

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan STANDARD RETIREMENT PLAN - HOME OFFICE PERSONNEL
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 07/01/1955
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) STANCORP FINANCIAL GROUP, INC. 1100 SW SIXTH AVENUE PORTLAND, OR 97204-1093
2b	Employer Identification Number (EIN) 93-1253576
2c	Plan Sponsor's telephone number 971-321-7000
2d	Business code (see instructions) 551112

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	MELISSA OLIVER-JANIAK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 2247
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) 514 6a(2) 472 6b 1070 6c 584 6d 2126 6e 99 6f 2225 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 3H 3D

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) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
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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
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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 STANDARD RETIREMENT PLAN - HOME OFFICE PERSONNEL	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 STANCORP FINANCIAL GROUP, INC.	D Employer Identification Number (EIN) 93-1253576	

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.
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1 Coverage Information:

(a) Name of insurance carrier STANDARD 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
93-0242990	69019	502358	2225	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	0

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	279650397
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5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0
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6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	0
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c Premiums due but unpaid at the end of the year	6c	0
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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 ▶	6d	0
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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	319099277
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c Additions: (1) Contributions deposited during the year	7c(1)	0	
(2) Dividends and credits.....	7c(2)	0	
(3) Interest credited during the year.....	7c(3)	12430474	
(4) Transferred from separate account	7c(4)	0	
(5) Other (specify below)..... ▶	7c(5)	0	

(6) Total additions	7c(6)	12430474
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d Total of balance and additions (add lines 7b and 7c(6))	7d	331529751
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	20334954	
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(2) Administration charge made by carrier.....	7e(2)	144400
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(3) Transferred to separate account	7e(3)	31400000
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(4) Other (specify below)..... ▶	7e(4)	0
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(5) Total deductions	7e(5)	51879354
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	279650397
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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 ☐ paid in cash, or ☐ 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. Specify nature of costs.	10b	

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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan STANDARD RETIREMENT PLAN - HOME OFFICE PERSONNEL	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF STANCORP FINANCIAL GROUP, INC.	D Employer Identification Number (EIN) 93-1253576
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	624436976	
b	Actuarial value	2b	624436976	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	1112	235420209	235420209
b	For terminated vested participants	621	63769717	63769717
c	For active participants	514	110308472	126004882
d	Total	2247	409498398	425194808
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.14 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	64000	
c	Target normal cost	6c	64000	

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

SIGN HERE	Signature of actuary WILLIAM N. CORNELL, EA, MAAA Type or print name of actuary STANDARD RETIREMENT SERVICES, INC. Firm name PO BOX 711 PORTLAND, OR 97207-0711 Address of the firm	10/13/2025 Date 23-06487 Most recent enrollment number 971-321-8418 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	153831789
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	153831789
10 Interest on line 9 using prior year's actual return of 13.42 %	0	20644226
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.27 %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	174476015

Part III Funding Percentages

14 Funding target attainment percentage	14	105.82 %
15 Adjusted funding target attainment percentage	15	146.85 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.12 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions)	☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	64000	
b Excess assets, if applicable, but not greater than line 31a	31b	64000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	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 STANDARD RETIREMENT PLAN - HOME OFFICE PERSONNEL	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 STANCORP FINANCIAL GROUP, INC.	D Employer Identification Number (EIN) 93-1253576	

Part I	Service Provider Information (see instructions)
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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
STANDARD RETIREMENT SERVICES
25-1838406

(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)

GOLDMAN SACHS ASSET MANAGEMENT, LP

13-3575636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 56	NONE	260257	Yes ☒ No ☐	Yes ☒ No ☐	159113	Yes ☐ No ☒

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

STANDARD RETIREMENT SERVICES

25-1838406

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 11 12 13 15 17 18 50	SAME	136675	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BNY

13-5160382

(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?
19	NONE	4602	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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:	MOSS ADAMS LLP	b EIN:	91-0189318
c Position:	AUDITOR		
d Address:	805 SW BROADWAY SUITE 1400 PORTLAND, OR 97205	e Telephone:	503-242-1447

Explanation: MOSS ADAMS LLP MERGED WITH BAKER TILLY US, LLP ON JUNE 3, 2025.

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 STANDARD RETIREMENT PLAN - HOME OFFICE PERSONNEL	B Three-digit plan number (PN) ▶	002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 STANCORP FINANCIAL GROUP, INC.	D Employer Identification Number (EIN) 93-1253576	

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: GS CT INTERMEDIATE DURATION CREDIT			
b Name of sponsor of entity listed in (a): GOLDMAN SACHS			
c EIN-PN 13-4166989-034	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25328426	
a Name of MTIA, CCT, PSA, or 103-12 IE: GS CT LONG DURATION CREDIT FUND			
b Name of sponsor of entity listed in (a): GOLDMAN SACHS			
c EIN-PN 13-4166989-026	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34399402	
a Name of MTIA, CCT, PSA, or 103-12 IE: GS CT TACTICAL EXPOSURE FUND			
b Name of sponsor of entity listed in (a): GOLDMAN SACHS			
c EIN-PN 13-4166989-027	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10174799	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	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 STANDARD RETIREMENT PLAN - HOME OFFICE PERSONNEL	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 STANCORP FINANCIAL GROUP, INC.	D Employer Identification Number (EIN) 93-1253576

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	1303752
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	20009218
(2) U.S. Government securities	1c(2)	0	53786365
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	69902627
(10) Value of interest in pooled separate accounts	1c(10)	305337699	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	204106726
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	319099277	279650397
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	624436976	628759085
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	14942	22957
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	14942	22957
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	624422034	628736128

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)	0	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	399136	
(B) U.S. Government securities	2b(1)(B)	1334965	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	12430474	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		14164575
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3470119	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		3470119
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	-11913912	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	-402128	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-11511784
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	-12055304	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		19361287
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		13013645
c Other income	2c		156613
d Total income. Add all income amounts in column (b) and enter total	2d		26599151

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	22055715	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		22055715
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	40888	
(6) Bank or trust company trustee/custodial fees	2i(6)	4602	
(7) Actuarial fees	2i(7)	136675	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	47177	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		229342
j Total expenses. Add all expense amounts in column (b) and enter total	2j		22285057

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4314094
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?		☒	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 560123.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	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 STANDARD RETIREMENT PLAN - HOME OFFICE PERSONNEL		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 STANCORP FINANCIAL GROUP, INC.		D Employer Identification Number (EIN) 93-1253576
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 93-0242990		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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
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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: 23.00 % Private Equity: 0.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 74.00 %

High-Yield Debt: 2.00 % Real Assets: 0.00 % Cash or Cash Equivalents: 1.00 % Other: 0.00 %

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
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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 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705217A.



Report of Independent Auditors
and Financial Statements
with Supplemental Schedules

**The Standard Retirement Plan for
Home Office Personnel**

December 31, 2024 and 2023

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Report of Independent Auditors

The Trustees of
The Standard Retirement Plan for Home Office Personnel

Report on the Audit of the Financial Statements

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

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

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

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

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, 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 GAAP.

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 GAAP.

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

Other Matter

Supplemental Schedules Required by ERISA

The supplemental schedules Schedule H, line 4(i) – schedule of assets (held at year end) as of December 31, 2024, and Schedule H, line 4(j) – schedule of reportable transactions 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 Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA.

- the information in the supplemental schedules related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Baker Tilly US, LLP

Portland, Oregon
October 14, 2025

Financial Statements

The Standard Retirement Plan for Home Office Personnel
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	2024	2023
ASSETS		
Investments at fair value		
Deposit administration contract	\$ 279,650,397	\$ 319,099,277
Registered investment companies	203,570,385	-
Collective trusts	69,902,627	-
U.S. government securities	53,786,365	-
Interest-bearing cash	20,009,218	-
Exchange-traded funds	536,341	-
Pooled separate account	-	305,337,699
Total investments, at fair value	<u>627,455,333</u>	<u>624,436,976</u>
Receivables		
Interest receivable	877,148	-
Due from broker	426,604	-
Total receivables	<u>1,303,752</u>	<u>-</u>
TOTAL ASSETS	<u>628,759,085</u>	<u>624,436,976</u>
LIABILITIES		
Accrued expenses	<u>22,957</u>	<u>14,942</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 628,736,128</u></u>	<u><u>\$ 624,422,034</u></u>

See accompanying notes.

The Standard Retirement Plan for Home Office Personnel
Statements of Changes in Net Assets Available for Benefits
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income		
Net appreciation in fair value of investments	\$ 7,037,675	\$ 63,878,838
Interest and dividend income	<u>19,561,475</u>	<u>11,282,649</u>
Total investment income	<u>26,599,150</u>	<u>75,161,487</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	22,055,714	20,828,339
Administrative expenses	<u>229,342</u>	<u>64,267</u>
Total deductions	<u>22,285,056</u>	<u>20,892,606</u>
CHANGE IN NET ASSETS	4,314,094	54,268,881
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>624,422,034</u>	<u>570,153,153</u>
End of year	<u><u>\$ 628,736,128</u></u>	<u><u>\$ 624,422,034</u></u>

See accompanying notes.

The Standard Retirement Plan for Home Office Personnel

Notes to Financial Statements

Note 1 – Description of the Plan

The following description of The Standard Retirement Plan for Home Office Personnel (the Plan) provides only general information. Participants should refer to the Summary Plan Description or the Plan Agreement, as amended, for a more complete description of Plan provisions.

General – The Plan is a noncontributory, defined benefit pension plan for home office employees of StanCorp Financial Group, Inc. (StanCorp) and its subsidiaries. Administration for the Plan is performed by Standard Insurance Company (Standard), a wholly owned subsidiary of StanCorp. Standard is the Plan's custodian. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan limits participation to all employees qualified on or before January 1, 2003, and certain former TIAA-CREF employees whose hire date with StanCorp or Standard was negotiated to be in 2003. Effective March 31, 2018, the Plan was amended to freeze the future accruals of benefits for participants under the Plan.

Effective December 31, 2016, StanCorp merged The Standard Retirement Plan for Field Personnel (Field Plan) with the Plan. Effective December 31, 2000, all employees of Standard who were participants in the Field Plan were terminated and accruals ceased. Upon retirement, benefits to former Field Plan retirees are entitled to cost of living adjustments in accordance with the formula specified in the Plan Document.

On January 8, 2024, Standard entered into an Investment Management Agreement with Goldman Sachs Asset Management (GSAM) and on March 7, 2024, Standard transferred \$322,940,460 of Plan assets, the majority of which were held in pooled separate accounts, and reinvested in an immunizing portfolio by GSMA, as directed by the Plan's Trustees to preserve plan assets. Plan assets invested in the Company's Portfolio Fund continue to be managed by Standard but are considered in the immunizing portfolio approach by GSAM. Under the Investment Management Agreement, GSAM manages the investment portfolio that supports the Plan while the plan administration remains with Standard.

Pension benefits for the Plan excluding participants from the previous Field Plan – A participant is fully vested after five years of service or upon reaching normal retirement at age 65. The participant may elect early retirement and receive the full amount of retirement income earned on the basis of service to date, provided the participant's age and years of benefit service equals at least 90. If the participant has at least ten years of service, they may retire, at a reduced benefit, at any time within five years of the earliest date on which the full benefit would be payable.

The normal retirement benefit for each year of benefit service is a monthly payment equal to 1.15% of the average monthly salary plus an additional 0.45% of any monthly salary in excess of the integration level described below. Total benefit service is subject to a maximum of 35 years. The monthly salary used to determine benefits is the participant's average monthly earnings during the highest 60 consecutive months of the last 120 months of service. Compensation is subject to Internal Revenue Code (the Code) limitations. The portion of the initial monthly benefit payable at retirement that accrued before May 30, 2003, will be increased in accordance with the Consumer Price Index, but will not be less than the initial amount due or more than an amount developed by a level annual increase equal to 3% of the initial benefit.

The Standard Retirement Plan for Home Office Personnel

Notes to Financial Statements

The Plan was amended on April 24, 2003, to change the benefit calculation for participants who terminate employment after May 29, 2003. For benefit service earned through January 1, 2003, the integration level remained at \$10,000. For benefit service earned after January 1, 2003, the integration level was changed to the applicable Social Security Covered Compensation amount. No cost-of-living adjustment will apply to the portion of the benefit earned after January 1, 2003.

Pension benefits for participants of the previous Field Plan – All participants are fully vested. The Field Plan provides for normal retirement at age 65. A participant may elect early retirement after age 60, with a reduced benefit if the participant has ten years of service. The normal retirement benefit under the Field Plan is determined using a career average formula. At the end of each year of participation, the accrued benefit is determined by adding 1% if average monthly earnings for the year to the prior year end accrued benefit increased by the lesser of 4% or a Consumer Price Index adjustment. No additional benefits have accrued since December 31, 2000. An annual post-retirement cost of living adjustment is calculated and effective each January 1 following retirement.

Pension benefit form – Benefits are payable in the form of a straight-life annuity, a joint and contingent survivor annuity, or a certain and life annuity, and for benefits earned prior to January 1, 1995, an annuity for a certain period is available.

Death and disability benefits – If an active participant credited with at least five years of vesting service or an inactive participant dies prior to retirement, the surviving spouse or dependent domestic partner shall receive an annuity for the remainder of his or her life. The amount of the annuity shall be one-half of the participant's accrued benefit to the date of his or her death, reduced by the Plan's early retirement factors if the benefit commencement date precedes the earlier of what should have been the participant's subsidized early retirement or the participant's normal retirement date.

An active participant credited with at least five years of vesting service who becomes totally and permanently disabled shall be treated under the Plan during the continuance of the disability as though the participant was still employed at the same rate of compensation and hours of service at the time the disability occurred. Upon subsequent attainment of normal retirement age, disabled participants begin receiving normal retirement benefits under the same condition, which results in a participant being eligible to receive disability benefits under the Federal Social Security Program or under any formal program of long-term disability insurance provided by the employer.

Note 2 – Summary of Significant Accounting Policies

Basis of accounting – The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America, using the accrual method of accounting.

Use of estimates – Plan management is required to make certain estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits and changes therein as of the dates of the financial statements. Actual results could differ from those estimates.

The Standard Retirement Plan for Home Office Personnel

Notes to Financial Statements

Concentration of risk – The Plan's investments are invested 44.6% in a deposit administration contract, (Portfolio Fund IV), 32.4% in registered investment companies, 11.1% in collective trusts, 8.6% in U.S. government securities, 3.2% interest-bearing cash, and 0.1% in exchange-traded funds as of December 31, 2024, and 51.1% in the Portfolio Fund IV and 48.9% in a pooled separate account as of December 31, 2023. The Portfolio Fund may subject the Plan to concentrations of risk as its contract value is dependent on the ability of the issuer to honor its contractual commitments. The pooled separate account invested in five different equity categories: large cap growth, large cap blend, large cap value, mid cap blend, and foreign as of December 31, 2023.

Investment valuation – The investments are stated at fair value. The Plan's custodians, Standard and Bank of New York Mellon, certify the fair value of all investments. If available, quoted market prices are used to value investments.

Fair value is the price that would be received to sell an asset or paid to transfer a liability (the "exit price") in an orderly transaction between market participants at the measurement date. See Note 6 for the valuation of the investments.

Income recognition – Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. The net appreciation in the fair value of investments consists of both the realized gains or losses and unrealized appreciation and depreciation of those investments.

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

Expenses – The Plan's expenses are paid by the Plan or StanCorp, as specified in the Plan Document. Expenses that are paid by StanCorp are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are deducted from investment earnings, as disclosed in the investment prospectus, and thus are not separately disclosed in the accompanying financial statements.

Subsequent events – Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before the financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before the financial statements are available to be issued.

The Plan has evaluated subsequent events through October 14, 2025, which is the date the financial statements were available to be issued.

The Standard Retirement Plan for Home Office Personnel

Notes to Financial Statements

Note 3 – Party-in-Interest Transactions

The assets of the Plan consist of funds on deposit with and investments maintained by Standard and Bank of New York Mellon. As Standard is the Plan Administrator and custodian, and Bank of New York Mellon is the custodian, transactions with these entities qualify as exempt party-in-interest. Certain expenses of administration and servicing of the Plan are charged by Standard at rates applicable to similar third-party pension contracts serviced by Standard. Party-in-interest transactions aggregated \$229,342 and \$64,267 for the years ended December 31, 2024 and 2023, respectively.

Note 4 – Certified Investment Information

The following information related to investments was obtained by management and agreed to or derived from information certified as complete and accurate by Standard and the Bank of New York Mellon, qualified institutions:

- Investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023.
- Net appreciation in fair value of investments, interest, and dividends reflected on the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023.
- Investments reflected on the schedule of assets (held at end of year) as of December 31, 2024.
- Transactions reflected on the schedule of reportable transactions for the year ended December 31, 2024.

Note 5 – Actuarial Information and Funding Policy

Annual contributions by StanCorp for normal and past service costs are based on actuarial determinations of the amount necessary to fund the Plan. No contributions were required under the minimum funding requirements of ERISA for 2024 and 2023 and no contributions were made for these years.

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan was based on employees' average monthly earnings during the highest 60 consecutive months during their last 120 months of credited service. The accumulated plan benefits for active employees were based on their average compensation during the five years ending on the date as of which the benefit information is presented (the valuation date). On November 14, 2017, StanCorp's board of directors approved a resolution to freeze the accumulation of any further benefits under the employee pension plan, which became effective March 31, 2018. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service, rendered to the valuation date.

The Standard Retirement Plan for Home Office Personnel

Notes to Financial Statements

The actuarial present value of accumulated plan benefits is determined annually and results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used for the year ended December 31, 2023, were as follows:

Life expectancy of participants	Pri-2012 White Collar Mortality Table – Scale MP-2021
Discount rate	6.25%
Retirement age assumptions	Average retirement age of 60.50

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuations been performed as of December 31, there would be no material differences.

	December 31, 2023
Vested benefits	
Participants currently receiving payments	\$ 220,680,946
Participants entitled to deferred benefits	57,339,681
Other participants	<u>100,539,689</u>
Total vested benefits	378,560,316
Nonvested benefits	<u>12,841,392</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 391,401,708</u></u>

The following table summarizes the changes in the actuarial present value of the Plan's accumulated plan benefits for the year ended December 31, 2023:

Actuarial present value of accumulated plan benefits as of December 31, 2022	\$ 382,136,780
Increase (decrease) during the year attributable to	
Decrease in the discount period	27,017,271
Benefits paid	(20,828,339)
Additional benefits earned, including experience gains and losses	<u>3,075,996</u>
Total change in actuarial present value of accumulated plan benefits	<u>9,264,928</u>
Actuarial present value of accumulated plan benefits as of December 31, 2023	<u><u>\$ 391,401,708</u></u>

The Standard Retirement Plan for Home Office Personnel

Notes to Financial Statements

Note 6 – Fair Value Measurements

The framework for measuring fair value provides a 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) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy are described as follows:

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

Level 2 – Inputs 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; and 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

Deposit administration contract – The contract is required to be reported at fair value in the financial statements. The Portfolio Fund is recorded and included in the financial statements at fair value, which approximates contract value, on a recurring basis. Contract value represents the aggregate amount of accumulated contributions and earnings on the underlying investments, less Plan withdrawals for benefit payments and administrative expenses charged by Standard. Standard maintains the contributions in an unallocated fund whose assets are commingled with other assets in the general account of Standard. The general account assets are primarily invested in investment-grade securities and commercial mortgage loans. Deposits into the Portfolio Fund are guaranteed a specified interest rate for one year. Interest crediting rates are determined on an annual basis by the Retirement Plans division of Standard and approved by the management committee. The annual interest crediting rate for the underlying investment was 4.08% and 3.59% for the years ended December 31, 2024 and 2023, respectively.

There were no events that limited the ability of the Plan to withdraw at contract value, or otherwise transact at contract value with Standard. Standard may defer any withdrawal request for 30 days after receipt of written notice of the withdrawal request and may defer honoring any withdrawal for any reasonable period if, due to the closing or disruption of financial markets or exchanges, Standard is unable to prudently liquidate assets necessary to satisfy the request.

The Standard Retirement Plan for Home Office Personnel

Notes to Financial Statements

As of December 31, 2024 and 2023, the fair value of the Plan assets in the general account of Standard approximated the contract value as the contract crediting rate resets annually. There are no reserves against the contract value for credit risk of the contract issuer or otherwise.

The primary input used to value the Portfolio Fund is the discount rate, which is based on an observable input, the crediting rate. As a result, Plan management has categorized the Portfolio Fund as having Level 2 inputs as of December 31, 2024 and 2023.

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

Collective trusts – Units held in collective trusts (CTs) are valued using the NAV practical expedient of the CTs as reported by the CT managers. The net asset value is based on the fair value of the underlying assets owned by the CTs, minus its liabilities, and then divided by the number of units outstanding. This NAV practical expedient would not be used if it is determined to be probable that the Plan will sell the investment for an amount different from the reported net asset value.

U.S. government securities – Valued at the closing price reported on the major market on which the individual securities are traded or have reported broker trades that may be considered indicative of an active market. If quoted market prices are not available for the specific security, then fair values are estimated by using pricing models, quoted prices of securities with similar characteristics, discounted cash flows, and other observable inputs. Such securities are classified within Level 2 of the valuation hierarchy.

Interest-bearing cash – Valued at cost plus accrued interest.

Exchange-traded funds – Valued at the closing price reported on the active market on which the individual securities are traded.

Pooled separate account – The pooled separate account is comprised of mutual funds diversified across investment strategies. Units of the pooled separate account are valued using the Net Asset Value (NAV) practical expedient of the pooled separate account as reported by the account manager. The NAV practical expedient is based on the fair value of the underlying assets owned by the pooled separate account, minus its liabilities, and then divided by the number of units outstanding.

The Plan currently has no assets or liabilities measured at fair value on a nonrecurring basis.

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

The Standard Retirement Plan for Home Office Personnel

Notes to Financial Statements

The following tables disclose the fair value hierarchy of the Plan's assets by level at fair value as of December 31, 2024 and 2023:

Fair Value Measurement as of December 31, 2024				
	Level 1	Level 2	Level 3	Total
Assets in the fair value hierarchy				
Deposit administration contract	\$ -	\$ 279,650,397	\$ -	\$ 279,650,397
Registered investment companies	203,570,385	-	-	203,570,385
U.S. government securities	-	53,786,365	-	53,786,365
Interest-bearing cash	20,009,218	-	-	20,009,218
Exchange-traded funds	536,341	-	-	536,341
	<u>\$ 224,115,944</u>	<u>\$ 333,436,762</u>	<u>\$ -</u>	<u>557,552,706</u>
Investments measured at NAV (practical expedient)				<u>69,902,627</u>
Total investments at fair value				<u>\$ 627,455,333</u>

Fair Value Measurement as of December 31, 2023				
	Level 1	Level 2	Level 3	Total
Assets in the fair value hierarchy				
Deposit administration contract	\$ -	\$ 319,099,277	\$ -	\$ 319,099,277
Investments measured at NAV (practical expedient)				<u>305,337,699</u>
Total investments at fair value				<u>\$ 624,436,976</u>

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2024 and 2023, there were no transfers into or out of Levels 1, 2, or 3.

The following table provides additional information for investments in certain entities that calculate NAV per share (or its equivalent):

	Fair Value 12/31/2024	Fair Value 12/31/2023	Redemption Frequency	Redemption Notice Period	Redemption Restrictions
Common collective trusts	\$ 69,902,627	\$ -	Daily	N/A	None
Pooled separate account	-	305,337,699	Daily	N/A	None
	<u>\$ 69,902,627</u>	<u>\$ 305,337,699</u>			

The Standard Retirement Plan for Home Office Personnel

Notes to Financial Statements

Note 7 – Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated January 4, 2013, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan Administrator believes that the Plan is designed and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt as of the financial statement date. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

Generally accepted accounting principles requires that Plan management evaluate the tax positions taken by the Plan and recognize a tax asset or liability if the Plan has taken an uncertain position when it is probable that the tax position would not be sustained upon an examination by the IRS. The Plan is a qualified tax-exempt plan and Plan management has concluded that as of December 31, 2024, there were no uncertain positions taken that would require recognition of a tax asset, liability, or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examination for years prior to the applicable statute of limitations.

Note 8 – Risks and Uncertainties

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

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

Note 9 – Plan Termination

Although it has not expressed any intention to do so, StanCorp has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of complete discontinuance of StanCorp contributions or termination of the Plan, all of the assets of the Plan are to be used for the exclusive benefit of the participants, and the rights of such participants shall become fully non-forfeitable to the extent that funds in the Plan are available. If any assets remain after all accrued benefits have been provided for in full and all expenses have been paid, they will be returned to StanCorp.

Benefits are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits covered under plans, and the amount of benefit protection is subject to certain limitations.

The Standard Retirement Plan for Home Office Personnel

Notes to Financial Statements

The PBGC guarantees vested benefits at the level in effect on the date of the Plan termination. In addition, there is a ceiling on the amount of monthly benefit that the PBGC guarantees, which is adjusted periodically. For Plan terminations occurring during 2025, that ceiling is \$7,432. That ceiling applies to those annuitants who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency at that time of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of StanCorp and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

Supplemental Schedules

The Standard Retirement Plan for Home Office Personnel
Employer Identification Number: 93-1253576, Plan #: 002
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	AUD CURRENCY AT BROKER	Interest-bearing cash	\$ 15,880	\$ 14,779
	CAD CURRENCY AT BROKER	Interest-bearing cash	56,605	54,680
	CASH AT BROKER	Interest-bearing cash	19,863,828	19,863,828
	CHF CURRENCY AT BROKER	Interest-bearing cash	7,394	7,237
	EUR (EURO) XX9123458	Interest-bearing cash	(380)	(377)
	EUR CURRENCY AT BROKER XX9123482	Interest-bearing cash	(14,054)	(13,587)
	GBP CURRENCY AT BROKER	Interest-bearing cash	39,036	38,328
	HKD CURRENCY AT BROKER	Interest-bearing cash	21,678	21,749
	JPY CURRENCY AT BROKER	Interest-bearing cash	41,519	39,899
	SEK CURRENCY AT BROKER	Interest-bearing cash	3,451	3,213
	SGD CURRENCY AT BROKER	Interest-bearing cash	12,955	12,630
	CAC40 EURO INDEX FUT (EOP) EXP JAN 25	Interest-bearing cash	-	1,822
	DAX INDEX FUTURE (EUX) EXP MAR 25	Interest-bearing cash	-	(12,801)
	FTSE 100 INDEX FUTURE (ICF) EXP MAR 25	Interest-bearing cash	-	(8,172)
	HANG SENG INDEX FUTURE (HKG) EXP JAN 25	Interest-bearing cash	-	1,869
	LONG GILT FUTURE (ICF) EXP MAR 25	Interest-bearing cash	-	(14,491)
	MSCI SINGAPORE INDEX FUT (SGX) EXP JAN 25	Interest-bearing cash	-	391
	OMXS30 INDEX FUT (SSE) EXP JAN 25	Interest-bearing cash	-	(3,786)
	S&P/TSE 60 INDEX FUTURES (MSE) EXP MAR 25	Interest-bearing cash	-	(10,082)
	SPI 200 FUTURE (SFE) EXP MAR 25	Interest-bearing cash	-	(4,582)
	SWISS MKT I X FUTURE (EUX) EXP MAR 25	Interest-bearing cash	-	(3,112)
	TOPIX INDEX FUTURE (OSE) EXP MAR 25	Interest-bearing cash	-	19,783
*	STANDARD INSURANCE COMPANY	Deposit Administration Contract - Portfolio Fund IV	183,088,867	279,650,397
	GOLDMAN SACHS COLLECTIVE TR INTER DURATION CR FD INSTL CL	Collective trust	24,262,592	25,328,426
	GOLDMAN SACHS COLLECTIVE TR TACTICAL EXPOSURE FD	Collective trust	9,900,000	10,174,799
	GOLDMAN SACHS COLLECTIVE TR LONG DURATION CR FD INSTL CL I	Collective trust	34,167,582	34,399,402
	ISHARES MSCI JAPAN ETF	Exchange-traded fund	218,642	205,930
	TECHNOLOGY SELECT SECT SPDR	Exchange-traded fund	1,421	330,411
	FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD 09/22/11	Registered investment company	52,383,110	52,383,110
	GLDMN SCHS MM GLBL EQ-R6	Registered investment company	45,916,846	47,828,658
	GLDMN SCHS MM NON-CORE-R6	Registered investment company	21,192,584	20,731,611
	GLDMN SCHS MM RL ASST-R6	Registered investment company	18,445,531	19,244,013
	GOLDMAN SACHS MNGD BETA-INST	Registered investment company	63,561,335	63,382,993
	U S TREASURY BOND	U.S. government securities	12,571,902	12,353,617
	U S TREASURY BOND	U.S. government securities	20,705,549	19,554,746
	U S TREASURY BOND 3.375% 05/15/2044 DD 05/15/14	U.S. government securities	19,981,933	18,020,528
	U S TREASURY BOND 4.375% 05/15/2040 DD 05/15/10	U.S. government securities	12,543,591	12,333,115
	DJ US REAL ESTATE FUT (CBT)	U.S. government securities	-	(12,147)
	S&P500 EMINI FUTURE (CME)	U.S. government securities	-	(426,563)
	US 10YR TREAS NTS FUTURE (CBT)	U.S. government securities	-	(210,782)
	US 10YR ULTRA FUTURE (CBT) EXP MAR 25	U.S. government securities	-	(1,214,562)
	US 2YR TREAS NTS FUT (CBT)	U.S. government securities	-	(4,492)
	US 5YR TREAS NTS FUTURE (CBT)	U.S. government securities	-	(45,251)
	US TREAS BD FUTURE (CBT)	U.S. government securities	-	(785,935)
	US ULTRA BOND (CBT)	U.S. government securities	-	(5,775,909)
	TOTAL INVESTMENTS		<u>\$ 538,989,397</u>	<u>\$ 627,455,333</u>

* Indicates party-in-interest.

The Standard Retirement Plan for Home Office Personnel
Employer Identification Number: 93-1253576, Plan #: 002
Schedule H, Line 4(j) – Schedule of Reportable Transactions
Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expenses Incurred with Transaction	(g) Cost of Assets	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category I individual transaction in excess of 5% of plan assets							
Fidelity - 502358							
1 sale, 1,946,768 shares	Separate account - FID 500IDXIP	\$ -	\$ 109,106,356	\$ -	\$ 51,643,913	\$ 109,106,356	\$ 57,462,443
Vanguard - 502358							
1 sale, 1,437,275 shares	Separate account - VG TXMGI ADB	-	92,819,394	-	51,858,699	92,819,394	40,960,695
1 sale, 216,547 shares	Separate account - VANWIN ADML2	-	33,672,020	-	7,587,329	33,672,020	26,084,691
JPMorgan - 502358							
1 sale, 2,668,248 shares	Separate account - JPM LC GR R6	-	56,634,717	-	37,088,169	56,634,717	19,546,548
Portfolio Fund IV - 502358							
1 sale, 148,747 shares	Separate account - PORT FUND 4	-	31,400,000	-	20,775,269	31,400,000	10,624,731
Goldman Sachs Collective Tr Long Duration Cr Fd Instl CI I							
1 purchase, 2,606,310 shares	Collective trust	38,000,000	-	-	-	38,000,000	-
Gldmn Schs Mm Gbl Eq-R6							
1 purchase, 4,403,255 shares	Registered investment company	48,700,000	-	-	-	48,700,000	-
Goldman Sachs Mngd Beta-Inst							
1 purchase, 4,253,182 shares	Registered investment company	63,500,000	-	-	-	63,500,000	-
Fidelity Inv Mmkt Treas 680 Var Rt 12/31/2049 Dd 09/22/11							
1 purchase, 60,934,566 shares	Registered investment company	60,934,566	-	-	-	60,934,566	-
Category III series of transactions in excess of 5% of plan assets							
Goldman Sachs Collective Tr Inter Duration Cr Fd Instl CI							
3 purchases, 3,362,928 shares	Collective trust	35,700,000	-	-	-	35,700,000	-
2 sales, 1,076,969 shares		-	11,500,000	-	11,437,408	-	62,592
Goldman Sachs Collective Tr Long Duration Cr Fd Instl CI I							
3 purchases, 3,197,137 shares	Collective trust	46,500,000	-	-	-	46,500,000	-
2 sales, 845,845 shares		-	12,100,000	-	12,332,418	-	(232,418)
Gldmn Schs Mm Gbl Eq-R6							
5 purchases, 4,659,979 shares	Registered investment company	51,656,646	-	-	-	51,656,646	-
3 sales, 518,969 shares		-	6,100,000	-	5,739,800	-	360,200
Goldman Sachs Mngd Beta-Inst							
6 purchases, 4,758,313 shares	Registered investment company	71,347,064	-	-	-	71,347,064	-
5 sales, 521,482 shares		-	8,400,000	-	7,785,729	-	614,271
Fidelity Inv Mmkt Treas 680 Var Rt 12/31/2049 Dd 09/22/11							
217 purchases, 314,209,889 shares	Registered investment company	314,209,889	-	-	-	314,209,889	-
189 sales, 261,826,779 shares		-	261,826,779	-	261,826,779	-	-

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan STANDARD RETIREMENT PLAN - HOME OFFICE PERSONNEL
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 07/01/1955
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) STANCORP FINANCIAL GROUP, INC. 1100 SW SIXTH AVENUE PORTLAND OR 97204-1093
2b	Employer Identification Number (EIN) 93-1253576
2c	Plan Sponsor's telephone number (971) 321-7000
2d	Business code (see instructions) 551112

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Melissa Oliver-Janiak	10/14/25	MELISSA OLIVER-JANIAK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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 _____

Standard Retirement Plan - Home Office Personnel

Appendix C – Other Attachments to Schedule SB of Form 5500

For attachment to 2024 Schedule SB, Line 26 – Schedule of Active Participant Data
EIN 93-1253576 / PN 002

Active Participant Age/Service Distribution

Age	Years of Credit Service										Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	>40	
<25											0
25-29											0
30-34											0
35-39											0
40-44				2	17						19
45-49			1	7	73	6		1			88
50-54			2	4	85	44	10				145
55-59			2	5	51	42	17	5			122
60-64			1	2	32	34	12	15	2		98
65-69					12	4	8	2	3	1	30
>70					7	2	1	1	1		12
Total	0	0	6	20	277	132	48	24	6	1	514

Notice to Terminated Accountant Or Enrolled Actuary

To: Moss Adams LLP

I, as plan administrator, verify that the explanation that is reproduced below or attached to this notice is the explanation concerning your termination reported on the Schedule C (Form 5500) attached to the 2024 Form 5500, Annual Return/Report of Employee Benefit Plan, for the Standard Retirement Plan for Home Office Personnel. This Form 5500 is identified in line 2b by the nine-digit EIN 93-1253576, and in line 1b by the three-digit PN 002.

You have the opportunity to comment to the Department of Labor concerning any aspect of this explanation. Comments should include the name, EIN, and PN of the plan and be submitted to:

Office of Enforcement
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue NW
Washington, D.C. 20210

Explanation: Moss Adams LLP merged with Baker Tilly US, LLP on June 3, 2025.

Signed Melissa Oliver-Janiak (Plan
Administrator) Dated Sept 9, 2025

Updated: 09/5/2025

Standard Retirement Plan - Home Office Personnel

Appendix A – Summary of Principal Plan Provisions

*For attachment to 2024 Schedule SB, Part V – Summary of Plan Provisions
EIN 93-1253576 / PN 002*

Original Effective Date:	July 1, 1955.
Last Restatement:	Effective April 1, 2020.
Employee:	Any person who is employed by the employer, other than an independent contractor. An Eligible Employee is further defined as any employee, except a leased employee, a non-resident alien with no U.S. source income, an individual who provides service and is not eligible to participate pursuant to a written agreement, and for the period November 30, 1993 through May 31, 1999 an employee who was a participant in a plan that was neither established nor maintained by the employer.
Plan Eligibility:	Eligible Employees enter the plan on the earliest January 1 on or after their date of employment and age 20. No employees will be eligible to enter the plan after January 1, 2003, with the exception of TIAA-CREF employees who accepted job offers in 2002 and whose employment was negotiated to be in 2003.
Service to Determine Amount of Benefit:	The sum of the Plan Years during which a participant has at least 1,000 hours of service. Service attributable to the Plan Year of hire (except for employees hired on a January 1 after 1975) and all Plan Years prior to the Plan Year in which the participant attains age 21 shall be disregarded. In the most recent Plan Year in which a participant terminates service with less than 1,000 hours, a fraction of a year equal to the number of hours worked divided by 1,000 shall be credited. Total service is limited to 35 years. An amendment to freeze service under the plan was adopted during 2017 with an effective date of March 31, 2018.
Service for Vesting:	The sum of the Plan Years during which an employee has at least 1,000 hours of service.
Benefit Eligibility:	
a. Normal Retirement	Age 65.
b. Early Retirement	For Subsidized Early Retirement, the sum of attained age (in whole years) and years of Benefit Service is at least 90. For Early Retirement, any time within 5 years of the earliest date on which full benefits would be payable (minimum age 55), provided the participant has at least 10 years of Benefit Service.

Standard Retirement Plan - Home Office Personnel

Appendix A – Summary of Principal Plan Provisions (cont.)

- c. Disability** 5 Years of Vesting Service and eligible to receive disability benefits under the Federal Social Security program or any formal program of long-term disability provided by the employer.
- d. Deferred Vested** 5 Years of Vesting Service or attainment of age 65 while an employee.
- e. Late Retirement** After Normal Retirement Date.

Retirement Benefits

- a. Normal Retirement** For Years of Benefit Service after May 29, 2003, 1.15% of Average Monthly Compensation, plus .45% of Average Monthly Compensation in excess of 1/12th of Covered Compensation (Table II). For Years of Benefit Service prior to May 30, 2003, 1.15% of Average Monthly Compensation, plus .45% of Average Monthly Compensation in excess of \$833.33.

An amendment to freeze the plan was adopted during 2017 with an effective date of March 31, 2018.

- b. Early Retirement** For Subsidized Early Retirement, no reduction. For Early Retirement, the portion of the normal retirement benefit earned prior to January 1, 1993 (or January 1, 1989 if participant was a "Highly Compensated Employee" (HCE) in 1988 plan year) is reduced by 5/12% for each month by which early retirement precedes normal, or subsidized early, retirement date. In addition, the portion of the normal retirement benefit earned after December 31, 1992 (or December 31, 1988 if participant was an HCE in the 1988 plan year) is reduced by 1/2% for each month by which early retirement precedes normal, or subsidized early, retirement date.

- c. Disability** Treat as though still employed at the same regular rate of compensation and number of hours of service credited prior to disability.

- d. Deferred Vested** Percentage of Normal Retirement Benefit, deferred to Normal (or Subsidized Early, if applicable) Retirement Date, based on the following:

<u>Years of Vesting Service</u>	<u>Percentage</u>
Less than 5	0%
5 or more	100%

- e. Late Retirement** The Actuarial Equivalent as of the late retirement date of the Accrued Benefit on the Normal Retirement Date.

Standard Retirement Plan - Home Office Personnel

Appendix A – Summary of Principal Plan Provisions (cont.)

Compensation:	Total W-2 pay plus elective deferrals but excluding Company-wide profit sharing bonuses, officers' hiring, transition or relocation bonuses, other individualized bonuses paid to officers, long-term incentive compensation plans, reimbursement for unused vacation, severance pay, taxable fringe benefits, tax reimbursements, awards and prizes, club dues, non-cash compensation, disqualifying dispositions from a qualified employee stock purchase program, and income from the exercise of non-statutory stock options. Also, Short-Term Incentive Pay (STIP) shall be included in the plan year in which service was performed rather than the plan year in which it was paid.
Average Compensation:	The highest average monthly compensation during the 60 consecutive months out of the last 120 months of service.
Pre-retirement Surviving Spouse Benefit:	A monthly life income payable to the participant's spouse or dependent domestic partner equal to 50% of the Normal Retirement benefit, adjusted, if applicable, for Early Retirement.
Normal Form of Benefit:	Life annuity, with benefit payable on the last day of the month.
Optional Forms of Benefit:	Life annuity with years certain, joint and contingent survivor annuity, certain period annuity (for benefits accrued prior to 1995 only). The benefit selected is payable on the last day of the month.
Post-Retirement Cost-of-Living Adjustment:	Monthly retirement income or surviving spouse income earned prior to May 30, 2003 will be adjusted in accordance with the Consumer Price Index. The portion of the normal retirement benefit earned prior to January 1, 1993 (or January 1, 1989 if participant was a "Highly Compensated Employee" (HCE) in 1988 plan year) is subject to cost-of-living adjustments beginning on the January 1 immediately following retirement. The portion of the normal retirement benefit earned after December 31, 1992 (or December 31, 1988 if participant was an HCE in the 1988 plan year) and prior to May 30, 2003 is subject to cost-of-living adjustments beginning on the January 1 immediately following the later of retirement or age 62. This latter adjustment is limited to the adjustment made to Social Security benefits for that year. In addition, monthly income subject to adjustments will never be less than the initial amount subject to adjustments, nor more than developed by a level annual increase of 3% of the initial amount subject to adjustments.
Accrued Benefit:	Normal Retirement benefit earned to date.
Changes Since Prior Year:	None.

Standard Retirement Plan - Home Office Personnel

Appendix A – Summary of Principal Plan Provisions

*For attachment to 2024 Schedule SB, Part V – Summary of Plan Provisions
EIN 93-1253576 / PN 002*

Original Effective Date:	July 1, 1955.
Last Restatement:	Effective April 1, 2020.
Employee:	Any person who is employed by the employer, other than an independent contractor. An Eligible Employee is further defined as any employee, except a leased employee, a non-resident alien with no U.S. source income, an individual who provides service and is not eligible to participate pursuant to a written agreement, and for the period November 30, 1993 through May 31, 1999 an employee who was a participant in a plan that was neither established nor maintained by the employer.
Plan Eligibility:	Eligible Employees enter the plan on the earliest January 1 on or after their date of employment and age 20. No employees will be eligible to enter the plan after January 1, 2003, with the exception of TIAA-CREF employees who accepted job offers in 2002 and whose employment was negotiated to be in 2003.
Service to Determine Amount of Benefit:	The sum of the Plan Years during which a participant has at least 1,000 hours of service. Service attributable to the Plan Year of hire (except for employees hired on a January 1 after 1975) and all Plan Years prior to the Plan Year in which the participant attains age 21 shall be disregarded. In the most recent Plan Year in which a participant terminates service with less than 1,000 hours, a fraction of a year equal to the number of hours worked divided by 1,000 shall be credited. Total service is limited to 35 years. An amendment to freeze service under the plan was adopted during 2017 with an effective date of March 31, 2018.
Service for Vesting:	The sum of the Plan Years during which an employee has at least 1,000 hours of service.
Benefit Eligibility:	
a. Normal Retirement	Age 65.
b. Early Retirement	For Subsidized Early Retirement, the sum of attained age (in whole years) and years of Benefit Service is at least 90. For Early Retirement, any time within 5 years of the earliest date on which full benefits would be payable (minimum age 55), provided the participant has at least 10 years of Benefit Service.

Standard Retirement Plan - Home Office Personnel

Appendix A – Summary of Principal Plan Provisions (cont.)

- c. Disability** 5 Years of Vesting Service and eligible to receive disability benefits under the Federal Social Security program or any formal program of long-term disability provided by the employer.
- d. Deferred Vested** 5 Years of Vesting Service or attainment of age 65 while an employee.
- e. Late Retirement** After Normal Retirement Date.

Retirement Benefits

- a. Normal Retirement** For Years of Benefit Service after May 29, 2003, 1.15% of Average Monthly Compensation, plus .45% of Average Monthly Compensation in excess of 1/12th of Covered Compensation (Table II). For Years of Benefit Service prior to May 30, 2003, 1.15% of Average Monthly Compensation, plus .45% of Average Monthly Compensation in excess of \$833.33.

An amendment to freeze the plan was adopted during 2017 with an effective date of March 31, 2018.

- b. Early Retirement** For Subsidized Early Retirement, no reduction. For Early Retirement, the portion of the normal retirement benefit earned prior to January 1, 1993 (or January 1, 1989 if participant was a "Highly Compensated Employee" (HCE) in 1988 plan year) is reduced by 5/12% for each month by which early retirement precedes normal, or subsidized early, retirement date. In addition, the portion of the normal retirement benefit earned after December 31, 1992 (or December 31, 1988 if participant was an HCE in the 1988 plan year) is reduced by 1/2% for each month by which early retirement precedes normal, or subsidized early, retirement date.

- c. Disability** Treat as though still employed at the same regular rate of compensation and number of hours of service credited prior to disability.

- d. Deferred Vested** Percentage of Normal Retirement Benefit, deferred to Normal (or Subsidized Early, if applicable) Retirement Date, based on the following:

<u>Years of Vesting Service</u>	<u>Percentage</u>
Less than 5	0%
5 or more	100%

- e. Late Retirement** The Actuarial Equivalent as of the late retirement date of the Accrued Benefit on the Normal Retirement Date.

Standard Retirement Plan - Home Office Personnel

Appendix A – Summary of Principal Plan Provisions (cont.)

Compensation:	Total W-2 pay plus elective deferrals but excluding Company-wide profit sharing bonuses, officers' hiring, transition or relocation bonuses, other individualized bonuses paid to officers, long-term incentive compensation plans, reimbursement for unused vacation, severance pay, taxable fringe benefits, tax reimbursements, awards and prizes, club dues, non-cash compensation, disqualifying dispositions from a qualified employee stock purchase program, and income from the exercise of non-statutory stock options. Also, Short-Term Incentive Pay (STIP) shall be included in the plan year in which service was performed rather than the plan year in which it was paid.
Average Compensation:	The highest average monthly compensation during the 60 consecutive months out of the last 120 months of service.
Pre-retirement Surviving Spouse Benefit:	A monthly life income payable to the participant's spouse or dependent domestic partner equal to 50% of the Normal Retirement benefit, adjusted, if applicable, for Early Retirement.
Normal Form of Benefit:	Life annuity, with benefit payable on the last day of the month.
Optional Forms of Benefit:	Life annuity with years certain, joint and contingent survivor annuity, certain period annuity (for benefits accrued prior to 1995 only). The benefit selected is payable on the last day of the month.
Post-Retirement Cost-of-Living Adjustment:	Monthly retirement income or surviving spouse income earned prior to May 30, 2003 will be adjusted in accordance with the Consumer Price Index. The portion of the normal retirement benefit earned prior to January 1, 1993 (or January 1, 1989 if participant was a "Highly Compensated Employee" (HCE) in 1988 plan year) is subject to cost-of-living adjustments beginning on the January 1 immediately following retirement. The portion of the normal retirement benefit earned after December 31, 1992 (or December 31, 1988 if participant was an HCE in the 1988 plan year) and prior to May 30, 2003 is subject to cost-of-living adjustments beginning on the January 1 immediately following the later of retirement or age 62. This latter adjustment is limited to the adjustment made to Social Security benefits for that year. In addition, monthly income subject to adjustments will never be less than the initial amount subject to adjustments, nor more than developed by a level annual increase of 3% of the initial amount subject to adjustments.
Accrued Benefit:	Normal Retirement benefit earned to date.
Changes Since Prior Year:	None.

Standard Retirement Plan - Home Office Personnel

Appendix C – Other Attachments to Schedule SB of Form 5500

*For attachment to 2024 Schedule SB, Line 22 – Description of Weighted Average Retirement Age
EIN 93-1253576 / PN 002*

Weighted Average Retirement Age

Age	Estimated Plan Participants	Percentage Expected to Retire	Number Expected to Retire	Weighted Factor
55	100.00	10%	10.00	550.00
56	90.00	5%	4.50	252.00
57	85.50	15%	12.83	731.03
58	72.68	10%	7.27	421.52
59	65.41	25%	16.35	964.76
60	49.06	10%	4.91	294.33
61	44.15	10%	4.42	269.32
62	39.74	15%	5.96	369.54
63	33.77	25%	8.44	531.95
64	25.33	35%	8.87	567.42
65	16.47	35%	5.76	374.58
66	10.70	40%	4.28	282.54
67	6.42	25%	1.61	107.56
68	4.82	30%	1.44	98.25
69	3.37	35%	1.18	81.42
70	2.19	100%	2.19	153.39
			100.00	6049.60
Weighted Average Retirement Age:				60.50

The Standard Retirement Plan for Home Office Personnel
Employer Identification Number: 93-1253576, Plan #: 002
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	AUD CURRENCY AT BROKER	Interest-bearing cash	\$ 15,880	\$ 14,779
	CAD CURRENCY AT BROKER	Interest-bearing cash	56,605	54,680
	CASH AT BROKER	Interest-bearing cash	19,863,828	19,863,828
	CHF CURRENCY AT BROKER	Interest-bearing cash	7,394	7,237
	EUR (EURO) XX9123458	Interest-bearing cash	(380)	(377)
	EUR CURRENCY AT BROKER XX9123482	Interest-bearing cash	(14,054)	(13,587)
	GBP CURRENCY AT BROKER	Interest-bearing cash	39,036	38,328
	HKD CURRENCY AT BROKER	Interest-bearing cash	21,678	21,749
	JPY CURRENCY AT BROKER	Interest-bearing cash	41,519	39,899
	SEK CURRENCY AT BROKER	Interest-bearing cash	3,451	3,213
	SGD CURRENCY AT BROKER	Interest-bearing cash	12,955	12,630
	CAC40 EURO INDEX FUT (EOP) EXP JAN 25	Interest-bearing cash	-	1,822
	DAX INDEX FUTURE (EUX) EXP MAR 25	Interest-bearing cash	-	(12,801)
	FTSE 100 INDEX FUTURE (ICF) EXP MAR 25	Interest-bearing cash	-	(8,172)
	HANG SENG INDEX FUTURE (HKG) EXP JAN 25	Interest-bearing cash	-	1,869
	LONG GILT FUTURE (ICF) EXP MAR 25	Interest-bearing cash	-	(14,491)
	MSCI SINGAPORE INDEX FUT (SGX) EXP JAN 25	Interest-bearing cash	-	391
	OMXS30 INDEX FUT (SSE) EXP JAN 25	Interest-bearing cash	-	(3,786)
	S&P/TSE 60 INDEX FUTURES (MSE) EXP MAR 25	Interest-bearing cash	-	(10,082)
	SPI 200 FUTURE (SFE) EXP MAR 25	Interest-bearing cash	-	(4,582)
	SWISS MKT I X FUTURE (EUX) EXP MAR 25	Interest-bearing cash	-	(3,112)
	TOPIX INDEX FUTURE (OSE) EXP MAR 25	Interest-bearing cash	-	19,783
	* STANDARD INSURANCE COMPANY	Deposit Administration Contract - Portfolio Fund IV	183,088,867	279,650,397
	GOLDMAN SACHS COLLECTIVE TR INTER DURATION CR FD INSTL CL	Collective trust	24,262,592	25,328,426
	GOLDMAN SACHS COLLECTIVE TR TACTICAL EXPOSURE FD	Collective trust	9,900,000	10,174,799
	GOLDMAN SACHS COLLECTIVE TR LONG DURATION CR FD INSTL CL I	Collective trust	34,167,582	34,399,402
	ISHARES MSCI JAPAN ETF	Exchange-traded fund	218,642	205,930
	TECHNOLOGY SELECT SECT SPDR	Exchange-traded fund	1,421	330,411
	FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD 09/22/11	Registered investment company	52,383,110	52,383,110
	GLDMN SCHS MM GLBL EQ-R6	Registered investment company	45,916,846	47,828,658
	GLDMN SCHS MM NON-CORE-R6	Registered investment company	21,192,584	20,731,611
	GLDMN SCHS MM RL ASST-R6	Registered investment company	18,445,531	19,244,013
	GOLDMAN SACHS MNGD BETA-INST	Registered investment company	63,561,335	63,382,993
	U S TREASURY BOND	U.S. government securities	12,571,902	12,353,617
	U S TREASURY BOND	U.S. government securities	20,705,549	19,554,746
	U S TREASURY BOND 3.375% 05/15/2044 DD 05/15/14	U.S. government securities	19,981,933	18,020,528
	U S TREASURY BOND 4.375% 05/15/2040 DD 05/15/10	U.S. government securities	12,543,591	12,333,115
	DJ US REAL ESTATE FUT (CBT)	U.S. government securities	-	(12,147)
	S&P500 EMINI FUTURE (CME)	U.S. government securities	-	(426,563)
	US 10YR TREAS NTS FUTURE (CBT)	U.S. government securities	-	(210,782)
	US 10YR ULTRA FUTURE (CBT) EXP MAR 25	U.S. government securities	-	(1,214,562)
	US 2YR TREAS NTS FUT (CBT)	U.S. government securities	-	(4,492)
	US 5YR TREAS NTS FUTURE (CBT)	U.S. government securities	-	(45,251)
	US TREAS BD FUTURE (CBT)	U.S. government securities	-	(785,935)
	US ULTRA BOND (CBT)	U.S. government securities	-	(5,775,909)
	TOTAL INVESTMENTS		<u>\$ 538,989,397</u>	<u>\$ 627,455,333</u>

* Indicates party-in-interest.

The Standard Retirement Plan for Home Office Personnel
Employer Identification Number: 93-1253576, Plan #: 002
Schedule H, Line 4(j) – Schedule of Reportable Transactions
Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expenses Incurred with Transaction	(g) Cost of Assets	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category I individual transaction in excess of 5% of plan assets							
Fidelity - 502358							
1 sale, 1,946,768 shares	Separate account - FID 500IDXIP	\$ -	\$ 109,106,356	\$ -	\$ 51,643,913	\$ 109,106,356	\$ 57,462,443
Vanguard - 502358							
1 sale, 1,437,275 shares	Separate account - VG TXMGI ADB	-	92,819,394	-	51,858,699	92,819,394	40,960,695
1 sale, 216,547 shares	Separate account - VANWIN ADML2	-	33,672,020	-	7,587,329	33,672,020	26,084,691
JPMorgan - 502358							
1 sale, 2,668,248 shares	Separate account - JPM LC GR R6	-	56,634,717	-	37,088,169	56,634,717	19,546,548
Portfolio Fund IV - 502358							
1 sale, 148,747 shares	Separate account - PORT FUND 4	-	31,400,000	-	20,775,269	31,400,000	10,624,731
Goldman Sachs Collective Tr Long Duration Cr Fd Instl CI I							
1 purchase, 2,606,310 shares	Collective trust	38,000,000	-	-	-	38,000,000	-
Gldmn Schs Mm Gbl Eq-R6							
1 purchase, 4,403,255 shares	Registered investment company	48,700,000	-	-	-	48,700,000	-
Goldman Sachs Mngd Beta-Inst							
1 purchase, 4,253,182 shares	Registered investment company	63,500,000	-	-	-	63,500,000	-
Fidelity Inv Mmkt Treas 680 Var Rt 12/31/2049 Dd 09/22/11							
1 purchase, 60,934,566 shares	Registered investment company	60,934,566	-	-	-	60,934,566	-
Category III series of transactions in excess of 5% of plan assets							
Goldman Sachs Collective Tr Inter Duration Cr Fd Instl CI							
3 purchases, 3,362,928 shares	Collective trust	35,700,000	-	-	-	35,700,000	-
2 sales, 1,076,969 shares		-	11,500,000	-	11,437,408	-	62,592
Goldman Sachs Collective Tr Long Duration Cr Fd Instl CI I							
3 purchases, 3,197,137 shares	Collective trust	46,500,000	-	-	-	46,500,000	-
2 sales, 845,845 shares		-	12,100,000	-	12,332,418	-	(232,418)
Gldmn Schs Mm Gbl Eq-R6							
5 purchases, 4,659,979 shares	Registered investment company	51,656,646	-	-	-	51,656,646	-
3 sales, 518,969 shares		-	6,100,000	-	5,739,800	-	360,200
Goldman Sachs Mngd Beta-Inst							
6 purchases, 4,758,313 shares	Registered investment company	71,347,064	-	-	-	71,347,064	-
5 sales, 521,482 shares		-	8,400,000	-	7,785,729	-	614,271
Fidelity Inv Mmkt Treas 680 Var Rt 12/31/2049 Dd 09/22/11							
217 purchases, 314,209,889 shares	Registered investment company	314,209,889	-	-	-	314,209,889	-
189 sales, 261,826,779 shares		-	261,826,779	-	261,826,779	-	-

Standard Retirement Plan - Home Office Personnel

Appendix C – Other Attachments to Schedule SB of Form 5500

*For attachment to 2024 Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments
EIN 93-1253576 / PN 002*

Plan Year	Active Participants	Terminated Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	977,191	445,990	21,102,588	22,525,769
2025	2,123,361	721,733	20,797,351	23,642,445
2026	3,172,579	1,202,801	20,367,105	24,742,485
2027	4,218,879	1,900,897	19,956,934	26,076,710
2028	5,137,812	2,415,332	19,513,310	27,066,454
2029	5,993,642	2,923,897	19,053,741	27,971,280
2030	6,811,505	3,365,938	18,589,469	28,766,912
2031	7,523,448	3,578,578	18,052,523	29,154,549
2032	8,158,550	3,961,606	17,460,286	29,580,442
2033	8,750,425	4,345,629	16,865,397	29,961,451
2034	9,297,682	4,733,390	16,231,814	30,262,886
2035	9,803,603	5,245,254	15,550,084	30,598,941
2036	10,288,031	5,595,612	14,834,402	30,718,045
2037	10,635,141	5,728,129	14,108,523	30,471,793
2038	10,858,837	5,891,172	13,348,436	30,098,445
2039	11,063,006	5,968,708	12,569,117	29,600,831
2040	11,173,748	6,005,535	11,771,740	28,951,023
2041	11,247,730	6,028,895	10,960,362	28,236,987
2042	11,231,108	5,972,891	10,141,347	27,345,346
2043	11,130,806	5,906,512	9,321,467	26,358,785
2044	10,964,238	5,817,291	8,507,782	25,289,311
2045	10,761,298	5,674,005	7,707,526	24,142,829
2046	10,484,605	5,504,507	6,927,800	22,916,912
2047	10,175,213	5,316,805	6,175,468	21,667,486
2048	9,812,476	5,106,404	5,456,977	20,375,857
2049	9,423,839	4,882,543	4,778,174	19,084,556
2050	9,012,714	4,645,828	4,144,142	17,802,684
2051	8,580,195	4,397,308	3,558,921	16,536,424
2052	8,130,173	4,138,538	3,025,360	15,294,071
2053	7,664,968	3,871,598	2,544,997	14,081,563
2054	7,188,498	3,598,990	2,118,063	12,905,551
2055	6,704,329	3,323,478	1,743,567	11,771,374
2056	6,216,321	3,047,960	1,419,430	10,683,711
2057	5,728,412	2,775,261	1,142,649	9,646,322
2058	5,244,472	2,508,038	909,518	8,662,028

Standard Retirement Plan - Home Office Personnel

Appendix C – Other Attachments to Schedule SB of Form 5500

*For attachment to 2024 Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments
(Continued)*

EIN 93-1253576 / PN 002

Plan Year	Active Participants	Terminated Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	4,768,304	2,248,803	715,866	7,732,973
2060	4,303,700	1,999,862	557,231	6,860,793
2061	3,854,417	1,763,327	429,078	6,046,822
2062	3,424,068	1,541,040	326,984	5,292,092
2063	3,015,926	1,334,444	246,747	4,597,117
2064	2,632,764	1,144,642	184,504	3,961,910
2065	2,276,870	972,300	136,815	3,385,985
2066	1,949,939	817,630	100,693	2,868,262
2067	1,653,019	680,474	73,620	2,407,113
2068	1,386,501	560,280	53,527	2,000,308
2069	1,150,095	456,211	38,739	1,645,045
2070	942,965	367,231	27,927	1,338,123
2071	763,814	292,113	20,065	1,075,992
2072	610,930	229,532	14,371	854,833
2073	482,270	178,097	10,261	670,628

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan STANDARD RETIREMENT PLAN - HOME OFFICE PERSONNEL		B Three-digit plan number (PN)	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF STANCORP FINANCIAL GROUP, INC.		D Employer Identification Number (EIN) 93-1253576	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month 1 Day 1 Year 2024			
2 Assets:			
a Market value	2a	624,436,976	
b Actuarial value	2b	624,436,976	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,112	235,420,209	235,420,209
b For terminated vested participants	621	63,769,717	63,769,717
c For active participants	514	110,308,472	126,004,882
d Total	2,247	409,498,398	425,194,808
4 If the plan is in at-risk status, check the box and complete lines (a) and (b): ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.14 %	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	64,000	
c Target normal cost	6c	64,000	

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

SIGN HERE William N Cornell Signature of actuary WILLIAM N. CORNELL, EA, MAAA Type or print name of actuary STANDARD RETIREMENT SERVICES, INC. Firm name PO BOX 711 PORTLAND Address of the firm OR 97207-0711	October 13, 2025 Date 23-06487 Most recent enrollment number (971)321-8418 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	153,831,789
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	153,831,789
10	Interest on line 9 using prior year's actual return of <u>13.42</u> %	0	20,644,226
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.27</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	174,476,015

Part III Funding Percentages

14	Funding target attainment percentage	14	105.82%
15	Adjusted funding target attainment percentage	15	146.85%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.12%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 61
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	64,000	
b Excess assets, if applicable, but not greater than line 31a	31b	64,000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

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

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