

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>LEGAL & GENERAL AMERICA, INC. CASH BALANCE PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>LEGAL & GENERAL AMERICA, INC</u></p> <p><u>3275 BENNETT CREEK AVENUE</u> <u>FREDERICK, MD 21704</u></p>	<p>1c Effective date of plan <u>12/01/1952</u></p> <p>2b Employer Identification Number (EIN) <u>52-1236150</u></p> <p>2c Plan Sponsor's telephone number <u>301-279-4800</u></p> <p>2d Business code (see instructions) <u>551112</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	SHERI HYATT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	MELISSA SOTO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1339
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)	931
	6a(2)	973
	6b	84
	6c	321
	6d	1378
	6e	17
	6f	1395
	6g(1)	
6g(2)		
6h		9
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:
1C

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan LEGAL & GENERAL AMERICA, INC. CASH BALANCE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 LEGAL & GENERAL AMERICA, INC</p>	<p>D Employer Identification Number (EIN) 52-1236150</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
BANNER LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
52-1236145	94250	IPG 200	1395	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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
5	Current value of plan's interest under this contract in separate accounts at year end.....	5 41277811
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 6159396
c	(1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 293235
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 293235
d	Total of balance and additions (add lines 7b and 7c(6))	7d 6452631
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 538242
	(2) Administration charge made by carrier.....	7e(2) 11837
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 550079	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 5902552

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan <u>LEGAL & GENERAL AMERICA, INC. CASH BALANCE PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>LEGAL & GENERAL AMERICA, INC</u>	D Employer Identification Number (EIN) <u>52-1236150</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>63321696</u>
	b Actuarial value	2b	<u>63760337</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>97</u>	<u>5294057</u>
	b For terminated vested participants	<u>311</u>	<u>13577409</u>
	c For active participants	<u>931</u>	<u>38113386</u>
	d Total	<u>1339</u>	<u>56984852</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.05 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>5370807</u>
	b Expected plan-related expenses	6b	<u>17000</u>
	c Target normal cost	6c	<u>5387807</u>

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

SIGN HERE		
	Signature of actuary	Date
	<u>CRAIG D. HODGES</u>	<u>23-06527</u>
	Type or print name of actuary	Most recent enrollment number
	<u>WILLIS TOWERS WATSON US LLC</u>	<u>703-258-8000</u>
	Firm name	Telephone number (including area code)
	<u>800 NORTH GLEBE ROAD</u> <u>ARLINGTON, VA 22203</u>	
	Address of the firm	

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

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 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years	
28 Unpaid minimum required contributions for all prior years	28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29
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	5387807	
b Excess assets, if applicable, but not greater than line 31a	31b	356519	
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	5031288	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	5031288	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	5520974	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	489686	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

A Name of plan LEGAL & GENERAL AMERICA, INC. CASH BALANCE PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LEGAL & GENERAL AMERICA, INC	D Employer Identification Number (EIN) 52-1236150	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>LEGAL & GENERAL AMERICA, INC. CASH BALANCE PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LEGAL & GENERAL AMERICA, INC</u>	D Employer Identification Number (EIN) <u>52-1236150</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEPARATE ACCOUNTS OF THE BANNER LIC</u>		
b Name of sponsor of entity listed in (a): <u>BANNER LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>52-1236145-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>41277811</u>
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)

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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan LEGAL & GENERAL AMERICA, INC. CASH BALANCE PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 LEGAL & GENERAL AMERICA, INC	D Employer Identification Number (EIN) 52-1236150

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

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	15379960	20606003
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5600000	6000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	12085	66204
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	36394698	41277811
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	6159396	5902551
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	63546139	73852569
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	30290	23233
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	30290	23233
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	63515849	73829336

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)	6000000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	1246535	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1246535
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		5294985
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		12541520

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2214377	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2214377
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	13656	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		13656
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2228033

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		10313487
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **COHN REZNICK LLP**

(2) EIN: **33-4144829**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 556442.

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

A Name of plan LEGAL & GENERAL AMERICA, INC. CASH BALANCE PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 LEGAL & GENERAL AMERICA, INC	D Employer Identification Number (EIN) 52-1236150	

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

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

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): _____

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** **30**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 54.00 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 13.00 %
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: 33.00 % Other: _____%

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

Yes.

No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

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

**LEGAL & GENERAL AMERICA, INC.
CASH BALANCE PLAN**

**Financial Statements for the Years Ended
December 31, 2024 and 2023, Supplemental
Schedule for the Year Ended December 31, 2024,
and Independent Auditor's Report**

**LEGAL & GENERAL AMERICA, INC.
CASH BALANCE PLAN**

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* Schedules required by the Employee Retirement Income Security Act of 1974 (ERISA) but not filed herewith are omitted because of the absence of conditions under which they are required.

Independent Auditor's Report

To the Administrative Committee of
Legal & General American, Inc. Cash Balance Plan

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

We have performed audits of the financial statements of Legal & General America, Inc. Cash Balance Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of December 31, 2023, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 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.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

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

Other Matter

Supplemental Schedule Required by ERISA

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

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

In our opinion:

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

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

CohnReznick LLP

Bethesda, Maryland
October 10, 2025

**LEGAL & GENERAL AMERICA, INC.
CASH BALANCE PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2024	2023
ASSETS:		
Cash	<u>\$ 20,606,003</u>	<u>\$ 15,379,960</u>
Investments:		
Insurance company contract:		
Separate account, at fair value	41,277,811	36,394,698
General investment account, at contract value	<u>5,902,551</u>	<u>6,159,396</u>
Total investments	<u>47,180,362</u>	<u>42,554,094</u>
Contributions receivable	6,000,000	5,600,000
Accrued investment income	<u>66,204</u>	<u>12,085</u>
Total receivables	<u>6,066,204</u>	<u>5,612,085</u>
Total assets	73,852,569	63,546,139
LIABILITIES:		
Due to affiliates	<u>23,233</u>	<u>30,290</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 73,829,336</u></u>	<u><u>\$ 63,515,849</u></u>

The accompanying notes are an integral part of these financial statements.

**LEGAL & GENERAL AMERICA, INC.
CASH BALANCE PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	For the Year Ended December 31,	
	2024	2023
Additions to net assets attributed to		
Investment income:		
Interest	\$ 1,246,535	\$ 667,003
Net appreciation of pooled separate account	5,294,985	5,328,170
	<u>6,541,520</u>	<u>5,995,174</u>
Employer plan contributions	<u>6,000,000</u>	<u>5,600,000</u>
Total additions	<u>12,541,520</u>	<u>11,595,174</u>
Withdrawals, terminations, and benefits paid to participants	2,214,377	2,244,577
Administrative expenses	<u>13,656</u>	<u>16,945</u>
Total deductions	<u>2,228,033</u>	<u>2,261,522</u>
Net increase	10,313,487	9,333,652
Net assets available for benefits, beginning of year	<u>63,515,849</u>	<u>54,182,197</u>
Net assets available for benefits, end of year	<u>\$ 73,829,336</u>	<u>\$ 63,515,849</u>

The accompanying notes are an integral part of these financial statements.

**LEGAL & GENERAL AMERICA, INC.
CASH BALANCE PLAN**

**STATEMENT OF ACCUMULATED PLAN BENEFITS
AS OF DECEMBER 31, 2023**

Actuarial present value of accumulated
plan benefits

Vested benefits:

Participants currently receiving payments	\$	5,488,704
Other participants		<u>51,931,245</u>

Total vested benefits		57,419,949
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Non-vested benefits		<u>1,388,575</u>
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Total actuarial present value of accumulated plan benefits	\$	<u><u>58,808,524</u></u>
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The accompanying notes are an integral part of these financial statements.

LEGAL & GENERAL AMERICA, INC.
CASH BALANCE PLAN

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2023

Actuarial present value of accumulated plan benefits, beginning of year	\$	52,497,855
Increase (decrease) during the year:		
Decrease in the discount period		2,794,698
Additional benefits accumulated		4,518,403
Benefits paid		(2,244,577)
Actuarial losses		835,634
Effect of change in assumptions		<u>406,511</u>
Net increase		<u>6,310,669</u>
Actuarial present value of accumulated plan benefits, end of year	\$	<u><u>58,808,524</u></u>

The accompanying notes are an integral part of these financial statements.

**LEGAL & GENERAL AMERICA, INC.
CASH BALANCE PLAN**

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The following brief description of the Legal & General America, Inc. Cash Balance Plan (the "Plan") provisions is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

a. General

The Plan is a noncontributory defined benefit retirement plan providing benefits for substantially all employees of Banner Life Insurance Company ("Banner"), William Penn Life Insurance Company of New York, Legal & General Investment Management America, Inc. and Legal & General America, Inc. ("LGA"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan is administered and sponsored by LGA (the "Plan Sponsor"). The authority to manage, control, construe, and interpret the Plan is vested in the Pension Plan Administrative Committee of LGA (the "Plan Administrator").

b. Participation, Vesting, and Benefits

Employees are eligible for participation on the January 1 or July 1 coincident with or next following their completion of one-year of eligibility service (1,000 hours in 12 consecutive months) and the attainment of age 21.

Effective January 1, 2008, in compliance with the Pension Protection Act, employees are fully vested after three years of service and entitled to pension benefits at normal retirement age (the later of i) the attainment of age 65 or ii) the earlier of the completion of 3 years service for vesting purposes or the 5th anniversary of participation in the Plan) or early retirement age (age 55 and 10 years of service for vesting purposes). Benefits are paid in the form of a lump sum payout or lifetime annuity to the employee or employee's spouse, based on an accumulation of annual service credits equal to a percentage of a year's compensation based on the number of years of service completed in the prior year and annual interest credits on the account balance at the beginning of the year. The interest credit is based on the average of 10-year Treasury Note rates during December of the prior year.

Disability and death benefits are also available under the Plan provisions.

c. Funding Policy

Contributions are designed to meet the minimum funding requirements of ERISA. Contributions will be made to the Plan in order to assure that it will remain funded at a level between 115% to 125% of the value of the Plan's liabilities calculated for minimum funding purposes.

For year ended December 31, 2024, required contributions made to the Plan to satisfy the minimum funding requirement under ERISA were \$6,000,000. For year ended December 31, 2023, required contributions made to the Plan to satisfy the minimum funding requirement under ERISA were \$5,600,000.

**LEGAL & GENERAL AMERICA, INC.
CASH BALANCE PLAN**

NOTES TO FINANCIAL STATEMENTS

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

2. SIGNIFICANT ACCOUNTING POLICIES

The accompanying financial statements have been prepared using the accrual basis of accounting. The significant accounting policies followed by the Plan are described below.

a. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provision to the service employees have rendered. They include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died, and present employees or their beneficiaries. 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 actuarial present value of accumulated plan benefits is determined by the Plan's actuary, Willis Towers Watson, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payments between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of January 1, 2024, are as follows:

1. Discount rate	5%
2. Mortality	
Pre and Post-Retirement	Pri-2012 White Collar tables projected generationally using Scale MP-2021
3. Termination	Graded rates from age 20 through 50
4. Retirement Age	Graded rates from age 55 through 70

All assumptions remain unchanged from the prior year. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

**LEGAL & GENERAL AMERICA, INC.
CASH BALANCE PLAN**

NOTES TO FINANCIAL STATEMENTS

b. Payment of Benefits

Benefits are recorded when paid.

c. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions to net assets during the reporting period. Actual results could differ from those estimates.

d. Investment Valuation and Income Recognition

The Plan's investments are stated at fair value and contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements. Contract value represents contributions made under the contract, plus earnings, less withdrawals and administrative expenses. The crediting interest rate on the General Investment Account is based upon an agreed-upon formula with the issuer, but cannot be less than zero.

Purchases and sales of securities are recorded on a trade-date basis. Earnings from investments are recorded as earned using the accrual method of accounting. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. Interest income is recorded on the accrual basis. The Plan presents in the statement of changes in net assets available for benefits net earnings (losses) on investments which is comprised of interest and the net appreciation (depreciation) of the fair value of investments, which consists of realized gains or losses and the unrealized appreciation (depreciation) of those investments.

3. FAIR VALUE MEASUREMENTS

In compliance with Accounting Standards Codification Topic 820, *Fair Value Measurements and Disclosures*, the Plan has categorized its financial instruments based on a three-tiered fair value hierarchy approach, which prioritizes the inputs to valuation techniques used to measure fair value:

Level 1: Unadjusted quoted prices for identical assets or liabilities within active markets.

Level 2: Quoted prices for similar assets or liabilities in active markets or inputs that are significant and that are observable either directly or indirectly; fair value can be determined through the use of model or other valuation methodologies whose inputs are observable or whose significant value drivers are observable. Valuations are generally obtained from third-party pricing services and

**LEGAL & GENERAL AMERICA, INC.
CASH BALANCE PLAN**

NOTES TO FINANCIAL STATEMENTS

tested for reasonableness by the Plan's management through comparisons to alternate pricing sources.

Level 3: Prices or valuations that require inputs that are both unobservable and significant to the overall fair value measurement. Inputs reflect assumptions and best estimates made by management regarding how the assumptions a potential market participant would use when pricing the asset or liability.

A financial instrument's 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 separate account is valued based on the fair value of the underlying assets of the account. There have been no changes in the methodologies used at December 31, 2024 and 2023.

The following tables summarize the Plan's investments measured at fair value as of December 31, 2024 and 2023. See also Note 4 regarding certification of the Plan's investments.

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Separate Account	\$ -	\$ 41,277,811	\$ -	\$ 41,277,811
Total	\$ -	\$ 41,277,811	\$ -	\$ 41,277,811

	December 31, 2023			
	Level 1	Level 2	Level 3	Total
Separate Account	\$ -	\$ 36,394,698	\$ -	\$ 36,394,698
Total	\$ -	\$ 36,394,698	\$ -	\$ 36,394,698

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

**LEGAL & GENERAL AMERICA, INC.
CASH BALANCE PLAN**

NOTES TO FINANCIAL STATEMENTS

4. INFORMATION CERTIFIED BY THE TRUSTEE

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investments held at December 31, 2024 and 2023, and investment income for the years then ended, that is disclosed in the accompanying financial statements and supplemental schedule, was obtained or derived from information supplied by Banner, the Plan's Trustee and a related party of the Plan. The Plan Administrator has obtained certifications from the Trustee as of and for the years ended December 31, 2024 and 2023, that such information is accurate and complete.

5. INSURANCE COMPANY CONTRACT

A portion of the assets of the Plan are invested in an Immediate Participation Guarantee – Group Annuity Contract ("IPG Contract") issued by Banner. Deposits under the contract are held in Banner's Separate Account and/or General Investment Account. The account balances in the General Investment Account are stated at contract value, which approximates fair value, and account balances in the Separate Account are stated at fair value as determined by the Plan Trustee using the market rates prescribed by the National Association of Insurance Commissioners.

As required by the IPG Contract, a portion of the Plan's net assets available for plan benefits are "committed" in an amount equal to that necessary to fund future benefits for each participant who is retired or eligible to retire. This "committed" amount is determined by Banner and must be held in Banner's General Investment Account.

a. General Investment Account

The General Investment Account assets represent annual contributions plus accumulated interest reduced by benefits paid and expenses and adjustments for transfers.

b. Separate Account

Investment in the Separate Account represents the contributions since the inception of the Plan plus the change in value of the Separate Account invested assets (comprised of the Plan's share of net unrealized appreciation or depreciation of marketable securities, investment income, transfers to/from the General Investment Account, net realized capital gains and losses, and fees).

6. INCOME TAX STATUS

The Plan obtained its latest determination letter dated October 17, 2016, in which the Internal Revenue Service stated that the Plan, as then designed, is in compliance with the applicable requirements of the Internal Revenue Code. The Plan has not been amended since receiving the determination letter. Therefore, no provision for income taxes has been included in the Plan's financial statements.

**LEGAL & GENERAL AMERICA, INC.
CASH BALANCE PLAN**

NOTES TO FINANCIAL STATEMENTS

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a government authority. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a 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.

7. RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Expenses related to the administration of the Plan are generally paid by the Plan. However, certain expenses are paid by the Plan Sponsor.

A portion of the assets of the Plan are invested in an IPG Contract issued by Banner, which is also the Plan Trustee and a participating employer in the Plan. Therefore, these transactions qualify as party-in-interest transactions under Section 3(14) of ERISA. During 2024 and 2023, certain administrative costs to Banner amounted to \$13,656 and \$16,945, respectively.

The Plan owed Banner \$23,234 and \$30,290 as of December 31, 2024 and 2023, respectively. Such amounts are primarily related to reimbursement of administration fees paid by Banner on behalf of the Plan.

8. PLAN TERMINATION

If the Plan is terminated, assets shall be allocated among the participants and their beneficiaries as provided in the Plan, subject to Section 4044 of ERISA.

Benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") in the event that LGA terminates the Plan. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under covered plans, and the amount of benefit protection is subject to certain limitations. If the benefits have been increased within the five years before plan termination, the whole amount of the Plan's vested benefits or the benefit increase may not be guaranteed. In addition, there is a ceiling on the amount of monthly benefit that the PBGC guarantees, which is adjusted periodically.

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

**LEGAL & GENERAL AMERICA, INC.
CASH BALANCE PLAN**

NOTES TO FINANCIAL STATEMENTS

9. RISKS AND UNCERTAINTIES

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

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

10. SUBSEQUENT EVENTS

Material subsequent events have been considered for disclosure and recognition in these financial statements through October 15, 2025 the date financial statements were available to be issued.

On February 7, 2025, L&G announced Meiji Yasuda Life Insurance Company (Meiji Yasuda), a Japanese mutual life insurance company, agreed to purchase LGA and its subsidiaries (“LGA Consolidated”) for a combined equity value of \$2.3 billion. Following completion of the sale and regulatory approvals, Meiji Yasuda will enter into a reinsurance agreement to reinsure 80% of the in force and future pension risk transfer business to L&G.

SUPPLEMENTAL INFORMATION

LEGAL & GENERAL AMERICA, INC.
CASH BALANCE PLAN
EIN #52-1236150 PN #001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024

(a)	(b) Identity of Issuer 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
*	Banner Life Insurance Company	Separate Account	\$ 14,193,584	\$ 41,277,811
*	Banner Life Insurance Company	General Investment Account	\$ 5,902,551	\$ 5,902,551
		TOTAL	\$ 20,096,135	\$ 47,180,362

* Denotes a known party-in-interest under Department of Labor Regulations.

The above information was derived from data certified accurate and complete by Banner Life Insurance Company, Plan Trustee.



Independent Member of Nexia

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SCHEDULE SB ATTACHMENTS

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

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age of the table.

x	q_x^r	l_x	${}_{x-50}p_{50} = l_x / l_{50}$	$q_x^r * l_x / l_{50}$	$x * q_x * l_x / l_{50}$
50	0.0000	1,000,000	1.000000	0.000000	0.000000
51	0.0000	1,000,000	1.000000	0.000000	0.000000
52	0.0000	1,000,000	1.000000	0.000000	0.000000
53	0.0000	1,000,000	1.000000	0.000000	0.000000
54	0.0000	1,000,000	1.000000	0.000000	0.000000
55	0.0483	1,000,000	1.000000	0.048300	2.656500
56	0.0481	951,700	0.951700	0.045777	2.563499
57	0.0479	905,923	0.905923	0.043394	2.473442
58	0.0473	862,530	0.862530	0.040798	2.366263
59	0.0467	821,732	0.821732	0.038375	2.264118
60	0.0473	783,357	0.783357	0.037053	2.223167
61	0.1000	746,304	0.746304	0.074630	4.552456
62	0.2000	671,674	0.671674	0.134335	8.328755
63	0.2000	537,339	0.537339	0.107468	6.770472
64	0.2000	429,871	0.429871	0.085974	5.502352
65	0.5000	343,897	0.343897	0.171948	11.176652
66	0.5000	171,948	0.171948	0.085974	5.674300
67	0.5000	85,974	0.085974	0.042987	2.880137
68	0.5000	42,987	0.042987	0.021494	1.461562
69	0.5000	21,494	0.021494	0.010747	0.741528
70	1.0000	10,747	0.010747	0.010747	0.752275

Average age at retirement

62.387477

Rounded for Schedule SB item 22

62

Plan Name: Legal & General America, Inc. Cash Balance Plan
 EIN / PN: 52-1236150 / 001
 Plan Sponsor: Legal & General America, Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The interest credit rate was changed from 4.50% to 4.60%.

Plan Name: Legal & General America, Inc. Cash Balance Plan
EIN / PN: 52-1236150 / 001
Plan Sponsor: Legal & General America, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	6	0	0	0	0	0	0	0	0	6
25-29	0	56	12	0	0	0	0	0	0	0	68
30-34	0	80	37	6	0	0	0	0	0	0	123
35-39	0	57	34	17	1	0	0	0	0	0	109
40-44	0	57	41	20	22	3	0	0	0	0	143
45-49	0	52	41	23	22	10	3	0	0	0	151
50-54	0	53	34	21	12	5	3	0	0	0	128
55-59	0	40	20	17	13	9	8	1	2	1	111
60-64	0	25	12	12	7	3	5	2	1	1	68
65-69	0	0	4	2	3	1	2	0	0	4	16
70 & over	0	1	0	0	4	1	0	0	0	2	8
Total	0	427	235	118	84	32	21	3	3	8	931

¹ Age and service for purposes of determining category are based on exact (not rounded) values.
 Plan Name: Legal & General America, Inc. Cash Balance Plan
 EIN / PN: 52-1236150 / 001
 Plan Sponsor: Legal & General America, Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	5,186,089	4,836,408	532,171	10,554,668
2025	4,326,276	374,587	516,832	5,217,695
2026	3,986,269	484,197	499,813	4,970,279
2027	3,149,391	1,015,190	482,285	4,646,866
2028	2,873,555	383,633	464,800	3,721,988
2029	2,923,679	354,624	447,506	3,725,809
2030	2,904,349	786,171	430,339	4,120,859
2031	2,650,650	1,188,803	413,149	4,252,602
2032	2,467,302	159,913	395,771	3,022,986
2033	2,413,235	492,247	375,310	3,280,792
2034	2,179,909	330,657	353,819	2,864,385
2035	2,026,134	833,537	334,395	3,194,066
2036	1,983,361	960,378	314,491	3,258,230
2037	1,963,614	358,552	294,176	2,616,342
2038	1,972,143	1,032,711	273,554	3,278,408
2039	2,039,086	333,557	252,761	2,625,404
2040	1,969,771	572,388	231,952	2,774,111
2041	1,927,804	487,989	211,289	2,627,082
2042	1,784,507	573,024	190,944	2,548,475
2043	1,574,015	506,089	171,095	2,251,199
2044	1,331,837	1,170,210	151,923	2,653,970
2045	1,380,670	434,374	133,610	1,948,654
2046	1,376,490	488,676	116,322	1,981,488
2047	1,026,633	225,311	100,210	1,352,154
2048	888,388	767,029	85,394	1,740,811
2049	636,931	691,569	71,954	1,400,454
2050	551,669	418,969	59,936	1,030,574
2051	514,759	580,115	49,337	1,144,211
2052	535,039	396,653	40,126	971,818
2053	419,450	326,290	32,243	777,983
2054	390,011	194,560	25,595	610,166
2055	340,705	131,656	20,075	492,436
2056	326,580	245,487	15,563	587,630
2057	242,858	268,767	11,931	523,556
2058	177,486	110,228	9,056	296,770
2059	147,836	174,132	6,815	328,783
2060	123,732	146,262	5,098	275,092
2061	62,343	2,373	3,804	68,520
2062	39,117	1,806	2,844	43,767
2063	24,161	1,345	2,145	27,651
2064	15,025	980	1,644	17,649
2065	4,711	698	1,290	6,699
2066	1,053	486	1,041	2,580
2067	431	330	866	1,627
2068	178	218	741	1,137
2069	67	141	648	856
2070	10	88	575	673
2071	0	54	513	567
2072	0	32	457	489
2073	0	19	404	423

Plan Name: Legal & General America, Inc. Cash Balance Plan
 EIN / PN: 52-1236150 / 001
 Plan Sponsor: Legal & General America, Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Legal & General America, Inc.
EIN/PN	52-1236150 / 001
Plan Name	Legal & General America, Inc. Cash Balance Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Craig D. Hodges
Enrollment Number	23-06527

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:

	Reflecting Stabilization	Not Reflecting Stabilization
--	--------------------------	------------------------------

Annual rates of increase

- Compensation 4.00%
- Cash balance interest credits 4.60%
- Future Social Security wage bases Not Applicable
- Statutory limits on compensation 0.00%

Plan-related expenses \$17,000

Demographic Assumptions

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

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

Plan Name: Legal & General America, Inc. Cash Balance Plan
EIN / PN: 52-1236150 / 001
Plan Sponsor: Legal & General America, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Mortality

Funding

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

Disability

None.

Termination

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

Age	Rate
<20	16.85%
25	16.18%
30	15.16%
35	13.18%
40	10.37%
45	7.01%
50	4.68%

Retirement

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

Age	Rate
55	4.83%
56	4.81%
57	4.79%
58	4.73%
59	4.67%
60	4.73%
61	10.00%
62-64	20.00%
65-69	50.00%
70	100.00%

Plan Name: Legal & General America, Inc. Cash Balance Plan
EIN / PN: 52-1236150 / 001
Plan Sponsor: Legal & General America, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefit commencement date:

- Preretirement death benefit Upon the death of the active participant
- Deferred vested benefit Upon termination of employment
- Retirement benefit Upon termination of employment

Form of payment

Participants are assumed to elect the lump sum form of payment.

For Active participants who terminate prior to age 55, it is assumed that 50% of said participants commence payment immediately upon termination, 40% commence in the year following termination, and 10% defer commencement to age 65.

For Active participants who terminate at age 55 and beyond, it is assumed that 50% commence immediately and 50% commence in the year following termination.

Employees who are currently terminated, but have not yet commenced benefits, are assumed to elect a lump sum immediately if within one year of termination. If terminated more than one year, participants are assumed to defer payments to age 65.

Percent married

For vested terminated participants prior to January 1, 1993, it is assumed 80% are married.

Spouse age

Husbands are assumed to be three years older than wives.

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date

First day of plan year

Funding target

Present value of accrued benefits as required by regulations under IRC §430.

Target normal cost

Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Plan Name: Legal & General America, Inc. Cash Balance Plan
EIN / PN: 52-1236150 / 001
Plan Sponsor: Legal & General America, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Decrement timing The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

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

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets

Benefits not valued All benefits described in the Plan Provisions section of this report were valued including based on discussions with Legal & General America, Inc. regarding the likelihood that these benefits will be paid.

WTW has reviewed the plan provisions with Legal & General America, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Plan Name: Legal & General America, Inc. Cash Balance Plan
EIN / PN: 52-1236150 / 001
Plan Sponsor: Legal & General America, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

Data was furnished by the plan administrator as of January 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are unaware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale – Significant Economic Assumptions

Discount rate The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Assumptions Rationale – Significant Demographic Assumptions

Healthy Mortality Assumptions used for funding purposes are as prescribed by IRC §430(h).

Further discussion regarding the rationale for selection of other material economic and demographic assumptions was included in our 12/31/2023 Disclosure Assumptions document.

Source of Prescribed Methods

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

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date, as required by IRC §430.
- The mortality assumption was updated, as required by IRC §430.
- The interest credit rate was changed from 4.50% to 4.60%.

Plan Name: Legal & General America, Inc. Cash Balance Plan
EIN / PN: 52-1236150 / 001
Plan Sponsor: Legal & General America, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The Plan, first effective January 1, 1993, is an amendment and restatement of the Pension Plan for the Employees of Banner Life Insurance Company, Inc. and the Retirement Plan of William Penn Life Insurance Company of New York. The plan was amended and restated effective January 1, 2020 (adopted May 2020). All amendments through January 1, 2021 are reflected.

Eligibility requirements Attainment of age 21 and the completion of one year of service. Once an employee satisfies plan eligibility requirements, he/she will participate upon the next eligible Entry Date (January 1 or July 1). Former participants who are rehired participate immediately

Definitions

Years of service All years in which an employee has 1,000 hours of service.

Compensation Base salary including pre-tax salary reductions. Compensation is limited by IRS regulations to \$345,000 for 2024.

Contributions All contributions are paid by the employer.

Initial cash balance account The lump sum present value as of January 1, 1993 of the participant's benefit accrued to December 31, 1992, based on the UP-1984 Mortality Table, the interest rates specified by the Pension Benefit Guaranty Corporation (PBGC) for valuing immediate and deferred annuities as of January 1, 1993, and assuming payment is deferred to Normal Retirement Date.

Plan Name: Legal & General America, Inc. Cash Balance Plan
EIN / PN: 52-1236150 / 001
Plan Sponsor: Legal & General America, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Cash balance account

An account which is maintained for each participant consisting of the Initial Cash Balance Account, Service Credits and Interest Credits. The account is increased at December 31st of each year by a Service Credit equal to a percentage of the participant's compensation for such year, based on the number of years of service completed in the prior year, and an Interest Credit applied to the Cash Balance Account as of the first day of such year. Interest Credits are applied to the Cash Balance Account of terminated employees until their benefits commence. The Service Credit is as follows:

Years of Service	Service Credit
0-4	4%
5-9	5%
10-14	6.5%
15 or more	8%

The Interest Credit is based on the average of 10-year Treasury note rates during December of the prior year, but not less than 4.5% nor more than 10%.

Normal retirement date (NRD)

Attainment of age 65 and 3rd anniversary of participation or 3 years of service

Eligibility for Benefits

Normal retirement

Retirement on NRD

Early retirement

Attainment of age 55 and ten years of service

Late retirement

Retirement after NRD

Deferred vested termination

Termination for reasons other than death or retirement after completing three years of service

Disability

Permanent and total disability prior to NRD

Benefits Paid Upon the Following Events

Normal retirement

A monthly benefit which is the Actuarial Equivalent of the Cash Balance Account at NRD.

Actuarial Equivalence is determined using the 417(e) Mortality Table and the interest rate specified by the IRS as of the first day of the plan year

Plan Name: Legal & General America, Inc. Cash Balance Plan
EIN / PN: 52-1236150 / 001
Plan Sponsor: Legal & General America, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Early retirement	<p>The monthly retirement benefit which is the Actuarial Equivalent of the participant's Cash Balance Account as of his Early Retirement Date.</p> <p>If retirement benefit payments are deferred until his NRD, the Early Retirement Benefit is the Actuarial Equivalent of the Cash Balance Account increased by Interest Credits until NRD.</p>
Late retirement	<p>The monthly retirement benefit that is the Actuarial Equivalent of the participant's Cash Balance Account as of his Late Retirement Date.</p>
Deferred vested termination	<p>The monthly retirement benefit which is the Actuarial Equivalent of the participant's Cash Balance Account payable at termination of employment or NRD.</p>
Disablement	<p>Participants who become totally and permanently disabled continue to accrue Service Credits and Interest Credits until NRD based on the annual compensation immediately prior to disability.</p>
Death benefit	<p>The surviving spouse of a participant whose benefit has not commenced and who dies can elect to receive either: (a) a life annuity, or (b) a lump sum benefit equal to the Cash Balance Account. If there is no surviving spouse, the death benefit described in (b) will be paid to the designated beneficiary.</p>

Other Plan Provisions

Forms of payment	<p>Normal form of payment</p> <p>For unmarried participants, the benefit is a single life annuity payable monthly. The Normal Form for married participants is a 100% joint and survivor annuity (which is the Actuarial Equivalent of a life annuity).</p> <p>Optional Forms in lieu of Normal Form</p> <p>Participants may receive a lump sum payment equal to Cash Balance Account, a life annuity, a 10 year certain and life annuity, a 50% or 100% joint and survivor annuity, or a Social Security Level income option to age 65. Benefits with a lump sum present value of \$1,000 or less at the benefit commencement date are automatically cashed out.</p>
Minimum benefit	<p>The accrued benefit at December 31, 1992 paid in accordance with the provisions of the Plan in effect on that date.</p>

Plan Name:	Legal & General America, Inc. Cash Balance Plan
EIN / PN:	52-1236150 / 001
Plan Sponsor:	Legal & General America, Inc.
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Maximum benefit The maximum annual benefit payable as a qualified joint and survivor annuity is limited by IRS regulations to \$275,000 for 2024. The maximum is reduced for benefit commencement prior to the participant's Social Security normal retirement age

Maximum limits on benefits and pay All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

There have been no changes in the principal plan provisions since the prior valuation.

Plan Name: Legal & General America, Inc. Cash Balance Plan
EIN / PN: 52-1236150 / 001
Plan Sponsor: Legal & General America, Inc.
Valuation Date: January 1, 2024

LEGAL & GENERAL AMERICA, INC.
 CASH BALANCE PLAN
 EIN #52-1236150 PN #001
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 AS OF DECEMBER 31, 2024

(a)	(b) Identity of Issuer 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
*	Banner Life Insurance Company	Separate Account	\$14,193,584	\$41,277,811
*	Banner Life Insurance Company	General Investment Account	5,902,551	5,902,551
		TOTAL	\$20,096,135	\$47,180,362

* Denotes a known party-in-interest under Department of Labor Regulations.

The above information was derived from data certified accurate and complete by Banner Life Insurance Company, Plan Trustee.

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

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

A Name of plan LEGAL & GENERAL AMERICA, INC. CASH BALANCE PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LEGAL & GENERAL AMERICA, INC	D Employer Identification Number (EIN) 52-1236150	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	63,321,696
	b Actuarial value	2b	63,760,337
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	97	5,294,057
	b For terminated vested participants	311	13,577,409
	c For active participants	931	38,113,386
	d Total	1,339	56,984,852
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>	
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.05%
6	Target normal cost		
	a Present value of current plan year accruals	6a	5,370,807
	b Expected plan-related expenses	6b	17,000
	c Target normal cost	6c	5,387,807

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	Craig D. Hodges Signature of actuary	October 2, 2025 Date
	Craig D. Hodges Type or print name of actuary	2306527 Most recent enrollment number
	Willis Towers Watson US LLC Firm name	703-258-8000 Telephone number (including area code)
	800 North Glebe Road Arlington VA 22203 Address of the firm	

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. **Schedule SB (Form 5500) 2024 v. 240311**

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%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	5,387,807	
b Excess assets, if applicable, but not greater than line 31a	31b	356,519	
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	5,031,288	
	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	5,031,288	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	5,520,974	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	489,686	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
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SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Legal & General America, Inc.
EIN/PN	52-1236150 / 001
Plan Name	Legal & General America, Inc. Cash Balance Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Craig D. Hodges
Enrollment Number	23-06527

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

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

SCHEDULE SB ATTACHMENTS

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

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age of the table.

x	q_x^r	l_x	${}_{x-50}p_{50} = l_x / l_{50}$	$q_x^r * l_x / l_{50}$	$x * q_x * l_x / l_{50}$
50	0.0000	1,000,000	1.000000	0.000000	0.000000
51	0.0000	1,000,000	1.000000	0.000000	0.000000
52	0.0000	1,000,000	1.000000	0.000000	0.000000
53	0.0000	1,000,000	1.000000	0.000000	0.000000
54	0.0000	1,000,000	1.000000	0.000000	0.000000
55	0.0483	1,000,000	1.000000	0.048300	2.656500
56	0.0481	951,700	0.951700	0.045777	2.563499
57	0.0479	905,923	0.905923	0.043394	2.473442
58	0.0473	862,530	0.862530	0.040798	2.366263
59	0.0467	821,732	0.821732	0.038375	2.264118
60	0.0473	783,357	0.783357	0.037053	2.223167
61	0.1000	746,304	0.746304	0.074630	4.552456
62	0.2000	671,674	0.671674	0.134335	8.328755
63	0.2000	537,339	0.537339	0.107468	6.770472
64	0.2000	429,871	0.429871	0.085974	5.502352
65	0.5000	343,897	0.343897	0.171948	11.176652
66	0.5000	171,948	0.171948	0.085974	5.674300
67	0.5000	85,974	0.085974	0.042987	2.880137
68	0.5000	42,987	0.042987	0.021494	1.461562
69	0.5000	21,494	0.021494	0.010747	0.741528
70	1.0000	10,747	0.010747	0.010747	0.752275

Average age at retirement

62.387477

Rounded for Schedule SB item 22

62

Plan Name: Legal & General America, Inc. Cash Balance Plan
 EIN / PN: 52-1236150 / 001
 Plan Sponsor: Legal & General America, Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:

	Reflecting Stabilization	Not Reflecting Stabilization
--	--------------------------	------------------------------

Annual rates of increase

- Compensation 4.00%
- Cash balance interest credits 4.60%
- Future Social Security wage bases Not Applicable
- Statutory limits on compensation 0.00%

Plan-related expenses \$17,000

Demographic Assumptions

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

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

Plan Name: Legal & General America, Inc. Cash Balance Plan
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Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Mortality

Funding

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

Disability

None.

Termination

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

Age	Rate
<20	16.85%
25	16.18%
30	15.16%
35	13.18%
40	10.37%
45	7.01%
50	4.68%

Retirement

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

Age	Rate
55	4.83%
56	4.81%
57	4.79%
58	4.73%
59	4.67%
60	4.73%
61	10.00%
62-64	20.00%
65-69	50.00%
70	100.00%

Plan Name: Legal & General America, Inc. Cash Balance Plan
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SCHEDULE SB ATTACHMENTS

Benefit commencement date:

- Preretirement death benefit Upon the death of the active participant
- Deferred vested benefit Upon termination of employment
- Retirement benefit Upon termination of employment

Form of payment

Participants are assumed to elect the lump sum form of payment.

For Active participants who terminate prior to age 55, it is assumed that 50% of said participants commence payment immediately upon termination, 40% commence in the year following termination, and 10% defer commencement to age 65.

For Active participants who terminate at age 55 and beyond, it is assumed that 50% commence immediately and 50% commence in the year following termination.

Employees who are currently terminated, but have not yet commenced benefits, are assumed to elect a lump sum immediately if within one year of termination. If terminated more than one year, participants are assumed to defer payments to age 65.

Percent married

For vested terminated participants prior to January 1, 1993, it is assumed 80% are married.

Spouse age

Husbands are assumed to be three years older than wives.

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date

First day of plan year

Funding target

Present value of accrued benefits as required by regulations under IRC §430.

Target normal cost

Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

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SCHEDULE SB ATTACHMENTS

Decrement timing The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

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

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets

Benefits not valued All benefits described in the Plan Provisions section of this report were valued including based on discussions with Legal & General America, Inc. regarding the likelihood that these benefits will be paid.

WTW has reviewed the plan provisions with Legal & General America, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

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Plan Sponsor: Legal & General America, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

Data was furnished by the plan administrator as of January 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are unaware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale – Significant Economic Assumptions

Discount rate The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Assumptions Rationale – Significant Demographic Assumptions

Healthy Mortality Assumptions used for funding purposes are as prescribed by IRC §430(h).

Further discussion regarding the rationale for selection of other material economic and demographic assumptions was included in our 12/31/2023 Disclosure Assumptions document.

Source of Prescribed Methods

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

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date, as required by IRC §430.
- The mortality assumption was updated, as required by IRC §430.
- The interest credit rate was changed from 4.50% to 4.60%.

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Schedule SB, Line 24 Change in Actuarial Assumptions

The interest credit rate was changed from 4.50% to 4.60%.

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SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The Plan, first effective January 1, 1993, is an amendment and restatement of the Pension Plan for the Employees of Banner Life Insurance Company, Inc. and the Retirement Plan of William Penn Life Insurance Company of New York. The plan was amended and restated effective January 1, 2020 (adopted May 2020). All amendments through January 1, 2021 are reflected.

Eligibility requirements Attainment of age 21 and the completion of one year of service. Once an employee satisfies plan eligibility requirements, he/she will participate upon the next eligible Entry Date (January 1 or July 1). Former participants who are rehired participate immediately

Definitions

Years of service All years in which an employee has 1,000 hours of service.

Compensation Base salary including pre-tax salary reductions. Compensation is limited by IRS regulations to \$345,000 for 2024.

Contributions All contributions are paid by the employer.

Initial cash balance account The lump sum present value as of January 1, 1993 of the participant's benefit accrued to December 31, 1992, based on the UP-1984 Mortality Table, the interest rates specified by the Pension Benefit Guaranty Corporation (PBGC) for valuing immediate and deferred annuities as of January 1, 1993, and assuming payment is deferred to Normal Retirement Date.

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SCHEDULE SB ATTACHMENTS

Cash balance account

An account which is maintained for each participant consisting of the Initial Cash Balance Account, Service Credits and Interest Credits. The account is increased at December 31st of each year by a Service Credit equal to a percentage of the participant's compensation for such year, based on the number of years of service completed in the prior year, and an Interest Credit applied to the Cash Balance Account as of the first day of such year. Interest Credits are applied to the Cash Balance Account of terminated employees until their benefits commence. The Service Credit is as follows:

Years of Service	Service Credit
0-4	4%
5-9	5%
10-14	6.5%
15 or more	8%

The Interest Credit is based on the average of 10-year Treasury note rates during December of the prior year, but not less than 4.5% nor more than 10%.

Normal retirement date (NRD)

Attainment of age 65 and 3rd anniversary of participation or 3 years of service

Eligibility for Benefits

Normal retirement

Retirement on NRD

Early retirement

Attainment of age 55 and ten years of service

Late retirement

Retirement after NRD

Deferred vested termination

Termination for reasons other than death or retirement after completing three years of service

Disability

Permanent and total disability prior to NRD

Benefits Paid Upon the Following Events

Normal retirement

A monthly benefit which is the Actuarial Equivalent of the Cash Balance Account at NRD.

Actuarial Equivalence is determined using the 417(e) Mortality Table and the interest rate specified by the IRS as of the first day of the plan year

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SCHEDULE SB ATTACHMENTS

Early retirement	<p>The monthly retirement benefit which is the Actuarial Equivalent of the participant's Cash Balance Account as of his Early Retirement Date.</p> <p>If retirement benefit payments are deferred until his NRD, the Early Retirement Benefit is the Actuarial Equivalent of the Cash Balance Account increased by Interest Credits until NRD.</p>
Late retirement	<p>The monthly retirement benefit that is the Actuarial Equivalent of the participant's Cash Balance Account as of his Late Retirement Date.</p>
Deferred vested termination	<p>The monthly retirement benefit which is the Actuarial Equivalent of the participant's Cash Balance Account payable at termination of employment or NRD.</p>
Disablement	<p>Participants who become totally and permanently disabled continue to accrue Service Credits and Interest Credits until NRD based on the annual compensation immediately prior to disability.</p>
Death benefit	<p>The surviving spouse of a participant whose benefit has not commenced and who dies can elect to receive either: (a) a life annuity, or (b) a lump sum benefit equal to the Cash Balance Account. If there is no surviving spouse, the death benefit described in (b) will be paid to the designated beneficiary.</p>

Other Plan Provisions

Forms of payment	<p>Normal form of payment</p> <p>For unmarried participants, the benefit is a single life annuity payable monthly. The Normal Form for married participants is a 100% joint and survivor annuity (which is the Actuarial Equivalent of a life annuity).</p> <p>Optional Forms in lieu of Normal Form</p> <p>Participants may receive a lump sum payment equal to Cash Balance Account, a life annuity, a 10 year certain and life annuity, a 50% or 100% joint and survivor annuity, or a Social Security Level income option to age 65. Benefits with a lump sum present value of \$1,000 or less at the benefit commencement date are automatically cashed out.</p>
Minimum benefit	<p>The accrued benefit at December 31, 1992 paid in accordance with the provisions of the Plan in effect on that date.</p>

Plan Name:	Legal & General America, Inc. Cash Balance Plan
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Maximum benefit The maximum annual benefit payable as a qualified joint and survivor annuity is limited by IRS regulations to \$275,000 for 2024. The maximum is reduced for benefit commencement prior to the participant's Social Security normal retirement age

Maximum limits on benefits and pay All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

There have been no changes in the principal plan provisions since the prior valuation.

Plan Name: Legal & General America, Inc. Cash Balance Plan
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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	6	0	0	0	0	0	0	0	0	6
25-29	0	56	12	0	0	0	0	0	0	0	68
30-34	0	80	37	6	0	0	0	0	0	0	123
35-39	0	57	34	17	1	0	0	0	0	0	109
40-44	0	57	41	20	22	3	0	0	0	0	143
45-49	0	52	41	23	22	10	3	0	0	0	151
50-54	0	53	34	21	12	5	3	0	0	0	128
55-59	0	40	20	17	13	9	8	1	2	1	111
60-64	0	25	12	12	7	3	5	2	1	1	68
65-69	0	0	4	2	3	1	2	0	0	4	16
70 & over	0	1	0	0	4	1	0	0	0	2	8
Total	0	427	235	118	84	32	21	3	3	8	931

¹ Age and service for purposes of determining category are based on exact (not rounded) values.
 Plan Name: Legal & General America, Inc. Cash Balance Plan
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SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	5,186,089	4,836,408	532,171	10,554,668
2025	4,326,276	374,587	516,832	5,217,695
2026	3,986,269	484,197	499,813	4,970,279
2027	3,149,391	1,015,190	482,285	4,646,866
2028	2,873,555	383,633	464,800	3,721,988
2029	2,923,679	354,624	447,506	3,725,809
2030	2,904,349	786,171	430,339	4,120,859
2031	2,650,650	1,188,803	413,149	4,252,602
2032	2,467,302	159,913	395,771	3,022,986
2033	2,413,235	492,247	375,310	3,280,792
2034	2,179,909	330,657	353,819	2,864,385
2035	2,026,134	833,537	334,395	3,194,066
2036	1,983,361	960,378	314,491	3,258,230
2037	1,963,614	358,552	294,176	2,616,342
2038	1,972,143	1,032,711	273,554	3,278,408
2039	2,039,086	333,557	252,761	2,625,404
2040	1,969,771	572,388	231,952	2,774,111
2041	1,927,804	487,989	211,289	2,627,082
2042	1,784,507	573,024	190,944	2,548,475
2043	1,574,015	506,089	171,095	2,251,199
2044	1,331,837	1,170,210	151,923	2,653,970
2045	1,380,670	434,374	133,610	1,948,654
2046	1,376,490	488,676	116,322	1,981,488
2047	1,026,633	225,311	100,210	1,352,154
2048	888,388	767,029	85,394	1,740,811
2049	636,931	691,569	71,954	1,400,454
2050	551,669	418,969	59,936	1,030,574
2051	514,759	580,115	49,337	1,144,211
2052	535,039	396,653	40,126	971,818
2053	419,450	326,290	32,243	777,983
2054	390,011	194,560	25,595	610,166
2055	340,705	131,656	20,075	492,436
2056	326,580	245,487	15,563	587,630
2057	242,858	268,767	11,931	523,556
2058	177,486	110,228	9,056	296,770
2059	147,836	174,132	6,815	328,783
2060	123,732	146,262	5,098	275,092
2061	62,343	2,373	3,804	68,520
2062	39,117	1,806	2,844	43,767
2063	24,161	1,345	2,145	27,651
2064	15,025	980	1,644	17,649
2065	4,711	698	1,290	6,699
2066	1,053	486	1,041	2,580
2067	431	330	866	1,627
2068	178	218	741	1,137
2069	67	141	648	856
2070	10	88	575	673
2071	0	54	513	567
2072	0	32	457	489
2073	0	19	404	423

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