

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
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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 GUARANTEE TRUST LIFE INSURANCE COMPANY AND SELECT AFFILIATES 401(K) AND PROFIT SHARING PLAN
1b	Three-digit plan number (PN) ▶ 333
1c	Effective date of plan 12/31/1970
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) GUARANTEE TRUST LIFE INSURANCE COMPANY 1275 MILWAUKEE AVE GLENVIEW, IL 60025
2b	Employer Identification Number (EIN) 36-1174500
2c	Plan Sponsor's telephone number 847-699-0600
2d	Business code (see instructions) 524140

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.	07/24/2026	REGINA WOZNY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 398
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) 304 6a(2) 293 6b 39 6c 60 6d 392 6e 0 6f 392 6g(1) 392 6g(2) 388 6h 12
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:

2E 2H 2J 2K 2S 2T 2U 3D 3H

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A Name of plan GUARANTEE TRUST LIFE INSURANCE COMPANY AND SELECT AFFILIATES 401(K) AND PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 GUARANTEE TRUST LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 36-1174500

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

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	74350	355	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	24308

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NOVA 401(K) ASSOCIATES
10777 NORTHWEST FREEWAY
SUITE 440
HOUSTON, TX 77092

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	24308	TPA FEES	5

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	37986693

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b****c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

(4) Transferred from separate account

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions

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

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions

7e(5)**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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 GUARANTEE TRUST LIFE INSURANCE COMPANY AND SELECT AFFILIATES 401(K) AND PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 GUARANTEE TRUST LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 36-1174500	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation	
a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No	
b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).	

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

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

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--

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

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

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

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

(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?
15 28 59 60 62 63 67 68	RECORDKEEPER	60473	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

COFG ADVISORS, LLC

99-4880921

(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?
26	RIA	65513	Yes ☐ No ☒	Yes ☐ No ☒	0	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.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) 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 GUARANTEE TRUST LIFE INSURANCE COMPANY AND SELECT AFFILIATES 401(K) AND PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 333
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 GUARANTEE TRUST LIFE INSURANCE COMPANY		D Employer Identification Number (EIN) 36-1174500
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: AMERICAN FUNDS 2070 TD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 905
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2065 TD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 396867
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2060 TD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 774273
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2055 TD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 305893
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2050 TD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 596480
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2045 TD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 389128
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2040 TD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 589214
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2025 v. 250312		

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2035 TD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 778392

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2030 TD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 654693

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2025 TD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 373483

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2020 TD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 265102

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2010 TD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 938238

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER AGGRESSIVE LS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1016700

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER GROWTH LS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1362881

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER BALANCED LS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3076081

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER MODERATE LS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 501812

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER CONSERV LS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 280608

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY HERITAGE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 446226

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW WORLD FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 246535

a Name of MTIA, CCT, PSA, or 103-12 IE: AF THE GROWTH FUND OF AMERICA		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2563160

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. SMALL CAP FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61208

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL-MID GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 925906

a Name of MTIA, CCT, PSA, or 103-12 IE: JH DISCIPLINED VALUE MID CAP		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 648109

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK U.S. GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3827340

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 700178

a Name of MTIA, CCT, PSA, or 103-12 IE: ROYCE SMALL-CAP OPPORTUNITY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 111722

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SCI & TECH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2488303

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD EXPLORER FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 345566

a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3976957

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUPAC FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1453770

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESTMENT COMPANY OF AMERICA		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1430924

a Name of MTIA, CCT, PSA, or 103-12 IE: DODGE & COX INTERNATIONAL ST		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 171838

a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INCOME FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1313828

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY LEVERAGED CO STOCK		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 126344

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN MUTUAL BEACON FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 287675

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK DISCIPLINED VALUE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1112215

a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LC RESPONSIBLE EQUITY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 222442

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR TOTAL BOND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 983455

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK INCOME FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 178371

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO INTL BOND USD-HEDGED		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40705

a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1488140

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SHORT-TERM FEDERAL		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 535024

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
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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 GUARANTEE TRUST LIFE INSURANCE COMPANY AND SELECT AFFILIATES 401(K) AND PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 GUARANTEE TRUST LIFE INSURANCE COMPANY		D Employer Identification Number (EIN) 36-1174500

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	1496	6666
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	859620	878510
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	0	375223
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1484813	900375
(2) U.S. Government securities	1c(2)	3706983	3988547
(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)	14982280	14860328
(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)	199307	242888
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	35736610	37986693
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	56971109	59239230

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		

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	56971109	59239230
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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)	1370111	
(B) Participants	2a(1)(B)	2031892	
(C) Others (including rollovers)	2a(1)(C)	29837	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		3431840
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	21531	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		21531
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		7428107
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		10881478

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8482057	
(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)		8482057
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)	6075	
(3) Recordkeeping fees	2i(3)	59605	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	65620	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		131300
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8613357

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2268121
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: **BRONSWICK BENJAMIN**

(2) EIN: **36-4409576**

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?	☒		1700000
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 _____.

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 GUARANTEE TRUST LIFE INSURANCE COMPANY AND SELECT AFFILIATES 401(K) AND PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 GUARANTEE TRUST LIFE INSURANCE COMPANY		D Employer Identification Number (EIN) 36-1174500
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): 01-0233346 33-6134835		
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
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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702830A.

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN 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
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan GUARANTEE TRUST LIFE INSURANCE COMPANY AND SELECT AFFILIATES 401(K) AND PROFIT SHARING PLAN	B Three-digit Plan number (PN)..... ►	333
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF GUARANTEE TRUST LIFE INSURANCE COMPANY	D Administrator's EIN 36-1174500	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
--------	--

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

a ☒ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)

b ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)

c ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)

d ☐ other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II	Participating Employer Information.
---------	-------------------------------------

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer GUARANTEE TRUST LIFE INSURANCE CO.	2b EIN 36-1174500	2c Percentage of Total Contributions for the Plan Year 90.47	2d Aggregate Account Balances Attributable to Participating Employer 49571511
2a Name of Participating Employer INDEPENDENCE DIRECTOR, INC.	2b EIN 36-2835500	2c Percentage of Total Contributions for the Plan Year 6.56	2d Aggregate Account Balances Attributable to Participating Employer 9077869

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☒ No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer UNITED NATIONAL LIFE INSURANCE	2b EIN 37-1095206	2c Percentage of Total Contributions for the Plan Year 2.33	2d Aggregate Account Balances Attributable to Participating Employer 427447
2a Name of Participating Employer CORNERSTONE SENIOR SERVICES, LLC	2b EIN 61-1293244	2c Percentage of Total Contributions for the Plan Year 0.38	2d Aggregate Account Balances Attributable to Participating Employer 66750
2a Name of Participating Employer INDEPENDENCE REALTY DEVELOPMENT CO	2b EIN 36-3073560	2c Percentage of Total Contributions for the Plan Year 0.26	2d Aggregate Account Balances Attributable to Participating Employer 95653
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III	Pooled Employer Plan Information
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Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)..... ☐ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)
ACK ID _____

EIN # 36-1174500
PLAN #333

**Guarantee Trust Life Insurance Company and
Select Affiliates 401(k) and Profit Sharing Plan**
Financial Statements
Years Ended December 31, 2025 and 2024

**Guarantee Trust Life Insurance Company and
Select Affiliates 401(k) and Profit Sharing Plan**
Years Ended December 31, 2025 and 2024

**EIN # 36-1174500
PLAN #333**

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit – 2025 Financial Statements

We have performed an audit of the accompanying financial statements of Guarantee Trust Life Insurance Company and Select Affiliates 401(k) and Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024 and the related statements of changes in net assets available for benefits for the years 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 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the years ended December 31, 2025 and 2024 stating that the certified investment information, as described in Note 9 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Guarantee Trust Life Insurance Company and Select Affiliates 401(k) and Profit Sharing Plan and to meet our ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Guarantee Trust Life Insurance Company and Select Affiliates 401(k) and Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described above 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Guarantee Trust Life Insurance Company and Select Affiliates 401(k) and Profit Sharing 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 Guarantee Trust Life Insurance Company and Select Affiliates 401(k) and Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA

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

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

In our opinion:

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

Bronswick Benjamin P.C.

Chicago, IL
July 17, 2026

**Guarantee Trust Life Insurance Company and
Select Affiliates 401(k) and Profit Sharing Plan**
Statements of Net Assets Available for Benefits
For the Years Ended December 31, 2025 and 2024

**EIN # 36-1174500
PLAN #333**

	<u>2025</u>	<u>2024</u>
ASSETS		
INVESTMENTS AT FAIR VALUE		
Nonparticipant directed:		
Cash and cash equivalents	\$ 900,375	\$ 1,484,813
Common stocks	8,641,527	9,295,630
Fixed-rate capital securities and bonds	3,988,549	4,141,714
Exchange traded funds	2,179,024	1,905,699
Mutual funds	4,039,777	3,346,222
Participant directed:		
Cash and cash equivalents	6,666	1,496
Mutual funds	37,986,693	35,736,609
TOTAL INVESTMENTS AT FAIR VALUE	<u>57,742,611</u>	<u>55,912,183</u>
RECEIVABLES		
Employer contributions	878,510	866,328
Excess distribution overpayment	375,223	-
Interest and dividend receivable	40,443	39,513
Participant loans	242,888	199,307
TOTAL RECEIVABLES	<u>1,537,064</u>	<u>1,105,148</u>
TOTAL ASSETS	<u><u>\$ 59,279,675</u></u>	<u><u>\$ 57,017,331</u></u>
LIABILITIES		
EXCESS CONTRIBUTIONS PAYABLE	<u>\$ -</u>	<u>\$ 149</u>
TOTAL LIABILITIES	<u>\$ -</u>	<u>\$ 149</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 59,279,675</u></u>	<u><u>\$ 57,017,182</u></u>

**Guarantee Trust Life Insurance Company and
Select Affiliates 401(k) and Profit Sharing Plan**
Statements of Changes in Net Assets Available for Benefits
December 31, 2025 and 2024

**EIN # 36-1174500
PLAN #333**

	<u>2025</u>	<u>2024</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
INVESTMENT INCOME		
Net appreciation in fair value of investments	\$ 1,393,179	\$ 1,919,096
Net appreciation in fair value of investments - pooled accounts	5,495,938	5,163,430
Dividend and interest income (net of foreign taxes withheld)	540,055	517,824
Participant loan interest	21,531	17,291
Miscellaneous income	5,970	4,057
TOTAL INVESTMENT INCOME	<u>7,456,673</u>	<u>7,621,698</u>
CONTRIBUTIONS		
Employer contributions - discretionary	69,966	68,913
Employer contributions - safe harbor	806,129	784,916
Employer contributions - match	481,477	472,250
Employee contributions	2,031,893	1,886,424
Employee rollover contributions	29,837	145,342
Other	-	3,238
TOTAL CONTRIBUTIONS	<u>3,419,302</u>	<u>3,361,083</u>
TOTAL ADDITIONS TO NET ASSETS	10,875,975	10,982,781
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
BENEFITS PAID TO PARTICIPANTS OR BENEFICIARIES	8,482,289	3,583,147
FEES AND ADMINISTRATIVE EXPENSES	131,193	121,566
TOTAL DEDUCTIONS FROM NET ASSETS	<u>8,613,482</u>	<u>3,704,713</u>
NET INCREASE	2,262,493	7,278,068
Net Assets Available for Benefits:		
Beginning of Year	<u>57,017,182</u>	<u>49,739,114</u>
End of Year	<u><u>\$ 59,279,675</u></u>	<u><u>\$ 57,017,182</u></u>

**Guarantee Trust Life Insurance Company and
Select Affiliates 401(k) and Profit Sharing Plan**

Notes to Financial Statements
December 31, 2025 and 2024

EIN # 36-1174500

PLAN #333

Note 1 DESCRIPTION OF PLAN

The following description of the Guarantee Trust Life Insurance Company and Select Affiliates 401(k) and Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time employees who have completed ninety days of eligible service and are age eighteen or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). After meeting the eligibility requirement, the employee is automatically enrolled into the Plan at the first day of the following quarter unless they opt-out in writing.

Effective August 1, 2018, the Plan was amended and restated to comply with the Pension Protection Act of 2006 ("PPA"), the Heroes Earnings Assistance and Relief Tax Act of 2008 ("HEART"), the Emergency Economic Stabilization Act of 2008 ("EESA"), the Workers, Retiree, and Employer Recovery Act of 2008 ("WRERA"), as well as the required changes from the 2010 Cumulative List of Changes in Plan Qualification Requirements described in Section 4 of Revenue Procedure 2005-66 as modified by Revenue Procedure 2007-44. Participating companies are Guarantee Trust Life Insurance Company, Independence Director, Inc., Independence Realty Development Co., and United National Life Insurance Company of America. The Plan also includes Cornerstone Senior Services, LLC as a related, non-participating company whose employees are eligible for deferrals but not eligible for either profit sharing or employer match. All of the above companies combined shall be referred to as the "Company".

The Plan was restated on January 1, 2022 to bring it into compliance for the "Cycle 3 Restatement" to be in compliance with the 2017 Cumulative List (Notice 2017-37). The Plan was amended effective January 1, 2023 to qualify as a Safe Harbor 401 (k) Plan.

Plan Administration

The Plan is administered by Guarantee Trust Life Insurance Company. Effective January 1, 2024, the record keeping of the Plan is performed by Nova 401(k) Associates. John Hancock Life Insurance Company (U.S.A.) ("John Hancock") and William Blair & Company, LLC, ("William Blair") are responsible for the custody and management of the Plan's assets.

Contributions

Participant Contributions

Eligible employees may contribute up to 100% of pre-tax or post-tax annual compensation with a limit of \$23,500 and \$23,000 in 2025 and 2024, respectively, as defined in the Plan. Contributions must be made through payroll deductions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (i.e., rollover contributions). Participants who have attained age 50 before the end of the plan year are eligible to make tax-deferred catch-up contributions.

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PLAN #333**

Note 1 DESCRIPTION OF PLAN (continued)

Company Contributions

Safe harbor employer contributions are 3% of eligible employees' Plan compensation. Matching employer contributions are discretionary. In addition, the Company may annually contribute a discretionary profit-sharing contribution to the participants' accounts. For the plan years ended December 31, 2025 and 2024, respectively, the Company made safe harbor contributions of \$806,129 and \$784,916 into non-participant directed accounts, employer matching contributions of \$481,477 and \$472,250 into participant directed accounts, and discretionary profit-sharing contributions of \$69,966 and \$68,913, respectively, into non-participant directed accounts.

Participant Accounts

Each participant's account is credited with any applicable 401(k) contributions, safe harbor and matching contributions as well as the allocation of (a) the Company's profit sharing contribution, (b) plan earnings or losses, and (c) forfeitures. Allocations are based on participant earnings (wages) or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. Rollovers into the Plan from other qualified plans are permitted at the discretion of the Plan Administrator.

Vesting

Participants' voluntary 401(k) and the Plan Sponsor's safe harbor contributions are immediately vested. With regard to profit sharing contributions, participants are vested in their individual accounts at 0%, 20%, 40%, 60% and 100% after 1, 2, 3, 4 and 5 years of service, respectively. Participants are 100% vested after 5 years of credited service. With regards to matching contributions, participants are vested 100% after two years of credited service. Participants are 100% vested immediately in their rollover accounts.

Participant Loans

Participants may borrow from their fund accounts a minimum of \$1,000, up to a maximum of \$50,000 or fifty percent of their account balance, whichever is less. The loans are secured by the balance in the participant's account and will bear interest at the prevailing rate as determined by the Plan Administrator. Participants may have only one outstanding loan at any time. Loans made for a purchase of a home may have a maximum term of 15 years; otherwise, loans are generally limited to five years. The loans are secured by the balance in the participant's account and bear interest at 2% above the prime rate at the date of issuance. Principal and interest are repaid through payroll deductions. A loan is due immediately after termination of employment.

Investment Options

Plan investments with John Hancock are participant directed. Upon enrollment in the Plan, a participant may direct contributions in any of the then-available investment fund options. Participants may change or transfer their investment options at any time via a secure internet website. Plan investments with William Blair are not directed by participants.

Note 1 DESCRIPTION OF PLAN (continued)

Payment of Benefits

Benefit payments or withdrawals may be made for any of the following circumstances: normal retirement upon reaching age 65; total disability; employee death; hardship; and termination of service. On the required payment date, benefits will be paid as either a lump sum equal to the value of the participant's account or through the payment of equal or substantially equal installments paid not less than annually over a period not to exceed the participant's life expectancy (joint life expectancy for joint life spousal election).

Forfeitures

The Plan has the option to use forfeited balances of terminated participants' non-vested accounts to either offset Plan expenses or pay other Plan Sponsor contributions. For December 31, 2025 and 2024, forfeited nonvested accounts totaled \$6,666 and \$3,277, respectively. During the year ended December 31, 2025, there were no additional discretionary nonelective contributions paid out to participants, while for the year ended December 31, 2024, the additional discretionary nonelective contributions paid to participants was \$3,277.

Note 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The Plan's financial statements are prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts, which would be reported at contract value. At December 31, 2025 and 2024, the Plan had no such instruments.

Management Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (see Note 3). 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. The Plan's investment committee determines the Plan's valuation policies utilizing information provided by the investment advisor and custodians. 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/(depreciation) includes the Plan's realized and unrealized gains and losses on investments bought and sold, as well as those held at year-end.

Benefit Payments and Distributions

Benefits and distributions are recorded when paid.

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Note 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Participant Loans

Notes receivable from participants are measured at their unpaid principal balance plus accrued interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2025 and 2024. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

Excess Contributions Payable and Distributions Receivable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service ("IRS") are recorded as a liability with a corresponding reduction to contributions in the prior year and a reduction of distributions to participants in the following year, the year of the actual distribution. Amounts receivable from participants for distributions in excess of amounts allowed by the IRS are recorded as a receivable with a corresponding increase to distributions in the current year. As of the year ended December 31, 2025, excess distributions receivable was \$375,223. The overpayment has been corrected on February 18, 2026.

Operating Expenses

Certain expenses incurred maintaining the Plan are paid directly by the Plan Sponsor and excluded from these financial statements. Investment-related expenses are included in net investment appreciation/(depreciation) in fair value of investments. The remaining expenses of maintaining the Plan are paid by the Plan and are included in administrative expenses.

Reclassification

Reclassifications have been made to the prior year balances to conform to the current year presentation. Such reclassifications were made for comparative purposes only, and do not restate the prior year financial statements.

Note 3 FAIR VALUE MEASUREMENT

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- | | |
|----------|---|
| Level 1: | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. |
| Level 2: | Inputs to the valuation methodology include: <ul style="list-style-type: none">• Quoted prices for similar assets or liabilities in active markets;• Quoted prices for identical or similar assets or liabilities in inactive markets;• Inputs other than quoted prices that are observable for the asset or liability;• Inputs that are derived principally from or corroborated by observable market data by correlation or other means. |

Note 3 FAIR VALUE MEASUREMENT (continued)

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques must maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of valuation method used for assets measured at fair value:

Common Stocks: Valued at the daily closing price as reported by the stock exchange. These stocks are required to publish their daily trading price and to transact at that price. The common stocks held by the Plan are deemed to be actively traded.

Exchange Traded Funds: Valued at market prices as they are common stocks.

Money Market and Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Fixed-rate Capital Securities and Bonds: Fair values of available-for-sale fixed maturity securities are based on quoted market prices, where available. These fair values are obtained primarily from third-party pricing services and reported by the custodian. Level II securities primarily include corporate securities, securities from states, municipalities and political subdivisions, and United States Government securities. These securities are generally not actively traded; thus, the pricing services may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. The inputs include, but are not limited to, broker quotes, benchmark yields, credit spreads, and default rates.

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Note 3 FAIR VALUE MEASUREMENT (continued)

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

December 31, 2025	Level 1	Level 2	Level 3	Total
Money Market	\$ 900,375	\$ -	\$ -	900,375
Common Stock	8,641,527	-	-	8,641,527
Exchange Traded Funds	2,179,024	-	-	2,179,024
Mutual Funds	42,026,470	-	-	42,026,470
Fixed-rate Capital Securities	-	3,988,549	-	3,988,549
Investments at Fair Value	<u>\$ 53,747,396</u>	<u>\$ 3,988,549</u>	<u>\$ -</u>	<u>\$ 57,735,945</u>

December 31, 2024	Level 1	Level 2	Level 3	Total
Common Stock	\$ 9,295,630	\$ -	\$ -	\$ 9,295,630
Exchange Traded Funds	1,905,699	-	-	1,905,699
Mutual Funds	39,082,831	-	-	39,082,831
Fixed-rate Capital Securities	-	3,842,770	-	3,842,770
Fixed-rate Bonds	-	298,944	-	298,944
Investments at Fair Value	<u>\$ 50,284,160</u>	<u>\$ 4,141,714</u>	<u>\$ -</u>	<u>\$ 54,425,874</u>

For the years ended December 31, 2025 and 2024, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

Note 4 RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

As described in Note 2, administrative expenses of running the Plan generally are paid by the Plan Sponsors. Certain administrative functions are performed by officers or employees of the Plan Sponsors. No such officer or employee receives compensation from the Plan. Fees paid for loan administration totaled \$868 and \$880 for the years ended December 31, 2025 and 2024, respectively. Fees are paid by the participant who obtains the loan. Participant loans also qualify as party-in-interest transactions.

Note 5 TRUSTEES AND INVESTMENT MANAGER

Under the terms of the trust agreement, Richard See Holson III, Michael Lockett, Donald P. Abbs, and Barbara L. Taube are Trustees. The investment advisor and investments are selected by the Trustees and may change from time to time. With regard to the 401(k) and employer match contributions, investment activities are at the discretion of the participants based upon those investments made available under the Plan.

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Note 6 PLAN TERMINATION

Although it has not expressed any intention to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contribution accounts.

Note 7 TAX STATUS

The Plan has adopted a Volume Submitter Plan sponsored by Datair Employee Benefit Systems Inc dated March 31, 2014, as amended. The Company received a favorable opinion letter dated June 30, 2020 for its prototype plan from the Internal Revenue Service qualifying the Plan under the provisions stated in Section 401(a) of the Internal Revenue Code and for exemption of income taxes on the earnings of the trust fund under Section 501(a) of the Internal Revenue Code. Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. Tax returns are generally open for a three-year period after being filed. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8 RISKS AND UNCERTAINTIES

The Plan invests in various investment securities, which 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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 9 ERISA SECTION 103(a)(3)(C) AUDIT

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the following information was certified as complete and accurate by the trustee, John Hancock, as of December 31, 2025 and 2024 and for the years then ended:

	<u>2025</u>	<u>2024</u>
Investments at fair value:		
Mutual funds	\$ 37,986,693	\$ 35,736,609
Notes receivable - participants' loans	242,888	199,307
Investment gain/(loss) from pooled separate accounts	5,495,938	5,163,430
Interest income - notes receivable - participant loans	21,531	17,291
Fees paid by Plan	131,193	119,903

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Note 10 NON-PARTICIPANT DIRECTED INVESTMENTS

Information about net assets and significant components of the changes in net assets related to the non-participant directed investments is as follows:

	<u>2025</u>	<u>2024</u>
Net Assets		
Cash	\$ 900,375	\$ 1,484,813
Common stocks	8,641,527	9,295,630
Exchange traded funds	2,179,024	1,905,699
Fixed-rate capital securities and bonds	3,988,549	4,141,714
Mutual funds	4,039,777	3,346,222
Employer safe harbor receivable	806,129	784,916
Employer discretionary receivable	69,967	68,874
Employer contribution - other	2,414	12,538
Interest and dividends receivable	40,443	39,513
	<u>\$ 20,668,205</u>	<u>\$ 21,079,919</u>
	<u>2025</u>	<u>2024</u>
Change in Net Assets		
Net appreciation (depreciation)	\$ 1,393,179	\$ 1,919,096
Dividend and interest income	540,055	517,824
Contributions	878,510	866,328
Benefits paid to participants	(3,210,856)	(1,290,177)

Note 11 RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements for the years ended December 31, 2025 and 2024 to Schedule H Form 5500.

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 59,279,675	\$ 57,017,182
Additional employer match contributions due at December 31, 2025 and 2024	-	(6,709)
Interest and dividends receivable at December 31, 2025 and 2024	(40,443)	(39,513)
Excess contributions payable at December 31, 2025 and 2024	-	149
Net assets available for benefits per Form 5500	<u>\$ 59,239,232</u>	<u>\$ 56,971,109</u>

**Guarantee Trust Life Insurance Company and
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Note 11 RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H FORM 5500 (continued)

The following is a reconciliation of interest/dividends receivable per the financial statements for the years ended December 31, 2025 and 2024 to Schedule H Form 5500.

	<u>2025</u>	<u>2024</u>
Interest and dividends receivable per the financial statements	\$ 40,443	\$ 39,513
Less: Interest and dividends receivable at December 31, 2025 and 2024	<u>(40,443)</u>	<u>(39,513)</u>
Interest and dividends receivable per the Form 5500	<u>\$ -</u>	<u>\$ -</u>

The following is a reconciliation of excess contributions payable per the financial statements for the years ended December 31, 2025 and 2024 to Schedule H Form 5500.

	<u>2025</u>	<u>2024</u>
Excess contributions payable per the financial statements	\$ -	\$ 149
Less: Current year excess contributions not accrued at December 31, 2025 and 2024	<u>-</u>	<u>(149)</u>
Excess contributions payable per the Form 5500	<u>\$ -</u>	<u>\$ -</u>

The following is a reconciliation of additions to net assets per the financial statements for the years ended December 31, 2025 and 2024 to Schedule H Form 5500.

	<u>2025</u>	<u>2024</u>
Total additions to net assets per financial statements	\$ 10,875,975	\$ 10,982,781
Plus: Contributions adjustments related to prior year	-	149
Plus: Adjustments for prior year receivables	11,473	
Less: Contributions - other per the financials statements	-	(3,238)
Less: Miscellaneous income per financial statements	<u>(5,970)</u>	<u>(4,057)</u>
Total income per Form 5500	<u>\$ 10,881,478</u>	<u>\$ 10,975,635</u>

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Note 11 RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H FORM 5500 (continued)

The following is a reconciliation of deductions from net assets per the financial statements for the years ended December 31, 2025 and 2024 to Schedule H Form 5500.

	<u>2025</u>	<u>2024</u>
Total deductions from net assets per financial statements	\$ 8,613,482	\$ 3,704,713
Less: other fees per financial statements	<u>-</u>	<u>(43)</u>
Total expenses per Form 5500	<u>\$ 8,613,482</u>	<u>\$ 3,704,670</u>

Note 12 SUBSEQUENT EVENTS

Plan management has evaluated events and transactions through July 17, 2026, the date the financial statements were available to be issued. There were no material events that required recognition or additional disclosures in these financial statements.

**SUPPLEMENTARY SCHEDULES REQUIRED BY
THE DEPARTMENT OF LABOR**

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
Party-in- Interest	Face Value or Number of Shares	Description	Cost	Fair Value 12/31/25
<u>Common Stocks - Nonparticipant Directed</u>				
	2,000	ALPHABET INC CAP STK CL A	\$ 52,995	\$ 626,000
	2,000	AMAZON COM INC	60,139	461,640
	750	AON PLC SHS CL A COM	133,695	264,660
	1,500	APPLE INC	58,421	407,790
	2,000	BOEING CO	353,761	434,240
	500	COSTCO WHOLESALE CORP COM	28,854	431,170
	750	CYBERARK SOFTWARE LTD COM	199,718	334,545
	150	ELI LILLY & CO COM	121,695	161,202
	2,000	EQT CORP COM	121,959	107,200
	500	GE VERNOVA INC COM	225,797	326,785
	500	GOLDMAN SACHS GROUP INC COM	301,482	439,500
	1,250	INTERNATIONAL BUS MACH CORP COM	256,027	370,263
	1,000	JONES LANG LASALLE INC COM	240,422	336,470
	1,500	JPMORGAN CHASE & CO. COM	164,925	483,330
	6,110	MASTERCARD INCORPORATED CL A	61,962	342,528
	500	META PLATFORMS INC CLASS A COMMON STOCK	159,102	330,045
	500	MICROSOFT CORP	99,775	241,810
	350	MOTOROLA SOLUTIONS INC	105,764	134,162
	3,000	NETFLIX INC	194,456	281,280
	2,500	NVIDIA CORPORATION COM	93,884	466,250
	1,250	PALO ALTO NETWORKS INC COM	164,576	230,250
	1,000	PROGRESSIVE CORP COM	100,060	227,720
	750	SALESFORCE INC COM	19,342	198,683
	1,500	SERVICENOW INC COM	134,622	229,785
	2,500	UBER TECHNOLOGIES INC COM	235,465	204,275
	500	VERISK ANALYTICS INC	64,850	111,845
	1,000	VISA INC	22,935	350,710
	500	WORKDAY INC COM	71,637	107,389
		Total Common Stocks - Nonparticipant Directed	<u>\$ 3,848,320</u>	<u>\$ 8,641,527</u>

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
Party-in- Interest	Face Value or Number of Shares	Description	Cost	Fair Value 12/31/25
<u>Fixed-Rate Capital Securities - Nonparticipant Directed</u>				
	100,000	UNITED STATES TREAS SER AJ-2026 3.87500%	\$ 98,453	\$ 100,004
	150,000	UNITED STATES TREAS SER AK-2026 4.00000%	147,164	150,044
	100,000	UNITED STATES TREAS SER AL-2026 4.62500%	102,922	100,187
	250,000	UNITED STATES TREAS SER AM-2026 3.75000%	248,633	250,118
	150,000	UNITED STATES TREAS SER AP-2028 4.12500%	148,488	150,417
	100,000	UNITED STATES TREAS SER AQ-2026 4.50000%	99,883	100,513
	150,000	UNITED STATES TREAS SER AR-2026 4.37500%	150,714	150,710
	200,000	UNITED STATES TREAS SER AS-2026 4.62500%	199,969	201,460
	100,000	UNITED STATES TREAS SER AT-2026 4.62500%	99,477	100,806
	200,000	UNITED STATES TREAS SER AU-2026 4.62500%	200,203	201,788
	200,000	UNITED STATES TREAS SER AK-2027 4.12500%	198,078	201,312
	200,000	UNITED STATES TREAS SER AL-2027 4.25000%	201,273	201,696
	200,000	UNITED STATES TREAS SER AN-2027 4.50000%	201,795	202,658
	200,000	UNITED STATES TREAS SER AP-2027 4.62500%	202,165	203,196
	200,000	UNITED STATES TREAS SER AR-2027 3.75000%	199,219	200,828
	200,000	UNITED STATES TREAS SER AF-2027 4.12500%	199,227	202,218
	200,000	UNITED STATES TREAS SER AJ-2028 4.25000%	199,797	202,946
	150,000	UNITED STATES TREAS SER AM-2028 3.75000%	150,719	150,780
	200,000	UNITED STATES TREAS SER AA-2028 4.00000%	200,389	202,344
	150,000	UNITED STATES TREAS SER AC-2028 4.37500%	152,929	153,170
	200,000	UNITED STATES TREAS SER Y-2029 4.62500%	202,077	206,462
	150,000	UNITED STATES TREAS SER AA-2029 4.25000%	151,399	153,161
	200,000	UNITED STATES TREAS SER Q-2029 3.87500%	199,757	201,731
Total Fixed-Rate Capital Securities - Nonparticipant Directed			\$ 3,954,730	\$ 3,988,549

(a)	(b)	(c)	(d)	(e)
Party-in- Interest	Face Value or Number of Shares	Description	Cost	Fair Value 12/31/25
<u>Exchange Traded Funds - Nonparticipant Directed</u>				
	15,000	INVESCO EXCHANGE- TRADED FUND TRUST	\$ 461,466	\$ 703,800
	5,250	VANGUARD INDEX FDS VANGUARD VALUE ETF	461,501	1,002,698
	4,850	VANGUARD INTL EQUITY INDEX FDS FTSE EMR	200,932	260,736
	1,000	VANGUARD SMALL CAP VALUE ETF	110,244	211,790
Total Exchange Traded Funds - Nonparticipant Directed			\$ 1,234,143	\$ 2,179,024

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
Party-in- Interest	Face Value or Number of Shares	Description	Cost	Fair Value 12/31/25
<u>Mutual Funds - Nonparticipant Directed</u>				
	11,951	COHEN & STEERS INSTL REAL TY SHARES	\$ 547,221	\$ 572,435
	8,674	DFA EMERGING MARKETS PORTFOLIO	294,235	322,073
	60,753	DFA INTERNATIONAL SUSTAIN CORE 1 PORT	580,492	976,305
	18,365	DFA INTERNATIONAL VALUE PRTF INSTL	389,942	525,067
	17,345	MFS MID CAP VALUE FUND CL R6	448,895	542,030
	20,709	T ROWE PRICE CAPITAL APPRECIATION I	551,043	739,928
	4,821	T ROWE PRICE INTNATL DISCOVERY FUND I CL	248,130	361,939
	Total Mutual Funds - Nonparticipant Directed		<u>\$ 3,059,958</u>	<u>\$ 4,039,777</u>

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PLAN #333**

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Fair Value 12/31/25
	<u>Mutual Funds - Participant Directed</u>			
	S&P 500	500 Index Fund	\$	\$ 3,976,957
	John Hancock	John Hancock U.S. Growth Fund		3,827,340
	John Hancock	JH Multimanager Balanced LS		3,076,081
	American Funds	AF The Growth Fund of America		2,563,160
	T. Rowe Price	T. Rowe Price Sci & Tech		2,488,303
	John Hancock	Money Market Fund		1,488,140
	American Funds	American Funds EUPAC Fund		1,453,770
	American Funds	Investment Company of America		1,430,924
	John Hancock	JH Multimanager Growth LS		1,362,881
	T.Rowe Price	Equity Income Fund		1,313,828
	John Hancock	John Hancock Disciplined Value		1,112,215
	John Hancock	JH Multimanager Aggressive LS		1,016,700
	Fidelity Investments	Fidelity Advisor Total Bond		983,455
	American Funds	American Funds 2010 TD		938,238
	Franklin Templeton	Franklin Small-Mid Growth		925,906
	American Funds	American Funds 2035 TD		778,392
	American Funds	American Funds 2060 TD		774,273
	John Hancock	Mid Cap Index Fund		700,178
	American Funds	American Funds 2030 TD		654,693
	John Hancock	JH Disciplined Value Mid Cap		648,109
	American Funds	American Funds 2050 TD		596,480
	American Funds	American Funds 2040 TD		589,214
	Vanguard	Vanguard Short-Term Federal		535,024
	John Hancock	JH Multimanager Moderate LS		501,812
	American Century	American Century Heritage		446,226
	American Funds	American Funds 2065 TD		396,867
	American Funds	American Funds 2045 TD		389,128
	American Funds	American Funds 2025 TD		373,483
	Vanguard	Vanguard Explorer Fund		345,566
	American Funds	American Funds 2055 TD		305,893
	Franklin Templeton	Franklin Mutual Beacon Fund		287,675
	John Hancock	JH Multimanager Conserv LS		280,608
	American Funds	American Funds 2020 TD		265,102
	American Funds	American Funds New World Fund		246,535
	Nuveen	Nuveen LC Responsible Equity		222,442
	John Hancock	John Hancock Income Fund		178,371
	Dodge & Cox	Dodge & Cox International St		171,838
	Fidelity	Fidelity Leveraged Co Stock		126,344
	Royce	Royce Small-Cap Opportunity		111,722
	DFA	DFA U.S. Small Cap Fund		61,210
	PIMCO	PIMCO Intl Bond USD-Hedged		40,705
	American Funds	American Funds 2070 TD		905
		Total Mutual Funds - Participant Directed	\$ -	\$ 37,986,693
		Participant Notes Receivable 4.25% - 10.50%	\$ -	\$ 242,888
		Cash and Cash Equivalents	\$ 6,666	\$ 6,666

* Indicates party-in-interest

In accordance with ERISA section 404(c), cost information is not required when reporting investments of an individual account plan that is participant or beneficiary directed.

**Guarantee Trust Life Insurance Company and
Select Affiliates 401(k) and Profit Sharing Plan**
Supplemental Schedules Required by the Department of Labor
December 31, 2025

**EIN # 36-1174500
PLAN #333**

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
Party-in- Interest	Face Value or Number of Shares	Description	Cost	Fair Value 12/31/25
<u>Common Stocks - Nonparticipant Directed</u>				
	2,000	ALPHABET INC CAP STK CL A	\$ 52,995	\$ 626,000
	2,000	AMAZON COM INC	60,139	461,640
	750	AON PLC SHS CL A COM	133,695	264,660
	1,500	APPLE INC	58,421	407,790
	2,000	BOEING CO	353,761	434,240
	500	COSTCO WHOLESALE CORP COM	28,854	431,170
	750	CYBERARK SOFTWARE LTD COM	199,718	334,545
	150	ELI LILLY & CO COM	121,695	161,202
	2,000	EQT CORP COM	121,959	107,200
	500	GE VERNOVA INC COM	225,797	326,785
	500	GOLDMAN SACHS GROUP INC COM	301,482	439,500
	1,250	INTERNATIONAL BUS MACH CORP COM	256,027	370,263
	1,000	JONES LANG LASALLE INC COM	240,422	336,470
	1,500	JPMORGAN CHASE & CO. COM	164,925	483,330
	6,110	MASTERCARD INCORPORATED CL A	61,962	342,528
	500	META PLATFORMS INC CLASS A COMMON STOCK	159,102	330,045
	500	MICROSOFT CORP	99,775	241,810
	350	MOTOROLA SOLUTIONS INC	105,764	134,162
	3,000	NETFLIX INC	194,456	281,280
	2,500	NVIDIA CORPORATION COM	93,884	466,250
	1,250	PALO ALTO NETWORKS INC COM	164,576	230,250
	1,000	PROGRESSIVE CORP COM	100,060	227,720
	750	SALESFORCE INC COM	19,342	198,683
	1,500	SERVICENOW INC COM	134,622	229,785
	2,500	UBER TECHNOLOGIES INC COM	235,465	204,275
	500	VERISK ANALYTICS INC	64,850	111,845
	1,000	VISA INC	22,935	350,710
	500	WORKDAY INC COM	71,637	107,389
		Total Common Stocks - Nonparticipant Directed	<u>\$ 3,848,320</u>	<u>\$ 8,641,527</u>

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(a)	(b)	(c)	(d)	(e)
Party-in- Interest	Face Value or Number of Shares	Description	Cost	Fair Value 12/31/25
<u>Fixed-Rate Capital Securities - Nonparticipant Directed</u>				
	100,000	UNITED STATES TREAS SER AJ-2026 3.87500%	\$ 98,453	\$ 100,004
	150,000	UNITED STATES TREAS SER AK-2026 4.00000%	147,164	150,044
	100,000	UNITED STATES TREAS SER AL-2026 4.62500%	102,922	100,187
	250,000	UNITED STATES TREAS SER AM-2026 3.75000%	248,633	250,118
	150,000	UNITED STATES TREAS SER AP-2028 4.12500%	148,488	150,417
	100,000	UNITED STATES TREAS SER AQ-2026 4.50000%	99,883	100,513
	150,000	UNITED STATES TREAS SER AR-2026 4.37500%	150,714	150,710
	200,000	UNITED STATES TREAS SER AS-2026 4.62500%	199,969	201,460
	100,000	UNITED STATES TREAS SER AT-2026 4.62500%	99,477	100,806
	200,000	UNITED STATES TREAS SER AU-2026 4.62500%	200,203	201,788
	200,000	UNITED STATES TREAS SER AK-2027 4.12500%	198,078	201,312
	200,000	UNITED STATES TREAS SER AL-2027 4.25000%	201,273	201,696
	200,000	UNITED STATES TREAS SER AN-2027 4.50000%	201,795	202,658
	200,000	UNITED STATES TREAS SER AP-2027 4.62500%	202,165	203,196
	200,000	UNITED STATES TREAS SER AR-2027 3.75000%	199,219	200,828
	200,000	UNITED STATES TREAS SER AF-2027 4.12500%	199,227	202,218
	200,000	UNITED STATES TREAS SER AJ-2028 4.25000%	199,797	202,946
	150,000	UNITED STATES TREAS SER AM-2028 3.75000%	150,719	150,780
	200,000	UNITED STATES TREAS SER AA-2028 4.00000%	200,389	202,344
	150,000	UNITED STATES TREAS SER AC-2028 4.37500%	152,929	153,170
	200,000	UNITED STATES TREAS SER Y-2029 4.62500%	202,077	206,462
	150,000	UNITED STATES TREAS SER AA-2029 4.25000%	151,399	153,161
	200,000	UNITED STATES TREAS SER Q-2029 3.87500%	199,757	201,731
Total Fixed-Rate Capital Securities - Nonparticipant Directed			\$ 3,954,730	\$ 3,988,549

(a)	(b)	(c)	(d)	(e)
Party-in- Interest	Face Value or Number of Shares	Description	Cost	Fair Value 12/31/25
<u>Exchange Traded Funds - Nonparticipant Directed</u>				
	15,000	INVESCO EXCHANGE- TRADED FUND TRUST	\$ 461,466	\$ 703,800
	5,250	VANGUARD INDEX FDS VANGUARD VALUE ETF	461,501	1,002,698
	4,850	VANGUARD INTL EQUITY INDEX FDS FTSE EMR	200,932	260,736
	1,000	VANGUARD SMALL CAP VALUE ETF	110,244	211,790
Total Exchange Traded Funds - Nonparticipant Directed			\$ 1,234,143	\$ 2,179,024

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<u>Mutual Funds - Nonparticipant Directed</u>				
	11,951	COHEN & STEERS INSTL REAL TY SHARES	\$ 547,221	\$ 572,435
	8,674	DFA EMERGING MARKETS PORTFOLIO	294,235	322,073
	60,753	DFA INTERNATIONAL SUSTAIN CORE 1 PORT	580,492	976,305
	18,365	DFA INTERNATIONAL VALUE PRTF INSTL	389,942	525,067
	17,345	MFS MID CAP VALUE FUND CL R6	448,895	542,030
	20,709	T ROWE PRICE CAPITAL APPRECIATION I	551,043	739,928
	4,821	T ROWE PRICE INTNATL DISCOVERY FUND I CL	248,130	361,939
	Total Mutual Funds - Nonparticipant Directed		<u>\$ 3,059,958</u>	<u>\$ 4,039,777</u>

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