

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan: AMEREN EMPLOYEE MEDICAL PLAN
1b Three-digit plan number (PN): 510
1c Effective date of plan: 11/01/1978
2a Plan sponsor's name (employer, if for a single-employer plan): AMEREN CORPORATION
2b Employer Identification Number (EIN): 43-1723446
2c Plan Sponsor's telephone number: 877-769-2637
2d Business code (see instructions): 221100

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor AMEREN ADMINISTRATIVE COMMITTEE PO BOX 66149 MC 533 ST. LOUIS, MO 63166-6149	3b Administrator's EIN 92-1007286 3c Administrator's telephone number 877-769-2637																				
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 9100																				
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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td style="width:90%;">9100</td></tr> <tr><td>6a(2)</td><td>8742</td></tr> <tr><td>6b</td><td>0</td></tr> <tr><td>6c</td><td>0</td></tr> <tr><td>6d</td><td>8742</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)	9100	6a(2)	8742	6b	0	6c	0	6d	8742	6e		6f		6g(1)		6g(2)		6h	
6a(1)	9100																				
6a(2)	8742																				
6b	0																				
6c	0																				
6d	8742																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
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:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
 4A 4D 4E

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE 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 AMEREN EMPLOYEE MEDICAL PLAN	B Three-digit plan number (PN) ▶	510
C Plan sponsor's name as shown on line 2a of Form 5500 AMEREN CORPORATION	D Employer Identification Number (EIN) 43-1723446	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

HEALTHY ALLIANCE LIFE

86-0257201

(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?
65	NONE	6176064	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DELTA DENTAL OF MISSOURI

43-0908349

(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?
65	NONE	319368	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VISION SERVICE PLAN

36-3560825

(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?
65	NONE	69535	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CROWE LLP

35-0921680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	56177	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 62 72	NONE	3919	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>AMEREN EMPLOYEE MEDICAL PLAN</u>	B Three-digit plan number (PN) ▶	<u>510</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AMEREN CORPORATION</u>	D Employer Identification Number (EIN) <u>43-1723446</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMEREN HEALTH AND WELFARE TRUST

b Name of sponsor of entity listed in (a): AMEREN CORPORATION

c EIN-PN <u>43-1723446-012</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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 AMEREN EMPLOYEE MEDICAL PLAN	B Three-digit plan number (PN) ▶ 510
C Plan sponsor's name as shown on line 2a of Form 5500 AMEREN CORPORATION	D Employer Identification Number (EIN) 43-1723446

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	87047	74407
(2) Participant contributions	1b(2)	40521	30851
(3) Other	1b(3)	10051430	10724807
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7785674	0
(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)		
(11) Value of interest in master trust investment accounts	1c(11)	76	0
(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)	7731309	15374439
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	25696057	26204504
Liabilities			
g Benefit claims payable.....	1g	16064107	20422738
h Operating payables.....	1h	21522	23286
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	16085629	20446024
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	9610428	5758480

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)	136356350	
(B) Participants.....	2a(1)(B)	27574259	
(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)		163930609
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)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(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)	686965	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		686965
(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)		
(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		164617574

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	161840213	
(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)		161840213
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)	56177	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	3919	
(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)	6569213	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		6629309
j Total expenses. Add all expense amounts in column (b) and enter total	2j		168469522

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3851948
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: CROWE LLP

(2) EIN: 35-0921680

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		10000000
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.)			
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 _____.

Ameren Employee Medical Plan
Financial Statements
December 31, 2024 and 2023

Ameren Employee Medical Plan Index

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* Schedules required by 29 CFR 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, have been omitted because they are not applicable.

INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Ameren Employee Medical Plan
St. Louis, Missouri

Opinion

We have audited the financial statements of Ameren Employee Medical Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and benefit obligations for the years then ended in accordance with accounting principles generally accepted in the United States of America.

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 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.

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 from the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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.

(Continued)

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions as of and for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.


Crowe LLP

Oakbrook Terrace, Illinois
October 15, 2025

Ameren Employee Medical Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	2024	2023
Assets		
Plan interest in the Ameren Health and Welfare Trust, at fair value	\$ -	\$ 76
Cash	-	7,785,674
Mutual funds	15,374,439	7,731,309
Receivables		
Interest and dividends receivable	46,260	20,753
Employer contributions receivable	74,407	87,047
Participant contributions receivable	30,851	40,521
Refunds/rebates receivable	10,678,547	10,030,677
Total receivables	<u>10,830,065</u>	<u>10,178,998</u>
Total assets	26,204,504	25,696,057
Liabilities		
Payables		
Accrued administrative expenses	23,286	21,522
Total liabilities	<u>23,286</u>	<u>21,522</u>
Net assets available for benefits	<u>\$ 26,181,218</u>	<u>\$ 25,674,535</u>

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

Ameren Employee Medical Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	2024	2023
Additions:		
Plan interest in Ameren Health and Welfare Trust investment income	\$ -	\$ 210,159
Interest and dividends	686,965	419,789
Employer contributions	136,356,350	123,834,680
Participant contributions	27,574,259	30,318,805
Total additions	164,617,574	154,783,433
Deductions:		
Claims paid, net	157,481,582	144,404,053
Administrative expenses	6,629,309	9,058,703
Total deductions	164,110,891	153,462,756
Net increase during the year	506,683	1,320,677
Net assets available for benefits		
Beginning of year	25,674,535	24,353,858
End of year	\$ 26,181,218	\$ 25,674,535

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

**Ameren Employee Medical Plan
Statements of Benefit Obligations
December 31, 2024 and 2023**

	2024	2023
Amounts currently payable		
Claims payable and claims incurred but not reported	20,422,738	16,064,107
Total benefit obligations at end of year	<u>\$ 20,422,738</u>	<u>\$ 16,064,107</u>

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

Ameren Employee Medical Plan
Statements of Changes in Benefit Obligations
Years Ended December 31, 2024 and 2023

	2024	2023
Amounts currently payable		
Balance at beginning of year	\$ 16,064,107	\$ 18,004,222
Claims incurred	161,840,213	142,463,939
Claims paid	(157,481,582)	(144,404,053)
Total benefit obligations at end of year	<u>\$ 20,422,738</u>	<u>\$ 16,064,107</u>

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

Ameren Employee Medical Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of the Plan

The following is a summary of the various provisions of the Ameren Employee Medical Plan (the “Plan”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended. Participants should refer to the Plan documents for more complete information.

The Plan is a health and welfare benefit plan that provides medical benefits to certain management and contract employees of Ameren Corporation and its subsidiaries (“Ameren” or the “Company”).

The Administrative Committee serves as administrator of the Plan and has the authority and responsibility for overseeing the general administration of the Plan.

Participation

The Plan provides coverage upon employment to substantially all full-time employees and certain part-time employees of Ameren who have elected participation.

Investments

In 2022, all Plan assets were held in the Ameren Health and Welfare Trust (a master trust, the “Health and Welfare Trust”). Effective January 1, 2023 the Ameren Active Employee Healthcare Trust (“Trust”) was established. During 2023, contributions to the Plan were deposited in the Trust and Plan claims and administrative expenses were paid from the Plan’s interest in the Health and Welfare Trust. When the Plan’s interest allocated for claims, excluding dental and vision, was depleted, then the Plan began paying claims and related expenses from the Trust. The Plan’s interest in the Health and Welfare Trust allocated for dental and vision claims was transferred to the Trust.

As of December 31, 2024, the Trust only holds Plan assets. As of December 31, 2023, the Health and Welfare Trust held Plan assets, as well as investments for the Retiree Welfare Benefit Plan (the “Retiree Plan”). The Bank of New York Mellon Corporation (“BNY Mellon”), as Trustee, has the authority and responsibility to hold and protect the assets of the Health and Welfare Trust and the Plan in accordance with the Trust agreements.

Benefits

The Plan provides health benefits (medical, hospital, surgical, drug, dental and vision) to employees and their covered dependents. Plan benefits include coverage under optional health plans. Optional plans vary by geographic location and participant group. The groups can generally be categorized as management employees and contract employees.

Self-Insured Benefits

The Plan is self-insured. Claims are processed by the Plan’s third-party claims processors under administrative services only (“ASO”) arrangements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the Plan. Despite the Plan’s utilization of third-party claims’ processors, ultimate responsibility for payments to providers and participants is retained by the Plan. The Plan utilizes a pharmacy benefit manager (“PBM”) which processes all prescription drug claims and periodically makes refunds to the Plan based on the contracted pricing and Plan’s actual utilization pattern of specific drugs.

Ameren Employee Medical Plan

Notes to Financial Statements

December 31, 2024 and 2023

Contributions

The Plan is funded with Company and employee contributions.

Participants are responsible for all applicable health deductible and copayment amounts to be paid directly to the providers under the provisions of their elected coverage options. Participants contribute premiums to the Plan as applicable to the coverage levels they select. Premium rates are determined annually which may be subject to collective bargaining agreements (“CBA”) for contract employees.

The Company makes contributions to the Plan as needed to fund the payment of claims and administrative expenses of the Plan, net of participant contributions. Any deficiency of the Plan’s net assets over benefit obligations is funded by the Company on a pay-as-you-go basis.

Plan Termination

Ameren has the right to terminate the Plan at any time. Should the Plan terminate at some future time, claims which have been incurred prior to termination of the Plan will be paid by the net assets of the Plan, except as otherwise required by law. The Plan's assets remaining in the Trust after all liabilities under the Plan are satisfied shall be used, as the Company determines, to provide life, medical or health, accident or other benefits to employees or former employees of the Company in a nondiscriminatory manner in accordance with Section 501(c) (9) of the Internal Revenue Code (the “Code”) and applicable provisions of ERISA.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain amounts and disclosures, and actual results could differ from those estimates. It is at least reasonably possible that a change may occur in the near term for the estimate of claims incurred but not reported.

Investment Valuation and Income Recognition

Investments are stated at fair value. The fair value of investments is the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The fair value of the Plan’s interest in the trusts reflects the Plan’s interest in the fair value of the underlying net assets of the trusts. See Note 7 for discussion of fair value measurements.

Ameren Employee Medical Plan

Notes to Financial Statements

December 31, 2024 and 2023

Cash consists of monies held in a non-interest-bearing overnight deposit account at BNY Mellon. The Plan places its cash with a financial institution deemed to be creditworthy. Balances are insured by the FDIC up to \$250,000. At December 31, 2023, the Plan's cash exceeded federally insured limits by approximately \$7,535,674.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded either when received or 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.

Risks and Uncertainties

All Plan investments are invested in a money market mutual fund (and an overnight cash vehicle if needed). Investments are exposed to various risks, such as interest rate, market and credit risks as well as the risks associated with global events such as pandemics.

Refunds/Rebates Receivable

Refunds due from the Plan's PBM are recorded when earned. Refunds due as of the financial statement date are reported as a receivable, with the offset being netted against claims paid. In 2024 and 2023, total refunds netted against claims paid were \$19,952,466 and \$17,878,950, respectively.

Administrative and Investment Management Expenses

All costs incurred to administer the Plan, such as trustee fees, are paid by the Plan and are reflected in the financial statements as administrative expenses of the Plan. Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income reported by the Plan.

Benefit Payments

Funds for payment of health claims are paid into the Plan and Trust from which allowable claims, based on the schedule of benefits, are paid. Claims payments are recorded when paid by the Plan and Trust. Certain administration expenses related to claims processing, such as program integrity and program innovation fees, are recorded as part of Claims paid, net in the statements of changes in net assets available for benefits. All funds received by the Plan and Trust shall be applied toward payment of claims and reasonable expenses for the administration of the Plan.

Claims Payable and Claims Incurred but Not Reported

An obligation is recorded for claims payable based on reimbursements to claims administrators after year end for claims the administrators paid prior to year-end. In addition, an obligation is recorded for the estimated claims incurred but not reported or paid ("IBNR") based on actual claims run out after year end and the Plan's claims experience in prior years.

Ameren Employee Medical Plan

Notes to Financial Statements

December 31, 2024 and 2023

3. Federal Income Tax Status

The Plan's assets are held in the Trust. In 2023, the Plan's assets were held in two trusts, the Trust and the Health and Welfare Trust. The Trust received an exemption letter from the Internal Revenue Service dated June 23, 2023, stating that the Trust qualifies as a voluntary employees' beneficiary association ("VEBA") under Section 501(c)(9) of the Code. The Health and Welfare Trust received an exemption letter from the Internal Revenue Service dated December 11, 1997, stating that the Health and Welfare Trust qualifies as a VEBA under Section 501(c)(9) of the Code. The Health and Welfare Trust has been amended since receiving the exemption letter. The trusts are required to operate in conformity with the Code to maintain their tax-exempt status. The Company and the Plan administrator believe that the Plan is designed and operates in compliance with the applicable requirements of the Code and, therefore, believe the trusts continue to qualify as tax-exempt under section 501(c)(9).

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2021. Ameren received written notice on September 26, 2025 from the Department of Labor that it is initiating a routine audit of the Plan for the period beginning January 1, 2023 to the present.

4. Transactions with Parties-in-Interest

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

At December 31, 2024 and 2023, the Plan held investments managed by BNY Mellon Investment Advisors, an affiliate of BNY Mellon, the trustee of the Plan. These investments and fees paid by the Plan to third-party service administrators, the Trustee, the Plan's independent auditor, and various Plan investment managers or affiliates of Plan Trustee and Plan investment managers qualify as party-in-interest transactions.

These transactions are allowable party-in-interest transactions under ERISA.

Ameren Employee Medical Plan
Notes to Financial Statements
December 31, 2024 and 2023

5. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the Plan's financial statements to the Form 5500 at December 31, 2024 and 2023:

	2024	2023
Net assets available for benefits per the financial statements	\$ 26,181,218	\$ 25,674,535
Less: claims payable and claims incurred but not reported	20,422,738	16,064,107
Net assets available for benefits per the Form 5500	<u>\$ 5,758,480</u>	<u>\$ 9,610,428</u>

The following is a reconciliation of the increase in net assets available for benefits per the Plan's financial statements to the net loss per the Form 5500 for the year ended December 31, 2024:

	2024
Net increase in net assets available for benefits per the financial statements	\$ 506,683
Amounts payable, current year	(20,422,738)
Amounts payable, prior year	16,064,107
Net loss per the Form 5500	<u>\$ (3,851,948)</u>

6. Interest in the Master Trust

The Master Trust is maintained for investment of assets of the Plan and the Retiree Plan. As of December 31, 2024, the Plan's assets were not invested in the Master Trust. During 2024, there was no Master Trust investment income and administrative expenses related to the Plan. As of December 31, 2023, Plan's interest in the Master Trust consisted only of dividends receivable.

During 2023, certain transactions in the Master Trust such as contributions, benefit payments, income, and expenses were specifically allocated to the Plan. The Plan's assets held by the Master Trust were invested in a single money market mutual fund (and overnight cash vehicle, if needed) investment, and the Plan was only allocated earnings from that investment. Net assets of the Retiree Plan held by the Master Trust excludes those of the Plan's investments in the Master Trust. Investment income and administrative expenses related to the Master Trust, other than those related to the Plan, were allocated to the Retiree Plan.

Ameren Employee Medical Plan
Notes to Financial Statements
December 31, 2024 and 2023

The following table presents the net assets of the Master Trust and the Plan's interest in the net assets of the Master Trust at December 31, 2023:

	Master Trust	Plan's Interest
	Balances	in Master Trust
		Balances
Assets		
Cash	\$ 70,813	\$ -
Investments, at fair value		
Common stocks	93,619,335	-
American depository receipts (ADRs)	2,291,853	-
Limited partnerships	131,462,427	-
Common trusts	401,649,333	-
Other investment trusts	42,220,302	-
Mutual funds	55,211,654	-
Total investments	<u>726,454,904</u>	<u>-</u>
Receivables		
Due from brokers for securities sold	53,432	-
Accrued interest and dividends	175,301	76
Total receivables	<u>228,733</u>	<u>76</u>
Total assets	<u>726,754,450</u>	<u>76</u>
Liabilities		
Due to brokers for securities purchased	226,958	-
Trust net asset, at fair value	<u>\$ 726,527,492</u>	<u>\$ 76</u>

During 2023, the Master Trust's investment income is as follows:

	2023
Investment income	
Interest	\$ 24
Dividends	14,061,954
Net appreciation in fair value of investments	89,937,262
Total investment income	<u>103,999,240</u>
Less amounts attributable to other plan	103,789,081
Plan interest in the Trust investment income	<u>\$ 210,159</u>

Ameren Employee Medical Plan

Notes to Financial Statements

December 31, 2024 and 2023

7. Fair Value Measurements

The authoritative guidance issued by the FASB regarding fair value measurement provides a framework for measuring fair value for all assets and liabilities that are measured and reported at fair value. The guidance defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. Certain assumptions that market participants would use in pricing the asset or liability, including assumptions about risk or the risks inherent in the inputs to the valuation, were used in the valuation process. Inputs to valuation can be readily observable, market corroborated, or unobservable. The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. All financial assets and liabilities carried at fair value, except limited partnerships, common trusts, and other investment trusts were classified in one of the following three hierarchy levels:

Level 1: Inputs based on quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access at the reporting date.

Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. Inputs to the valuation methodology include:

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

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

Following is a description of the valuation methodologies used for assets measured at fair value.

- Common stocks: The fair values of common stocks are determined by obtaining quoted prices from a nationally recognized exchange (Level 1 inputs).
- American depositary receipts (ADRs): Valued at the closing price reported on the U.S. active markets on which the individual securities are traded (Level 1 inputs).

Ameren Employee Medical Plan

Notes to Financial Statements

December 31, 2024 and 2023

- Limited partnerships: The fair value of limited partnership entities are based on Net Asset Value ("NAV") as a practical expedient, provided by the funds and their administrators. Each partnerships NAV is based on the fair value of the underlying investments. The investment objective of each fund is to maximize long-term capital appreciation primarily by investing in a diversified portfolio of equity securities.
 - The Fund which invests in a diversified portfolio of companies located throughout the world is valued weekly and at month end. Capital contributions and withdrawals are generally allowed weekly with three business day prior written notice. Additionally, contributions may also be allowed on such other days as determined by the Fund in its sole discretion. The Fund imposes no minimum holding period for interests, withdrawal fees, or gate, except that in the event that an investor makes a complete withdrawal from the Fund, the Fund will hold back 5% of the investor's withdrawal proceeds until promptly after the Fund completes its annual audit.
 - The Fund which invests in a diversified portfolio of companies located in countries throughout the world, excluding the United States and Canada, is valued at the last business day of each month. Contributions and withdrawals are allowed on the first business day of each month unless otherwise approved by the investment manager and the custodial trustee. Withdrawal request documents must be received by the investment manager and the custodial trustee at least four business days before month-end. No gates, side pockets, synthetic side pockets, net asset waivers, suspensions in valuations, or restrictions on withdrawals were imposed.
- Common trusts: The fair values of participation units held in common trusts are based on the NAV as a practical expedient and reported by the fund managers as of the financial statement dates and recent transaction prices. Under ordinary market conditions, redemptions of investments in common trusts are permitted as of daily or monthly valuation dates, as applicable, and are executed at NAV.
- Mutual funds: The fair values of the mutual fund investments categorized as Level 1 are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).
- Other investment trusts: The fair value of the other investment trusts is based on the NAV as a practical expedient, provided by the funds and their administrators. Other investment trusts consist of one Delaware Statutory Trust investment, which retains a portfolio of investments in equity securities located in countries throughout the world including the United States.
 - The NAV for the Delaware Trust is determined by recent transaction prices of the underlying securities. Under ordinary market conditions, the Delaware Trust provides for monthly contributions and redemptions by the Plan at reported NAV per share, with advance notice requirements of 10 business days.

Ameren Employee Medical Plan

Notes to Financial Statements

December 31, 2024 and 2023

The following table sets forth, by level within the fair value hierarchy, assets and liabilities of the Plan measured at fair value on a recurring basis as of December 31, 2024:

	Quoted Prices In Active Markets for Identified Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Measured at Net Asset Value as a Practical Expedient (a)	Total
Assets				
Mutual funds	\$ 15,374,439	\$ -	\$ -	\$ 15,374,439
Totals	\$ 15,374,439	\$ -	\$ -	\$ 15,374,439

The following table sets forth, by level within the fair value hierarchy, assets and liabilities of the Plan measured at fair value on a recurring basis as of December 31, 2023:

	Quoted Prices In Active Markets for Identified Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Measured at Net Asset Value as a Practical Expedient (a)	Total
Assets				
Mutual funds	\$ 7,731,309	\$ -	\$ -	\$ 7,731,309
Totals	\$ 7,731,309	\$ -	\$ -	\$ 7,731,309

The following table sets forth, by level within the fair value hierarchy, assets and liabilities of the Master Trust measured at fair value on a recurring basis as of December 31, 2023:

	Quoted Prices In Active Markets for Identified Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Measured at Net Asset Value as a Practical Expedient (a)	Total
Assets				
Common stocks	\$ 93,619,335	\$ -	\$ -	\$ 93,619,335
American depositary receipts (ADRs)	2,291,853	-	-	2,291,853
Limited partnerships	-	-	131,462,427	131,462,427
Common trusts	-	-	401,649,333	401,649,333
Mutual funds	55,211,654	-	-	55,211,654
Other investment trusts	-	-	42,220,302	42,220,302
Totals	\$ 151,122,842	\$ -	\$ 575,332,062	\$ 726,454,904

- (a) In accordance with authoritative guidance, certain investments measured at NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts measured at NAV presented in this table are intended to permit reconciliation of the fair value hierarchy to the total investments at fair value presented in Note 6.

The Plan does not hold any investments requiring Level 3 measurements.

Ameren Employee Medical Plan
Notes to Financial Statements
December 31, 2024 and 2023

8. Subsequent Events

Subsequent events have been evaluated through October 15, 2025, which is the date the financial statements were available to be issued.

Ameren Employee Medical Plan
SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 December 31, 2024

Name of plan sponsor: Ameren Corporation
 Employer identification number: 43-1723446
 Three-digit plan number: 510

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value	
<u>REGISTERED INVESTMENT COMPANIES</u>				
* BNY MELLON INVESTMENT ADVISER, INC	15,374,439 SHARES	DREYFUS GOVERNMENT CASH MANAGEMENT BOLD 6	15,374,439	15,374,439
TOTAL REGISTERED INVESTMENT COMPANIES			<u>15,374,439</u>	<u>15,374,439</u>

* Party-in-interest

Ameren Employee Medical Plan
SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2024

Name of plan sponsor: Ameren Corporation
Employer identification number: 43-1723446
Three-digit plan number: 510

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Fair Value of Asset on Transaction Date	Net Gain (Loss)
Category i						
* THE BANK OF NEW YORK MELLON	BNY Mellon Cash Reserve 0.100% 12/31/2049 DD 06/26/97	\$ 4,664,895	\$ -	\$ 4,664,895	\$ 4,664,895	\$ -
* THE BANK OF NEW YORK MELLON	BNY Mellon Cash Reserve 0.100% 12/31/2049 DD 06/26/97		\$ 4,664,895	\$ 4,664,895	\$ 4,664,895	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	7,965,331.58	\$ -	\$ 7,965,332	\$ 7,965,332	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	3,338,774.96	\$ -	\$ 3,338,775	\$ 3,338,775	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	6,636,970.40	\$ -	\$ 6,636,970	\$ 6,636,970	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	4,475,782.07	\$ -	\$ 4,475,782	\$ 4,475,782	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	4,058,237.85	\$ -	\$ 4,058,238	\$ 4,058,238	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	4,684,175.80	\$ -	\$ 4,684,176	\$ 4,684,176	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	7,596,702.59	\$ -	\$ 7,596,703	\$ 7,596,703	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	10,632,837.31	\$ -	\$ 10,632,837	\$ 10,632,837	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	2,625,876.57	\$ -	\$ 2,625,877	\$ 2,625,877	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	3,526,230.32	\$ -	\$ 3,526,230	\$ 3,526,230	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	8,155,436.88	\$ -	\$ 8,155,437	\$ 8,155,437	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	4,724,468.26	\$ -	\$ 4,724,468	\$ 4,724,468	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	11,714,987.79	\$ -	\$ 11,714,988	\$ 11,714,988	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	4,276,180.59	\$ -	\$ 4,276,181	\$ 4,276,181	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	8,159,260.97	\$ -	\$ 8,159,261	\$ 8,159,261	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	5,061,929.74	\$ -	\$ 5,061,930	\$ 5,061,930	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	2,640,945.33	\$ -	\$ 2,640,945	\$ 2,640,945	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	8,669,093.44	\$ -	\$ 8,669,093	\$ 8,669,093	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	6,808,853.79	\$ -	\$ 6,808,854	\$ 6,808,854	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	5,353,863.16	\$ -	\$ 5,353,863	\$ 5,353,863	\$ -

Ameren Employee Medical Plan
SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2024

*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	4,528,414.74	\$	-	\$	4,528,415	\$	4,528,415	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	5,077,012.28	\$	-	\$	5,077,012	\$	5,077,012	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	6,148,544.16	\$	-	\$	6,148,544	\$	6,148,544	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	7,996,452.95	\$	-	\$	7,996,453	\$	7,996,453	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	6,259,723.31	\$	-	\$	6,259,723	\$	6,259,723	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	6,651,315.13	\$	-	\$	6,651,315	\$	6,651,315	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	4,750,811.41	\$	-	\$	4,750,811	\$	4,750,811	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	2,077,464.50	\$	-	\$	2,077,465	\$	2,077,465	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	3,159,045.92	\$	-	\$	3,159,046	\$	3,159,046	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	1,957,517.95	\$	-	\$	1,957,518	\$	1,957,518	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	1,508,262.39	\$	-	\$	1,508,262	\$	1,508,262	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	1,491,670.82	\$	-	\$	1,491,671	\$	1,491,671	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	1,789,649.49	\$	-	\$	1,789,649	\$	1,789,649	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	2,145,207.65	\$	-	\$	2,145,208	\$	2,145,208	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	1,588,150.90	\$	-	\$	1,588,151	\$	1,588,151	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	1,612,916.83	\$	-	\$	1,612,917	\$	1,612,917	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	1,356,685.19	\$	-	\$	1,356,685	\$	1,356,685	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	7,474,216.96	\$	-	\$	7,474,217	\$	7,474,217	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	2,408,895.87	\$	-	\$	2,408,896	\$	2,408,896	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	4,760,096.63	\$	-	\$	4,760,097	\$	4,760,097	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	5,800,567.85	\$	-	\$	5,800,568	\$	5,800,568	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	2,897,584.88	\$	-	\$	2,897,585	\$	2,897,585	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	4,026,541.54	\$	-	\$	4,026,542	\$	4,026,542	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	2,269,837.42	\$	-	\$	2,269,837	\$	2,269,837	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	1,591,901.71	\$	-	\$	1,591,902	\$	1,591,902	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	2,595,951.89	\$	-	\$	2,595,952	\$	2,595,952	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	2,719,188.32	\$	-	\$	2,719,188	\$	2,719,188	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	3,978,967.95	\$	-	\$	3,978,968	\$	3,978,968	\$	-

Ameren Employee Medical Plan
SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2024

*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	3,033,640.41	\$ 3,033,640	\$ 3,033,640	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	1,819,704.86	\$ 1,819,705	\$ 1,819,705	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	1,625,338.80	\$ 1,625,339	\$ 1,625,339	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,051,736.13	\$ 2,051,736	\$ 2,051,736	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,234,296.87	\$ 2,234,297	\$ 2,234,297	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,230,375.16	\$ 2,230,375	\$ 2,230,375	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	3,080,537.58	\$ 3,080,538	\$ 3,080,538	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,034,430.91	\$ 2,034,431	\$ 2,034,431	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,289,409.44	\$ 2,289,409	\$ 2,289,409	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,211,913.02	\$ 2,211,913	\$ 2,211,913	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,162,325.63	\$ 2,162,326	\$ 2,162,326	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,225,648.02	\$ 2,225,648	\$ 2,225,648	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	1,780,405.80	\$ 1,780,406	\$ 1,780,406	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	3,063,867.69	\$ 3,063,868	\$ 3,063,868	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,495,210.57	\$ 2,495,211	\$ 2,495,211	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	1,517,015.49	\$ 1,517,015	\$ 1,517,015	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,849,011.86	\$ 2,849,012	\$ 2,849,012	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,325,268.18	\$ 2,325,268	\$ 2,325,268	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	3,313,032.77	\$ 3,313,033	\$ 3,313,033	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	3,011,182.60	\$ 3,011,183	\$ 3,011,183	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,316,915.71	\$ 2,316,916	\$ 2,316,916	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,497,119.74	\$ 2,497,120	\$ 2,497,120	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,196,814.15	\$ 2,196,814	\$ 2,196,814	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	5,051,270.69	\$ 5,051,271	\$ 5,051,271	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,458,804.37	\$ 2,458,804	\$ 2,458,804	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,214,984.10	\$ 2,214,984	\$ 2,214,984	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	3,445,533.50	\$ 3,445,534	\$ 3,445,534	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,452,981.08	\$ 2,452,981	\$ 2,452,981	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,249,363.39	\$ 2,249,363	\$ 2,249,363	\$ -

Ameren Employee Medical Plan
SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2024

*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	1,904,898.18	\$	1,904,898	\$	1,904,898	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,452,397.28	\$	2,452,397	\$	2,452,397	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,777,308.32	\$	2,777,308	\$	2,777,308	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	4,696,865.73	\$	4,696,866	\$	4,696,866	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	1,806,025.57	\$	1,806,026	\$	1,806,026	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,167,332.70	\$	2,167,333	\$	2,167,333	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	3,799,491.17	\$	3,799,491	\$	3,799,491	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,677,289.34	\$	2,677,289	\$	2,677,289	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,566,591.01	\$	2,566,591	\$	2,566,591	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,341,873.68	\$	2,341,874	\$	2,341,874	\$	-

Category iii

*	THE BANK OF NEW YORK MELLON BNY Mellon Cash Reserve 0.100% 12/31/2049 DD 06/26/97	6,896,101.82	\$	-	\$	6,896,102	\$	6,896,102	\$	-
*	THE BANK OF NEW YORK MELLON BNY Mellon Cash Reserve 0.100% 12/31/2049 DD 06/26/97	6,896,101.82	\$	6,896,102	\$	6,896,102	\$	6,896,102	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	177,474,465.58	\$	-	\$	177,474,466	\$	177,474,466	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	169,831,335.72	\$	169,831,336	\$	169,831,336	\$	169,831,336	\$	-

* **Party-in-interest**

Category:

- (i) Single transactions in excess of 5% of plan assets.
- (ii) Series of transactions other than securities transactions. - None
- (iii) Series of securities transactions.
- (iv) Transactions with or in conjunction with a person if any single transaction with that person was in excess of 5%. - None

See Independent Auditor's Report

Ameren Employee Medical Plan
SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2024

Name of plan sponsor: Ameren Corporation
Employer identification number: 43-1723446
Three-digit plan number: 510

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Fair Value of Asset on Transaction Date	Net Gain (Loss)
Category i						
* THE BANK OF NEW YORK MELLON	BNY Mellon Cash Reserve 0.100% 12/31/2049 DD 06/26/97	\$ 4,664,895	\$ -	\$ 4,664,895	\$ 4,664,895	\$ -
* THE BANK OF NEW YORK MELLON	BNY Mellon Cash Reserve 0.100% 12/31/2049 DD 06/26/97		\$ 4,664,895	\$ 4,664,895	\$ 4,664,895	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	7,965,331.58	\$ -	\$ 7,965,332	\$ 7,965,332	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	3,338,774.96	\$ -	\$ 3,338,775	\$ 3,338,775	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	6,636,970.40	\$ -	\$ 6,636,970	\$ 6,636,970	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	4,475,782.07	\$ -	\$ 4,475,782	\$ 4,475,782	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	4,058,237.85	\$ -	\$ 4,058,238	\$ 4,058,238	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	4,684,175.80	\$ -	\$ 4,684,176	\$ 4,684,176	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	7,596,702.59	\$ -	\$ 7,596,703	\$ 7,596,703	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	10,632,837.31	\$ -	\$ 10,632,837	\$ 10,632,837	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	2,625,876.57	\$ -	\$ 2,625,877	\$ 2,625,877	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	3,526,230.32	\$ -	\$ 3,526,230	\$ 3,526,230	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	8,155,436.88	\$ -	\$ 8,155,437	\$ 8,155,437	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	4,724,468.26	\$ -	\$ 4,724,468	\$ 4,724,468	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	11,714,987.79	\$ -	\$ 11,714,988	\$ 11,714,988	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	4,276,180.59	\$ -	\$ 4,276,181	\$ 4,276,181	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	8,159,260.97	\$ -	\$ 8,159,261	\$ 8,159,261	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	5,061,929.74	\$ -	\$ 5,061,930	\$ 5,061,930	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	2,640,945.33	\$ -	\$ 2,640,945	\$ 2,640,945	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	8,669,093.44	\$ -	\$ 8,669,093	\$ 8,669,093	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	6,808,853.79	\$ -	\$ 6,808,854	\$ 6,808,854	\$ -
* BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	5,353,863.16	\$ -	\$ 5,353,863	\$ 5,353,863	\$ -

Ameren Employee Medical Plan
SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2024

*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	4,528,414.74	\$	-	\$	4,528,415	\$	4,528,415	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	5,077,012.28	\$	-	\$	5,077,012	\$	5,077,012	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	6,148,544.16	\$	-	\$	6,148,544	\$	6,148,544	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	7,996,452.95	\$	-	\$	7,996,453	\$	7,996,453	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	6,259,723.31	\$	-	\$	6,259,723	\$	6,259,723	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	6,651,315.13	\$	-	\$	6,651,315	\$	6,651,315	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	4,750,811.41	\$	4,750,811	\$	4,750,811	\$	4,750,811	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	2,077,464.50	\$	2,077,465	\$	2,077,465	\$	2,077,465	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	3,159,045.92	\$	3,159,046	\$	3,159,046	\$	3,159,046	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	1,957,517.95	\$	1,957,518	\$	1,957,518	\$	1,957,518	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	1,508,262.39	\$	1,508,262	\$	1,508,262	\$	1,508,262	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	1,491,670.82	\$	1,491,671	\$	1,491,671	\$	1,491,671	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	1,789,649.49	\$	1,789,649	\$	1,789,649	\$	1,789,649	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	2,145,207.65	\$	2,145,208	\$	2,145,208	\$	2,145,208	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	1,588,150.90	\$	1,588,151	\$	1,588,151	\$	1,588,151	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	1,612,916.83	\$	1,612,917	\$	1,612,917	\$	1,612,917	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	1,356,685.19	\$	1,356,685	\$	1,356,685	\$	1,356,685	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	7,474,216.96	\$	7,474,217	\$	7,474,217	\$	7,474,217	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	2,408,895.87	\$	2,408,896	\$	2,408,896	\$	2,408,896	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	4,760,096.63	\$	4,760,097	\$	4,760,097	\$	4,760,097	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	5,800,567.85	\$	5,800,568	\$	5,800,568	\$	5,800,568	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	2,897,584.88	\$	2,897,585	\$	2,897,585	\$	2,897,585	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	4,026,541.54	\$	4,026,542	\$	4,026,542	\$	4,026,542	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	2,269,837.42	\$	2,269,837	\$	2,269,837	\$	2,269,837	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	1,591,901.71	\$	1,591,902	\$	1,591,902	\$	1,591,902	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	2,595,951.89	\$	2,595,952	\$	2,595,952	\$	2,595,952	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	2,719,188.32	\$	2,719,188	\$	2,719,188	\$	2,719,188	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Drefus Government Cash Management Bold 6	3,978,967.95	\$	3,978,968	\$	3,978,968	\$	3,978,968	\$	-

Ameren Employee Medical Plan
SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2024

*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	3,033,640.41	\$ 3,033,640	\$ 3,033,640	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	1,819,704.86	\$ 1,819,705	\$ 1,819,705	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	1,625,338.80	\$ 1,625,339	\$ 1,625,339	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,051,736.13	\$ 2,051,736	\$ 2,051,736	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,234,296.87	\$ 2,234,297	\$ 2,234,297	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,230,375.16	\$ 2,230,375	\$ 2,230,375	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	3,080,537.58	\$ 3,080,538	\$ 3,080,538	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,034,430.91	\$ 2,034,431	\$ 2,034,431	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,289,409.44	\$ 2,289,409	\$ 2,289,409	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,211,913.02	\$ 2,211,913	\$ 2,211,913	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,162,325.63	\$ 2,162,326	\$ 2,162,326	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,225,648.02	\$ 2,225,648	\$ 2,225,648	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	1,780,405.80	\$ 1,780,406	\$ 1,780,406	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	3,063,867.69	\$ 3,063,868	\$ 3,063,868	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,495,210.57	\$ 2,495,211	\$ 2,495,211	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	1,517,015.49	\$ 1,517,015	\$ 1,517,015	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,849,011.86	\$ 2,849,012	\$ 2,849,012	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,325,268.18	\$ 2,325,268	\$ 2,325,268	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	3,313,032.77	\$ 3,313,033	\$ 3,313,033	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	3,011,182.60	\$ 3,011,183	\$ 3,011,183	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,316,915.71	\$ 2,316,916	\$ 2,316,916	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,497,119.74	\$ 2,497,120	\$ 2,497,120	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,196,814.15	\$ 2,196,814	\$ 2,196,814	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	5,051,270.69	\$ 5,051,271	\$ 5,051,271	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,458,804.37	\$ 2,458,804	\$ 2,458,804	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,214,984.10	\$ 2,214,984	\$ 2,214,984	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	3,445,533.50	\$ 3,445,534	\$ 3,445,534	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,452,981.08	\$ 2,452,981	\$ 2,452,981	\$ -
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,249,363.39	\$ 2,249,363	\$ 2,249,363	\$ -

Ameren Employee Medical Plan
SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2024

*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	1,904,898.18	\$	1,904,898	\$	1,904,898	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,452,397.28	\$	2,452,397	\$	2,452,397	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,777,308.32	\$	2,777,308	\$	2,777,308	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	4,696,865.73	\$	4,696,866	\$	4,696,866	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	1,806,025.57	\$	1,806,026	\$	1,806,026	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,167,332.70	\$	2,167,333	\$	2,167,333	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	3,799,491.17	\$	3,799,491	\$	3,799,491	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,677,289.34	\$	2,677,289	\$	2,677,289	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,566,591.01	\$	2,566,591	\$	2,566,591	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6	2,341,873.68	\$	2,341,874	\$	2,341,874	\$	-

Category iii

*	THE BANK OF NEW YORK MELLON	BNY Mellon Cash Reserve 0.100% 12/31/2049 DD 06/26/97	6,896,101.82	\$	-	\$	6,896,102	\$	6,896,102	\$	-
*	THE BANK OF NEW YORK MELLON	BNY Mellon Cash Reserve 0.100% 12/31/2049 DD 06/26/97	6,896,101.82	\$	-	\$	6,896,102	\$	6,896,102	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6		177,474,465.58	\$	-	\$	177,474,466	\$	177,474,466	\$	-
*	BNY MELLON INVESTMENT ADVISER, INC. Drefus Government Cash Management Bold 6		169,831,335.72	\$	-	\$	169,831,336	\$	169,831,336	\$	-

* Party-in-interest

Category:

- (i) Single transactions in excess of 5% of plan assets.
- (ii) Series of transactions other than securities transactions. - None
- (iii) Series of securities transactions.
- (iv) Transactions with or in conjunction with a person if any single transaction with that person was in excess of 5%. - None

See Independent Auditor's Report

Ameren Employee Medical Plan
SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 December 31, 2024

Name of plan sponsor: Ameren Corporation
 Employer identification number: 43-1723446
 Three-digit plan number: 510

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	<u>REGISTERED INVESTMENT COMPANIES</u>			
*	BNY MELLON INVESTMENT ADVISER, INC	15,374,439 SHARES DREYFUS GOVERNMENT CASH MANAGEMENT BOLD 6	15,374,439	15,374,439
	TOTAL REGISTERED INVESTMENT COMPANIES		<u>15,374,439</u>	<u>15,374,439</u>

* Party-in-interest