

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 AMERITAS PENSION PLAN
1b	Three-digit plan number (PN) ▶ 335
1c	Effective date of plan 03/01/1954
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	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 1868																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;">6a(1)</td><td style="text-align: right;">217</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">188</td></tr> <tr><td>6b</td><td style="text-align: right;">1151</td></tr> <tr><td>6c</td><td style="text-align: right;">284</td></tr> <tr><td>6d</td><td style="text-align: right;">1623</td></tr> <tr><td>6e</td><td style="text-align: right;">180</td></tr> <tr><td>6f</td><td style="text-align: right;">1803</td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td style="text-align: right;">0</td></tr> </table>	6a(1)	217	6a(2)	188	6b	1151	6c	284	6d	1623	6e	180	6f	1803	6g(1)		6g(2)		6h	0
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6e	180																				
6f	1803																				
6g(1)																					
6g(2)																					
6h	0																				
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7																				

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

1A 1E 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 AMERITAS PENSION PLAN	B Three-digit plan number (PN) ▶ 335
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	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
AMERITAS LIFE INSURANCE CORP

(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
47-0098400	31601	600081	1803	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	0

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

(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	

(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	
5 Current value of plan's interest under this contract in separate accounts at year end	5	231043413

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. Specify nature of costs ▶	6d	

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)	0
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)	0
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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan AMERITAS PENSION PLAN	B Three-digit plan number (PN) ▶ 335
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AMERITAS HOLDING COMPANY	D Employer Identification Number (EIN) 47-0806844
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2025			
2	Assets:			
a	Market value	2a	236899945	
b	Actuarial value	2b	242739700	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	1331	155645376	155645376
b	For terminated vested participants	330	26436577	26436577
c	For active participants	217	51335322	51335322
d	Total	1878	233417275	233417275
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.34 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	2404451	
b	Expected plan-related expenses	6b	470037	
c	Target normal cost	6c	2874488	

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

SIGN HERE	Signature of actuary JAMES J ANDREWS Type or print name of actuary WILLIS TOWERS WATSON US LLC Firm name 8400 NORMANDALE LAKE BLVD STE 1700 MINNEAPOLIS, MN 55437-3837 Address of the firm	08/24/2026 Date 26-05332 Most recent enrollment number 952-842-7000 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>0.74</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.07</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	103.99 %
15 Adjusted funding target attainment percentage	15	103.99 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	115.13 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

4

22 Weighted average retirement age**22**

63

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

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

0

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

0

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

0

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

2874488

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

2874488

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

0

0

b Waiver amortization installment

0

0

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

0

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

0

0

0

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

0

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

0

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

0

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

0

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

0

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

0

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan AMERITAS PENSION PLAN	B Three-digit plan number (PN) ▶	335
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).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

WILLIS TOWER WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	251415	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	15000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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.
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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 AMERITAS PENSION PLAN	B Three-digit plan number (PN) ▶	335
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 AMERITAS HOLDING COMPANY	D Employer Identification Number (EIN) 47-0806844	

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:	SEPARATE ACCOUNT D
---	--------------------

b Name of sponsor of entity listed in (a):	AMERITAS LIFE INSURANCE CORP.
--	-------------------------------

c EIN-PN 47-0098400-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 231043413
-------------------------	-----------------	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury 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 PENSION PLAN	B Three-digit plan number (PN) ▶ 335
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)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	236899945	231043413
(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	236899945	231043413

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	236899945	231043413
--	-----------	-----------	-----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(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)		17708949
(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		17708949

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	23099561	
(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)		23099561
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)	0	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	15000	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	251415	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	199505	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		465920
j Total expenses. Add all expense amounts in column (b) and enter total	2j		23565481

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-5856532
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: **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.)		☒	
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?	☒		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?		☒	
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 584945.

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 AMERITAS PENSION PLAN		B Three-digit plan number (PN) ▶ 335
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	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
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): 47-0098400		
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 9
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: 10.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 85.0 %

High-Yield Debt: 5.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 0.0 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

FINANCIAL STATEMENTS AND SCHEDULES

The Ameritas Pension Plan

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

THE AMERITAS PENSION PLAN

Financial Statements and Schedules

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

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INDEPENDENT AUDITOR'S REPORT

Plan Administrator
The Ameritas Pension Plan
Lincoln, Nebraska

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

We have performed an audit of the financial statements of The Ameritas Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (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 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, Ameritas Life Insurance Corp., 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.

Meaden & Moore Ltd.

Certified Public Accountants

425 Metro Place North, Suite 250 | Dublin, OH 43017-1367 | P (614) 848-8494 | F (614) 848-8430 | meadenmoore.com

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 H, Line 4i - 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.

Meaden & Moore, Ltd.
Dublin, Ohio

August 26, 2026

THE AMERITAS PENSION PLAN

Statements of Net Assets Available For Benefits

	<u>December 31,</u>	
	<u>2025</u>	<u>2024</u>
Net Assets Available for Benefits		
Investments at fair value:		
Pooled separate accounts	\$ 231,043,413	\$ 236,899,945
Total Assets	231,043,413	236,899,945
Total Liabilities	--	--
Net Assets Available For Benefits	<u>\$ 231,043,413</u>	<u>\$ 236,899,945</u>

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

THE AMERITAS PENSION PLAN

Statements of Changes in Net Assets Available For Benefits

	<u>Year Ended December 31,</u>	
	<u>2025</u>	<u>2024</u>
Net Decrease in Net Assets Available for Benefits		
Investment income:		
Net appreciation in fair value of investments	\$ 17,708,949	\$ 1,823,389
Deductions from assets attributed to:		
Benefits paid to participants	23,099,561	22,432,159
Administrative expenses	<u>465,920</u>	<u>470,036</u>
Total deductions	<u>23,565,481</u>	<u>22,902,195</u>
Net Decrease in Net Assets Available for Benefits	(5,856,532)	(21,078,806)
Net Assets Available For Benefits At Beginning of Period	<u>236,899,945</u>	<u>257,978,751</u>
Net Assets Available For Benefits At End of Period	<u>\$ 231,043,413</u>	<u>\$ 236,899,945</u>

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

THE AMERITAS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Ameritas Pension Plan (“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 non-contributory defined benefit plan sponsored by Ameritas Holding Company (“AHC or the Company”) on behalf of its participating subsidiaries. AHC’s participating subsidiaries include Ameritas Life Insurance Corp. (“ALIC”) and its participating subsidiaries and Ameritas Investment Partners, Inc. (collectively all participating companies are referred to as the Companies). ALIC’s participating subsidiaries are Ameritas Investment Corp. and Ameritas Life Insurance Corp. of New York. The Plan is frozen to new entrants based on the employing company.

The Plan’s trustees include certain officers of the Companies. The Plan provides for retirement, death and disability benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The Plan’s overall funding strategy is to fund the plan pursuant to actuarially determined minimum funding requirements. The Plan has met the ERISA minimum funding requirements for 2025 and 2024. Due to the funded status of the Plan, the Company made no contributions in 2025 or 2024.

Normal retirement age is 65; however, the Plan does allow for early retirement. Benefits under the Plan for the non-Union Central Life Insurance Co. (“UCL”) Plan participants are based on employees’ five highest consecutive compensation years during their last ten years of credited service. Benefits under the Plan for the UCL participants are based on a career average calculation; however, benefits under the Plan for participants who were at least age 55 and had completed 10 years of service prior to February 1, 2003 are based on a final average calculation. The salary is limited to the covered compensation limits under Internal Revenue Code (“IRC”) Section 401(a)(17).

Accrued benefits are payable as a lump sum, a joint and survivor annuity, life annuity with guaranteed period certain, joint and contingent survivor annuity, period certain annuity, or a single life annuity upon retirement for the non-UCL participants. Accrued benefits are payable as a lump sum, a life annuity, life annuity with a guaranteed period certain, joint and contingent survivor annuity and joint and survivor annuity with period certain for the UCL participants.

Active participants who become totally disabled continue to earn years of service for benefit determination purposes at normal retirement. If a participant dies prior to commencement of benefit payments, his or her beneficiary is entitled to a death benefit under the Plan.

Eligible employees are fully vested upon completion of five years of vesting service or attaining normal retirement age or total and permanent disability.

The Company anticipates that the Plan will continue without interruption but reserves the right to discontinue making further contributions to the Plan. In the event that such discontinuation results in termination of the Plan, the net assets of the Plan will be distributed in accordance with the provisions of the Plan. Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (“PBGC”) at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

The Plan was amended/restated effective January 1, 2024. The amendment updated pre-retirement death benefits to be paid to the participant's estate if unmarried, added a lost participant provision, and updated the automatic cash-out provision and required minimum distributions in accordance with SECURE 2.0.

The Custodian, Ameritas Life Insurance Corp., a member of the Ameritas companies, is currently rated A+ (Strong) by Standard & Poor’s and rated A (Excellent) by the A.M. Best Company.

THE AMERITAS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements are prepared on the accrual basis in conformity with accounting principles generally accepted in the United States.

Investment Valuation

Investments in the pooled separate accounts ("PSA") are valued at fair value using net asset value ("NAV") as the practical expedient.

Investment Income

Amounts invested in each of the PSAs are credited with investment income each day based on the investment income of the applicable fund, including all realized and unrealized capital gains and losses less the direct investment expenses of such account. Purchases and sales of securities are recorded on a trade-date basis.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses presented on the Statements of Changes in Net Assets Available For Benefits consist primarily of actuarial fees, audit fees and PBGC premiums. All expenses incurred in the administration of the Plan are paid by the Plan.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the employees who have rendered service as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and, (c) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits provided by annuity contracts and excluded from Plan assets are excluded from accumulated Plan benefits.

Risks and Uncertainties

The Plan's investments include investments in PSAs 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 Statements of Net Assets Available For Benefits.

The actuarial present value of accumulated benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is reasonably possible that changes in these estimates and assumptions could materially affect the amounts reported in the financial statements.

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.

THE AMERITAS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE 3 - ACCUMULATED PLAN BENEFITS

The Plan's actuary estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits is as follows:

	<u>January 1, 2025</u>
Vested benefits:	
Active participants	\$ 50,048,465
Terminated vested participants	25,406,679
Retired participants receiving benefits	<u>151,519,656</u>
Sub-total	226,974,800
Nonvested benefits	--
Total	<u>\$ 226,974,800</u>

The changes in the actuarial present value of accumulated plan benefits from the previous benefit information date were as follows:

	<u>January 1, 2025</u>
Changes attributable to:	
Benefits accumulated	\$ 2,384,075
Actuarial losses	534,966
Actual benefits paid	(22,431,443)
Decrease in discount period	12,578,777
Change of assumptions	<u>(11,366,400)</u>
Net decrease	(18,300,025)
Total actuarial present value of accumulated plan benefits at beginning of period	<u>245,274,825</u>
Total actuarial present value of accumulated plan benefits at end of period	<u>\$ 226,974,800</u>

The significant funding actuarial assumptions used in the valuation for the Plan as of January 1, 2025 are (a) the Pri-2012 mortality tables with separate rates for non-annuitants, annuitants and contingent survivors, with improvement projected from 2012 using the MP-2021 improvement scale without adjustments; (b) retirement rates consistent with the Company's prior experience; (c) salary projection rate of 3.0%; (d) turnover consistent with the Company's prior experience; (e) a discount rate of 5.82% as compared to a discount rate of 5.32% in 2024.

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

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 for the years ended December 31, 2025 and 2024 were obtained or derived from information certified as complete and accurate by the Custodian of the Plan.

THE AMERITAS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

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.

Pooled Separate Accounts

PSAs are measured at fair value using the net asset value ("NAV") as a practical expedient. A unit value is calculated by taking the NAV of the shares held by the Plan and applying the formula as described below.

The unit value of each PSA on any business day equals the unit value of the PSA on the previous day multiplied by the net investment factor for the PSA. The net investment factor for each PSA can be determined on any business day by using the following calculation:

- the NAV per share of the PSA's underlying portfolio as of the end of the current business day, plus the per share amount of any dividend or capital gain distribution paid by that underlying portfolio since the previous business day, plus the per share amount of any taxes payable; divided by
- the NAV per share of the PSA's underlying portfolio as of the end of the previous business day; minus the daily risk charge.

NAV's are received daily from fund managers, and the managers stand ready to transact at these quoted amounts.

Were the Plan to initiate a full redemption of the trust, the Custodian reserves the right to temporarily delay payment from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The Custodian transacts in these funds on a daily basis as part of the separate account trading activity.

THE AMERITAS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

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.

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
December 31, 2025				
Pooled separate accounts*	--	--	--	231,043,413
Total investments at fair value	<u>\$ --</u>	<u>\$ --</u>	<u>\$ --</u>	<u>\$ 231,043,413</u>
December 31, 2024				
Pooled separate accounts*	--	--	--	236,899,945
Total investments at fair value	<u>\$ --</u>	<u>\$ --</u>	<u>\$ --</u>	<u>\$ 236,899,945</u>

* Certain investments that are measured at fair value using the NAV as a practical expedient have not been classified in the fair value hierarchy.

NOTE 6 - TAX STATUS OF THE PLAN

The Plan obtained its latest determination letter on November 6, 2015, in which the Internal Revenue Service stated that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code and therefore not subject to tax. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements 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 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 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 - RELATED PARTY TRANSACTIONS

The Plan's investments with ALIC are in pooled separate accounts. ALIC is a wholly-owned subsidiary of the Company.

The Plan's investments are subject to certain investment fees which are benchmarked periodically by the Plan's investment advisor based on competitive rates. The fees vary by investment and are paid by the investment accounts that Plan assets are invested in. Certain investments in the Plan have revenue sharing agreements with the Custodian. Revenue sharing from the investment funds or their managing companies are paid for services performed by the Custodian on behalf of the Plan are allocated back to the Plan.

In addition, the Plan has arrangements with various service providers and these arrangements qualify as party-in-interest transactions.

THE AMERITAS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE 8 - SUBSEQUENT EVENT

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.

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

THE AMERITAS PENSION PLAN
EMPLOYER IDENTIFICATION NUMBER 47-0806844
PLAN NUMBER 335

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

December 31, 2025

<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
Pooled Separate Accounts:			
* American Funds International Growth and Income, Class R4	231,217 units	\$ 2,772,136	\$ 4,796,569
* Calvert Income, Class I	795,073 units	18,486,179	22,819,785
* Calvert Short Duration Income, Class I	787,867 units	13,994,023	17,218,913
* Calvert VP S&P Mid Cap 400 Index	14,275 units	2,053,161	4,702,655
* Fidelity Long-Term Treasury Bond Index Fund	4,397,141 units	53,942,977	50,401,109
* Fidelity VIP Index 500, Initial Class	14,948 units	8,941,768	13,626,103
* TCW Metwest Total Return Bond, M	1,771,629 units	20,010,751	21,733,740
* Payden Low Duration, Investor Class	1,339,333 units	14,728,545	17,368,979
* Vanguard Long-Term Investment Grade, Admiral Shares	4,455,049 units	50,984,341	57,036,286
* Vanguard Total Bond Market Index, Admiral Shares	1,640,163 units	<u>19,380,664</u>	<u>21,339,274</u>
Total Investments		<u>\$ 205,294,545</u>	<u>\$ 231,043,413</u>

* Represents a party-in-interest.

**THE AMERITAS PENSION PLAN
EMPLOYER IDENTIFICATION NUMBER 47-0806844
PLAN NUMBER 335**

Schedule H, Line 4j - Schedule of Reportable Transactions

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

* Information not available.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Ameritas Pension Plan

Effective Date and Most Recent Amendment

The Union Central plan was originally effective August 1, 1961, and the Ameritas plan was originally effective March 1, 1954. The plans were merged effective December 31, 2008, with a latest amendment effective April 1, 2013.

Plan Year

The twelve-month period ending December 31.

Summary of plan provisions – Union Central

Coverage and Participation

The Plan covers all employees hired prior to January 1, 2006, except full time life insurance Agents, SMA Managers, employees hired as temporary or on-call who do not work for 1,000 hours in a plan year, and any employee who was a shareholder or the spouse of a shareholder of Payday of America, Inc. on July 31, 1999. The date of participation is January 1st coincident with or next year following his date of hire.

Credited Service

A year of service is credited for each plan year in which an Employee works at least 1,000 hours. Only full years of service will be credited.

Final Average Compensation/Salary

Average monthly compensation is the participant's highest five consecutive plan years of compensation out of his last ten years prior to termination, retirement or transfer from the plan divided by the number of months compensation was received. Plan years in which a participant did not complete 1,000 hours of service will be disregarded.

Plan Name:	Ameritas Pension Plan
EIN / PN:	47-0806844 / 335
Plan Sponsor:	Ameritas Holding Company
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Normal Retirement Benefit

Normal Retirement Date: Eligible at age 65.

Benefit Formula:

1. For participants who had not attained age 55 or did not have at least 10 years of credited service as of January 31, 2003, the accrued normal retirement benefit is the sum of participant's January 31, 2003 frozen accrued benefit plus 1.667% of compensation received after January 31, 2003.
2. For a participant who attained age 55 and had at least 10 years of credited service as of January 31, 2003, the accrued normal retirement benefit is 1.667% of participant's average monthly compensation multiplied by years of credited service not to exceed 30 years.
3. For participants that elected out of the plan effective December 31, 2006, formulas 1 and 2 above use service and pay earned before December 31, 2006.

Normal Form of Benefit: Unless otherwise elected, the normal form of payment is a 100% Joint and Survivor annuity if the participant has been married to his current spouse for at least one year, or on a straight-life basis if the participant is not married.

Optional Forms of Benefit: Life Only, Joint and Survivor annuities, and for participants active in the plan at April 1, 2013, a Lump Sum option.

Plan Name: Ameritas Pension Plan
EIN / PN: 47-0806844 / 335
Plan Sponsor: Ameritas Holding Company
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Early Retirement Benefit

Eligibility: Eligible at age 55 and 5 years of vesting service.

Benefit: A participant's early retirement benefit is equal to the participant's accrued normal retirement benefit determined as of his early retirement date and adjusted by the applicable percentage below:

(A) For Accrued Benefits Prior to February 1, 2003		(B) For Accrued Benefits After January 31, 2003	
Age at Benefit Commencement	Benefit Percentage	Age at Benefit Commencement	Benefit Percentage
62 or older	100%	65	100%
61	97	64	97
60	94	63	94
59	90	62	90
58	86	61	86
57	81	60	81
56	76	59	76
55	71	58	71
		57	66
		56	61
		55	56

For a participant who attained age 55 and had at least 10 years of credited service as of January 31, 2003, the early retirement benefit will equal the accrued benefit determined as of his early retirement date multiplied by the percentage taken from Column (A) above.

Vested Benefits Upon Termination of Service

Vesting: Eligible and termination at any age and 5 years of vesting service.

Termination Benefit: In the event of the termination of a participant's employment for any reason other than death or retirement, the Participant will become entitled to receive a monthly pension benefit commencing at age 65 equal to the accrued normal retirement benefit.

Plan Name: Ameritas Pension Plan
EIN / PN: 47-0806844 / 335
Plan Sponsor: Ameritas Holding Company
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Death Benefits for Participants in Active Service

For a married active participant who dies on or before the earliest retirement age

The participant's surviving spouse will receive the same benefit that would be payable if the participant had:

- Separated from service on the date of death;
- Survived to the earliest retirement age;
- Retired with an immediate Joint and 100% Survivor annuity; and
- Died on the day after the earliest retirement date.

For a married active participant who dies after the earliest retirement age

The participant's surviving spouse will receive the same benefit that would be payable if the participant had retired with an immediate Joint and 100% Survivor annuity on the day before his date of death.

For an unmarried active participant who dies after his earliest retirement age

If the participant has elected a benefit (had he survived) to be paid in a period certain or in a Joint and Survivor annuity with a designated beneficiary, then the designated beneficiary will receive the Joint and Survivor annuity or period certain payments.

Joint and 100% Survivor Annuity

The annuity provides a monthly benefit payable for the lifetime of the participant and, upon the participant's death, the surviving spouse (if any) will receive a monthly benefit equal to 100% of the monthly benefit which was payable during the participant's lifetime.

Plan Name:	Ameritas Pension Plan
EIN / PN:	47-0806844 / 335
Plan Sponsor:	Ameritas Holding Company
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Manhattan Life Participants

Participants in the Manhattan Life Insurance Company Employee Retirement Plan on August 31, 1999 automatically became participants of the Union Central Life Insurance Company Employee Pension Plan as of that date.

Normal retirement date for participants who terminated with a vested benefit prior to August 31, 1999 is age 65.

Plan Name:	Ameritas Pension Plan
EIN / PN:	47-0806844 / 335
Plan Sponsor:	Ameritas Holding Company
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Summary of plan provisions – Ameritas

Plan Participation

Immediately upon date of hire. No employees hired or rehired after April 1, 2000 are eligible to participate. AMAL highly compensated participants' benefits were frozen effective January 1, 2001 but reinstated effective January 1, 2007 and eligible for subsequent benefit accruals.

Definitions

Benefit Service

Hourly Employee — A plan year in which 1,000 hours are worked.

Full Time Employee — Completed years and months of full time employment.

Compensation

Regular base compensation, overtime pay and bonuses (excluding LTIP), but excluding deferred compensation, reimbursements and other expense allowances, and other amounts that receive special tax treatment. For plan years prior to 2008, commissions in excess of \$100,000 (\$150,000 if not receiving a base salary) are excluded from compensation. Election deferrals to the 401(k) Plan and the Cafeteria Plan are included.

Average Compensation

The greater of compensation averaged over the 5 consecutive years of employment ending on date of termination and the 5 consecutive calendar years during last 10 that produce the highest average.

Covered Compensation

The average of the Social Security taxable wage bases over the 35 years ending with the year of attaining Social Security Retirement Age.

Normal Retirement

First day of the month following the attainment of age 65.

Early Retirement

Age 55 and 15 years of service.

Death

Immediate vesting of Accrued Benefit.

Vesting

Earlier of five years of vesting service or attainment of age 65.

Plan Name:	Ameritas Pension Plan
EIN / PN:	47-0806844 / 335
Plan Sponsor:	Ameritas Holding Company
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Benefits

Normal Retirement

A life annuity payable at Normal Retirement Date equal to the sum of:

1. 1.35% of average compensation multiplied by years of service up to 35 years, plus;
2. 0.65% of average compensation in excess of Social Security Covered Compensation, multiplied by years of service up to 35 years, plus;
3. 2.00% of average compensation multiplied by years of service, in excess of 35 years.

Early Retirement

Accrued Benefit payable at age 65, reduced by 1/15 per year for the first 5 years and 1/30 per year for the next 50 years that the Early Retirement Date precedes the Normal Retirement Date.

Late Retirement

Accrued benefit to the date of actual retirement, including benefits accrued after age 65.

Disability Retirement

Accrued Benefit payable at Normal Date based on total service including period of disability, and highest average earnings at date of disability.

Pre-Retirement Death

Lump sum actuarial value of Accrued Benefit payable to named beneficiary at date of death. If married one year, minimum qualified Joint and Survivor benefits are payable to spouse unless previously waived.

Vested Termination

Accrued Benefit as of the date of termination, payable at normal retirement date.

Accrued Benefit

Accrued Benefit is equal to the projected normal retirement benefit pro-rated on service to termination divided by service to normal retirement date.

Forms of Annuity

Normal

Life only.

Optional

Joint and Survivor annuity, Period Certain, or Lump Sum.

Plan Name: Ameritas Pension Plan
EIN / PN: 47-0806844 / 335
Plan Sponsor: Ameritas Holding Company
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Contributions

The employer contributes the amount necessary to provide plan benefits. No employee contributions are allowed.

Plan Name: Ameritas Pension Plan
EIN / PN: 47-0806844 / 335
Plan Sponsor: Ameritas Holding Company
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Summary of plan provisions – Acacia

Plan Participation

Any employee who was a Plan participant by June 30, 1992 and was described in (1) or (2) below:

1. (a) Employed in a position classified as National Headquarters or Agency office employment,
or
(b) Employed as an Agent, Sales Manager or General Manager.
2. Employed with the Calvert Group Limited or Acacia Federal Savings Bank

Eligibility

Date of commencements of employment by Company.

Plan Name: Ameritas Pension Plan
EIN / PN: 47-0806844 / 335
Plan Sponsor: Ameritas Holding Company
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Definitions

Final Average Compensation

Home Office

Highest average monthly compensation for a 3-year period out of final 5 years of service prior to June 30, 1992.

Account Managers

Average of highest 5 of the last 8 years' earnings prior to June 30, 1992.

For the Covered Compensation formula, average of highest 3 of the last 5 years' earning prior to June 30, 1992.

Credited Service

Completed years and months of Continuous Service as of June 30, 1992. Calvert employees receive no credit for benefit accrual service prior to February 1, 1984.

Primary Social Security

Home Office

The Primary Retirement Benefit payable at Normal Retirement under the Federal Social Security law at June 30, 1992, assuming the participant will have no future earnings after that date.

Account Managers

The Primary Retirement Benefit payable at Normal Retirement under the Federal Social Security law at June 30, 1992, assuming the participant will have no future earnings after that date. If Retirement is prior to Age 62, the benefit payable at Age 62 shall be used.

Normal Retirement Date

First of the month after reaching Age 65.

Early Retirement Date

Attainment of age 55 and completion of 15 years of continuous employment.

Plan Name: Ameritas Pension Plan
EIN / PN: 47-0806844 / 335
Plan Sponsor: Ameritas Holding Company
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Benefits

Normal Retirement Benefit

Home Office

- (1) less (2), but not less than (3), (4) or (5):
1. 2% of Final Average Compensation times years of service up to 30 years.
 2. 1.667% of Primary Social Security times years of service up to 30 years.
 3. If, on March 31, 1983, the Member had attained Age 50 with 10 years of service or completed 20 years of service regardless of age, the monthly Retirement Benefit under the Plan in effect on March 31, 1983.
 4. \$5 times years of service. This shall not exceed 85% of monthly compensation less 100% of Primary Social Security.
 5. 1% of Final Average Compensation plus 0.3% of Final Average Compensation over Covered Compensation, times service up to 30 years.

Account Managers

- (1) or if applicable, the greater of (2) or (3):
1. Frozen Benefit under the Prior Plan.
 2. If, on March 31, 1983, the member attained Age 50 with 10 years of service or completed 20 years of service regardless of age, the benefit will be (a) less (b):
 - a. The sum of (i) and (ii) less (iii):
 - (i) 2% of Final Average Compensation times years of service up to 30 years.
 - (ii) 1.75% of Final Average Compensation times years of service in excess of 30 years.
 - (iii) 50% of Primary Social Security
 - b. Accumulated amount in Company Contribution Account.
 3. 1% of Final Average Compensation plus 0.3% of Final Average Compensation over Covered Compensation, times service up to 30 years.

All Participants

No additional benefits will accrue after June 30, 1992. However, enhanced retirement benefits were offered to certain employees under an Early Retirement Window program during 1996.

Plan Name:	Ameritas Pension Plan
EIN / PN:	47-0806844 / 335
Plan Sponsor:	Ameritas Holding Company
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Early Retirement Benefit

Frozen Benefit as of June 30, 1992, reduced by 3% per year for each year that retirement precedes Age 62 for the Home Office Plan and by 4% per year prior to Age 65 for the Grandfathered Agents Plan. The Social Security offset is not applied under the later of Age 62 or actual retirement age.

Early Retirement Window (2005)

Active participants who meet the following criteria:

1. is a full-time Employee of the Company in the Individual Division, unless otherwise excluded, and in the Retirement Plans, Ameritas Investment Advisors and Corporate Services on May 1, 2005; and
2. is not in the Group Division, AIC, Calvert, AFSB, Individual Division Financial Centers, Boutiques and other associated Sales Offices and is not a part-time Employees; and
3. will have both attained age 55 and completed at least 10 Years of Services by May 1, 2005

Shall be eligible to participate in the Early Retirement Window. Eligible participants will have from May 1, 2005, to June 15, 2005, to elect to participate in the Window with an effective retirement date beginning August 1, 2005, not later than January 1, 2006.

Eligible participants electing to participate will receive the following increased benefits upon retirement:

Added years of service and age — Five additional years of service and five additional years of age will be added to determine the retirement benefit. The additional service will increase the monthly retirement income and the additional years of age will reduce the early retirement reduction factors.

Temporary Social Security Supplement Benefit — In addition, a temporary monthly benefit of \$500 will be payable beginning on the participant's retirement date and end on the first of the month following attainment of age 62. If age 62 or older on the participant's retirement date, no Temporary Social Security Supplement Benefit shall be payable. In the event the participant dies prior to receiving the last temporary monthly benefit, the benefit will be payable to the participant's surviving spouse, if any.

Contributions

The employer contributes the amount necessary to provide plan benefits. No employee contributions are allowed.

Plan Name: Ameritas Pension Plan
EIN / PN: 47-0806844 / 335
Plan Sponsor: Ameritas Holding Company
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Normal Form of Benefit

Unmarried Participants:

Life Annuity with 5 Years Certain.

Married Participants:

Actuarially equivalent 50% Joint and Survivor Annuity.

Optional Forms of Benefit

Joint and Survivor (50%, 66 2/3%, 75% or 100%) with 0, 5, 10 or 15 Years Certain. Also provided is a Life Annuity with 0, 5, 10, 15 or 20 Years Certain. For participants active in the plan at April 1, 2013, a Lump Sum option is available.

Preretirement Death Benefit

Eligibility

Completion of 5 years of service.

Benefit

50% of the benefit the participant would have received if he had retired on the first of the month preceding or coincident with his death. If the participant was not eligible to retire at the time of his death, the benefit is deferred to what would have been his earliest Retirement Date under the Plan.

For Home Office participants only, if on March 31, 1983, the member had attained Age 50 with 10 years of service or had completed 20 years of service, the benefit will be no less than the benefit provided under the Prior Plan, assuming he retired on the day prior to his death.

Vesting

100% vested after 5 years of service.

Frozen Benefit Under the Prior Plan

Account Managers Only

Accrued benefit, if any, under the "Acacia Retirement Plan for Agents, Managers and Employees" on March 31, 1983.

Separate account maintained for a member consisting of the allocable share of Company contributions and earnings from the portion of this Plan established April 1, 1983.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: Ameritas Pension Plan
EIN / PN: 47-0806844 / 335
Plan Sponsor: Ameritas Holding Company
Valuation Date: January 1, 2025

THE AMERITAS PENSION PLAN
EMPLOYER IDENTIFICATION NUMBER 47-0806844
PLAN NUMBER 335

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

December 31, 2025

<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
Pooled Separate Accounts:			
* American Funds International Growth and Income, Class R4	231,217 units	\$ 2,772,136	\$ 4,796,569
* Calvert Income, Class I	795,073 units	18,486,179	22,819,785
* Calvert Short Duration Income, Class I	787,867 units	13,994,023	17,218,913
* Calvert VP S&P Mid Cap 400 Index	14,275 units	2,053,161	4,702,655
* Fidelity Long-Term Treasury Bond Index Fund	4,397,141 units	53,942,977	50,401,109
* Fidelity VIP Index 500, Initial Class	14,948 units	8,941,768	13,626,103
* TCW Metwest Total Return Bond, M	1,771,629 units	20,010,751	21,733,740
* Payden Low Duration, Investor Class	1,339,333 units	14,728,545	17,368,979
* Vanguard Long-Term Investment Grade, Admiral Shares	4,455,049 units	50,984,341	57,036,286
* Vanguard Total Bond Market Index, Admiral Shares	1,640,163 units	<u>19,380,664</u>	<u>21,339,274</u>
Total Investments		<u>\$ 205,294,545</u>	<u>\$ 231,043,413</u>

* Represents a party-in-interest.

SCHEDULE SB ATTACHMENTS

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

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	1	0	0	0	0	0	0	0	0	1
40-44	0	5	2	0	0	2	0	0	0	0	9
45-49	0	4	5	2	2	2	5	0	0	0	20
50-54	0	5	11	1	1	2	3	7	1	0	31
55-59	0	5	11	4	8	4	8	16	23	4	83
60-64	0	2	6	5	3	8	3	6	17	9	59
65-69	0	0	1	1	2	0	3	1	1	3	12
70 & over	0	0	0	1	0	0	0	0	0	1	2
Total	0	22	36	14	16	18	22	30	42	17	217

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Ameritas Pension Plan
EIN / PN: 47-0806844 / 335
Plan Sponsor: Ameritas Holding Company
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month September
- Interest rate basis 3-Segment Rates

Interest rates:	Reflecting Corridors	Not Reflecting Corridors
-----------------	----------------------	--------------------------

- | | | |
|---------------------------|-------|-------|
| • First segment rate | 5.07% | 5.07% |
| • Second segment rate | 5.31% | 5.33% |
| • Third segment rate | 5.50% | 5.36% |
| • Effective interest rate | 5.34% | 5.32% |

Annual rates of increase

- Compensation Future compensation will increase at the rate of 3.00% per year, compounded annually.
- Future Social Security wage bases 3.00% annual increases in the national average wage index are assumed.
- Future increases in maximum benefits and plan compensation limitations It is assumed that maximum benefit and plan compensation limitations under the Internal Revenue Code will increase 2.50% per year in the future.
- Assumed cost of living adjustments 0.00%
- Plan-related expenses \$470,037

Demographic Assumptions

- | | |
|----------------|--|
| Inclusion date | The valuation date coincident with or next following the date on which the employee becomes a participant. |
|----------------|--|

Plan Name:	Ameritas Pension Plan
EIN / PN:	47-0806844 / 335
Plan Sponsor:	Ameritas Holding Company
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

New or rehired employees

It was assumed there will be no new or rehired employees.

Mortality

Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

For disabled participants: Same assumption as healthy participants.

Termination

The rates at which participants are assumed to leave the company by age and gender are shown below:

Representative Termination Rates

Age	Rate
25	0.1150
30	0.1000
35	0.0850
40	0.0700
45	0.0550
50	0.0400
55	0.0000
60	0.0000

Disability

None assumed.

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age and gender are shown below:

Age	All plans	Age	All plans
55	5%	63	20%
56	5%	64	20%
57	5%	65	30%
58	5%	66	30%
59	10%	67	30%
60	10%	68	30%
61	10%	69	30%
62	20%	70	100%

Plan Name: Ameritas Pension Plan
EIN / PN: 47-0806844 / 335
Plan Sponsor: Ameritas Holding Company
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Form of payment	Union Central – 50% of participants are assumed to elect a straight life annuity. 50% of participants are assumed to elect a lump sum distribution. Ameritas – 50% of participants are assumed to elect a straight life annuity. 50% of participants are assumed to elect a lump sum distribution. Acacia – 50% of participants are assumed to elect a 5-year Certain & Life annuity. 50% are assumed to elect a lump sum distribution. Calculation of Lump Sum: For funding purposes, lump sums were valued using the valuation interest rate and the 2024 PPA Optional Combined Unisex Mortality Table.
Percent married	80% of males and 50% of females are assumed to be married.
Spouse age	Males are assumed to be 3 years older than their spouse.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Plan Name:	Ameritas Pension Plan
EIN / PN:	47-0806844 / 335
Plan Sponsor:	Ameritas Holding Company
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Actuarial value of assets for determining minimum required contributions

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Ameritas and, based on that review, is not aware of any significant benefits required to be valued that were not.

Change in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2023 to September 2024 segment rates and the interest rate corridors of ARPA were applied.
- The assumed plan-related expenses added to the target normal cost were updated from \$396,181 for 2024 to \$470,037 for 2025. The method used to determine this amount remains the prior year's actual administrative expenses.
- The lump sum conversion mortality assumption was updated to the IRS prescribed mortality table for 2025 for funding purposes.

Plan Name: Ameritas Pension Plan
EIN / PN: 47-0806844 / 335
Plan Sponsor: Ameritas Holding Company
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name:	Ameritas Pension Plan
EIN / PN:	47-0806844 / 335
Plan Sponsor:	Ameritas Holding Company
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	370,396	389,466	16,434,867	17,194,729
2026	1,045,487	942,093	15,912,063	17,899,643
2027	1,570,049	1,062,334	15,381,074	18,013,457
2028	2,037,909	1,290,835	14,813,795	18,142,539
2029	2,580,870	1,539,111	14,217,820	18,337,801
2030	3,121,310	1,746,506	13,609,707	18,477,523
2031	3,571,943	1,888,597	12,963,269	18,423,809
2032	3,933,150	1,995,931	12,318,052	18,247,133
2033	4,180,260	2,036,013	11,704,808	17,921,081
2034	4,343,986	2,069,332	11,064,571	17,477,889
2035	4,452,330	2,109,912	10,430,547	16,992,789
2036	4,503,055	2,155,101	9,779,950	16,438,106
2037	4,538,842	2,185,624	9,123,806	15,848,272
2038	4,552,596	2,175,948	8,514,211	15,242,755
2039	4,518,665	2,151,064	7,906,777	14,576,506
2040	4,462,037	2,126,617	7,304,514	13,893,168
2041	4,398,739	2,099,710	6,712,660	13,211,109
2042	4,323,349	2,055,223	6,132,067	12,510,639
2043	4,232,562	2,006,082	5,566,119	11,804,763
2044	4,130,166	1,959,378	5,016,013	11,105,557
2045	4,011,556	1,920,711	4,486,957	10,419,224
2046	3,866,939	1,862,905	3,984,406	9,714,250
2047	3,719,875	1,785,714	3,509,009	9,014,598
2048	3,561,974	1,704,754	3,063,168	8,329,896
2049	3,379,142	1,616,792	2,648,933	7,644,867
2050	3,188,027	1,525,306	2,267,971	6,981,304
2051	2,989,792	1,429,031	1,921,486	6,340,309
2052	2,785,351	1,330,872	1,610,121	5,726,344
2053	2,575,946	1,231,600	1,333,846	5,141,392

Plan Name: Ameritas Pension Plan
EIN / PN: 47-0806844 / 335
Plan Sponsor: Ameritas Holding Company
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2054	2,363,614	1,132,143	1,091,964	4,587,721
2055	2,150,544	1,033,528	883,143	4,067,215
2056	1,939,215	936,841	705,460	3,581,516
2057	1,732,275	843,173	556,513	3,131,961
2058	1,532,437	753,510	433,522	2,719,469
2059	1,342,275	668,691	333,519	2,344,485
2060	1,163,991	589,378	253,479	2,006,848
2061	999,362	516,041	190,426	1,705,829
2062	849,610	448,968	141,540	1,440,118
2063	715,366	388,269	104,224	1,207,859
2064	596,741	333,858	76,170	1,006,769
2065	493,369	285,517	55,383	834,269
2066	404,482	242,925	40,185	687,592
2067	329,008	205,670	29,205	563,883
2068	265,677	173,285	21,349	460,311
2069	213,102	145,270	15,764	374,136
2070	169,873	121,126	11,807	302,806
2071	134,618	100,396	8,996	244,010
2072	106,057	82,669	6,979	195,705
2073	83,049	67,576	5,509	156,134
2074	64,603	54,785	4,415	123,803

Plan Name: Ameritas Pension Plan
EIN / PN: 47-0806844 / 335
Plan Sponsor: Ameritas Holding Company
Valuation Date: January 1, 2025

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 2025 This Form is Open to Public Inspection
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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.)
B	This return/report is: ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ 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 PENSION PLAN	1b Three-digit plan number (PN) ▶ 335
	1c Effective date of plan 03/01/1954
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	<i>Crystal A Meyer</i>	9/10/2026	CRYSTAL A. MEYER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Crystal A Meyer</i>	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

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** 1,868**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)	217
a (2) Total number of active participants at the end of the plan year	6a(2)	188
b Retired or separated participants receiving benefits	6b	1,151
c Other retired or separated participants entitled to future benefits	6c	284
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	1,623
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	180
f Total. Add lines 6d and 6e	6f	1,803
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	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:**1A 1E 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

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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan AMERITAS PENSION PLAN	B Three-digit plan number (PN) ▶ <u>335</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AMERITAS HOLDING COMPANY	D Employer Identification Number (EIN) 47-0806844
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:			
a Market value	2a	<u>236,899,945</u>	
b Actuarial value	2b	<u>242,739,700</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>1,331</u>	<u>155645376</u>	<u>155,645,376</u>
b For terminated vested participants	<u>330</u>	<u>26,436,577</u>	<u>26,436,577</u>
c For active participants	<u>217</u>	<u>51,335,322</u>	<u>51,335,322</u>
d Total	<u>1,878</u>	<u>233417275</u>	<u>233,417,275</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.34</u>	%
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>2,404,451</u>	
b Expected plan-related expenses	6b	<u>470,037</u>	
c Target normal cost	6c	<u>2,874,488</u>	

Statement by Enrolled Actuary

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

SIGN HERE		<u>8/24/2026</u>
	Signature of actuary	Date
<u>JAMES J ANDREWS</u>	Type or print name of actuary	<u>26-05332</u>
		Most recent enrollment number
<u>WILLIS TOWERS WATSON US LLC</u>	Firm name	<u>952-842-7000</u>
		Telephone number (including area code)
<u>8400 NORMANDALE LAKE BLVD STE 1700</u>		
<u>MINNEAPOLIS MN 55437-3837</u>	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2025
v. 250312

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>.74</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b (1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.07</u> %		0
b (2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	103.99 %
15 Adjusted funding target attainment percentage	15	103.99 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	115.13 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

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

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	2,874,488	
b Excess assets, if applicable, but not greater than line 31a	31b	2,874,488	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0	
35 Balances elected for use to offset funding requirement	Carryover balance	Prefunding balance	Total balance
	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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