine Partners VI	391,688	\$ 391,688
	PineBridge Secondary Partners IV	Limited Partnership in PineBridge Secondary Partners IV	5,920,881	\$ 5,920,881
	Prudential Capital Partners V	Limited Partnership in Prudential Capital Partners V	2,490,132	\$ 2,490,132
	Revelstoke Capital Partners Fund II	Limited Partnership in Revelstoke Capital Partners Fund II	4,181,713	\$ 4,181,713
	RREEF America REIT II	Limited Partnership in RREEF America REIT II	8,293,853	\$ 8,293,853
	Trilantic Capital Partners IV	Limited Partnership in Trilantic Capital Partners IV	133,839	\$ 133,839
	USAA Eagle Real Estate Fund	Limited Partnership in USAA Real Estate Feeder 1	10,000,000	\$ 10,000,000
	Vintage IV Offshore Holdings	Limited Partnership in Goldman Sachs Vintage IV Offshore	280,946	\$ 280,946
*	United of Omaha Life Insurance Company	401(h) Account Group Annuity Contract, General Asset Account Rates averaged 5.78% through December 31, 2024	3,313,718	\$ 3,313,718
			942,871,943	\$ 942,871,943
				\$ 955,798,316

\* Represents a party-in-interest

