

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	386
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	295
	6a(2)	296
	6b	32
	6c	75
	6d	403
	6e	0
	6f	403
	6g(1)	379
	6g(2)	395
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2H 2J 2K 2S 2T 3D 3H

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE 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**

A Name of plan GUARANTEE TRUST LIFE INSURANCE COMPANY AND SELECT AFFILIATES 401(K) AND PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 GUARANTEE TRUST LIFE INSURANCE COMPANY		D Employer Identification Number (EIN) 36-1174500	

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

JOHN HANCOCK 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
01-0233346	65838	74350	361	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	20237

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

NOVA 401(K) ASSOCIATES
10777 NORTHWEST FREEWAY
SUITE 440
HOUSTON, TX 77092

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	16035	TPA FEES	5

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

DEFINITI, LLC
3 HOLLAND STREET
ERIE, PA 16507

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	4202	TPA FEES	5

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

Schedule A (Form 5500) 2024
v. 240311

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

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

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

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

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

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

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

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

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

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

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	35736610

6 Contracts With Allocated Funds:

- a** State the basis of premium rates ▶

- b** Premiums paid to carrier
- c** Premiums due but unpaid at the end of the year
- d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.
Specify nature of costs ▶

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

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

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

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

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

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:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
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.	10b	

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. ▶

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

A Name of plan GUARANTEE TRUST LIFE INSURANCE COMPANY AND SELECT AFFILIATES 401(K) AND PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 GUARANTEE TRUST LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 36-1174500	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 59 60 62 63 67 68	RECORDKEEPER	56526	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

COMMONWEALTH FINANCIAL NETWORK

04-2675571

(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?
26	INVESTMENT ADVISOR	60808	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>GUARANTEE TRUST LIFE INSURANCE COMPANY AND SELECT AFFILIATES 401(K) AND PROFIT SHARING PLAN</u>	B Three-digit plan number (PN)	<u>333</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GUARANTEE TRUST LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>36-1174500</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2065 TD</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		<u>206329</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2060 TD</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		<u>570854</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2055 TD</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		<u>299714</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2050 TD</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		<u>416662</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2045 TD</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		<u>299744</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2040 TD</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		<u>412204</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2035 TD</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		<u>528841</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2030 TD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 471403
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2025 TD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 853769
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2010 TD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 815708
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER AGGRESSIVE LS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 858383
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER GROWTH LS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1083117
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER BALANCED LS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3864716
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER MODERATE LS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 585547
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER CONSERV LS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 362622
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY HERITAGE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 382613
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW WORLD FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 321696

a Name of MTIA, CCT, PSA, or 103-12 IE: **AF THE GROWTH FUND OF AMERICA**

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

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2283028
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a Name of MTIA, CCT, PSA, or 103-12 IE: **CAPITAL APPRECIATION FUND**

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

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3549711
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a Name of MTIA, CCT, PSA, or 103-12 IE: **DFA U.S. SMALL CAP FUND**

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

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	143864
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FRANKLIN SMALL-MID GROWTH**

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

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	867546
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JPMORGAN MIDCAP VALUE FUND**

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

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	583325
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MID CAP INDEX FUND**

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

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	779455
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a Name of MTIA, CCT, PSA, or 103-12 IE: **ROYCE SMALL-CAP OPPORTUNITY**

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

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	123276
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a Name of MTIA, CCT, PSA, or 103-12 IE: **T. ROWE PRICE SCI & TECH**

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

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2215885
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD EXPLORER FUND**

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

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	352286
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a Name of MTIA, CCT, PSA, or 103-12 IE: **500 INDEX FUND**

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

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3472031
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPAC GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1011629
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESTMENT COMPANY OF AMERICA		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 705958
a Name of MTIA, CCT, PSA, or 103-12 IE: DODGE & COX INTERNATIONAL ST		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23676
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADV LEVERAGED CO STK		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39539
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN MUTUAL BEACON FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 549437
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK DISCIPLINED VALUE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1028535
a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN SOCIAL CHOICE EQUITY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 153400
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE EQUITY INC		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1130651
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR TOTAL BOND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 888168
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO INTL BOND USD-HEDGED		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34137

a Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC INCOME OPP FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 124634
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a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2521962
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SHORT-TERM FEDERAL

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 820555
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan GUARANTEE TRUST LIFE INSURANCE COMPANY AND SELECT AFFILIATES 401(K) AND PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 GUARANTEE TRUST LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 36-1174500

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	3277	1496
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	813221	859620
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2808	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	489428	1484813
(2) U.S. Government securities	1c(2)	3257913	3706983
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	14462394	14982280
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	248939	199307
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	30422164	35736610
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	49700144	56971109
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	49700144	56971109

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1325953	
(B) Participants.....	2a(1)(B)	1886699	
(C) Others (including rollovers).....	2a(1)(C)	145342	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3357994
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	17291	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		17291
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		7600350
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		10975635

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3547676	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3547676
f Corrective distributions (see instructions)	2f		355
g Certain deemed distributions of participant loans (see instructions).....	2g		35117
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	55646	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	60808	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	5068	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		121522
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3704670

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7270965
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BRONSWICK BENJAMIN**

(2) EIN: **36-4409576**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	111
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1700000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

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

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

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

A Name of plan <u>GUARANTEE TRUST LIFE INSURANCE COMPANY AND SELECT AFFILIATES 401(K) AND PROFIT SHARING PLAN</u>	B Three-digit plan number (PN)	<u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GUARANTEE TRUST LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>36-1174500</u>	

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

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

1		0
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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): 01-0233346 33-6134835

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	
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702830A.

<p>SCHEDULE MEP (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p>	<p>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</p> <p>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)</p> <p>▶ File as an attachment to Form 5500.</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: 1.2em;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan GUARANTEE TRUST LIFE INSURANCE COMPANY AND SELECT AFFILIATES 401(K) AND PROFIT SHARING PLAN</p>	<p>B Three-digit Plan number (PN)..... ▶</p>	<p>333</p>
<p>C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF GUARANTEE TRUST LIFE INSURANCE COMPANY</p>	<p>D Administrator's EIN 36-1174500</p>	

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer GUARANTEE TRUST LIFE INSURANCE CO.	2b EIN 36-1174500	2c Percentage of Total Contributions for the Plan Year 90.44	2d Aggregate Account Balances Attributable to Participating Employer 47025236
2a Name of Participating Employer INDEPENDENCE DIRECTOR, INC.	2b EIN 36-2835500	2c Percentage of Total Contributions for the Plan Year 7.29	2d Aggregate Account Balances Attributable to Participating Employer 8255258

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	<input type="checkbox"/> Yes <input type="checkbox"/> No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

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

**Schedule MEP (2024)
v. 240311**

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UNITED NATIONAL LIFE INSURANCE	37-1095206	1.79	430167
CORNERSTONE SENIOR SERVICES, LLC	61-1293244	0.26	1191185
INDEPENDENCE REALTY DEVELOPMENT COMPANY	36-3073560	0.22	69262
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III	Pooled Employer Plan Information
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Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)..... Yes No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID _____

EIN # 36-1174500
PLAN #333

**Guarantee Trust Life Insurance Company and
Select Affiliates 401(k) and Profit Sharing Plan**
Financial Statements
Years Ended December 31, 2024 and 2023

**Guarantee Trust Life Insurance Company and
Select Affiliates 401(k) and Profit Sharing Plan**
Years Ended December 31, 2024 and 2023

**EIN # 36-1174500
PLAN #333**

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan
Glenview, IL

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit – 2024 Financial Statements

We have performed an audit of the accompanying financial statements of Guarantee Trust Life Insurance Company and Select Affiliates 401(k) and Profit Sharing 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 statement of net assets available for benefits as of December 31, 2024 and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

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

Opinion

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

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

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Guarantee Trust Life Insurance Company and Select Affiliates 401(k) and Profit Sharing Plan and to meet our ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Guarantee Trust Life Insurance Company and Select Affiliates 401(k) and Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Guarantee Trust Life Insurance Company and Select Affiliates 401(k) and Profit Sharing 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 Guarantee Trust Life Insurance Company and Select Affiliates 401(k) and Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year), Schedule H, Line 4j - Schedule of Investment Assets (Acquired and Disposed of Within the Plan Year), Schedule H, Line 4j - Schedule of Reportable Transactions, and Schedule H, Line 4a - Schedule of Delinquent Participant Contributions as of and for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's (DOL) 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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Auditor's Report on the 2023 Financial Statements

The financial statements of the Plan as of December 31, 2023, were audited by predecessor auditors. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated September 26, 2024 indicated that in their opinion (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2023 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).

Bronswick Benjamin P.C.

October 14, 2025
Chicago, IL

**Guarantee Trust Life Insurance Company and
Select Affiliates 401(k) and Profit Sharing Plan**
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

**EIN # 36-1174500
PLAN #333**

	2024	2023
ASSETS		
INVESTMENTS AT FAIR VALUE		
Nonparticipant directed:		
Cash and cash equivalents	\$ 1,484,813	\$ 1,277,001
Common stocks	9,295,630	8,289,676
Fixed-rate capital securities and bonds	4,141,714	3,844,118
Exchange traded funds	1,905,699	1,692,180
Mutual funds	3,346,222	3,106,760
Participant directed:		
Cash and cash equivalents	1,496	3,277
Mutual funds	35,736,609	30,422,164
TOTAL INVESTMENTS AT FAIR VALUE	55,912,183	48,635,176
RECEIVABLES		
Employer contributions	866,328	816,044
Employee contributions	-	111
Interest and dividend receivable	39,513	39,170
Participant loans	199,307	248,939
TOTAL RECEIVABLES	1,105,148	1,104,264
TOTAL ASSETS	\$ 57,017,331	\$ 49,739,440
 LIABILITIES		
EXCESS CONTRIBUTIONS PAYABLE	149	326
TOTAL LIABILITIES	\$ 149	\$ 326
NET ASSETS AVAILABLE FOR BENEFITS	\$ 57,017,182	\$ 49,739,114

**Guarantee Trust Life Insurance Company and
Select Affiliates 401(k) and Profit Sharing Plan**
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2024

**EIN # 36-1174500
PLAN #333**

	2024
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
INVESTMENT INCOME	
Net appreciation in fair value of investments	\$ 1,919,096
Net appreciation in fair value of investments - pooled accounts	5,163,430
Dividend and interest income (net of foreign taxes withheld)	517,824
Participant loan interest	17,291
Miscellaneous income	4,057
TOTAL INVESTMENT INCOME	7,621,698
CONTRIBUTIONS	
Employer contributions - discretionary	68,913
Employer contributions - safe harbor	784,916
Employer contributions - match	472,250
Employee contributions	1,886,424
Employee rollover contributions	145,342
Other	3,238
TOTAL CONTRIBUTIONS	3,361,083
TOTAL ADDITIONS TO NET ASSETS	10,982,781
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
BENEFITS PAID TO PARTICIPANTS OR BENEFICIARIES	3,583,147
FEEs AND ADMINISTRATIVE EXPENSES	121,566
TOTAL DEDUCTIONS FROM NET ASSETS	3,704,713
NET INCREASE	7,278,068
Net Assets Available for Benefits:	
Beginning of Year	49,739,114
End of Year	\$ 57,017,182

**Guarantee Trust Life Insurance Company and
Select Affiliates 401(k) and Profit Sharing Plan**

Notes to Financial Statements
December 31, 2024

EIN # 36-1174500

PLAN #333

Note 1 DESCRIPTION OF PLAN

The following description of the Guarantee Trust Life Insurance Company and Select Affiliates 401(k) and Profit Sharing Plan (the "Plan") provides only 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 contribution plan covering all full-time employees who have completed ninety days of eligible service and are age eighteen or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). After meeting the eligibility requirement, the employee is automatically enrolled into the Plan at the first day of the following quarter unless they opt-out in writing.

Effective August 1, 2018, the Plan was amended and restated to comply with the Pension Protection Act of 2006 ("PPA"), the Heroes Earnings Assistance and Relief Tax Act of 2008 ("HEART"), the Emergency Economic Stabilization Act of 2008 ("EESA"), the Workers, Retiree, and Employer Recovery Act of 2008 ("WRERA"), as well as the required changes from the 2010 Cumulative List of Changes in Plan Qualification Requirements described in Section 4 of Revenue Procedure 2005-66 as modified by Revenue Procedure 2007-44. Participating companies are Guarantee Trust Life Insurance Company, Independence Director, Inc., Independence Realty Development Co., and United National Life Insurance Company of America. The Plan also includes Cornerstone Senior Services, LLC as a related, non-participating company whose employees are eligible for deferrals but not eligible for either profit sharing or employer match. All of the above companies combined shall be referred to as the "Company".

The Plan was restated on January 1, 2022 to bring it into compliance for the "Cycle 3 Restatement" to be in compliance with the 2017 Cumulative List (Notice 2017-37). The Plan was amended effective January 1, 2023 to qualify as a Safe Harbor 401 (k) Plan.

Plan Administration

The Plan is administered by Guarantee Trust Life Insurance Company. Effective January 1, 2024, the record keeping of the Plan is performed by Nova 401(k) Associates. John Hancock Life Insurance Company (U.S.A.) ("John Hancock") and William Blair & Company, LLC, ("William Blair") are responsible for the custody and management of the Plan's assets.

Contributions

Participant Contributions

Eligible employees may contribute up to 100% of pre-tax or post-tax annual compensation with a limit of \$23,000 in 2024, as defined in the Plan. Contributions must be made through payroll deductions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (i.e., rollover contributions). Participants who have attained age 50 before the end of the plan year are eligible to make tax-deferred catch-up contributions.

**Guarantee Trust Life Insurance Company and
Select Affiliates 401(k) and Profit Sharing Plan**

Notes to Financial Statements
December 31, 2024

**EIN # 36-1174500
PLAN #333**

Note 1 DESCRIPTION OF PLAN (continued)

Company Contributions

Safe harbor employer contributions are 3% of eligible employees' Plan compensation. Matching employer contributions are discretionary. In addition, the Company may annually contribute a discretionary profit-sharing contribution to the participants' accounts. For the plan year ended December 31, 2024, the Company made safe harbor contributions of \$784,916 into non-participant directed accounts, employer matching contributions of \$466,420 into participant directed accounts, employer matching contributions of \$5,830 into non-participant directed accounts, and discretionary profit sharing contributions of \$68,913 into non-participant directed accounts.

Participant Accounts

Each participant's account is credited with any applicable 401 (k) contributions, safe harbor and matching contributions as well as the allocation of (a) the Company's profit sharing contribution, (b) plan earnings or losses, and (c) forfeitures. Allocations are based on participant earnings (wages) or account balances, as defined respectively. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. Rollovers into the Plan from other qualified plans are permitted at the discretion of the Plan Administrator.

Vesting

Participants' voluntary 401 (k) and the Plan Sponsor's safe harbor contributions are immediately vested. With regard to profit sharing contributions, participants are vested in their individual accounts at 0%, 20%, 40%, 60% and 100% after 1, 2, 3, 4 and 5 years of service, respectively. Participants are 100% vested after 5 years of credited service. With regards to matching contributions, participants are vested 100% after two years of credited service. Participants are 100% vested immediately in their rollover.

Participant Loans

Participants may borrow from their fund accounts a minimum of \$1,000, up to a maximum of \$50,000 or fifty percent of their account balance, whichever is less. The loans are secured by the balance in the participant's account and will bear interest at the prevailing rate as determined by the Plan Administrator. Participants may have only one outstanding loan at any time. Loans made for a purchase of a home may have a maximum term of 15 years. The loans are secured by the balance in the participant's account and bear interest at 2% above the prime rate at the date of issuance. Principal and interest are repaid through payroll deductions. A loan is due immediately after termination of employment.

Investment Options

Plan investments with John Hancock are participant directed. Upon enrollment in the Plan, a participant may direct contributions in any of the then-available investment fund options. Participants may change or transfer their investment options at any time via a secure internet website. Plan investments with William Blair are not directed by participants.

**Guarantee Trust Life Insurance Company and
Select Affiliates 401(k) and Profit Sharing Plan**

Notes to Financial Statements
December 31, 2024

EIN # 36-1174500

PLAN #333

Note 1 DESCRIPTION OF PLAN (continued)

Payment of Benefits

Benefit payments or withdrawals may be made for any of the following circumstances: normal retirement upon reaching age 65; total disability; employee death; hardship; and termination of service. On the required payment date, benefits will be paid as either a lump sum equal to the value of the participant's account or through the payment of equal or substantially equal installments paid not less than annually over a period not to exceed the participant's life expectancy (joint life expectancy for joint life spousal election).

Forfeitures

The Plan has the option to use forfeited balances of terminated participants' non-vested accounts to either offset Plan expenses or pay other Plan Sponsor contributions. At December 31, 2024 and 2023, forfeited nonvested accounts totaled \$3,277 and \$5,502, respectively. During the years ended December 31, 2024 and 2023, the additional discretionary nonelective contributions paid to participants was \$3,277 and \$2,825, respectively, from forfeited nonvested accounts.

Note 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The Plan's financial statements are prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts, which would be reported at contract value..

Management 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 disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (see Note 3). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investment committee determines the Plan's valuation policies utilizing information provided by the investment advisor and custodians. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/(depreciation) includes the Plan's realized and unrealized gains and losses on investments bought and sold, as well as those held at year-end.

Note 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Benefit Payments and Distributions

Benefits and distributions are recorded when paid.

Participant Loans

Notes receivable from participants are measured at their unpaid principal balance plus accrued interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (“IRS”) are recorded as a liability with a corresponding reduction to contributions in the prior year and a reduction of distributions to participants in the following year, the year of the actual distribution.

Operating Expenses

Certain expenses incurred maintaining the Plan are paid directly by the Plan Sponsor and excluded from these financial statements. Investment-related expenses are included in net investment appreciation/(depreciation) in fair value of investments. The remaining expenses of maintaining the Plan are paid by the Plan and are included in administrative expenses.

Reclassification

Reclassifications have been made to the prior year balances to conform to the current year presentation. Such reclassifications were made for comparative purposes only, and do not restate the prior year financial statements.

Note 3 FAIR VALUE MEASUREMENT

Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs 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;

**Guarantee Trust Life Insurance Company and
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Notes to Financial Statements
December 31, 2024

**EIN # 36-1174500
PLAN #333**

Note 3 FAIR VALUE MEASUREMENT (continued)

- 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 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 must maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of valuation method used for assets measured at fair value:

Common Stocks: Valued at the daily closing price as reported by the stock exchange. These stocks are required to publish their daily trading price and to transact at that price. The common stocks held by the Plan are deemed to be actively traded.

Exchange Traded Funds: Valued at market prices as they are common stocks.

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

Fixed-rate Securities and Bonds: Fair values of available-for-sale fixed maturity securities are based on quoted market prices, where available. These fair values are obtained primarily from third-party pricing services and reported by the custodian. Level II securities primarily include corporate securities, securities from states, municipalities and political subdivisions, and United States Government securities. These securities are generally not actively traded; thus, the pricing services may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. de, but are not limited to, broker quotes, benchmark yields, credit spreads, and default rates.

**Guarantee Trust Life Insurance Company and
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EIN # 36-1174500

Notes to Financial Statements

PLAN #333

December 31, 2024

Note 3 FAIR VALUE MEASUREMENT (continued)

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

December 31, 2024	Level 1	Level 2	Level 3	Total
Common Stock	\$ 9,295,630	\$ -	\$ -	\$ 9,295,630
Exchange Traded Funds	1,905,699	-	-	1,905,699
Mutual Funds	39,082,831	-	-	39,082,831
Fixed-rate Capital Securities	-	3,842,770	-	3,842,770
Fixed-rate Bonds	-	298,944	-	298,944
Investments at Fair Value	<u>\$ 50,284,160</u>	<u>\$ 4,141,714</u>	<u>\$ -</u>	<u>\$ 54,425,874</u>
December 31, 2023	Level 1	Level 2	Level 3	Total
Common Stock	\$ 8,289,676	\$ -	\$ -	\$ 8,289,676
Exchange Traded Funds	1,692,180	-	-	1,692,180
Mutual Funds	33,528,924	-	-	33,528,924
Fixed-rate Capital Securities	-	3,257,913	-	3,257,913
Fixed-rate Bonds	-	586,205	-	586,205
Investments at Fair Value	<u>\$ 43,510,780</u>	<u>\$ 3,844,118</u>	<u>\$ -</u>	<u>\$ 47,354,898</u>

For the year ended December 31, 2024 and 2023, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

Note 4 TRUSTEES AND INVESTMENT MANAGER

Under the terms of the trust agreement, Richard See Holson III, Michael Lockett, Donald P. Abbs, and Barbara L. Taube are Trustees. The investment advisor and investments are selected by the Trustees and may change from time to time. With regard to the 401(k) and employer match contributions, investment activities are at the discretion of the participants based upon those investments made available under the Plan.

Note 5 PLAN TERMINATION

Although it has not expressed any intention to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contribution accounts.

**Guarantee Trust Life Insurance Company and
Select Affiliates 401(k) and Profit Sharing Plan**

Notes to Financial Statements
December 31, 2024

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Note 6 TAX STATUS

The Plan has adopted a Volume Submitter Plan sponsored by Datair Employee Benefit Systems Inc dated March 31, 2014. The Company received a favorable opinion letter dated June 30, 2020 for its prototype plan from the Internal Revenue Service qualifying the Plan under the provisions stated in Section 401(a) of the Internal Revenue Code and for exemption of income taxes on the earnings of the trust fund under Section 501(a) of the Internal Revenue Code. Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. Tax returns are generally open for a three-year period after being filed. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7 RISKS AND UNCERTAINTIES

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

Note 8 ERISA SECTION 103(a)(3)(C) AUDIT

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the following information was certified as complete and accurate by the trustee, John Hancock, as of December 31, 2024 and 2023 and for the years then ended:

	<u>2024</u>	<u>2023</u>
Investments at fair value:		
Mutual funds	\$ 35,736,609	\$ 30,422,164
Notes receivable - participants' loans	199,307	248,939
Investment gain/(loss) from pooled separate accounts	5,163,430	n/a
Interest income - notes receivable - participant loans	17,291	n/a
Fees paid by Plan	119,903	n/a

**Guarantee Trust Life Insurance Company and
Select Affiliates 401(k) and Profit Sharing Plan**

Notes to Financial Statements
December 31, 2024

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Note 9 NON-PARTICIPANT DIRECTED INVESTMENTS

Information about net assets and significant components of the changes in net assets related to the non-participant directed investments is as follows:

	2024	2023
Net Assets		
Cash	\$ 1,484,813	\$ 1,277,001
Common stocks	9,295,630	8,289,676
Exchange traded funds	4,141,714	1,692,180
Fixed-rate capital securities and bonds	1,905,699	3,844,118
Mutual funds	3,346,222	3,106,760
Employer safe harbor receivable	784,916	752,471
Employer discretionary receivable	68,874	60,750
Employer contribution - other	12,538	2,823
Interest and dividends receivable	39,513	39,170
	\$ 21,079,919	\$ 19,064,949
	2024	
Change in Net Assets		
Net appreciation (depreciation)	\$ 1,919,096	
Dividend and interest income	517,824	
Contributions	866,328	
Benefits paid to participants	(1,290,177)	
	\$ 2,013,071	

**Guarantee Trust Life Insurance Company and
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Notes to Financial Statements
December 31, 2024

EIN # 36-1174500

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Note 10 RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements for the years ended December 31, 2024 and 2023 to Schedule H Form 5500.

	2024	2023
Net assets available for benefits per the financial statements	\$ 57,017,182	\$ 49,739,114
Employee 401(k) contributions due at December 31, 2024 and 2023	-	(111)
Additional employer match contributions due at December 31, 2024 and 2023	(6,709)	-
Company contributions - other due at December 31, 2024 and 2023	-	(15)
Interest and dividends receivable at December 31, 2024 and 2023	(39,513)	(39,170)
Excess contributions payable at December 31, 2024 and 2023	149	326
Net assets available for benefits per Form 5500	<u>\$ 56,971,109</u>	<u>\$ 49,700,144</u>

The following is a reconciliation of company contributions - other receivables per the financial statements at December 31, 2024 and 2023 to Schedule H Form 5500.

	2024	2023
Receivables: Participant contributions per the financial statements	\$ -	\$ 111
Less: Participant contributions not yet made at December 31, 2024 and 2023	-	(111)
Receivables: Participant contributions per Form 5500	<u>\$ -</u>	<u>\$ -</u>

The following is a reconciliation of interest/dividends receivable per the financial statements for the years ended December 31, 2024 and 2023 to Schedule H Form 5500.

	2024	2023
Interest and dividends receivable per the financial statements	\$ 39,513	\$ 39,170
Less: Interest and dividends receivable at December 31, 2024 and 2023	(39,513)	(39,170)
Interest and dividends receivable per the Form 5500	<u>\$ -</u>	<u>\$ -</u>

**Guarantee Trust Life Insurance Company and
Select Affiliates 401(k) and Profit Sharing Plan**

Notes to Financial Statements
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PLAN #333

Note 10 RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H FORM 5500 (continued)

The following is a reconciliation of excess contributions payable per the financial statements for the years ended December 31, 2024 and 2023 to Schedule H Form 5500.

	2024	2023
Excess contributions payable per the financial statements	\$ 149	\$ 326
Less: Current year excess contributions not accrued at December 31, 2024 and 2023	(149)	(326)
Excess contributions payable per the Form 5500	\$ -	\$ -

The following is a reconciliation of additions to net assets per the financial statements for the year ended December 31, 2024 to Schedule H Form 5500.

Total additions to net assets per financial statements	\$ 10,982,781
Plus: Excess contributions adjustments related to 2023	149
Less: Contributions - other per the financials statements	(3,238)
Less: Miscellaneous income per financial statements	(4,057)
Total income per Form 5500	\$ 10,975,635

The following is a reconciliation of deductions from net assets per the financial statements for the year ended December 31, 2024 to Schedule H Form 5500.

Total deductions from net assets per financial statements	\$ 3,704,713
Less: other fees per financial statements	(43)
Total expenses per Form 5500	\$ 3,704,670

Note 11 SUBSEQUENT EVENTS

Plan management has evaluated events and transactions through October 14, 2025, the date the financial statements were available to be issued. There were no material events that required recognition or additional disclosures in these financial statements.

**SUPPLEMENTARY SCHEDULES REQUIRED BY
THE DEPARTMENT OF LABOR**

**Guarantee Trust Life Insurance Company and
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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

(a) Party-in- Interest	(b) Face Value or Number of Shares	(c) Description	(d) Cost	(e) Fair Value 12/31/24
<u>Common Stocks - Nonparticipant Directed</u>				
	2,250	ALPHABET INC CAP STK CL A	\$ 59,619	\$ 425,925
	2,000	AMAZON.COM Inc	60,139	438,780
	500	AON PLC SHS CL A COM	42,755	179,580
	1,850	APPLE INC	69,392	463,277
	2,000	BOOZ ALLEN HAMILTON HLDG CORP CL A	224,725	257,400
	4,000	CHIPOTLE MEXICAN GRILL INC	237,633	241,200
	2,800	COOPER COS INC COM	181,133	257,404
	550	COSTCO WHOLESALE CORP COM	31,740	503,949
	1,000	CYBERARK SOFTWARE LTD COM	265,400	333,150
	1,000	DANAHER CORPORATION COM	94,125	229,550
	250	ELI LILLY & CO COM	197,976	193,000
	2,000	FISERV INC COM STK	198,645	410,840
	400	GOLDMAN SACHS GROUP INC COM	237,777	229,048
	1,000	INTERNATIONAL BUS MACH CORP COM	191,504	219,830
	400	INTUIT INC	102,657	251,400
	1,500	JPMORGAN CHASE & CO. COM	164,925	359,565
	600	MASTERCARD INCORPORATED CL A	61,962	315,942
	700	META PLATFORMS INC CLASS A COMMON STOCK	221,364	409,857
	750	MICROSOFT CORP	145,467	316,125
	700	MOTOROLA SOLUTIONS INC	207,586	323,561
	300	NETFLIX INC	194,456	267,396
	2,500	NVIDIA CORPORATION COM	93,884	335,725
	1,250	PALO ALTO NETWORKS INC COM	164,576	227,450
	1,500	PROGRESSIVE CORP COM	150,090	359,415
	1,000	SALESFORCE INC COM	26,209	334,330
	300	SERVICENOW INC COM	134,622	318,036
	1,000	VERISK ANALYTICS INC COM	87,575	275,430
	1,000	VISA INC	22,935	316,040
	1,000	WORKDAY INC COM	114,491	258,030
	1,500	ZOETIS INC	80,420	244,395
		Total Common Stocks - Nonparticipant Directed	<u>\$ 4,065,782</u>	<u>\$ 9,295,630</u>

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

(a) Party-in- Interest	(b) Face Value or Number of Shares	(c) Description	(d) Cost	(e) Fair Value 12/31/24
<u>Mutual Funds - Nonparticipant Directed</u>				
	11,590	COHEN & STEERS INSTL REAL TY SHARES	\$ 533,893	\$ 555,293
	8,440	DFA EMERGrNG MARKETS PORTFOLIO	286,170	241,129
	58,841	OFA INTERNATIONAL SUSTAIN CORE 1 PORT	551,192	734,334
	17,561	DFA INTERNATIONAL VALUE PRTF INSTL	368,477	361,586
	16,012	MFS MID CAP VALUE FUND CL R6	407,510	509,011
	18,984	T ROWE PRICE CAPITAL APPRECIATION I	490,274	657,051
	4,575	T ROWE PRICE INTNATL DISCOVERY FUND I CL	229,995	287,818
		Total Mutual Funds - Nonparticipant Directed	<u>\$ 2,867,511</u>	<u>\$ 3,346,222</u>
<u>Exchange Traded Funds - Nonparticipant Directed</u>				
	15,000	INVESCO EX-CHANGE TRADED FD TR HSE RAFI	\$ 461,466	\$ 605,100
	5,250	VANGUARD INDEX FDS VANGUARD VALUE ETF	461,501	888,825
	4,850	VANGUARD INTL EQUITY INDEX FDS TTSE EMR	200,932	213,594
	1,000	VANGUARD SMALL CAP VALUE ETF	110,244	198,180
		Total Exchange Traded Funds - Nonparticipant Directed	<u>\$ 1,234,143</u>	<u>\$ 1,905,699</u>
<u>Fixed-Rate Capital Securities - Nonparticipant Directed</u>				
	150,000	UNITED STATES TREAS NOTES 2.75000%	\$ 145,289	\$ 149,622
	150,000	UNITED STATES TREAS SER AM-2025 2.62500%	149,168	149,301
	200,000	UNITED STATES TREAS SER AN-2025 2.75000%	192,422	198,900
	150,000	UNITED STATES TREAS SER AP-2025 2.87500%	148,664	149,094
	200,000	UNITED STATES TREAS SER AO-2025 3.00000%	195,938	198,710
	150,000	UNITED STATES TREAS SER fi-2025 3.00000%	148,031	148,634
	150,000	UNITED STATES TREAS SER S-2025 2.87500%	150,090	148,157
	100,000	UNITED STATES TREAS SER AJ-2026 3.87500%	98,453	99,667
	150,000	UNITED STATES TREAS SER AK-2026 4.00000%	147,164	149,606
	100,000	UNITED STATES TREAS SER AL-2026 4.62500%	101,230	100,432
	250,000	UNITED STATES TREAS SER AM-2026 3.75000%	248,633	248,415
	150,000	UNITED STATES TREAS SER AP-2026 4.12500%	148,488	149,742
		Subtotal Forward	<u>\$ 1,873,570</u>	<u>\$ 1,890,280</u>

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**EIN # 36-1174500
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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
Party-in- Interest	Face Value or Number of Shares	Description	Cost	Fair Value 12/31/24

Fixed-Rate Capital Securities - Nonparticipant Directed (continued)

Subtotal Forward			\$ 1,873,570	\$ 1,890,280
	100,000	UNITED STATES TREAS SER AQ-2026 4.50000%	99,883	100,360
	150,000	UNITED STATES TREAS SER AR-2026 4.37500%	150,454	150,278
	200,000	UNITED STATES TREAS SER AS-2026 4.62500%	199,969	201,192
	100,000	UNITED STATES TREAS SER AT-2026 4.62500%	99,477	100,612
	200,000	UNITED STATES TREAS SER AU-2026 4.62500%	200,161	201,304
	200,000	UNITED STATES TREAS SER AK-2027 4.12500%	198,078	199,456
	200,000	UNITED STATES TREAS SER AL-2027 4.25000%	201,078	199,948
	200,000	UNITED STATES TREAS SER AN-2027 4.50000%	201,681	200,996
	200,000	UNITED STATES TREAS SER AP-2027 4.62500%	201,681	201,676
	200,000	UNITED STATES TREAS SER AR-2027 3.75000%	199,219	197,460
	200,000	UNITED STATES TREAS SER AF-201.7 4.12500%	199,227	199,208
		Total Fixed-Rate Capital Securities - Nonparticipant Directed	<u>\$ 3,824,478</u>	<u>\$ 3,842,770</u>

(a)	(b)	(c)	(d)	(e)
Party-in- Interest	Face Value or Number of Shares	Description	Cost	Fair Value 12/31/24

Fixed-Rate Bonds - Nonparticipant Directed

	100,000	3M CO NOTE CALL MAKE WHOLE 2.00000%	\$ 101,136	\$ 99,657
	100,000	GRAINGER WW INC NOTE CALL MAKE WHOLE	103,318	99,575
	100,000	HUNTSVILLE ALA PUB BLDG AUTH LEASE REV	101,104	\$ 99,712
		Total Fixed-Rate Bonds - Nonparticipant Directed	<u>\$ 305,558</u>	<u>\$ 298,944</u>
		Directed	<u>\$ 305,558</u>	<u>\$ 298,944</u>

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**EIN # 36-1174500
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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
Party-in- Interest	Identity of Borrower	Face Value or Number of Shares	Description	Cost Fair Value 12/31/24
<u>Mutual Funds - Participant Directed</u>				
			JH Multimanager Balanced LS	\$ 3,401,475 \$ 3,864,716
			Capital Appreciation Fund	2,061,361 3,549,711
			500 Index Fund	2,386,269 3,472,031
			Money Market Fund	2,440,984 2,521,962
			AF The Growth Fund of America	988,066 2,283,028
			T. Rowe Price Sci & Tech	1,317,139 2,215,885
			T. Rowe Price Equity Inc	758,408 1,130,651
			JH Multimanager Growth LS	895,299 1,083,117
			John Hancock Disciplined Value	648,703 1,028,535
			American Funds EuroPac Growth	778,600 1,011,629
			Fidelity Advisor Total Bond	872,764 888,168
			Franklin Small-Mid Growth	524,474 867,546
			JH Multimanager Aggressive LS	657,640 858,383
			American Funds 2025 TD	660,877 853,769
			Vanguard Short-Term Federal	800,083 820,555
			American Funds 2010 TD	686,616 815,708
			Mid Cap Index Fund	500,474 779,455
			Investment Company of America	333,689 705,958
			JH Multimanager Moderate LS	560,316 585,547
			JPMorgan MidCap Value Fund	428,951 583,325
			American Funds 2060 TD	447,034 570,854
			Franklin Mutual Beacon Fund	452,176 549,437
			American Funds 2035 TD	450,165 528,841
			American Funds 2030 TD	406,220 471,403
			American Funds 2050 TD	336,652 416,662
			American Funds 2040 TD	307,858 412,204
			American Century Heritage	261,142 382,613
			JH Multimanager Conserv LS	362,135 362,622
			Vanguard Explorer Fund	268,621 352,286
			American Funds New World Fund	280,657 321,696
			American Funds 2045 TD	235,349 299,744
			American Funds 2055 TD	251,606 299,714
			American Funds 2065 TD	182,996 206,329
			Nuveen Social Choice Equity	101,805 153,400
			DFA U.S. Small Cap Fund	118,941 143,864
			Strategic Income Opp Fund	113,160 124,634
			Royce Small-Cap Opportunity	103,947 123,276
			Fidelity Adv Leveraged Co Stk	22,577 39,539
			PIMCO Intl Bond USD-Hedged	30,496 34,137
			Dodge & Cox International St	21,179 23,675
			Total Mutual Funds - Participant Directed	\$ 26,456,904 \$ 35,736,609
*			Participant Notes Receivable 4.25% - 10.50%	\$ - \$ 199,307
			Forfeitures	\$ 1,496 \$ 1,496

**Guarantee Trust Life Insurance Company and
Select Affiliates 401(k) and Profit Sharing Plan**
Supplemental Schedules Required by the Department of Labor
December 31, 2024

**EIN # 36-1174500
PLAN #333**

**Schedule H, line 4i - Schedule of Assets (Held at End of Year)
(Acquired and Disposed of Within the Plan Year)
Year Ended December 31, 2024**

<u>(a)</u> Identity of Issue	<u>(c)</u> Cost of Acquisitions	<u>(d)</u> Proceeds of Disposition
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NOTE: Labor regulations Section 2520.103-11 (b)(2)(vi) excludes participation in Pooled Separate Accounts and labor regulations Section 2520.103-11 (b)(2)(vii) excludes securities purchased from a broker-dealer and listed on a registered national securities exchange from the definition of "Assets Held for Investment Purposes" if the assets were not held on the last day of the plan year.

Accordingly, all transactions in the participant directed Pooled Separate Accounts are excluded from this report.

**Guarantee Trust Life Insurance Company and
Select Affiliates 401(k) and Profit Sharing Plan**
Supplemental Schedules Required by the Department of Labor
December 31, 2024

**EIN # 36-1174500
PLAN #333**

**Schedule H, line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2024**

<u>(a)</u> <u>Identity of Party</u> <u>Involved</u>	<u>(b)</u> <u>Description</u> <u>of Assets</u>	<u>(c)</u> <u>Purchase</u> <u>Price</u>	<u>(d)</u> <u>Selling</u> <u>Price</u>	<u>(e)</u> <u>Lease</u> <u>Rental</u>	<u>(f)</u> <u>Expense</u> <u>Incurred</u>	<u>(g)</u> <u>Cost of</u> <u>Asset</u>	<u>(h)</u> <u>Current Value of Asset On</u> <u>Transaction Date</u>	<u>(i)</u> <u>Net Gain (or</u> <u>Loss)</u>
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No reportable transactions

NOTE: Labor regulation Section 2520.103-6(c)(3) excludes plans contributing in Pooled Separate Accounts from reporting their individual transactions. Therefore, all Pooled Separate Account transactions are excluded from this report.

**Guarantee Trust Life Insurance Company and
 Select Affiliates 401(k) and Profit Sharing Plan**
 Supplemental Schedules Required by the Department of Labor
 December 31, 2024

**EIN # 36-1174500
 PLAN #333**

Schedule H, line 4a - Schedule of Delinquent Participant Contributions

	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Participant Contributions Transferred Late to Plan for year ended 12/31/2023	\$ -	\$ 111	\$ -	\$ -

**Guarantee Trust Life Insurance Company and
Select Affiliates 401(k) and Profit Sharing Plan**
Supplemental Schedules Required by the Department of Labor
December 31, 2024

**EIN # 36-1174500
PLAN #333**

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

(a) Party-in- Interest	(b) Face Value or Number of Shares	(c) Description	(d) Cost	(e) Fair Value 12/31/24
<u>Common Stocks - Nonparticipant Directed</u>				
	2,250	ALPHABET INC CAP STK CL A	\$ 59,619	\$ 425,925
	2,000	AMAZON.COM Inc	60,139	438,780
	500	AON PLC SHS CL A COM	42,755	179,580
	1,850	APPLE INC	69,392	463,277
	2,000	BOOZ ALLEN HAMILTON HLDG CORP CL A	224,725	257,400
	4,000	CHIPOTLE MEXICAN GRILL INC	237,633	241,200
	2,800	COOPER COS INC COM	181,133	257,404
	550	COSTCO WHOLESALE CORP COM	31,740	503,949
	1,000	CYBERARK SOFTWARE LTD COM	265,400	333,150
	1,000	DANAHER CORPORATION COM	94,125	229,550
	250	ELI LILLY & CO COM	197,976	193,000
	2,000	FISERV INC COM STK	198,645	410,840
	400	GOLDMAN SACHS GROUP INC COM	237,777	229,048
	1,000	INTERNATIONAL BUS MACH CORP COM	191,504	219,830
	400	INTUIT INC	102,657	251,400
	1,500	JPMORGAN CHASE & CO. COM	164,925	359,565
	600	MASTERCARD INCORPORATED CL A	61,962	315,942
	700	META PLATFORMS INC CLASS A COMMON STOCK	221,364	409,857
	750	MICROSOFT CORP	145,467	316,125
	700	MOTOROLA SOLUTIONS INC	207,586	323,561
	300	NETFLIX INC	194,456	267,396
	2,500	NVIDIA CORPORATION COM	93,884	335,725
	1,250	PALO ALTO NETWORKS INC COM	164,576	227,450
	1,500	PROGRESSIVE CORP COM	150,090	359,415
	1,000	SALESFORCE INC COM	26,209	334,330
	300	SERVICENOW INC COM	134,622	318,036
	1,000	VERISK ANALYTICS INC COM	87,575	275,430
	1,000	VISA INC	22,935	316,040
	1,000	WORKDAY INC COM	114,491	258,030
	1,500	ZOETIS INC	80,420	244,395
		Total Common Stocks - Nonparticipant Directed	<u>\$ 4,065,782</u>	<u>\$ 9,295,630</u>

**Guarantee Trust Life Insurance Company and
Select Affiliates 401(k) and Profit Sharing Plan**
Supplemental Schedules Required by the Department of Labor
December 31, 2024

**EIN # 36-1174500
PLAN #333**

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

(a) Party-in- Interest	(b) Face Value or Number of Shares	(c) Description	(d) Cost	(e) Fair Value 12/31/24
<u>Mutual Funds - Nonparticipant Directed</u>				
	11,590	COHEN & STEERS INSTL REAL TY SHARES	\$ 533,893	\$ 555,293
	8,440	DFA EMERGrNG MARKETS PORTFOLIO	286,170	241,129
	58,841	OFA INTERNATIONAL SUSTAIN CORE 1 PORT	551,192	734,334
	17,561	DFA INTERNATIONAL VALUE PRTF INSTL	368,477	361,586
	16,012	MFS MID CAP VALUE FUND CL R6	407,510	509,011
	18,984	T ROWE PRICE CAPITAL APPRECIATION I	490,274	657,051
	4,575	T ROWE PRICE INTNATL DISCOVERY FUND I CL	229,995	287,818
		Total Mutual Funds - Nonparticipant Directed	<u>\$ 2,867,511</u>	<u>\$ 3,346,222</u>
<u>Exchange Traded Funds - Nonparticipant Directed</u>				
	15,000	INVESCO EX-CHANGE TRADED FD TR HSE RAFI	\$ 461,466	\$ 605,100
	5,250	VANGUARD INDEX FDS VANGUARD VALUE ETF	461,501	888,825
	4,850	VANGUARD INTL EQUITY INDEX FDS TTSE EMR	200,932	213,594
	1,000	VANGUARD SMALL CAP VALUE ETF	110,244	198,180
		Total Exchange Traded Funds - Nonparticipant Directed	<u>\$ 1,234,143</u>	<u>\$ 1,905,699</u>
<u>Fixed-Rate Capital Securities - Nonparticipant Directed</u>				
	150,000	UNITED STATES TREAS NOTES 2.75000%	\$ 145,289	\$ 149,622
	150,000	UNITED STATES TREAS SER AM-2025 2.62500%	149,168	149,301
	200,000	UNITED STATES TREAS SER AN-2025 2.75000%	192,422	198,900
	150,000	UNITED STATES TREAS SER AP-2025 2.87500%	148,664	149,094
	200,000	UNITED STATES TREAS SER AO-2025 3.00000%	195,938	198,710
	150,000	UNITED STATES TREAS SER fi-2025 3.00000%	148,031	148,634
	150,000	UNITED STATES TREAS SER S-2025 2.87500%	150,090	148,157
	100,000	UNITED STATES TREAS SER AJ-2026 3.87500%	98,453	99,667
	150,000	UNITED STATES TREAS SER AK-2026 4.00000%	147,164	149,606
	100,000	UNITED STATES TREAS SER AL-2026 4.62500%	101,230	100,432
	250,000	UNITED STATES TREAS SER AM-2026 3.75000%	248,633	248,415
	150,000	UNITED STATES TREAS SER AP-2026 4.12500%	148,488	149,742
		Subtotal Forward	<u>\$ 1,873,570</u>	<u>\$ 1,890,280</u>

**Guarantee Trust Life Insurance Company and
Select Affiliates 401(k) and Profit Sharing Plan**
Supplemental Schedules Required by the Department of Labor
December 31, 2024

**EIN # 36-1174500
PLAN #333**

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

(a)	(b)	(c)	(d)	(e)
Party-in- Interest	Face Value or Number of Shares	Description	Cost	Fair Value 12/31/24

Fixed-Rate Capital Securities - Nonparticipant Directed (continued)

Subtotal Forward	\$ 1,873,570	\$ 1,890,280
100,000 UNITED STATES TREAS SER AQ-2026 4.50000%	99,883	100,360
150,000 UNITED STATES TREAS SER AR-2026 4.37500%	150,454	150,278
200,000 UNITED STATES TREAS SER AS-2026 4.62500%	199,969	201,192
100,000 UNITED STATES TREAS SER AT-2026 4.62500%	99,477	100,612
200,000 UNITED STATES TREAS SER AU-2026 4.62500%	200,161	201,304
200,000 UNITED STATES TREAS SER AK-2027 4.12500%	198,078	199,456
200,000 UNITED STATES TREAS SER AL-2027 4.25000%	201,078	199,948
200,000 UNITED STATES TREAS SER AN-2027 4.50000%	201,681	200,996
200,000 UNITED STATES TREAS SER AP-2027 4.62500%	201,681	201,676
200,000 UNITED STATES TREAS SER AR-2027 3.75000%	199,219	197,460
200,000 UNITED STATES TREAS SER AF-201.7 4.12500%	199,227	199,208
Total Fixed-Rate Capital Securities - Nonparticipant Directed	<u>\$ 3,824,478</u>	<u>\$ 3,842,770</u>

(a)	(b)	(c)	(d)	(e)
Party-in- Interest	Face Value or Number of Shares	Description	Cost	Fair Value 12/31/24

Fixed-Rate Bonds - Nonparticipant Directed

100,000 3M CO NOTE CALL MAKE WHOLE 2.00000%	\$ 101,136	\$ 99,657
100,000 GRAINGER WW INC NOTE CALL MAKE WHOLE	103,318	99,575
100,000 HUNTSVILLE ALA PUB BLDG AUTH LEASE REV	101,104	\$ 99,712
Total Fixed-Rate Bonds - Nonparticipant Directed	<u>\$ 305,558</u>	<u>\$ 298,944</u>

**Guarantee Trust Life Insurance Company and
Select Affiliates 401(k) and Profit Sharing Plan**
Supplemental Schedules Required by the Department of Labor
December 31, 2024

**EIN # 36-1174500
PLAN #333**

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

(a)	(b)	(c)	(d)	(e)
Party-in- Interest	Identity of Borrower	Face Value or Number of Shares	Description	Cost Fair Value 12/31/24
<u>Mutual Funds - Participant Directed</u>				
			JH Multimanager Balanced LS	\$ 3,401,475 \$ 3,864,716
			Capital Appreciation Fund	2,061,361 3,549,711
			500 Index Fund	2,386,269 3,472,031
			Money Market Fund	2,440,984 2,521,962
			AF The Growth Fund of America	988,066 2,283,028
			T. Rowe Price Sci & Tech	1,317,139 2,215,885
			T. Rowe Price Equity Inc	758,408 1,130,651
			JH Multimanager Growth LS	895,299 1,083,117
			John Hancock Disciplined Value	648,703 1,028,535
			American Funds EuroPac Growth	778,600 1,011,629
			Fidelity Advisor Total Bond	872,764 888,168
			Franklin Small-Mid Growth	524,474 867,546
			JH Multimanager Aggressive LS	657,640 858,383
			American Funds 2025 TD	660,877 853,769
			Vanguard Short-Term Federal	800,083 820,555
			American Funds 2010 TD	686,616 815,708
			Mid Cap Index Fund	500,474 779,455
			Investment Company of America	333,689 705,958
			JH Multimanager Moderate LS	560,316 585,547
			JPMorgan MidCap Value Fund	428,951 583,325
			American Funds 2060 TD	447,034 570,854
			Franklin Mutual Beacon Fund	452,176 549,437
			American Funds 2035 TD	450,165 528,841
			American Funds 2030 TD	406,220 471,403
			American Funds 2050 TD	336,652 416,662
			American Funds 2040 TD	307,858 412,204
			American Century Heritage	261,142 382,613
			JH Multimanager Conserv LS	362,135 362,622
			Vanguard Explorer Fund	268,621 352,286
			American Funds New World Fund	280,657 321,696
			American Funds 2045 TD	235,349 299,744
			American Funds 2055 TD	251,606 299,714
			American Funds 2065 TD	182,996 206,329
			Nuveen Social Choice Equity	101,805 153,400
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**Guarantee Trust Life Insurance Company and
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Supplemental Schedules Required by the Department of Labor
December 31, 2024

**EIN # 36-1174500
PLAN #333**

**Schedule H, line 4i - Schedule of Assets (Held at End of Year)
(Acquired and Disposed of Within the Plan Year)
Year Ended December 31, 2024**

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