Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] 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:
- [X] 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
AMERITAS HOLDING COMPANY RETIREE MEDICAL VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION

1b Three-digit plan number (PN) ▶ 522

1c Effective date of plan 03/31/1993

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)
AMERITAS HOLDING COMPANY

5900 O STREET
LINCOLN, NE 68510

5900 O STREET
LINCOLN, NE 68510

2b Employer Identification Number (EIN) 47-0806844

2c Plan Sponsor's telephone number 402-467-1122

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.	09/10/2026	CRYSTAL A. MEYER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/10/2026	CRYSTAL A. MEYER
	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

AMERITAS HOME OFFICE RETIREMENT PLAN COMMITTEE

5900 O STREET
LINCOLN, NE 68510-2234

3b Administrator's EIN: 47-0806844

3c Administrator's telephone number: 402-467-1122

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**	307
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	
b	Retired or separated participants receiving benefits	**6b**	277
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	277
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
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:

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

4A 4D

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☒ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
AMERITAS HOLDING COMPANY RETIREE MEDICAL VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION

B Three-digit plan number (PN) ▶ 522

C Plan sponsor's name as shown on line 2a of Form 5500
AMERITAS HOLDING COMPANY

D Employer Identification Number (EIN)
47-0806844

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

U.S. BANCORP ASSET MANAGEMENT

41-2003732

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

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

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

MEADEN & MOORE, LTD.

34-1818258

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	19725	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UMR, INC.

39-1995276

(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?
12	NONE	18486	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EXTEND HEALTH

26-0775680

(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?
12	NONE	12692	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

QUANTUM

20-8423895

(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?
12	NONE	8600	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AMERITAS LIFE INSURANCE CORP.

47-0098400

(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?
12	AFFILIATE	5550	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

U.S. BANK NATIONAL ASSOCIATION

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	4846	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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

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(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 H (Form 5500)

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
AMERITAS HOLDING COMPANY RETIREE MEDICAL VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION

B Three-digit plan number (PN) ▶ 522

C Plan sponsor's name as shown on line 2a of Form 5500
AMERITAS HOLDING COMPANY

D Employer Identification Number (EIN)
47-0806844

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	14970	15469
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3138994	3280375
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	9596154	9913544
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	12750118	13209388
Liabilities			
1g Benefit claims payable	1g	57934	79585
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	25528	45443
1k Total liabilities (add all amounts in lines 1g through1j)	1k	83462	125028
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	12666656	13084360

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	501342	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		501342
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	113713	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		113713
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	122005	
(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)		122005
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	4496654	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3338416	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		1158238
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	171169	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		171169

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		114
d Total income. Add all **income** amounts in column (b) and enter total	2d		2066581
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1219595	
(2) To insurance carriers for the provision of benefits	2e(2)	46572	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1266167
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)	49423	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	28987	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	4846	
(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)	299454	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		382710
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1648877
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		417704
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) [X] 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) [X] 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: MEADEN & MOORE LTD **(2)** EIN: 34-1818258

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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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 _____.

FINANCIAL STATEMENTS AND SCHEDULES

Ameritas Holding Company Retiree Medical Voluntary Employee Beneficiary Association

December 31, 2025 and 2024 and for the Years Ended December 31, 2025 and 2024 with Independent Auditor's Report

AMERITAS HOLDING COMPANY RETIREE MEDICAL VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION

Financial Statements and Schedules

December 31, 2025 and 2024 and for the Years Ended December 31, 2025 and 2024

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MEADEN & MOORE

INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Ameritas Holding Company Retiree Medical Voluntary Employee Beneficiary Association
Lincoln, Nebraska

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit
We have performed an audit of the financial statements of Ameritas Holding Company Retiree Medical Voluntary Employee Beneficiary Association (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution, U.S. Bank, N.A., as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

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

Responsibilities of Management for the Financial Statements
Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from

material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter — Supplemental Schedules Required by ERISA
The supplemental Schedule of Assets (Held At End of Year) as of December 31, 2025 and Schedule of Reportable Transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

- the information in the supplemental schedules 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).



Meaden & Moore, Ltd.
Dublin, Ohio

August 26, 2026

AMERITAS HOLDING COMPANY RETIREE MEDICAL
VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION

Statements of Net Assets Available For Benefits

	December 31,	
Net Assets Available For Benefits	**2025**	**2024**
Investments at fair value:		
First American Treasury Obligation Fund	$ 3,280,375	$ 3,138,994
Common stocks	9,913,544	9,596,154
Total investments at fair value	13,193,919	12,735,148
Investment income due and accrued	15,469	14,970
Total Assets	13,209,388	12,750,118
Liabilities		
Accounts payable	15,919	1,557
Taxes Payable	29,524	23,971
Total Liabilities	45,443	25,528
Net Assets Available For Benefits	$ 13,163,945	$ 12,724,590

AMERITAS HOLDING COMPANY RETIREE MEDICAL
VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION

Statements of Changes in Net Assets Available For Benefits

	Year Ended December 31, 2025	Year Ended December 31, 2024
Net Increase in Net Assets Available For Benefits		
Contributions:		
Retiree	$ 501,342	$ 468,822
Investment Income:		
Interest	113,713	142,266
Dividends	122,005	124,646
Net appreciation in fair value of investments	1,329,407	2,039,266
Total Investment Income	1,565,125	2,306,178
Other Income:		
Miscellaneous income	114	866
Deductions:		
Claims paid	1,197,944	1,420,871
Administrative expenses	134,928	118,569
Income taxes	294,354	311,311
Total Deductions	1,627,226	1,850,751
Net Increase in Net Assets Available For Benefits	439,355	925,115
Net Assets Available For Benefits At Beginning of Period	12,724,590	11,799,475
Net Assets Available For Benefits At End of Period	$ 13,163,945	$ 12,724,590

AMERITAS HOLDING COMPANY RETIREE MEDICAL
VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION

Statements of Plan Benefit Obligations

	December 31, 2025	December 31, 2024
Amounts Currently Payable		
Claims payable and claims incurred but not reported	$ 79,585	$ 57,934
Postretirement Benefit Obligations, Net of Amounts Currently Payable		
Retired participants	2,774,483	3,155,167
Other participants fully eligible for benefits	351,644	358,263
Participants not yet fully eligible for benefits	264,568	268,357
Total Postretirement Benefit Obligations, Net of Amounts Currently Payable	3,390,695	3,781,787
Plan Benefit Obligations	$ 3,470,280	$ 3,839,721

AMERITAS HOLDING COMPANY RETIREE MEDICAL
VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION

Statements of Changes in Plan Benefit Obligations

	Year Ended December 31,	
	2025	2024
Amounts Currently Payable		
Balance at beginning of year	$ 57,934	$ 38,787
Claims reported and approved for payment, including benefits reclassified from postretirement benefit obligations	1,219,595	1,440,018
Claims paid	(1,197,944)	(1,420,871)
Balance at end of year	79,585	57,934
Postretirement Benefit Obligations, Net of Amounts Currently Payable		
Balance at beginning of year	3,781,787	4,275,980
Increase in postretirement benefits attributable to benefits earned	10,594	11,426
Benefits reclassified to amounts currently payable	(718,253)	(971,196)
Interest cost	193,038	198,995
Changes in actuarial assumptions and other actuarial (gains) losses	123,529	266,582
Balance at end of year	3,390,695	3,781,787
Plan Benefit Obligations at End of Year	$ 3,470,280	$ 3,839,721

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Ameritas Holding Company Retiree Medical Voluntary Employee Beneficiary Association ("the Plan") is provided for general information purposes only. Participants should refer to the Summary Plan Description for more detailed information.

The Plan is a welfare plan as defined by the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan's assets are held in the Ameritas Holding Company Retiree Medical Voluntary Employee Beneficiary Association ("the Trust"). The Plan together with the Trust, constitutes a Voluntary Employees' Benefit Association ("VEBA").

The Plan is sponsored by The Ameritas Holding Company ("AHC or the Company") and provides medical, dental and prescription drug benefits to the retirees of The Union Central Life Insurance Company ("UCL") with at least ten years of service, and their dependents and designated beneficiaries, retirees of The Manhattan Life Insurance Company ("MLIC"), and their dependents and designated beneficiaries as of August 31, 1999. Effective January 1, 2016, the Plan also provides medical, dental and prescription drug benefits to certain retirees of The Acacia Life Insurance Company ("Acacia") hired prior to January 1, 2005 who retire on or after age 55 with 15 years of service. Effective October 1, 2020 the Plan was amended to provide medical benefits to certain retirees of Ameritas Life Insurance Corp. ("Ameritas") hired prior to January 1, 2005 who retire on or after age 55 with 15 years of service. The benefits and expenses of the Plan are paid from Plan assets. As of January 1, 2004, the Plan was amended so that the cost of dental benefits provided under the Plan, if elected, is entirely borne by Plan participants.

The Plan document provides that the Company shall make such contributions to the Trust that are sufficient to meet and discharge liabilities under the Plan. All such contributions are made in cash. Pursuant to the terms of the Plan, contributions may also be required of participants or other beneficiaries as a condition of participation. The dollar amount of the contributions is adjusted annually, based on the actual experience of the Plan.

For UCL and MLIC retirees under age 65, the Company's maximum annual contribution for participants in 2025 and 2024 was $7,258. Participants who retired prior to January 1, 1991 or after December 31, 2008 are required to pay any premiums in excess of the Company's maximum annual contribution. For participants who retired between January 1, 1991 and December 31, 2008, participant contributions are determined based on age and length of service. The contribution percentages for each category are multiplied by the monthly premium rate to determine the necessary contribution. Participant contributions for 2025 and 2024 were as follows:

Age at Retirement	Years of Service	Retiree Rate
55-60	10-15	45%-65%
55-60	16-20	35%-53%
55-60	21-25	25%-43%
55-60	26-30	15%-33%
61-65	10-15	35%-53%
61-65	16-20	25%-41%
61-65	21-25	15%-31%
61-65	26-30	10%-21%

Retiree monthly premium rates for medical coverage for UCL and MLIC retirees under age 65 were as follows:

	Retired prior to January 1, 2009		Retired on or after January 1, 2009	
	2025	2024	2025	2024
Single	$626.80 - $861.12	$596.45 - $725.29	$626.80 - $861.12	$ 596.45 - $ 725.29
Plus spouse	$1,253.48 - $1,722.13	$1,192.77- $1,450.50	$1,253.48 - $1,722.13	$1,192.77 - $1,450.50
Plus child(ren)	$1,156.82 - $1,766.81	$1,007.58 - $1,412.61	$1,025.42 - $1,635.41	$946.18 - $1,281.21
Family	$2,016.97 - $2,948.58	$1,896.06 - $2,408.00	$1,754.17 - $2,685.78	$1,633.26 - $2,145.20

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

There were no Acacia retirees under age 65 in 2025 or 2024.

All retirees age 65 and over participate in a healthcare exchange. The Company provides subsidies to the post-65 participants via a Health Reimbursement Account ("HRA") ranging from $900 to $1,500 per year.

Retiree monthly premium rates for dental coverage for all retirees were as follows:

	2025	2024
Single	$ 35.90	$ 35.90
Plus one dependent	$ 72.48	$ 72.48
Plus two or more dependents	$ 100.17	$ 100.17

The authority to manage and control the operation and administration of the Plan is vested in a committee, consisting of one or more persons appointed by Ameritas management and ratified by the Board of Directors of the Company. Such committee members may participate in the Plan. The Plan's trustees include certain officers of the Company and its affiliates.

The Company has the right under the Plan to modify the benefits provided to retired employees, to discontinue its contributions at any time, and to terminate the Plan subject to the provisions set forth in ERISA. If the Company terminates, or partially terminates the Plan, the Trust will pay benefits that participants are entitled to receive under the terms of the Plan.

Accounts Payable
Accounts payable presented on the Statements of Net Assets Available For Benefits consist of audit fees and custodial fees payable by the Plan as of December 31, 2025 and 2024.

Taxes Payable
Taxes Payable presented on the Statement of Net Assets Available For Benefits consists of taxes payable by the Plan at December 31, 2025 and 2024.

Administrative Expenses
Administrative expenses presented on the Statements of Changes in Net Assets Available For Benefits consist of bank fees, third party administrator fees and other administrative expenses incurred by the Plan.

Income Taxes
Income taxes presented on the Statements of Changes in Net Assets Available For Benefits represent taxes paid by the Plan.

Miscellaneous Income
Miscellaneous income presented on the Statements of Changes in Net Assets Available For Benefits consists of proceeds from litigation settlements awarded to the Plan related to the Plan's common stock investments.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting and Presentation
The accompanying financial statements of the Plan have been prepared in conformity with accounting principles generally accepted in the United States.

Investment Valuation
Investments in the First American Treasury Obligation Fund represent funds held in a bank-administered money market fund. Investments in common stock represent a portfolio of equity securities, which are valued at the quoted market prices. The portfolio is managed by Ameritas Investment Partners, Inc., an affiliate of the Company. Dividends included in the Statements of Changes in Net Assets Available For Benefits represent dividends paid on the common stock. The net appreciation in fair value of investments presented on the Statements of Changes in Net Assets Available For Benefits is related to the investment in common stock. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex- dividend date. Net appreciation includes the Plan's gains and losses on investments purchased and sold as held during the year.

Plan Benefit Obligations
The postretirement benefit obligation presented on the Statements of Plan Benefit Obligations represents the actuarial present value of estimated future benefits that are attributed to employee service rendered through the end of each fiscal year. Postretirement benefits include future benefits expected to be paid to or for certain current Ameritas retirees, UCL retirees, MLIC retirees, Acacia retirees and their beneficiaries and dependents, and active employees and their beneficiaries and dependents after retirement from service with the Company. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributable to that employee's service rendered through the valuation date. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Company and from existing Plan assets.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary, and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment, and by the portion of those costs expected to be borne by Medicare, the retired participants, and other providers.

Estimated health claims incurred but not reported are determined by applying actuarial assumptions to historical claims lag data to estimate unreported claims due at the end of each fiscal year.

Risks and Uncertainties:
The Plan's investments include investments in common stocks and a money market fund with varying degrees of risk, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the Statement of Net Assets Available For Benefits.

Use of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

NOTE 3 - PLAN BENEFIT OBLIGATIONS

Health costs incurred by participants and their beneficiaries and dependents are covered by employer and employee contributions to the Plan. It is the present intention of the Company and the Plan to continue funding coverage for benefits. The Company is not permitted under present tax law to deduct amounts for future benefits expected to occur beyond one year. Benefits for future years in respect of the Plan's postretirement benefit obligation will be funded by employer and employee contributions to the Plan in those later years.

In addition, for 2025 and 2024 the mortality assumption used the Pri-2012 headcount weighted mortality tables with separate rates for non-annuitants, annuitants, and contingent survivors. Mortality improvement is projected from 2012 using the MP-2021 improvement scale.

Changes in the discount rate assumptions resulted in a net increase of $43,025 and a net decrease of ($71,740) in the postretirement benefit obligation during the valuation period ended December 31, 2025 and 2024, respectively. Demographic losses, primarily due to retiree medical coverage experience, of $80,504 and $338,322 in 2025 and 2024 contributed to decreases in the postretirement benefit obligation during these respective periods.

The following were other significant assumptions used in the valuations as of December 31, 2025 and 2024:

	2025	2024
Discount rate	5.37%	5.64%
Rate of return	7.00%	5.45%
Gross medical trend rates	N/A*	N/A*

* Since employer contributions for pre-65 retirees are capped and post-65 retirees receive a fixed subsidy amount, there is no impact due to changes in health care costs.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

NOTE 4 - INVESTMENTS

All investment information disclosed in the accompanying financial statements and schedules, including investments held at December 31, 2025 and 2024 and net appreciation in fair value of investments, interest and dividends for the years ended December 31, 2025 and 2024 were obtained or derived from information certified as complete and accurate by U.S. Bank, N.A., the Custodian.

NOTE 5 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

Level 1 - Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- 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.

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 that are unobservable inputs for the asset or liability.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy. There were no changes to the valuation methodology for the years ended December 31, 2025 and 2024.

First American Treasury Obligation Fund
The First American Treasury Obligation Fund is classified in Level 2 of the fair value hierarchy as fair value is based on amortized cost, which approximates market value.

Common Stocks
Common stocks are valued at quoted active market prices at year end and are classified in Level 1 of the fair value hierarchy.

These assets can be redeemed at any time and its shares are offered for sale to the public.

NOTE 5 - FAIR VALUE MEASUREMENTS (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. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	Level 1	Level 2	Level 3	Total
December 31, 2025				
First American Treasury Obligation Fund	$ --	$ 3,280,374	$ --	$ 3,280,374
Common stocks	9,913,545	--	--	9,913,545
Total investments at fair value	$ 9,913,545	$ 3,280,374	$ --	$ 13,193,919
December 31, 2024				
First American Treasury Obligation Fund	$ --	$ 3,138,994	$ --	$ 3,138,994
Common stocks	9,596,154	--	--	9,596,154
Total investments at fair value	$ 9,596,154	$ 3,138,994	$ --	$ 12,735,148

NOTE 6 - INCOME TAX STATUS OF THE PLAN

The Trust funding the Plan has received an exemption letter from the Internal Revenue Service dated November 22, 1995, stating that the Trust is tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (the Code) as a Voluntary Employees' Beneficiary Association (VEBA). The Plan and Trust are required to operate in conformity with the Code to maintain the tax-exempt status of the Trust. The Plan has been amended since receiving the determination letter. A revised determination letter is not required. However, the Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the related Trust is tax exempt. However, the Trust is required to pay income tax on any unrelated business income, primarily investment activity.

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 uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan Administrator has analyzed tax positions taken by the Plan and has concluded that, as of December 31, 2025, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or that would require disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, currently no audits for any tax periods are in progress.

NOTE 7 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following reconciles the net assets available for benefits per the financial statements to Form 5500:

	December 31,	
	2025	2024
Net Assets Available For Benefits		
Net assets available for benefits per the financial statements	$ 13,163,945	$ 12,724,590
Less: Health claims payable and claims incurred but not reported at December 31	(79,585)	(57,934)
Net assets available for benefits per Form 5500	$ 13,084,360	$ 12,666,656

Health claims payable and claims incurred but not reported are reflected as benefit obligations for financial statement purposes, but are reported as a liability and a reduction in net assets on Form 5500.

NOTE 7 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following reconciles claims paid for participants per the financial statements to Form 5500:

	Year Ended December 31, 2025
Claims Paid	
Claims paid per the financial statements	$ 1,197,944
Add: Health claims payable and claims incurred but not reported at December 31, 2025	79,585
Less: Health claims payable and claims incurred but not reported at December 31, 2024	(57,934)
Benefits paid per Form 5500	$ 1,219,595

NOTE 8 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan has arrangements with various service providers and these arrangements qualify as party-in-interest transactions.

NOTE 9 – SUBSEQUENT EVENTS

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements.

On July 16, 2026, the Ameritas Retirement Committee entered into a binding agreement with Metropolitan Tower Life Insurance Company ("Met Tower Life"), a direct, wholly owned subsidiary of MetLife, Inc., to transfer the financial and operational risk associated with the retiree medical plan in exchange for a single premium payable from the VEBA trust. Met Tower Life will continue to administer and pay those obligations in accordance with the plan provisions. Following the transfer, Ameritas will have no future financial obligations with respect to these benefits.

In addition, effective July 16, 2026, the Plan Sponsor adopted resolutions amending and restating the Plan. The Plan was expanded to include active employee medical benefits and retiree life insurance benefits and was renamed the Ameritas Active Medical & Retiree Benefits Plan. The Trust agreement was amended to expand membership and benefits accordingly. In connection with the restructuring, the surplus Medical VEBA trust assets were approved to fund medical benefits for active employees participating in the Plan and a portion of the trust assets were reallocated to a sub-account for this purpose. The surplus Life VEBA trust assets were approved for transfer to the Medical VEBA trust sub-account for the same purpose. The Plan Sponsor also approved termination of the Trust upon depletion of remaining Trust assets.

Subsequent events have been evaluated through August 26, 2026, which is the date the financial statements were available to be issued.

AMERITAS HOLDING COMPANY RETIREE MEDICAL
VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION
EMPLOYER IDENTIFICATION NUMBER 47-0806844
PLAN NUMBER 522

Schedule H, Line 4i - Schedule of Assets (Held At End of Year)

December 31, 2025

Identity of Issue	Description of Investment	Cost	Current Value
Money Market Funds:			
*First American Treasury Obligation Fund, a mutual fund	3,280,374 Shares	$ 3,280,375	$ 3,280,375
Common Stock:			
Aflac, Inc.	810 Shares	51,867	89,319
Abbott Laboratories	360 Shares	15,322	45,104
Abbvie Inc.	520 Shares	76,177	118,815
Adobe Inc.	150 Shares	55,849	52,499
Advanced Micro Devices, Inc.	540 Shares	37,299	115,646
Alphabet, Inc.	2,170 Shares	196,990	680,946
Amazon.com, Inc.	2,050 Shares	216,335	473,181
American Tower Corp.	100 Shares	17,161	17,557
Apple, Inc.	2,390 Shares	128,029	649,745
Autozone Inc.	10 Shares	28,047	33,915
Ball Corp.	1,050 Shares	55,228	55,619
Bank of America Corporation	1,400 Shares	43,582	77,000
Berkley Corp	990 Shares	43,086	69,419
Berkshire Hathaway, Inc.	170 Shares	84,936	85,451
Best Buy Co Inc.	680 Shares	53,101	45,512
Blackrock Inc Com	40 Shares	30,571	42,814
Boeing Co.	180 Shares	31,888	39,082
Bristol Myers Squibb Co.	1,300 Shares	72,169	70,122
Broadcom Inc.	1,070 Shares	64,045	370,327
Brown Forman Corp.	2,740 Shares	74,294	71,404
Builders Firstsource Inc.	510 Shares	81,967	52,474
Cardinal Health Inc.	230 Shares	12,389	47,265
Chevron Corp.	400 Shares	62,991	60,964
Cisco Systems	2,020 Shares	99,570	155,601
Citigroup Inc.	1,000 Shares	66,187	116,690
ConocoPhillips	820 Shares	51,197	76,760
Costco Wholesale Corp.	60 Shares	31,462	51,740
D T E Energy Co.	170 Shares	18,563	21,927
Danaher Corp.	310 Shares	33,981	70,966
Digital Realty Trust, Inc.	270 Shares	27,057	41,772
Eaton Corp Plc Shs	190 Shares	38,545	60,517
Eqt Corp	990 Shares	37,697	53,064
Ecolab Inc.	180 Shares	28,467	47,254

Schedule H, Line 4i - Schedule of Assets (Held At End of Year) (Continued)

December 31, 2025

Identity of Issue	Description of Investment	Cost	Current Value
Common Stock (continued):			
Emerson Electric Co.	400 Shares	30,630	53,088
Exxon Mobil Corp.	630 Shares	41,961	75,814
Fair Isaac Corporation	40 Shares	69,133	67,625
FedEx Corp.	190 Shares	36,969	54,883
Fifth Third Bancorp	1,820 Shares	58,223	85,194
Ford Motor Co.	4,200 Shares	51,362	55,104
Fortinet, Inc.	1,110 Shares	50,089	88,145
General Dynamics Corp.	150 Shares	31,120	50,499
Godaddy Inc.	300 Shares	41,839	37,224
Home Depot, Inc.	420 Shares	139,523	144,522
Honeywell International, Inc.	350 Shares	55,211	68,282
Intl Business Machines Corp.	250 Shares	37,431	74,053
Intuitive Surgical, Inc.	150 Shares	30,110	84,954
JPMorgan Chase Co.	80 Shares	23,352	25,778
Keysight Technologies, Inc.	360 Shares	45,172	73,148
Eli Lily Co.	210 Shares	19,157	225,683
Marriott International, Inc.	250 Shares	54,233	77,560
McCormick Co.	860 Shares	52,123	58,575
Merck Co Inc.	1,480 Shares	112,426	155,785
Meta Platforms, Inc.	230 Shares	107,192	151,821
Microsoft Corp Com.	1,180 Shares	109,777	570,672
Morgan Stanley	790 Shares	66,727	140,249
Nasdaq Inc	520 Shares	30,091	50,508
Netflix Com Inc.	1,700 Shares	64,752	159,392
Nextera Energy, Inc.	1,230 Shares	76,875	98,744
Northrop Grumman Corporation	80 Shares	28,834	45,617
Nucor Corp.	190 Shares	20,589	30,991
Nvidia Corp.	4,480 Shares	159,548	835,520
Parker Hannifin Corp.	130 Shares	32,709	114,265
PayPal Holdings, Inc.	1,000 Shares	57,539	58,380
Pepsico Inc.	600 Shares	95,910	86,112
Phillips 66	370 Shares	29,945	47,745
PNC Financial Services Group, Inc.	540 Shares	77,563	112,714
Ppl Corporation	1,190 Shares	30,192	41,674
Proctor & Gamble Co.	670 Shares	104,033	96,018
Prologis, Inc.	240 Shares	25,447	30,638
Qualcomm Inc.	500 Shares	60,539	85,525
Quanta Svcs Inc.	110 Shares	12,329	46,427
Quest Diagnostics Inc	270 Shares	37,801	46,853
Realty Income Corp	740 Shares	45,591	41,714
Servicenow, Inc.	700 Shares	91,919	107,233

AMERITAS HOLDING COMPANY RETIREE MEDICAL
VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION
EMPLOYER IDENTIFICATION NUMBER 47-0806844
PLAN NUMBER 522

Schedule H, Line 4i - Schedule of Assets (Held At End of Year) (continued)

December 31, 2025

Identity of Issue	Description of Investment	Cost	Current Value
Common Stock (continued):			
Sherwin Williams Co.	160 Shares	31,907	51,845
SP Global, Inc.	180 Shares	57,017	94,066
Stryker Corp.	180 Shares	55,556	63,264
TJX Companies, Inc.	520 Shares	46,788	79,876
Take Two Interactive Software	330 Shares	84,513	84,489
Tesla, Inc.	180 Shares	64,864	80,949
3M Co	450 Shares	47,184	72,044
Tyler Technologies, Inc.	150 Shares	52,984	68,092
Uber Technologies, Inc.	790 Shares	71,387	64,550
Union Pacific Corp.	280 Shares	27,538	64,770
United Rentals Inc Com	80 Shares	57,091	64,746
*Unitedhealth Group, Inc.	200 Shares	65,673	66,022
Veralto Corp.	300 Shares	24,327	29,934
Verisk Analytics Inc Comm	125 Shares	21,361	27,961
Vertex Pharmaceuticals, Inc.	70 Shares	24,663	31,735
Viking Holdings Ltd.	1,130 Shares	69,314	80,693
Visa, Inc.	420 Shares	65,827	147,297
Wells Fargo Co.	1,070 Shares	33,342	99,724
*Willis Towers Watson PLC	80 Shares	20,409	26,288
Total Common Stock		5,233,760	9,913,544
Total Investments		$ 8,514,134	$ 13,193,919

* Represents a party-in-interest.

AMERITAS HOLDING COMPANY RETIREE MEDICAL
VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION
EMPLOYER IDENTIFICATION NUMBER 47-0806844
PLAN NUMBER 522

Schedule H, Line 4j - Schedule of Reportable Transactions

Year Ended December 31, 2025

Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii) - Series of Transactions in Excess of 5% of Plan Assets					
First American Treasury Obligation Fund, a mutual fund	$ 2,209,380		$ 2,209,380	$ 2,209,380	--
First American Treasury Obligation Fund, a mutual fund		$ 2,068,000	$ 2,068,000	$ 2,068,000	--

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

AMERITAS HOLDING COMPANY RETIREE MEDICAL
VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION
EMPLOYER IDENTIFICATION NUMBER 47-0806844
PLAN NUMBER 522

Schedule H, Line 4i - Schedule of Assets (Held At End of Year)

December 31, 2025

Identity of Issue	Description of Investment	Cost	Current Value
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Advanced Micro Devices, Inc.	540 Shares	37,299	115,646
Alphabet, Inc.	2,170 Shares	196,990	680,946
Amazon.com, Inc.	2,050 Shares	216,335	473,181
American Tower Corp.	100 Shares	17,161	17,557
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Berkshire Hathaway, Inc.	170 Shares	84,936	85,451
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Blackrock Inc Com	40 Shares	30,571	42,814
Boeing Co.	180 Shares	31,888	39,082
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Broadcom Inc.	1,070 Shares	64,045	370,327
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Builders Firstsource Inc.	510 Shares	81,967	52,474
Cardinal Health Inc.	230 Shares	12,389	47,265
Chevron Corp.	400 Shares	62,991	60,964
Cisco Systems	2,020 Shares	99,570	155,601
Citigroup Inc.	1,000 Shares	66,187	116,690
ConocoPhillips	820 Shares	51,197	76,760
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D T E Energy Co.	170 Shares	18,563	21,927
Danaher Corp.	310 Shares	33,981	70,966
Digital Realty Trust, Inc.	270 Shares	27,057	41,772
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Schedule H, Line 4i - Schedule of Assets (Held At End of Year) (Continued)

December 31, 2025

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General Dynamics Corp.	150 Shares	31,120	50,499
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Netflix Com Inc.	1,700 Shares	64,752	159,392
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Northrop Grumman Corporation	80 Shares	28,834	45,617
Nucor Corp.	190 Shares	20,589	30,991
Nvidia Corp.	4,480 Shares	159,548	835,520
Parker Hannifin Corp.	130 Shares	32,709	114,265
PayPal Holdings, Inc.	1,000 Shares	57,539	58,380
Pepsico Inc.	600 Shares	95,910	86,112
Phillips 66	370 Shares	29,945	47,745
PNC Financial Services Group, Inc.	540 Shares	77,563	112,714
Ppl Corporation	1,190 Shares	30,192	41,674
Proctor & Gamble Co.	670 Shares	104,033	96,018
Prologis, Inc.	240 Shares	25,447	30,638
Qualcomm Inc.	500 Shares	60,539	85,525
Quanta Svcs Inc.	110 Shares	12,329	46,427
Quest Diagnostics Inc	270 Shares	37,801	46,853
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AMERITAS HOLDING COMPANY RETIREE MEDICAL
VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION
EMPLOYER IDENTIFICATION NUMBER 47-0806844
PLAN NUMBER 522

Schedule H, Line 4i - Schedule of Assets (Held At End of Year) (continued)

December 31, 2025

Identity of Issue	Description of Investment	Cost	Current Value
Common Stock (continued):			
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SP Global, Inc.	180 Shares	57,017	94,066
Stryker Corp.	180 Shares	55,556	63,264
TJX Companies, Inc.	520 Shares	46,788	79,876
Take Two Interactive Software	330 Shares	84,513	84,489
Tesla, Inc.	180 Shares	64,864	80,949
3M Co	450 Shares	47,184	72,044
Tyler Technologies, Inc.	150 Shares	52,984	68,092
Uber Technologies, Inc.	790 Shares	71,387	64,550
Union Pacific Corp.	280 Shares	27,538	64,770
United Rentals Inc Com	80 Shares	57,091	64,746
*Unitedhealth Group, Inc.	200 Shares	65,673	66,022
Veralto Corp.	300 Shares	24,327	29,934
Verisk Analytics Inc Comm	125 Shares	21,361	27,961
Vertex Pharmaceuticals, Inc.	70 Shares	24,663	31,735
Viking Holdings Ltd.	1,130 Shares	69,314	80,693
Visa, Inc.	420 Shares	65,827	147,297
Wells Fargo Co.	1,070 Shares	33,342	99,724
*Willis Towers Watson PLC	80 Shares	20,409	26,288
Total Common Stock		5,233,760	9,913,544
Total Investments		$ 8,514,134	$ 13,193,919

* Represents a party-in-interest.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B This return/report is: ☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)

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

D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description)

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
AMERITAS HOLDING COMPANY RETIREE MEDICAL VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION

1b Three-digit plan number (PN) ▶ 522

1c Effective date of plan 03/31/1993

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)
AMERITAS HOLDING COMPANY

5900 O STREET

LINCOLN NE 68510

2b Employer Identification Number (EIN) 47-0806844

2c Plan Sponsor's telephone number 402-467-1122

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	Crystal A Meyer	9/10/2026	CRYSTAL A. MEYER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Crystal A Meyer	9/10/2026	CRYSTAL A. MEYER
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. **Form 5500 (2025) v. 250312**

518401 12-22-25

3a Plan administrator's name and address ☐ Same as Plan Sponsor
AMERITAS HOME OFFICE
RETIREMENT PLAN COMMITTEE

5900 O STREET
LINCOLN NE 68510-2234

3b Administrator's EIN
47-0806844

3c Administrator's telephone number
402-467-1122

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**	307
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a (1) Total number of active participants at the beginning of the plan year	**6a(1)**	
a (2) Total number of active participants at the end of the plan year	**6a(2)**	
b Retired or separated participants receiving benefits	**6b**	277
c Other retired or separated participants entitled to future benefits	**6c**	
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	277
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f Total. Add lines **6d** and **6e**	**6f**	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
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:

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

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

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

AMERITAS HOLDING COMPANY RETIREE MEDICAL
VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION
EMPLOYER IDENTIFICATION NUMBER 47-0806844
PLAN NUMBER 522

Schedule H, Line 4j - Schedule of Reportable Transactions

Year Ended December 31, 2025

Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii) - Series of Transactions in Excess of 5% of Plan Assets					
First American Treasury Obligation Fund, a mutual fund	$ 2,209,380		$ 2,209,380	$ 2,209,380	--
First American Treasury Obligation Fund, a mutual fund		$ 2,068,000	$ 2,068,000	$ 2,068,000	--

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