

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 07/01/2024 and ending 06/30/2025

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) P, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, 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: ALIC - SEPARATE ACCOUNT 174
1b Three-digit plan number (PN): 012
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): AETNA LIFE INSURANCE COMPANY SEPARATE ACCOUNT 174
2b Employer Identification Number (EIN): 06-6033492
2c Plan Sponsor's telephone number: 860-273-6040
2d Business code (see instructions)

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 entries 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 AETNA LIFE INSURANCE COMPANY MICHELLE CURTIN 151 FARMINGTON AVE. HARTFORD, CT 06156	3b Administrator's EIN 06-6033492																				
	3c Administrator's telephone number 860-273-6040																				
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																				
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:100px;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td></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)		6a(2)		6b		6c		6d		6e		6f		6g(1)		6g(2)		6h	
6a(1)																					
6a(2)																					
6b																					
6c																					
6d																					
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:

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 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 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 _____ (4) <input 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 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 07/01/2024 and ending 06/30/2025

A Name of plan <u>ALIC - SEPARATE ACCOUNT 174</u>	B Three-digit plan number (PN) ▶	<u>012</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AETNA LIFE INSURANCE COMPANY SEPARATE ACCOUNT 174</u>	D Employer Identification Number (EIN) <u>06-6033492</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:		
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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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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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d Entity code

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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	THE LAY EMPLOYEES OF THE SISTERS OF CHARITY OF ST. ELIZABETH 401(K) PLAN	
b	Name of plan sponsor	SISTERS OF CHARITY OF SAINT ELIZABETH	c EIN-PN 22-1487343-001
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF THE NAVAL ACADEMY ATHLETIC ASSOCIATION	
b	Name of plan sponsor	NAVAL ACADEMY ATHLETIC ASSOCIATION	c EIN-PN 52-0613669-133
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF FAIRFIELD MANUFACTURING COMPANY INC.	
b	Name of plan sponsor	FAIRFIELD MANUFACTURING COMPANY INC.	c EIN-PN 63-0500160-002
a	Plan name	MARSH & MCLENNAN COMPANIES MASTER RETIREMENT TRUST	
b	Name of plan sponsor	THE NORTHERN TRUST CO. AS TRUSTEE FOR MARSH & MCLENNAN CO. US RET PL	c EIN-PN 36-2668272-001
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF FIRST DISTRICT ASSOCIATION	
b	Name of plan sponsor	FIRST DISTRICT ASSOCIATION	c EIN-PN 41-0255940-001
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF THE O'CONNELL COMPANIES INC.	
b	Name of plan sponsor	THE O'CONNELL COMPANIES INC.	c EIN-PN 04-2669288-017
a	Plan name	RIVIANA FOODS INC. PASTA GROUP RETIREMENT PLAN	
b	Name of plan sponsor	THE BANK OF NY MELLON AS TRUSTEE FOR RIVIANA FOODS INC. PASTA GR RETPL	c EIN-PN 76-0177572-003
a	Plan name	MILAN ARMY AMMUNITION PLANT PENSION PLAN	
b	Name of plan sponsor	AMERICAN ORDNANCE LLC	c EIN-PN 62-1735307-001
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF AETNA INC.	
b	Name of plan sponsor	AETNA INC.	c EIN-PN 23-2229683-003
a	Plan name	CASH BALANCE PENSION PLAN FOR STAFF EMPLOYEES OF MOUNT HOLYOKE COLLEGE	
b	Name of plan sponsor	MOUNT HOLYOKE COLLEGE	c EIN-PN 04-2103578-001
a	Plan name	THE COCA-COLA COMPANY PENSION PLAN	
b	Name of plan sponsor	THE COCA-COLA COMPANY	c EIN-PN 58-0628465-004
a	Plan name	EASTERN CONNECTICUT HEALTH NETWORK, INC. PENSION PLAN	
b	Name of plan sponsor	PROSPECT ECHN, INC.	c EIN-PN 81-2312893-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF WHITMAN REQUARDT AND ASSOCIATES	
b	Name of plan sponsor	WHITMAN REQUARDT AND ASSOCIATES	c EIN-PN 52-0541536-001
a	Plan name	CAMBIA HEALTH SOLUTIONS RETIREMENT PLAN	
b	Name of plan sponsor	CAMBIA HEALTH SOLUTIONS INC.	c EIN-PN 93-1179316-001
a	Plan name	RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY INC.	
b	Name of plan sponsor	ALFRED NICKLES BAKERY INC.	c EIN-PN 34-0428345-005
a	Plan name	REVISED RETIREMENT PLAN FOR EMPLOYEES OF THE ASSOCIATED PRESS REPRESENTED BY THE NEWS MEDIA GUILD	
b	Name of plan sponsor	ASSOCIATED PRESS	c EIN-PN 13-0452880-001
a	Plan name	THE ASSOCIATED PRESS RETIREMENT PLAN FOR EES COVERED BY A CBA WITH THE COMMUNICATIONS WORKERS OF AMERICA UNION	
b	Name of plan sponsor	ASSOCIATED PRESS	c EIN-PN 13-0452880-002
a	Plan name	CALERES INC. RETIREMENT PLAN	
b	Name of plan sponsor	CALERES INC.	c EIN-PN 43-0197190-002
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF AUXILIARY SERVICES, STATE UNIVERSITY COLLEGE AT OSWEGO INC.	
b	Name of plan sponsor	AUXILIARY SERVICES, STATE UNIVERSITY COLLEGE AT OSWEGO INC.	c EIN-PN 15-0546396-001
a	Plan name	RETIREMENT PLAN FOR HOURLY EMPLOYEES AT THE BEAVER FALLS PLANT OF STANDARD STEEL SPECIALTY CO.	
b	Name of plan sponsor	STANDARD STEEL SPECIALTY COMPANY	c EIN-PN 25-1471448-003
a	Plan name	RETIREMENT PLAN FOR SALARIED EMPLOYEES OF STANDARD STEEL SPECIALTY CO.	
b	Name of plan sponsor	STANDARD STEEL SPECIALTY COMPANY	c EIN-PN 25-1471448-005
a	Plan name	MINNESOTA TWINS PENSION PLAN	
b	Name of plan sponsor	MINNESOTA TWINS LLC.	c EIN-PN 41-1519609-002
a	Plan name	RETIREMENT PLAN FOR THE EMPLOYEES OF THE RIDGEWOOD COUNTRY CLUB	
b	Name of plan sponsor	RIDGEWOOD COUNTRY CLUB	c EIN-PN 22-1232320-001
a	Plan name	JACKSON ENERGY AUTHORITY RETIREMENT PLAN	
b	Name of plan sponsor	JACKSON ENERGY AUTH, A PUBLIC CORP & A POLITICAL SUBDIVSN STATE OF TN	c EIN-PN 62-1868550-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name PENSION PLAN FOR PLUMBERS AND PIPEFITTERS LOCAL UNION NO. 776 (LIMA, OHIO)	
b	Name of plan sponsor BOARD OF TRUSTEES PENSION PLAN FOR PLUMBERS AND PIPEFITTERS LOCAL 776	c EIN-PN 34-6682531-001
a	Plan name RETIREMENT PLAN FOR THE EMPLOYEES OF HOLLENBECK PALMS	
b	Name of plan sponsor HOLLENBECK PALMS	c EIN-PN 71-0876594-006
a	Plan name MONTGOMERY COUNTY PUBLIC SCHOOLS EMPLOYEES' RETIREMENT AND PENSION SYSTEM	
b	Name of plan sponsor THE BOARD OF EDUCATION OF MONTGOMERY COUNTY	c EIN-PN 52-6000989-001
a	Plan name RETIREMENT PLAN FOR EMPLOYEES OF STAFFORD SAVINGS BANK	
b	Name of plan sponsor STAFFORD SAVINGS BANK	c EIN-PN 06-0546360-001
a	Plan name RETIREMENT PLAN FOR EMPLOYEES OF BRIDGFORD FOODS CORPORATION	
b	Name of plan sponsor BRIDGFORD FOODS CORPORATION	c EIN-PN 95-1778176-001
a	Plan name OFFICE & PROFESSIONAL EMPLOYEES IU PENSION PLAN	
b	Name of plan sponsor OFFICE & PROFESSIONAL EMPLOYEES INTERNATIONAL UNION	c EIN-PN 53-0175463-001
a	Plan name PENSION PLAN FOR EMPLOYEES OF GENERALI - US BRANCH	
b	Name of plan sponsor GENERALI - U.S. BRANCH	c EIN-PN 13-5617450-003
a	Plan name RETIREMENT PLAN FOR BARGAINING EMPLOYEES OF NEFF-PERKINS COMPANY	
b	Name of plan sponsor NEFF-PERKINS COMPANY	c EIN-PN 34-1296667-001
a	Plan name INSULATORS LOCAL NO. 27 PENSION PLAN	
b	Name of plan sponsor INSULATORS LOCAL NO 27	c EIN-PN 43-0337343-001
a	Plan name DFA OF CALIFORNIA RETIREMENT PLAN	
b	Name of plan sponsor DFA OF CALIFORNIA	c EIN-PN 94-0439440-001
a	Plan name RETIREMENT PLAN FOR EMPLOYEES OF SAINT ANTHONY'S HEALTH CENTER (MOTHER OF GOOD COUNSEL NURSING HOME)	
b	Name of plan sponsor SAINT ANTHONY'S HEALTH CENTER	c EIN-PN 37-0661234-001
a	Plan name RETIREMENT PLAN FOR EMPLOYEES OF CITY OF BRIDGETON, MISSOURI	
b	Name of plan sponsor CITY OF BRIDGETON, MISSOURI	c EIN-PN 43-6016041-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ASSISI RETIREMENT PLAN	
b	Name of plan sponsor	FRANCISCAN ALLIANCE, INC.	c EIN-PN 35-1330472-002
a	Plan name	GRAPHIC COMMUNICATIONS UNION LOCAL 17M PENSION TRUST FUND	
b	Name of plan sponsor	GRAPHIC COMMUNICATIONS UNION LOCAL 17M PENSION TRUST FUND	c EIN-PN 35-6253328-001
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF SOUTHERN STAR SHIPPING COMPANY, INC.	
b	Name of plan sponsor	SOUTHERN STAR SHIPPING CO., INC.	c EIN-PN 13-5535116-002
a	Plan name	GOLUB CORPORATION EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	GOLUB CORPORATION	c EIN-PN 14-0724820-001
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF PEARL RIVER VALLEY ELECTRIC POWER ASSOCIATION	
b	Name of plan sponsor	PEARL RIVER VALLEY ELECTRIC POWER ASSOCIATION	c EIN-PN 64-0219645-001
a	Plan name	RETIREMENT PLAN OF SINGAPORE AIRLINES	
b	Name of plan sponsor	SINGAPORE AIRLINES LIMITED	c EIN-PN 95-1546240-001
a	Plan name	PENSION PLAN FOR COLLECTIVELY BARGAINED INDIANAPOLIS WATER EMPLOYEES	
b	Name of plan sponsor	CITIZENS ENERGY GROUP	c EIN-PN 35-6000930-005
a	Plan name	GRAY TELEVISION, INC. RETIREMENT PLAN	
b	Name of plan sponsor	GRAY TELEVISION, INC.	c EIN-PN 58-0285030-001
a	Plan name	THYSSENKRUPP DEFINED BENEFIT PENSION PLAN NORTH AMERICA	
b	Name of plan sponsor	THYSSENKRUPP NORTH AMERICA, LLC	c EIN-PN 22-2393554-003
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF CASS INFORMATION SYSTEMS, INC.	
b	Name of plan sponsor	CASS INFORMATION SYSTEMS, INC.	c EIN-PN 43-1265338-001
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF TISHOMINGO COUNTY ELECTRIC POWER ASSOCIATION	
b	Name of plan sponsor	TISHOMINGO COUNTY ELECTRIC POWER ASSOCIATION	c EIN-PN 64-0254465-001
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF HUNTINGTON MEDICAL RESEARCH INSTITUTES	
b	Name of plan sponsor	HUNTINGTON MEDICAL RESEARCH INSTITUTES	c EIN-PN 95-1757119-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	RETIREMENT PLAN FOR HOURLY EMPLOYEES OF VELLUMOID INC.	
b	Name of plan sponsor	VELLUMOID INC.	c EIN-PN 04-2720249-002
a	Plan name	MITSUI & CO. (U.S.A.), INC. PENSION PLAN	
b	Name of plan sponsor	MITSUI & CO. (U.S.A.) INC.	c EIN-PN 13-2559853-001
a	Plan name	IUOE LOCAL 57 PENSION PLAN	
b	Name of plan sponsor	TRUSTEES OF IUOE LOCAL 57	c EIN-PN 05-0298773-001
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF THE UNIVERSITY OF MIAMI	
b	Name of plan sponsor	UNIVERSITY OF MIAMI C/O BENEFITS ADMINISTRATION	c EIN-PN 59-0624458-001
a	Plan name	RETIREMENT PLAN FOR EES OF MASON & HANGER	
b	Name of plan sponsor	MASON & HANGER CORPORATION	c EIN-PN 61-0272020-003
a	Plan name	THE RETIREMENT PLAN FOR EMPLOYEES OF THE GUILFORD SAVINGS BANK	
b	Name of plan sponsor	GUILFORD SAVINGS BANK	c EIN-PN 06-0377390-019
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF ION BANK	
b	Name of plan sponsor	ION BANK	c EIN-PN 06-0465530-001
a	Plan name	WYATT ENERGY, INCORPORATED EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WYATT ENERGY, INCORPORATED	c EIN-PN 06-0596740-001
a	Plan name	WALTER DUNCAN, INC. EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	WALTER DUNCAN, INC.	c EIN-PN 36-2331183-001
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF ROCK HILL COCA-COLA BOTTLING COMPANY	
b	Name of plan sponsor	ROCK HILL COCA-COLA BOTTLING COMPANY	c EIN-PN 57-0236040-001
a	Plan name	PHILADELPHIA MUNICIPAL WORKERS DISTRICT COUNCIL 33 RETIREMENT PLAN	
b	Name of plan sponsor	AFSCME DISTRICT COUNCIL 33	c EIN-PN 23-1258375-005
a	Plan name	BRADLEY CORPORATION PENSION PLAN	
b	Name of plan sponsor	BRADLEY CORPORATION	c EIN-PN 39-0178880-001

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

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

a	Plan name	MORGAN US EMPLOYEES' RETIREMENT PLAN	c	EIN-PN	
b	Name of plan sponsor	MORGANITE INDUSTRIES, INC.	c	EIN-PN	56-1268548-001
a	Plan name	HYDRIL COMPANY RETIREMENT PLAN	c	EIN-PN	
b	Name of plan sponsor	HYDRIL COMPANY	c	EIN-PN	95-2777268-001
a	Plan name	ADVANCE PENSION PLAN	c	EIN-PN	
b	Name of plan sponsor	ADVANCE PUBLICATIONS INC.	c	EIN-PN	13-5576716-004
a	Plan name	SMURFIT-STONE CONTAINER CORP PENSION PLAN FOR HOURLY EMPLOYEES	c	EIN-PN	
b	Name of plan sponsor	ROCKTENN CP, LLC	c	EIN-PN	36-2041256-061
a	Plan name	THE TRANE MERGED HOURLY PENSION PLAN	c	EIN-PN	
b	Name of plan sponsor	TRANE U.S. INC.	c	EIN-PN	25-0900465-023
a	Plan name	LOCAL 333 EMPLOYEES RETIREMENT PLAN	c	EIN-PN	
b	Name of plan sponsor	LOCAL 333 UNITED MARINE DIV ILA, AFL-CIO	c	EIN-PN	13-5158385-001
a	Plan name	HEALTHMASTER, INC. MONEY PURCHASE PENSION PLAN	c	EIN-PN	
b	Name of plan sponsor	TRUSTEE OF HEALTHMASTER, INC. MONEY PURCHASE PENSION PLAN	c	EIN-PN	58-1586253-001
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF CHANNING HOUSE	c	EIN-PN	
b	Name of plan sponsor	CHANNING HOUSE	c	EIN-PN	94-1485533-014
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES FOR NON-BARGAINING EMPLOYEES AT IAAP	c	EIN-PN	
b	Name of plan sponsor	AMERICAN ORDNANCE LLC C/O IOWA ARMY AMMUNITION PLANT	c	EIN-PN	62-1735307-003
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	

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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A Name of plan ALIC - SEPARATE ACCOUNT 174	B Three-digit plan number (PN) ▶ 012
C Plan sponsor's name as shown on line 2a of Form 5500 AETNA LIFE INSURANCE COMPANY SEPARATE ACCOUNT 174	D Employer Identification Number (EIN) 06-6033492

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.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a 0	994
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3) 10419	15966
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 110902752	112691397
(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) 40119741	33414602
(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)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	151032912	146122959
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	3674	3515
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3674	3515
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	151029238	146119444

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)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	5034308	
(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)		5034308
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	4343195155	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	4343195067	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		88
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1994	
(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		5036390

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(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)		0
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)	27600	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	33837	
(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)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		61437
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		61437

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4974953
l Transfers of assets:			
(1) To this plan.....	2l(1)		989500860
(2) From this plan	2l(2)		999385607

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:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.