

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan RENASANT BANK AMENDED AND RESTATED PENSION PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 10/01/1976
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) RENASANT BANK P O BOX 709 TUPELO, MS 38802-0709 209 TROY STREET TUPELO, MS 38804-4827
2b	Employer Identification Number (EIN) 64-0220550
2c	Plan Sponsor's telephone number 662-680-1021
2d	Business code (see instructions) 522110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/07/2026	MELISSA PELLUM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/09/2026	LESLIE AUSBON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 362
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 63 6a(2) 59 6b 207 6c 47 6d 313 6e 31 6f 344 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 1I

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
--	---	--

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan RENASANT BANK AMENDED AND RESTATED PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF RENASANT BANK	D Employer Identification Number (EIN) 64-0220550
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2025			
2	Assets:			
a	Market value	2a	19148441	
b	Actuarial value	2b	19148441	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	250	13568687	13568687
b	For terminated vested participants	49	1643105	1643105
c	For active participants	63	3428100	3428100
d	Total	362	18639892	18639892
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.31 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	31000	
c	Target normal cost	6c	31000	

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

SIGN HERE	Signature of actuary AGNIESZKA E. WELKIE Type or print name of actuary AON CONSULTING, INC. Firm name 1800 HUGHES LANDING BLVD. SUITE 800 THE WOODLANDS, TX 77380 Address of the firm	06/11/2026 Date 26-07308 Most recent enrollment number 218-882-6116 Telephone number (including area code)
--------------------------	--	--

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	9123496	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	29000	0
9 Amount remaining (line 7 minus line 8)	9094496	0
10 Interest on line 9 using prior year's actual return of 4.32 %	392882	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 4.98 %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	9487378	0

Part III Funding Percentages

14 Funding target attainment percentage	14	51.83 %
15 Adjusted funding target attainment percentage	15	102.73 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.06 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
5.07 %2nd segment:
5.31 %3rd segment:
5.50 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

63

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**26** Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... ☐ Yes ☒ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....**29**

0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....**30**

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c)**31a**

31000

b Excess assets, if applicable, but not greater than line 31a**31b**

0

32 Amortization installments:**a** Net shortfall amortization installment

0

0

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....**34**

31000

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

31000

0

31000

36 Additional cash requirement (line 34 minus line 35)**36**

0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37**

0

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)**39**

0

40 Unpaid minimum required contributions for all years**40**

0

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan RENASANT BANK AMENDED AND RESTATED PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 RENASANT BANK	D Employer Identification Number (EIN) 64-0220550	

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	
MONTEAGLE FUNDS	2506 WINFORD AVE. NASHVILLE, TN 37211

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

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

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

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

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

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

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

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

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

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

(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)

AON CONSULTING, INC.

22-2232264

(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?
11 50	ACTUARIAL & ADMINISTRATO	42466	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
---	---	---

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan RENASANT BANK AMENDED AND RESTATED PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 RENASANT BANK	D Employer Identification Number (EIN) 64-0220550	

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	JPMCB LDI DIVERSIFIED BALANCED FUND
---	-------------------------------------

b Name of sponsor of entity listed in (a):	JPMORGAN CHASE BANK, NA
--	-------------------------

c EIN-PN 47-2831446-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16655676
-------------------------	-----------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:	
---	--

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	
---	--

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	
---	--

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	
---	--

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	
---	--

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	
---	--

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan RENASANT BANK AMENDED AND RESTATED PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 RENASANT BANK	D Employer Identification Number (EIN) 64-0220550	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	38363	67258
(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)	16589927	16655676
(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)	2520152	2869857
(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)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	19148442	19592791

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	19148442	19592791
--	-----------	----------	----------

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)	9	
(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)		9
(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)	15369	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		15369
(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)		0
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1915749
(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)		336571
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2267698

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1742511	
(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)		1742511
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	42466	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	38372	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		80838
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1823349

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		444349
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: **BDO USA P.C.**

(2) EIN: **20-1941244**

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?	☒		1000000
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 583145.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan RENASANT BANK AMENDED AND RESTATED PENSION PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 RENASANT BANK		D Employer Identification Number (EIN) 64-0220550
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

**RENASANT BANK
AMENDED AND RESTATED
PENSION PLAN**

Financial Statements and Supplemental Schedules
As of and For the Years Ended
December 31, 2025 and 2024

Renasant Bank
Amended and Restated Pension Plan
As of and for the Years Ended December 31, 2025 and 2024

CONTENTS

	<u>Page</u>
Independent Auditor's Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Statements of Accumulated Plan Benefits	7
Statements of Changes in Accumulated Plan Benefits	8
Notes to Financial Statements	9
Supplemental Schedules	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	15
Schedule H, Line 4j - Schedule of Reportable Transactions	16

All other schedules required by Section 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 have been omitted because they are not applicable.



Tel: 901-680-7600
Fax: 901-680-7601
www.bdo.com

6410 Poplar Ave, Suite 750
Memphis, TN 38119

Independent Auditor's Report

To the Audit Committee
Renasant Bank Amended and Restated Pension Plan

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

We have performed audits of the financial statements of Renasant Bank Amended and Restated Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note H to the financial statements, is complete and accurate.

Opinion

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

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



Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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



In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

The ERISA-required Supplemental Schedule H, line 4i- Schedule of Assets (Held at End of Year) and Supplemental Schedule H, line 4j- Schedule of Reportable Transactions as of and for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to



the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

BDO USA, P.C.

Memphis, Tennessee

July 1, 2026

Renasant Bank
Amended and Restated Pension Plan
Statements of Net Assets Available for Benefits
(In Thousands)

	December 31,	
	2025	2024
Assets		
Cash and cash equivalents	\$ 67	\$ 38
Investments, at fair value	19,526	19,110
Total assets	19,593	19,148
Net assets available for benefits	<u>\$ 19,593</u>	<u>\$ 19,148</u>

See Notes to Financial Statements.

Renasant Bank
Amended and Restated Pension Plan
Statements of Changes in Net Assets Available for Benefits
(In Thousands)

	Year Ended December 31,	
	2025	2024
Investment income:		
Interest	\$ —	\$ 1
Dividends	16	28
Net appreciation in fair value of investments	2,252	802
Total investment income	2,268	831
Deductions from net assets attributed to:		
Benefits paid to participants	1,742	1,798
Other expenses	81	4
Total deductions	1,823	1,802
Net increase (decrease) in net assets available for benefits	445	(971)
Net assets available for benefits:		
Beginning of year	19,148	20,119
End of year	<u>\$ 19,593</u>	<u>\$ 19,148</u>

See Notes to Financial Statements.

Renasant Bank
Amended and Restated Pension Plan
Statements of Accumulated Plan Benefits
(In Thousands)

	December 31,	
	2025	2024
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Participants currently receiving payments	\$ 14,842	\$ 13,152
Other vested benefits	3,067	4,883
Total actuarial present value of accumulated plan benefits	<u>\$ 17,909</u>	<u>\$ 18,035</u>

See Notes to Financial Statements.

Renasant Bank
Amended and Restated Pension Plan
Statements of Changes in Accumulated Plan Benefits
(In Thousands)

	Year Ended December 31,	
	2025	2024
Actuarial present value of accumulated plan benefits at the beginning of the year	\$ 18,035	\$ 19,539
Decrease during the year attributable to:		
Benefits accumulated, including actuarial gains	1,013	970
Benefits paid to participants	(1,742)	(1,798)
Change in actuarial assumptions	114	(651)
Other changes	489	(25)
Net decrease	(126)	(1,504)
Actuarial present value of accumulated plan benefits at the end of the year	<u>\$ 17,909</u>	<u>\$ 18,035</u>

See Notes to Financial Statements.

Renasant Bank
Amended and Restated Pension Plan

Notes to Financial Statements

Note A – Description of Plan

The following brief description of the Renasant Bank Amended and Restated Pension Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for more complete information.

General: The Plan was originally adopted and is currently maintained by Renasant Bank (the “Bank”) for the benefit of its employees and employees of participating affiliates of the Bank. Since December 31, 1996, no new participants have been added to the Plan and no additional benefits have accrued. On September 1, 2013, First M&F Corporation completed its merger with and into the Renasant Corporation (the “Company”). Its subsidiary, Merchants and Farmers Bank (“M&F”) maintained the Merchants and Farmers Bank Pension Plan (the “M&F Plan”), the assets and liabilities of which were merged into and assumed by the Plan, effective as of December 31, 2013. The Plan was amended and restated effective as of January 1, 2020 in the form of a pre-approved plan document maintained by Milliman, Inc.

Eligibility: For periods before December 31, 1996, all employees of the Bank were eligible to participate in the Plan after completing a minimum of 1,000 hours of service during a 12-month period. Effective December 31, 1996, participation in the Plan was frozen. Except for the addition of those participants resulting from the merger with the M&F Plan previously mentioned, no new entrants have been allowed into the Plan since the effective date of the freeze.

Benefits and Vesting Service: Service credited to determine benefit service, vesting service and years of participation is the number of Plan years in which the participant completes at least 1,000 hours of service, subject to certain break in service rules. For employees of the Bank, service after December 31, 1996, is not taken into account; for former employees of M&F, service after September 30, 2001 is not taken into account. All participants are fully vested.

Retirement Benefits: For employees of the Bank, normal retirement benefits are calculated as 1.4% of average monthly compensation multiplied by years of service (maximum of 25), plus 0.6% of average monthly compensation in excess of covered compensation multiplied by eligible years of service (maximum of 25). Average monthly compensation is generally defined as all compensation paid by the Bank, subject to certain exclusions. Covered compensation is the monthly average of 35 years of Social Security maximum taxable wage base ending with the year of Social Security retirement age. Compensation and service after December 31, 1996, is not taken into account.

Accrued Benefits: An “accrued benefit” is the portion of the normal retirement benefit that has been earned as of any specific date and is the amount determined under the normal retirement benefit formula according to the provisions of the Plan document. The accrued benefits of Bank employees were frozen effective December 31, 1996. For former employees of M&F, accrued benefits were frozen effective September 30, 2001.

Normal Retirement Benefit: The normal retirement date of a participant is the first day of the month following attainment of age 65. Once age 65 is attained, in-service retirement benefits may be received. The form of benefit payable is dependent upon the marital status of the participant. The normal retirement benefit for single participants is payable in equal monthly payments for life with 120 payments guaranteed. The normal retirement benefit for married participants is a joint and 50% (or 75%) survivor annuity.

Early Retirement: A participant who has completed ten years of service and has attained age 55 may elect early retirement. Although credited service was frozen effective December 31, 1996 and September 30, 2001 for Bank and former M&F employees, respectively, participants may continue to accrue years of service for purposes of eligibility for early retirement.

Delayed Retirement: A participant may postpone retirement beyond the normal retirement date. In the event a benefit is postponed, the benefit is the greater of the participant’s accrued benefit or the actuarial equivalent of the normal retirement benefit determined as of the delayed retirement date.

Notes to Financial Statements

Note A – Description of Plan (continued)

Disability Benefit: Any participant who becomes totally and permanently disabled and is able to qualify for Social Security disability benefits is entitled to a disability retirement benefit. The benefit, commencing at the normal retirement date, is the participant's normal retirement benefit, determined by imputing years of credited service between the participant's date of disability and normal retirement and assuming earnings remain unchanged. All credited service, including imputed service, was frozen effective December 31, 1996 and September 30, 2001 for Bank and former M&F employees, respectively.

Termination Benefit: A participant who terminates employment before attaining the early retirement age may elect to receive accrued benefits in the form of an immediate lump-sum or in the form of an annuity (if married) or 120 monthly payments (if unmarried), but only if the present value of accrued benefits is less than \$60,000 on the participant's termination date.

Death Before Retirement: If a participant dies before the normal retirement date and has not begun to receive benefits, the surviving spouse will receive a pre-retirement death benefit. For employees of the Bank, the benefit is the present value of a deceased participant's accrued benefit. For former participants in the M&F Plan, the benefit is the survivor's portion of a joint and 50% survivor's annuity. In all cases, if the deceased participant is not survived by a spouse, no death benefit is payable to any person.

Optional Methods of Benefit Payment: At the time of distribution, each participant may waive the annuity form of payment and elect instead a life annuity, a joint and survivor annuity, an annuity with guaranteed payments, or a lump-sum not in excess of \$60,000. Participants who elected to retire under the Bank's previously implemented Voluntary Early Retirement Program were also entitled to waive the annuity form of payment and elect an immediate lump-sum payout without regard to amount, provided that payout elections were signed and delivered on or before December 31, 2020.

Investment of Funds: The funds of the Plan are held in trust and invested at the discretion of the trustee, Renasant Bank, in consultation with its wealth management division.

Note B – Summary of Significant Accounting Policies

Basis of Accounting: The Plan's financial statements are prepared using the accrual basis of accounting.

Use of Estimates: The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America ("U.S. GAAP") requires management to make estimates and assumptions that affect the reported amounts of Plan assets available for benefits and the actuarial present value of accumulated plan benefits as of the date of the financial statements. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

Cash and Cash Equivalents: Cash and cash equivalents consist of cash on deposit with financial institutions and short-term, highly liquid investments that are readily convertible to known amounts of cash in order to pay plan benefits, administrative expenses, or other obligations. These instruments are carried at cost, which approximates fair value due to their short-term nature.

Investment Valuation and Income Recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Refer to Note I, "Fair Value Measurements," for a discussion of the methods and assumptions used by the Plan to estimate the fair values of the Plan's investments.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation in the fair value of investments, as recorded in the Statements of Changes in Net Assets Available for Benefits, includes changes in the fair value of investments acquired, sold or held during the year.

Notes to Financial Statements

Note B – Summary of Significant Accounting Policies (continued)

Actuarial Present Value of Accumulated Plan Benefits: Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits are expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries.

Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The 2025 and 2024 actuarial present value of accumulated Plan benefits was determined by an actuary from Aon PLC and is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuations as of December 31, 2025 and 2024, were (a) life expectancy of participants (Pri-2012 Mortality Tables projected forward using Scale MP-2021 on a generational basis), (b) retirement age assumptions (assumed early retirement occurs according to an actuarial determined withdrawal table; others at normal retirement), (c) investment return and (d) discount rate. The investment return was 5.80 and 5.90 percent for 2025 and 2024, respectively. The discount rates were 4.99 and 5.37 percent for 2025 and 2024, respectively. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in the determination of the actuarial present value of accumulated Plan benefits.

Subsequent Events: The Plan has evaluated, for consideration of recognition or disclosure, subsequent events that have occurred after December 31, 2025 through the date of issuance of its financial statements.

No significant events that required adjustment to or disclosure in the financial statements occurred prior to the issuance of the accompanying financial statements.

Payment of Benefits: Benefit payments to participants are recorded upon distribution.

Administrative Expenses: In 2025 and 2024, all expenses of the Plan, to the extent they were not paid from the Plan's trust, were paid by the Company.

Note C – Related Party Transactions

During 2025 and 2024, Renasant Bank acted as the Plan's designated trustee. Renasant Bank received no compensation for this service.

Note D – Risks and Uncertainties

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

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

Notes to Financial Statements

Note E – Tax Status

The Plan is maintained in the form of a pre-approved plan document sponsored by Milliman, Inc. The form of pre-approved document is covered by a favorable letter issued to Milliman, Inc. The Plan administrator and the Plan's tax counsel believe that the Plan has been and is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code of 1986, as amended. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires 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 ("IRS"). The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no IRS examinations in progress for any tax periods.

Note F – Funding Policy

Current costs, when required, are funded quarterly by the Company. Contributions are actuarially determined amounts adequate to finance the Plan benefits. Employees are not required or allowed to contribute toward the cost of the Plan. There were no contributions in the years ended December 31, 2025 and 2024.

Note G – Plan Termination

Although it has not expressed any intention to do so, the Company has the right to terminate the Plan in its discretion, subject to the provisions set forth in the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- b) Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC"), a U.S. Government agency, up to the applicable limitations (discussed below).
- c) All other vested benefits (that is, vested benefits not insured by the PBGC).

The PBGC does not insure all Plan benefits. Generally, the PBGC insures or guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types and forms of benefits and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a monthly maximum that is adjusted annually. For Plan terminations occurring during 2025 and 2024, the maximum monthly benefit per participant was \$7,432 and \$7,108, respectively, assuming benefits are paid in the form of a single-life annuity at age 65. The maximum monthly benefit is subject to actuarial adjustment for early payment or payment in the form of a more valuable annuity.

If the Plan terminates, the benefits payable to each participant will depend on the sufficiency of the Plan's net assets and, in the event net assets are insufficient to pay all benefits, the financial condition of the Company and the Bank and the level of benefits guaranteed by the PBGC.

Renasant Bank
Amended and Restated Pension Plan

Notes to Financial Statements

Note H – Certified Information

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2025 and 2024, and net appreciation in fair value of investments, interest and dividends for the years ended December 31, 2025 and 2024, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Renasant Bank (“Trustee”), the trustee of the Plan. As permitted by 29 CFR 2520.103-5 of the Department of Labor’s (“DOL”) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the Plan’s independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to cash or investments in collective trusts. Auditing procedures were not applied to changes in the value of investments, income recorded, etc., as the certification provided states that the trust statements provided are a complete and accurate accounting of the assets held and transactions executed by the Plan.

Note I – Fair Value Measurements

FASB Accounting Standards Codification Topic 820, “Fair Value Measurements,” provides guidance for using fair value to measure assets and liabilities and also establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three broad levels. The fair value hierarchy gives the highest priority to a valuation based on quoted prices in active markets for identical assets and liabilities (Level 1), moderate priority to a valuation based on quoted prices in active markets for similar assets and liabilities and/or based on assumptions that are observable in the market (Level 2), and the lowest priority to a valuation based on assumptions that are not observable in the market (Level 3).

The fair values of the Plan’s defined benefit pension plan assets by category at December 31, 2025 and 2024 are below. The net asset value per share (or “NAV”) has been elected as a practical expedient in accordance with Topic 820 referred to above to measure the fair value of the Plan’s investments in collective trusts which consist of trusts that invest primarily in liquid equity and fixed income securities and have a small direct investment in real estate. There is generally no restriction on redemptions or withdrawals for benefit payments or in the event of plan termination; 60 day notice is required to redeem or withdraw assets for any other purpose.

The following table presents the Plan’s financial instruments that are measured at fair value on a recurring basis at December 31, 2025 and 2024:

<i>(In Thousands)</i>	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Measured at NAV	Totals
December 31, 2025					
Registered investment companies	\$ 2,870	\$ —	\$ —	\$ —	\$ 2,870
Investments in collective trusts	—	—	—	16,656	16,656
	<u>\$ 2,870</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 16,656</u>	<u>\$ 19,526</u>
December 31, 2024					
Registered investment companies	\$ 2,520	\$ —	\$ —	\$ —	\$ 2,520
Investments in collective trusts	—	—	—	16,590	16,590
	<u>\$ 2,520</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 16,590</u>	<u>\$ 19,110</u>

SUPPLEMENTAL SCHEDULES

Renasant Bank Amended and Restated Pension Plan
Employer Identification Number: 64-0220550 / Plan Number: 002
Schedule H, Line 4i – Schedule of Assets (Held At End of Year)
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
<u>Cash and cash equivalents</u>				
	Renasant Bank	Cash	\$ 238	\$ 238
	Renasant Bank	Money Market Account	273	273
	BlackRock	Liquidity Fund	64,066	64,066
	Federated Hermes Government Obligations Fund	Treasury Obligation	2,681	2,681
	Total Cash and Cash Equivalents		67,258	67,258
<u>Investments in collective trusts</u>				
	J.P. Morgan	Diversified LDI Fund	11,797,846	16,655,676
	Total investments in collective trusts		11,797,846	16,655,676
<u>Registered investment companies</u>				
	Park Place Capital	Monteagle Enhanced Equity Income Fund	2,743,495	2,869,856
	Total registered investment companies		2,743,495	2,869,856
	Total Investments		14,541,341	19,525,532
		Accrued interest and dividends	—	—
		Total assets	\$ 14,608,599	\$ 19,592,790

Renasant Bank Amended and Restated Pension Plan

Employer Identification Number: 64-0220550 / Plan Number: 002

Schedule H, line 4(g) - Schedule of Reportable Transactions

December 31, 2025

(a)	(b)				(h)	(i)		
Identity of Party Involved	Description of Assets (include interest rate and maturity in case of loan)	(c)	(d)	(g)	Current Value of Asset on Transaction Date	Net Gain or (Loss)		
Category (i) - transaction with a fund that are in excess of 5% of plan assets.								
*Renasant Bank	Federated Hermes Government Obligation Fund	\$	1,580,216	N/A	\$	1,580,216	\$	—
*Renasant Bank	Federated Hermes Government Obligation Fund	N/A	\$	1,551,680	\$	1,551,680	1,551,680	—
Category (iii) - series of transactions with a fund that, when aggregated, were in excess of 5% of plan assets.								
*Renasant Bank	J.P. Morgan Diversified LDI Fund	N/A	1,850,000	1,635,983	1,850,000	214,017		

* Denotes a party-in-interest

** There were no category (ii) or (iv) reportable transactions during 2025.

Columns (e) - Lease Rentals and (f) - Expense Incurred with Transaction have not been presented as the information is not applicable.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Renasant Bank Amended and Restated Pension Plan
EIN: 64-0220550 PN: 002

Schedule SB, line 26a — Schedule of Active Participant Data
as of January 1, 2025

Attained Age	Number of Participants Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44							1			
45-49							4	1		
50-54						1	4	4		
55-59							2	7	5	1
60-64						1	3	9	5	2
65-69							1	3	2	5
70+									1	1

N-63

Schedule SB Attachment (Form 5500) —2025 Plan Year
Renasant Bank Amended and Restated Pension Plan
EIN: 64-0220550 PN: 002

Schedule SB, Part V — Statement of Actuarial
Assumptions/Methods

For ERISA Requirements

Interest Rates for Minimum Funding Purposes

Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor reflecting the American Rescue Plan Act (ARPA)

1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%

Interest Rates for Maximum Tax Purposes

Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization

1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36%

Optional Payment Form Election Percentage

For participants eligible for lump sums, 50% are assumed to elect lump sums and 50% are assumed to elect 10 year certain and life annuities.

Optional Payment Form Conversion Interest Rate

Lump Sum: Same as funding interest
Other: Legacy Renasant Bank, 6.5% and Legacy Merchants and Farmers Bank, 7.0%

Optional Payment Form Conversion Mortality

Lump Sum: Current 417(e) table
Other: Legacy Renasant Bank, the 1984 unisex pensioners mortality table for set back 2 years for participant and 1 year for beneficiary. Legacy Merchants and Farmers Bank, the 1984 unisex pensioners mortality table without setbacks.

Retirement Age

Active Participants	See Table 1
Terminated Vested Participants	Age 65

Schedule SB Attachment (Form 5500) —2025 Plan Year
Renasant Bank Amended and Restated Pension Plan
EIN: 64-0220550 PN: 002

Mortality Rates

Healthy and Disabled

2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii).

Withdrawal Rates

See Table 2

Disability Rates

None

Decrement Timing

Middle of year decrements

Surviving Spouse Benefit

It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are four years older than their spouses.

Benefit Limit

Projected benefits are limited by the current IRC section 415 maximum benefit of \$280,000.

Valuation of Plan Assets

Fair market value

Normal Cost Expense Assumption

Average of the last two years of expenses rounded to nearest thousand.

Expected Return on Assets

2024 Plan Year

5.20%

2025 Plan Year

5.90% limited to 5.50%

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2025

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
--	---	---

Part I Annual Report Identification Information		
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A This return/report is for:	☐ a multiemployer plan	☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
	☒ a single-employer plan	☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report	☐ the final return/report
	☐ an amended return/report	☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐	
D Check box if filing under:	☐ Form 5558	☐ automatic extension
	☐ special extension (enter description)	☐ the DFVC program
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 RENASANT BANK AMENDED AND RESTATED PENSION PLAN	1b Three-digit plan number (PN) ▶ 002	1c Effective date of plan 10/01/1976
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) RENASANT BANK P O BOX 709 209 TROY STREET TUPELO MS 38802-0709 TUPELO MS 38804-4827	2b Employer Identification Number (EIN) 64-0220550	2c Plan Sponsor's telephone number 662-680-1021
	2d Business code (see instructions) 522110	

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

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

SIGN HERE	<i>Melissa Pellum</i>	07/07/2026	MELISSA PELLUM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Leslie P. Ausbon</i>	07/09/2026	LESLIE AUSBON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 362
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	6a(1) 63
a(2) Total number of active participants at the end of the plan year	6a(2) 59
b Retired or separated participants receiving benefits	6b 207
c Other retired or separated participants entitled to future benefits	6c 47
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 313
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 31
f Total. Add lines 6d and 6e.	6f 344
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1A 1I

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 _____

Renasant Bank Amended and Restated Pension Plan

Employer Identification Number: 64-020550 / Plan Number: 002

Schedule H, line 4(f) - Schedule of Reportable Transactions

December 31, 2025

(a) Identity of Party Involved	(b) Description of Assets (include interest rate and maturity in case of loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (i) - transaction with a fund that are in excess of 5% of plan assets.						
*Renasant Bank	Federated Hermes Government Obligation Fund	\$ 1,580,216	N/A	\$ 1,580,216	\$ 1,580,216	\$ —
*Renasant Bank	Federated Hermes Government Obligation Fund	N/A	\$ 1,551,680	\$ 1,551,680	\$ 1,551,680	—
Category (iii) - series of transactions with a fund that, when aggregated, were in excess of 5% of plan assets.						
*Renasant Bank	J.P. Morgan Diversified LDI Fund	N/A	\$ 1,850,000	\$ 1,635,983	\$ 1,850,000	\$ 214,017

* Denotes a party-in-interest

** There were no category (ii) or (iv) reportable transactions during 2025.

Columns (e) - Lease Rentals and (f) - Expense Incurred with Transaction have not been presented as the information is not applicable.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
--	---	--

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan RENASANT BANK AMENDED AND RESTATED PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF RENASANT BANK	D Employer Identification Number (EIN) 64-0220550
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2025			
2	Assets:			
a	Market value	2a	19,148,441	
b	Actuarial value	2b	19,148,441	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	250	13,568,687	13,568,687
b	For terminated vested participants	49	1,643,105	1,643,105
c	For active participants	63	3,428,100	3,428,100
d	Total	362	18,639,892	18,639,892
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.31%	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	31,000	
c	Target normal cost	6c	31,000	

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

SIGN HERE	Agnieszka E. Welkie AEW Signature of actuary	06/11/2026 Date
Agnieszka E. Welkie Type or print name of actuary	2607308 Most recent enrollment number	218-882-6116 Telephone number (including area code)
Aon Consulting, Inc. Firm name	1800 Hughes Landing Blvd. Suite 800 The Woodlands TX 77380 Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	9,123,496	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	29,000	0
9	Amount remaining (line 7 minus line 8)	9,094,496	0
10	Interest on line 9 using prior year's actual return of <u>4.32%</u>	392,882	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>4.98%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	9,487,378	0

Part III	Funding Percentages
----------	---------------------

14	Funding target attainment percentage.....	14	51.83 %
15	Adjusted funding target attainment percentage.....	15	102.73 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	102.06 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

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

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

C If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

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

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

Schedule SB Attachment (Form 5500) —2025 Plan Year
Renasant Bank Amended and Restated Pension Plan
EIN: 64-0220550 PN: 002

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	2.52%	1.0000	1.40
56.5	2.40%	0.9748	1.32
57.5	2.22%	0.9514	1.21
58.5	2.10%	0.9303	1.14
59.5	1.98%	0.9107	1.07
60.5	12.00%	0.8927	6.48
61.5	12.00%	0.7856	5.80
62.5	25.00%	0.6913	10.80
63.5	10.00%	0.5185	3.29
64.5	10.00%	0.4666	3.01
65	100.00%	0.4200	27.30
Weighted Average			62.82

Schedule SB Attachment (Form 5500) —2025 Plan Year
Renasant Bank Amended and Restated Pension Plan
EIN: 64-0220550 PN: 002

Schedule SB, Part V — Summary of Plan Provisions

Plan Name

Renasant Bank Amended and Restated Pension Plan.

Effective Date

The plan became effective on October 1, 1973 and was most recently restated January 1, 2020.

Plan Year

January 1 to December 31.

Plan Freeze**Participation**

Effective December 31, 1996, no new participants are allowed and rehires are not allowed re-entry into the Plan.

Benefit

Effective January 1, 1997, benefits in the Plan were frozen for all participants.

Eligibility**Eligibility Date**

January 1 and July 1 of each plan year following date of hire.

Definitions**Accrued Benefit**

1.4% of Average Monthly Compensation as of December 31, 1996 times Years of Service (up to a maximum of 25 years), plus 0.60% of Average Monthly Compensation as of December 31, 1996 in excess of one-twelfth of Covered Compensation times Years of Service (up to a maximum of 25 years). Accrued benefits are frozen as of December 31, 1996.

Actuarial Equivalent

Based on an interest rate of 6.5% compounded annually and the 1984 UP mortality table with 2 years setback for participant and 1 year for beneficiaries.

Average Monthly Compensation

Average Compensation determined over the 5 consecutive plan years of compensation. If a participant has fewer than 5 plan years of compensation, then Average Monthly Compensation is the average of monthly earning for all consecutive months of employment. Average Monthly Compensation is frozen as of December 31, 1996.

Compensation

Plan compensation is defined as salary or wages paid by the Company.

Schedule SB Attachment (Form 5500) —2025 Plan Year

Renasant Bank Amended and Restated Pension Plan

EIN: 64-0220550 PN: 002

Covered Compensation

The average of the Social Security taxable wage bases for the 35-year period ending in the year the employee attains Social Security normal retirement age. The current year's wage base is projected levelly into the future.

Years of Service

Each plan year in which an eligible participant has 1,000 or more hours of employment is counted as a year of benefit service. Years of Service will not include any period of service after December 31, 1996.

Normal Retirement Benefit

Eligibility

Age 65.

Benefit

The benefit calculated at normal retirement.

Early Retirement

Eligibility

Age 55 and 15 Years of Service, or effective January 1, 1998 age 55 and whose attainment age and Years of Service total at least 70.

Benefit

The benefit at early retirement date is the Actuarially Equivalent benefit to benefit payable at Normal Retirement Date.

Disability Retirement

The Plan does not provide disability benefits effective December 31, 1996.

Vested Termination

Eligibility

All participants are currently fully vested.

Benefit

Accrued benefit based on service at date of termination, with payments deferred until normal retirement date. Benefits may commence prior to normal retirement if the participant met the Years of Service requirement for early retirement at termination. The benefit is reduced in the same manner as the early retirement benefit.

Schedule SB Attachment (Form 5500) —2025 Plan Year

Renasant Bank Amended and Restated Pension Plan

EIN: 64-0220550 PN: 002

Delayed Retirement

Eligibility

All employees who continue service past Normal Retirement Age

Benefit

The great of the Normal Retirement Benefit based on Years of Service, Average Monthly Compensation, and Covered Compensation as the actual retirement date or the Normal Retirement Benefit actuarially increased to benefit commencement date.

Plan Amendments

The plan was amended as follows:

- Effective December 31, 2013 to merge the Merchants and Farmers Bank Pension Plan, and
- Effective August 15, 2016 in accordance with ERISA Section 4044, the liabilities and assets of four inactive participants were transferred from the HeritageBank of the South Defined Benefit Plan.

Form of Benefits

Normal Form

For an unmarried participant, the automatic form of benefit is a life annuity with 10 years certain. For a married participant, the automatic form of benefit is a reduced 50% joint and survivor annuity.

Optional Forms

- (1) Life annuity
- (2) 75% or 100% Joint and survivor annuity with percentage continuation to the survivor
- (3) Life annuity with 60, 120, 180, or 240 monthly payments guaranteed
- (4) Lump sum if total value is less than \$60,000

Schedule SB Attachment (Form 5500) —2025 Plan Year
Renasant Bank Amended and Restated Pension Plan
EIN: 64-0220550 PN: 002

Pre-Retirement Death Benefits

Eligibility

Any vested participant who is married at the time of death.

Benefit

Death before Normal Retirement Date

The monthly benefit payable for the life of a spouse equal to the present value of the participant's accrued benefit at the time of death, payable when the participant would have become eligible for early retirement, unless the survivor elects later commencement. If the participant dies after becoming eligible for early retirement, the benefit is payable immediately, unless the survivor elects later commencement. The survivor may not postpone commencement of the death benefit beyond the participant's normal retirement date.

Death after Normal Retirement Date

The monthly benefit payable or the life of a spouse or a beneficiary, if no surviving spouse, equal to the present value of the participant's accrued benefit at the time of death. The benefit is payable either as a lump sum or monthly/quarterly payments over the period not to exceed the life expectancy of the beneficiary.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Renasant Bank Amended and Restated Pension Plan
EIN: 64-0220550 PN: 002

Heritage Bank of the South

Actuarial Equivalent

Based on an interest rate of 7.5% compounded annually and the 1984 UP mortality table with 1 year set forward.

Early Retirement

Eligibility

Age 55 and 10 Years of Service.

Benefit

The benefit at early retirement date is reduced by 6.67% for each of the first five years and 3.333% for each of the next five years by which the commencement date precedes the Normal Retirement Date.

Form of Benefits

Normal Form

For an unmarried participant, the automatic form of benefit is a life annuity with 10 years certain. For a married participant, the automatic form of benefit is a reduced 50% joint and survivor annuity.

Optional Forms

- (1) Life annuity
- (2) 75% or 100% Joint and survivor annuity with percentage continuation to the survivor
- (3) Life annuity with 120 monthly payments guaranteed
- (4) Lump sum

Schedule SB Attachment (Form 5500) —2025 Plan Year
Renasant Bank Amended and Restated Pension Plan
EIN: 64-0220550 PN: 002

Legacy Merchants and Farmers Bank Plan Provisions

Effective December 31, 2013, the Merchants and Farmers Bank Pension Plan merged into Renasant Bank Amended and Restated Pension Plan.

Plan Freeze

Participation

Effective September 30, 2001, no new participants are allowed and rehires are not allowed re-entry into the Plan.

Benefit

Effective September 30, 2001, benefits in the Plan were frozen for all participants.

Definitions

Accrued Benefit

0.8% of Average Compensation as of September 30, 2001 times years of service (up to a maximum of 35 years), plus 0.25% of Average Compensation as of September 30, 2001 in excess of \$24,000 times years of service (up to a maximum of 35 years). Accrued benefits are frozen as of September 30, 2001.

Actuarial Equivalent

Based on an interest rate of 7% compounded annually and the 1984 UP mortality table.

Average Compensation

Average Compensation determined over the 3 consecutive plan years of compensation. Average Monthly Compensation is frozen as of September 30, 2001.

Compensation

Plan compensation is defined as salary or wages paid by the Company.

Covered Compensation

The average of the Social Security taxable wage bases for the 35-year period ending in the year the employee attains Social Security normal retirement age. The current year's wage base is projected levelly into the future.

Years of Service

Each plan year in which an eligible participant has 1,000 or more hours of employment is counted as a year of benefit service. Years of Service will not include any period of service after September 30, 2001.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Renasant Bank Amended and Restated Pension Plan
EIN: 64-0220550 PN: 002

Normal Retirement Benefit

Eligibility

Age 65.

Benefit

The benefit calculated at normal retirement.

Early Retirement

Eligibility

Age 55 and 10 Years of Service.

Benefit

The benefit at early retirement date is the Actuarially Equivalent benefit to benefit payable at Normal Retirement Date.

Disability Retirement

The Plan does not provide disability benefits.

Vested Termination

Eligibility

All participants are currently fully vested.

Benefit

Accrued benefit based on service at date of termination, with payments deferred until normal retirement date. Benefits may commence prior to normal retirement if the participant met 10 Years of Service requirement for early retirement at termination. The benefit is reduced in the same manner as the early retirement benefit.

Delayed Retirement

Eligibility

All employees who continue service past Normal Retirement Age

Benefit

The greater of the Normal Retirement Benefit based on Years of Service, Average Monthly Compensation, and Covered Compensation as the actual retirement date or the Normal Retirement Benefit actuarially increased to benefit commencement date.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Renasant Bank Amended and Restated Pension Plan
EIN: 64-0220550 PN: 002

Form of Benefits

Normal Form

For an unmarried participant, the automatic form of benefit is a life annuity with 10 years certain. For a married participant, the automatic form of benefit is a reduced 50% joint and survivor annuity.

Optional Forms

- (1) Life annuity
- (2) 75% or 100% Joint and survivor annuity with percentage continuation to the survivor
- (3) Life annuity with 60 or 180 monthly payments guaranteed

Pre-Retirement Death Benefits

Eligibility

Any vested participant who is married at the time of death.

Benefit

Death before Normal Retirement Date

The monthly benefit payable for the life of a spouse equal to the present value of the participant's accrued benefit at the time of death, payable when the participant would have become eligible for early retirement. The survivor may not postpone commencement of the death benefit beyond the participant's normal retirement date.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Renasant Bank Amended and Restated Pension Plan
Employer Identification Number: 64-0220550 / Plan Number: 002
Schedule H, Line 4i – Schedule of Assets (Held At End of Year)
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
<u>Cash and cash equivalents</u>				
	Renasant Bank	Cash	\$ 238	\$ 238
	Renasant Bank	Money Market Account	273	273
	BlackRock	Liquidity Fund	64,066	64,066
	Federated Hermes Government Obligations Fund	Treasury Obligation	2,681	2,681
	Total Cash and Cash Equivalents		67,258	67,258
<u>Investments in collective trusts</u>				
	J.P. Morgan	Diversified LDI Fund	11,797,846	16,655,676
	Total investments in collective trusts		11,797,846	16,655,676
<u>Registered investment companies</u>				
	Park Place Capital	Monteagle Enhanced Equity Income Fund	2,743,495	2,869,856
	Total registered investment companies		2,743,495	2,869,856
	Total Investments		14,541,341	19,525,532
		Accrued interest and dividends	—	—
		Total assets	\$ 14,608,599	\$ 19,592,790

Schedule SB Attachment (Form 5500) —2025 Plan Year
Renasant Bank Amended and Restated Pension Plan
EIN: 64-0220550 PN: 002

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the interest rate assumption from segment rates with a four-month lookback (as of September 2023) to segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year interest rate stabilization corridor under ARPA.
- A change in the mortality assumption for lump sums from the 2024 plan year IRC §417(e) tables to the 2025 plan year IRC §417(e) tables.
- A change in expected rate of return on assets from 5.20% to 5.90%.

There were no other actuarial changes compared to the prior year's funding valuation.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Renasant Bank Amended and Restated Pension Plan
EIN: 64-0220550 PN: 002

Actuarial Assumptions and Methods

Table 1

Retirement Rates

Age	Rate
55	2.52%
56	2.40%
57	2.22%
58	2.10%
59	1.98%
60	12.00%
61	12.00%
62	25.00%
63	10.00%
64	10.00%
65+	100.00%

Schedule SB Attachment (Form 5500) —2025 Plan Year
Renasant Bank Amended and Restated Pension Plan
EIN: 64-0220550 PN: 002

Table 2

Withdrawal Rates

Age	Rate
40	5.64%
41	5.40%
42	5.10%
43	4.86%
44	4.62%
45	4.38%
46	4.14%
47	3.96%
48	3.72%
49	3.54%
50	3.36%
51	3.18%
52	3.00%
53	2.82%
54	2.70%