Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
GUIDEONE INSURANCE COMPANY PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1957

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)
GUIDEONE INSURANCE COMPANY

1111 ASHWORTH RD
WEST DES MOINES, IA 50265-3544

2b Employer Identification Number (EIN) 42-0645088

2c Plan Sponsor's telephone number 515-267-2255

2d Business code (see instructions) 524150

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.	10/02/2026	ZACH EICHMEIER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/02/2026	ZACH EICHMEIER
	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 [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	671
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)**	92
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	92
b	Retired or separated participants receiving benefits	**6b**	303
c	Other retired or separated participants entitled to future benefits	**6c**	247
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	642
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	17
f	Total. Add lines **6d** and **6e**.	**6f**	659
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I 3D

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)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached 0
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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

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

A Name of plan
GUIDEONE INSURANCE COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
42-0645088

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.

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	440919	659	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	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	3489403

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)	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

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

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
GUIDEONE INSURANCE COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
GUIDEONE INSURANCE COMPANY

D Employer Identification Number (EIN)
42-0645088

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

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

2 Assets:

a Market value	**2a**	100467526
b Actuarial value	**2b**	99586012

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	461	73154480	73154480
b For terminated vested participants	261	23757150	23757150
c For active participants	119	9777479	9795594
d Total	841	106689109	106707224

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**	0
b Expected plan-related expenses	**6b**	950000
c Target normal cost	**6c**	950000

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

07/16/2026
Date

GREGORY C. SHANE
Type or print name of actuary

26-06092
Most recent enrollment number

PRINCIPAL FINANCIAL GROUP
Firm name

515-235-9601
Telephone number (including area code)

PO BOX 9394
DES MOINES, IA 50306-9394
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 [ ]

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 1.93 %	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)		8668799
	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 5.08 %		440375
	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		9109174
	d Portion of (c) to be added to prefunding balance		1600000
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	1600000

Part III Funding Percentages

14	Funding target attainment percentage	14	91.82 %
15	Adjusted funding target attainment percentage	15	92.14 %
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	93.73 %
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
04/11/2025	452095	0			
			Totals ► 18(b)	452095	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	445697

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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**	950000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	8721212	893226
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**	1843226

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1397529	1397529

36 Additional cash requirement (line 34 minus line 35)	**36**	445697
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	445697

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

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

A Name of plan
GUIDEONE INSURANCE COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
42-0645088

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 50 64	CONTRACT ADMINISTRATOR	203106	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

UHY LLP

20-0694403

(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 50	ACCOUNTANT	19200	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PIMCO

33-0629048

(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?
27 50	INVESTMENT ADVISORY	171310	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

MORGAN STANLEY GLOBAL

20-8764829

(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?
27 50	INVESTMENT ADVISORY	81702	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MMA SECURITIES LLC

22-3570392

(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?
27 50	INVESTMENT ADVISORY	7253	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRINCIPAL COSTODIAL SOLUTIONS

51-0099493

(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?
13 50	CONTRACT ADMINSTRATOR	39719	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
GUIDEONE INSURANCE COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
GUIDEONE INSURANCE COMPANY

D Employer Identification Number (EIN)
42-0645088

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: PRIN LIQUID ASSETS SEP ACCT-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-024	P	862455

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL U.S. PROPERTY SA-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-027	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN CORE PLUS BOND SEP ACCT-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-005	P	1948184

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP VALUE I SA-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-043	P	678764

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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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
GUIDEONE INSURANCE COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
42-0645088

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	25233	30888
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3000000	
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	547610	319179
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	244332	292844
(2) U.S. Government securities	1c(2)	15533104	15249355
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	6426281	6531194
(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)	6049825	3489403
(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)	60143573	64211502
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	622643	508542

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	92592601	90632907
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	24191	519737
1k Total liabilities (add all amounts in lines 1g through1j)	1k	24191	519737
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	92568410	90113170

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)	452095	
(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)		452095
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	9388	
(B) U.S. Government securities	2b(1)(B)	630093	
(C) Corporate debt instruments	2b(1)(C)	397625	
(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)		1037106
(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)	2587325	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2587325
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	88532989	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	88370017	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		162972
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	394120	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		394120

		(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)		745503
(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)		4707505
c Other income	2c		1412044
d Total income. Add all **income** amounts in column (b) and enter total	2d		11498670
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7302308	
(2) To insurance carriers for the provision of benefits	2e(2)	5714232	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		13016540
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)	242825	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	19200	
(5) Investment advisory and investment management fees	2i(5)	260265	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	415080	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		937370
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		13953910
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-2455240
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: UHY LLP **(2)** EIN: 20-0694403

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 589187.

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
GUIDEONE INSURANCE COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
42-0645088

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 42-0127290

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** 5

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**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705206A .

Structured Attachment	Schedule SB, line 26a Schedule of Active Participant Data	2025
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection

Name of Plan	GUIDEONE INSURANCE COMPANY PENSION PLAN						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	42-0645088	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0
40 to 44	0	0	0	2	0	0
45 to 49	0	0	0	5	0	0
50 to 54	0	0	0	0	0	0
55 to 59	0	0	0	3	0	0
60 to 64	0	0	0	2	0	0
65 to 69	0	0	0	0	0	0
70 & Up	0	0	0	1	0	0

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0
40 to 44	1	0	0	0	0	0
45 to 49	6	0	0	2	0	0
50 to 54	5	0	0	14	0	0
55 to 59	6	0	0	13	0	0
60 to 64	4	0	0	14	0	0
65 to 69	3	0	0	2	0	0
70 & Up	1	0	0	1	0	0

Name of Plan	GUIDEONE INSURANCE COMPANY PENSION PLAN						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	42-0645088	**PN**	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0
50 to 54	3	0	0	0	0	0
55 to 59	11	0	0	2	0	0
60 to 64	5	0	0	5	0	0
65 to 69	1	0	0	1	0	0
70 & Up	1	0	0	0	0	0

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0
50 to 54	0	0	0	0	0	0
55 to 59	0	0	0	0	0	0
60 to 64	3	0	0	0	0	0
65 to 69	2	0	0	0	0	0
70 & Up	0	0	0	0	0	0

Name of Plan	GUIDEONE INSURANCE COMPANY PENSION PLAN						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	42-0645088	**PN**	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0
50 to 54	0	0	0	0	0	0
55 to 59	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0
70 & Up	0	0	0	0	0	0

GUIDEONE INSURANCE COMPANY PENSION PLAN

AUDITED FINANCIAL STATEMENTS
AND
SUPPLEMENTAL SCHEDULES

Years Ended December 31, 2025 and 2024

GUIDEONE INSURANCE COMPANY PENSION PLAN

TABLE OF CONTENTS

	Page
Independent Auditor's Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7
Supplemental Schedules	
Schedule of Assets (Held at End of Year)	17
Schedule of Reportable Transactions	20

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
GuideOne Insurance Company Pension Plan

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

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to, or derived from, the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).
- 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 audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern 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 audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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

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

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2025 and the 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 supplemental information required by the Department of Labor'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 audit 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 Department of Labor'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 Department of Labor'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).



West Des Moines, Iowa
October 2, 2026

GUIDEONE INSURANCE COMPANY PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2025	2024
Assets		
Investments, at fair value:		
Noninterest-bearing cash	$ 30,888	$ 25,233
Interest-bearing cash	292,844	244,332
U.S. government securities	15,249,355	15,533,104
Corporate debt instruments	6,531,194	6,426,281
Pooled separate accounts	3,489,403	6,049,825
Registered investment companies	24,326,470	23,921,566
Other funds	39,885,032	36,222,007
Other	508,542	622,643
Total investments	90,313,728	89,044,991
Employer contributions receivable	-	3,000,000
Receivables from brokers	651,221	547,610
Total assets	90,964,949	92,592,601
Payables to brokers	851,779	24,191
Net assets available for benefits	$ 90,113,170	$ 92,568,410

See accompanying notes to financial statements.

GUIDEONE INSURANCE COMPANY PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Years Ended December 31,	
	2025	2024
Additions		
Employer contributions	$ 452,095	$ 10,839,981
Investment income:		
Dividends and interest	3,626,453	3,106,094
Net appreciation in fair value of investments	5,980,101	1,661,290
Other income	1,440,021	772,986
Total investment income	11,046,575	5,540,370
Total additions	11,498,670	16,380,351
Deductions		
Benefits paid	7,627,224	10,078,112
Administrative expenses	937,370	1,192,022
Payment for provision of benefits (Note 6)	5,389,316	2,878,351
Total deductions	13,953,910	14,148,485
Net increase (decrease) in net assets available for benefits	(2,455,240)	2,231,866
Net assets available for benefits:		
Beginning of year	92,568,410	90,336,544
End of year	$ 90,113,170	$ 92,568,410

See accompanying notes to financial statements.

NOTE 1 — DESCRIPTION OF PLAN

General

The following brief description of the GuideOne Insurance Company Pension Plan (the Plan) is provided for general information only. Participants should refer to the summary plan description booklet for more complete information.

The Plan is a noncontributory defined-benefit plan that covered all eligible employees of GuideOne Insurance Company (the Company or Plan Sponsor) and provides retirement, death, and termination benefits. Effective December 31, 2009, the Plan was frozen at the then current benefit level and the accrual of future benefits for eligible employees ceased. No future employees or currently inactive Plan participants will become active Plan participants, no future accrual service will be credited, and no future changes in compensation will be taken into account in determining benefits.

Administration

The Plan is administered by the Benefits Committee of the Company (the Plan Administrator).

Custodian and Trustee

Principal Life Insurance Company has been designated as the Custodian of the Plan. Principal Trust Company is the Trustee of the Plan.

Contributions

The Plan is noncontributory on the part of participants. Contributions from the Company are actuarially determined and paid or accrued annually based on regulatory funding requirements and management's discretion. Interest, dividends, and realized and unrealized gains (losses) on investments serve to adjust future contributions that would otherwise be required to provide the defined level of benefits under the Plan. The Plan has met the minimum funding requirements established by the Employee Retirement Income Security Act of 1974 (ERISA).

Payment of Benefits

Under the terms of the Plan, employees are entitled to monthly benefit payments beginning at normal retirement age (65), determined by multiplying (a) times (b) and adding (c):

(a) An amount equal to (1) 1.25% of average compensation not in excess of the integration level as determined by the Social Security Act plus (2) 1.90% of average compensation in excess of the integration level;

(b) Accrual service (not to exceed 30 years); and

(c) Amount of benefit that can be provided by the required contribution account.

NOTE 1 — DESCRIPTION OF PLAN (Continued)

Payment of Benefits (Continued)

If a qualified participant dies, a death benefit equal to 50% of the participant's accrued benefits is paid to the participant's spouse or dependent children under age 19 unless they are a full-time student, then under age 25. The monthly death benefit will commence as of the first day of the month following the date of the participant's death.

Effective January 1, 2000, the Plan was amended to remove the disability benefit from the Plan except for participants currently receiving a disability benefit. Future disability benefit accruals have been frozen as of January 1, 2000.

Benefit payments to participants are recorded upon distribution.

Plan Terminations

While the Company has not expressed any intent to terminate the Plan or to discontinue contributions, it is free to do so at any time, subject to the provisions set forth in ERISA. Should the Plan be terminated at some future time, all participants become 100% vested in benefits earned as of the termination date.

If the Plan is terminated for any reason other than bankruptcy or near bankruptcy of the Company, and the Plan has insufficient assets, the Company will be required to pay the Plan an amount, which, together with Plan assets, will satisfy all benefits accumulated to the date of the Plan termination.

If the Plan is terminated as a result of bankruptcy or near bankruptcy of the Company, the Pension Benefit Guaranty Corporation (PBGC) will take over the Plan and will pay those benefits that it guarantees. The extent to which a particular participant's accumulated Plan benefits will be paid depends on available Plan assets, the priority of benefits (as described in the Plan), and the level of benefits guaranteed by the PBGC at that time.

Plan Expenses

All expenses of administering the Plan are paid from Plan funds.

Receivables to and Payables from Brokers

Receivables to and payables from brokers relate to sales and purchases, respectively, of securities which have traded but not yet settled.

NOTE 2 — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements of the Plan have been prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America (GAAP).

NOTE 2 — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates

The Plan Administrator has made certain estimates and assumptions relating to the reporting of net assets available for benefits and obligations, disclosure of contingent assets and liabilities at the date of the financial statements, reporting changes in net assets available for benefits during each period, and for Plan benefits and changes therein to prepare these financial statements in conformity with GAAP. Actual results could differ from these estimates.

Retired Lives

The Plan has a group annuity contract with the Custodian to fund the liability for retired lives. The group annuity contract is excluded from the Plan and related assets are available to purchase individual annuities for retired participants. Payments to (or excess investment returns from) the contract are recorded by the Plan annually as a component of other income or other benefits. All funds received by the Custodian shall be, and remain, a part of the general funds of the Custodian, and the Custodian shall be the sole owner thereof, without any duty or requirement of segregation or separate investment.

Investments

Investments of the Plan are reported at fair value. Refer to Note 4 for further discussion of fair value measurements. The purchases and sales of securities are recorded on a trade-date basis. Realized gains and losses from security transactions are reported on the average-cost method. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Federal Income Taxes

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated September 29, 2020, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended subsequently and the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 2 — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Party-in-Interest Transactions

Transactions resulting in Plan assets being transferred to or used by a related party are prohibited under ERISA unless specific exemption applies. Principal Life Insurance Company, the Custodian of the Plan, is a party-in-interest because the Plan is able to invest in certain pooled separate accounts offered by affiliates of the Custodian. Certain fees paid by the Plan for investment management services were included as a reduction of the return on each registered investment company or separate account. These transactions are exempt and are not prohibited by ERISA.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits. Plan contributions are made, and the actuarial present value of accumulated Plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

NOTE 3 — INVESTMENT INFORMATION CERTIFIED BY TRUSTEE

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator has obtained certification from the Trustee that all of the investment information provided by the Trustee and included in the accompanying financial statements and schedules is complete and accurate. Information as to the investments, investment income, and all information appearing in the accompanying schedules are presented based solely upon that certification.

NOTE 3 — INVESTMENT INFORMATION CERTIFIED BY TRUSTEE (Continued)

Under the terms of the group annuity contract with the Plan Administrator, all funds received by the Trustee not specifically directed to a pooled separate account or interest in a registered investment company shall be and remain a part of the general funds of the Custodian (General Investment Fund), and the Custodian shall be the sole owner thereof, without any duty or requirement of segregation or separate investment. To the extent not prohibited by state law, the Plan Administrator may specify whether all or any portion of the Plan Sponsor's contribution deposited under the group annuity contract is to be invested in a pooled separate account. The Trustee has the sole discretionary authority concerning purchases and sales of investments in these pooled separate accounts. The investments of the pooled separate accounts and the registered investment companies (collectively, the Investments) are carried at fair value (see Note 4). The related appreciation or depreciation of the Investments is recognized in the net earnings of the pool. The net appreciation or depreciation of the pooled separate accounts and the interests in registered investment companies include dividends and realized and unrealized gains and losses. At December 31, 2025 and 2024, there was not an investment in the General Investment Fund.

NOTE 4 — FAIR VALUE MEASUREMENTS

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value is a market-based measurement, not an entity specific measurement. Therefore, a fair value measurement should be determined based on assumptions that market participants would use in pricing an asset or liability. As a basis for considering market participant assumptions in fair value measurements, a fair value hierarchy was established, which prioritizes the inputs used in measuring fair values. The hierarchy gives the highest priority to Level 1 measurements and the lowest priority to Level 3 measurements. The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measurement in its entirety. The three levels of the fair value hierarchy are described as follows:

Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:

- Quoted prices for similar assets and liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in markets that are not active;
- Observable inputs other than quoted prices that are used in the valuation of the asset or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals); and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs may include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

NOTE 4 — FAIR VALUE MEASUREMENTS (Continued)

Following is a description of the valuation methods used for assets measured at fair value.

Noninterest-bearing cash and interest-bearing cash – The carrying amounts of noninterest-bearing cash and interest-bearing cash approximate fair value because of the short maturity of those financial instruments, and are considered to fall within Level 1 of the fair value hierarchy.

Registered investment companies – The fair values of investments in registered investment companies are valued based on unadjusted observable market quotations for identical assets and are priced on a daily basis at the close of business.

Pooled separate accounts – The fair values of units held in pooled separate accounts are valued based on quoted redemption values, also known as net asset values (NAV), determined by using available market information and appropriate valuation methods, as provided by the Custodian and represents the value at which the Plan (or the participant) could initiate a transaction with the Custodian. There are no imposed redemption restrictions on participants, except for certain short-term trading restrictions, which prohibit participants from reinvesting into the same account within 30 days.

The NAV of the U.S. Property Separate Account is based on the underlying real estate assets, which are valued using discounted cash flow valuation models that utilize public real estate market data such as transaction prices, market rents, vacancy levels, leasing absorption, market cap rates and discount rates. In addition, each property is appraised annually by an independent appraiser. The Custodian has the ability to apply a contractual limitation, which delays the payment of withdrawal requests (Withdrawal Limitation). The Withdrawal Limitation was applied on July 1, 2022 and was in effect as of December 31, 2024. The Plan did not hold any investment in this fund as of December 31, 2025.

U.S. government securities and corporate debt instruments – Valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for similar securities, the instrument is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

Other funds – The fair values of the other funds are valued based on NAV, determined by using available market information and appropriate valuation methods, as provided by the Custodian and represents the value at which the Plan (or the participant) could initiate a transaction with the Custodian.

Other investments – Other investments include a bond for a foreign government, cash collateral and futures and swaps. The foreign bond is valued on yields currently available on comparable securities of issuers with similar credit ratings. The cash collateral, futures and interest rate swaps do not have any observable inputs and are considered Level 3. The activity of the Level 3 investments is not material to disclose.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement.

NOTE 4 — FAIR VALUE MEASUREMENTS (Continued)

The following tables set forth the Plan's assets carried at fair value as of December 31, 2025 and 2024 by level within the fair value hierarchy. There were no transfers between levels of the fair value hierarchy during 2025 and 2024.

	Assets at fair value as of December 31, 2025			
Description	Fair Value	Level 1	Level 2	Level 3
Noninterest-bearing cash	$ 30,888	$ 30,888	$ -	$ -
Interest-bearing cash	292,844	292,844	-	-
U.S. government securities	15,249,355	-	15,249,355	-
Corporate debt instruments	6,531,194	-	6,531,194	-
Pooled separate accounts	3,489,403	-	3,489,403	-
Registered investment companies	24,326,470	24,326,470	-	-
Other funds	39,885,032	-	39,885,032	-
Other	508,542	-	-	508,542
	$ 90,313,728	$ 24,650,202	$ 65,154,984	$ 508,542

	Assets at fair value as of December 31, 2024			
Description	Fair Value	Level 1	Level 2	Level 3
Noninterest-bearing cash	$ 25,233	$ 25,233	$ -	$ -
Interest-bearing cash	244,332	244,332	-	-
U.S. government securities	15,533,104	-	15,533,104	-
Corporate debt instruments	6,426,281	-	6,426,281	-
Pooled separate accounts	4,444,471	-	4,444,471	-
Registered investment companies	23,921,566	23,921,566	-	-
Other funds	36,222,007	-	36,222,007	-
Other	622,643	-	160,357	462,286
	87,439,637	$ 24,191,131	$ 62,786,220	$ 462,286
Investments measured at NAV (a)	1,605,354			
	$ 89,044,991			

(a) Due to the Withdrawal Limitation applied on July 1, 2022, the Principal U.S. Property Separate Account utilized the NAV as a practical expedient to estimate fair value at December 31, 2024. The NAV is based on the fair value of the underlying investments held by the fund, less its liabilities. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV. The Principal U.S. Property Separate Account has no unfunded commitments, allows daily redemptions when Withdrawal Limitation is not in effect, and has no required redemption notice period. At December 31, 2024, the Principal U.S. Property Separate Account was in queue for withdrawal. The Plan did not hold any investment in this fund as of December 31, 2025.

NOTE 5 — OBLIGATIONS FOR PLAN BENEFITS

The Plan Sponsor has agreed to fund the Plan by annual contributions, which must be at least equal to the minimum specified by ERISA. The ERISA minimum funding requirements were met in 2025 and 2024. Contributions are designed to fund the Plan's current service costs on a current basis and to fund, over a period not to exceed 30 years, the estimated past service costs arising from qualifying service prior to establishment of the Plan.

Calculations of the present value of accumulated Plan benefits were made by actuaries associated with the Custodian as of January 1, 2026 and 2025. Had the valuations been performed as of December 31, there would be no material differences. The actuarial valuation is based upon the premise that the Plan will continue in existence, and therefore, future events must be considered. These future events are assumed to occur in accordance with the actuarial assumptions. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. Actual results may differ from these assumptions.

The actuarial assumptions and the actuarial cost method follow accepted actuarial principles and have been adopted to guide the Company, who is also the Plan Sponsor, in funding the Plan. Under ERISA, the actuary engaged on behalf of Plan participants is to render an opinion that the assumptions used in the aggregate are reasonable in relation to the experience of the Plan and meet reasonable expectations and represent the actuary's best estimate of anticipated experience under the Plan.

Significant assumptions underlying the actuarial computations at January 1, 2026 and 2025 are as follows:

Interest rate used to value liabilities	6.00% compounded annually in 2026 and 2025
Mortality basis	Pri–2012 Mortality Table projected using the Principal Mortality Improvement Scale (PFG2025-10) for 2026
	Pri–2012 Mortality Table projected using the Principal Mortality Improvement Scale (PFG2024-10) for 2025
Normal retirement	Attained at age 65
Early retirement	Attained at age 55

At January 1, the actuarial present values of the accumulated Plan benefits were as follows:

	2026	2025
Retired lives	$ 68,537,421	$ 71,837,398
Vested benefits	28,780,105	32,251,696
Nonvested benefits	10,214	14,312
Present value of accumulated Plan benefits	$ 97,327,740	$ 104,103,406

NOTE 5 — OBLIGATIONS FOR PLAN BENEFITS (Continued)

The following is a summary of changes in accumulated Plan benefits for the years ended January 1:

	2026	2025
Present value of accumulated Plan benefits at beginning of year	$ 104,103,406	$ 110,203,205
Increase (decrease) during the year attributable to:		
Benefits accumulated and Plan experience	367,766	627,504
Interest due to the decrease in the discount period	5,861,732	6,229,160
Benefits paid and retiree lift-out	(13,005,164)	(12,956,463)
Present value of accumulated Plan benefits at end of year	$ 97,327,740	$ 104,103,406

NOTE 6 — RETIREE LIFT-OUT AND LUMP SUM DISTRIBUTION

In April and June 2025, the Company made cash contributions to the Plan in the amount of $452,095 and $3,000,000, respectively.

In 2025, the Plan entered into a Single Premium Group Annuity Contract to lift out 73 retirees from the Plan. In June 2025, $5,389,316 was paid to the Custodian for the assignment of those benefits, which removed those participants from the Plan. The Custodian began making all benefit payments for the transferred participants effective August 1, 2025.

In February 2024, the Company made a cash contribution to the Plan totaling $6,000,000.

In 2024, the Plan offered certain terminated vested participants a lump sum distribution. 60 terminated vested participants were offered. There were 4 elections that were not processed in the amount of $127,632. In August 2024, $2,500,243 was distributed from the Plan. These are presented as benefits paid.

In 2024, the Plan entered into a Single Premium Group Annuity Contract to lift out 46 retirees from the Plan. In October 2024, $2,878,351 was paid to the Custodian for the assignment of those benefits, which removed those participants from the Plan. The Custodian began making all benefit payments for the transferred participants effective January 1, 2025.

NOTE 7 — RELATED-PARTY AND PARTY IN INTEREST TRANSACTIONS

Certain plan investments are managed by Principal. Fees incurred by the Plan for the investment management services are included in net appreciation in fair values of investments. Therefore, these transactions with Principal qualify as party-in-interest transactions. Principal charged administrative fees of $203,106 and $196,978 for the years ending December 31, 2025 and 2024, respectively.

NOTE 8 — SUBSEQUENT EVENTS

In April 2026, the Company made cash contributions to the Plan in the amount of $460,807.

The Plan evaluated subsequent events through October 2, 2026, the date the financial statements were available to be issued.

GUIDEONE INSURANCE COMPANY PENSION PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 42-0645088, Plan No. 001
Year Ended December 31, 2025

	Identity of issuer	Description of investment	Cost	Current Value
Noninterest-bearing cash				
*	Principal Custody Solutions	Canadian Dollar	$ 2,638	$ 2,691
*	Principal Custody Solutions	EMU Euro	1,964	1,970
*	Principal Custody Solutions	Great British Pound	2,266	2,307
*	Principal Custody Solutions	Currency Contract - USD	53	53
*	Principal Custody Solutions	Mexican Peso	22,380	22,486
*	Principal Custody Solutions	United States Dollar	1,381	1,381
			30,682	30,888
Interest-bearing cash				
	Wells Fargo	Allspring Money Market	292,844	292,844
U.S. government securities				
*	Principal Custody Solutions	U.S. Treasury Bond 1.500%	197,773	170,738
*	Principal Custody Solutions	U.S. Treasury Bond 3.875%	3,009,336	2,698,830
*	Principal Custody Solutions	U.S. Treasury Bond 3.875%	364,082	358,828
*	Principal Custody Solutions	U.S. Treasury Bond 4.750%	1,090,706	1,100,132
*	Principal Custody Solutions	U.S. Treasury Bond 4.625%	183,909	176,724
*	Principal Custody Solutions	U.S. Treasury Bond 4.250%	369,582	361,656
*	Principal Custody Solutions	U.S. Treasury Bond 4.125%	534,740	550,662
*	Principal Custody Solutions	U.S. Treasury Bond 4.500%	542,489	537,624
*	Principal Custody Solutions	U.S. Treasury Bond 4.750%	398,916	397,968
*	Principal Custody Solutions	U.S. Treasury Notes 3.500%	3,247,605	3,291,622
*	Principal Custody Solutions	U.S. Treasury Notes 4.000%	3,938,373	3,939,520
*	Principal Custody Solutions	U.S. Treasury Bond 3.000%	383,299	372,070
*	Principal Custody Solutions	U.S. Treasury Bond 3.000%	614,938	592,344
*	Principal Custody Solutions	Federal Home Loan Mortgage Corporation 6.000%	449,868	456,821
*	Principal Custody Solutions	Federal National Mortgage Association 6.500%	239,540	243,816
			15,565,156	15,249,355
Corporate debt instruments				
*	Principal Custody Solutions	Ally Financial Inc. variable coupon rate	205,870	207,280
*	Principal Custody Solutions	Avolon Holdings Funding Ltd. 6.375%	25,074	26,049
*	Principal Custody Solutions	Bank of America Corporation variable coupon rate	200,523	205,910
*	Principal Custody Solutions	BBVA Bancomer variable coupon rate	100,000	108,184
*	Principal Custody Solutions	BNP Paribas variable coupon rate	204,226	209,948
*	Principal Custody Solutions	Boing Co 5.93%	92,617	98,056
*	Principal Custody Solutions	Boing Co 6.858%	100,000	112,314
*	Principal Custody Solutions	Centene Corp 2.50%	83,497	86,357
*	Principal Custody Solutions	CitiGroup Inc variable coupon rate	100,000	103,097
*	Principal Custody Solutions	CitiGroup Inc variable coupon rate	200,000	201,590
*	Principal Custody Solutions	Citizens Financial variable coupon rate	100,453	104,841

GUIDEONE INSURANCE COMPANY PENSION PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)
EIN: 42-0645088, Plan No. 001
Year Ended December 31, 2025

	Identity of issuer	Description of investment	Cost	Current Value
Corporate debt instruments (continued)				
*	Principal Custody Solutions	Citizens Financial variable coupon rate	100,000	104,300
*	Principal Custody Solutions	Constellation EN 5.75%	99,901	99,226
*	Principal Custody Solutions	Cousins Properties LP 5.25%	99,987	102,541
*	Principal Custody Solutions	Cox Communication 5.95%	199,744	175,082
*	Principal Custody Solutions	CVS Health Corporation 5.625%	101,320	93,871
*	Principal Custody Solutions	CVS Health Corporation 6.0%	198,790	200,982
*	Principal Custody Solutions	Edison International variable coupon rate	25,000	26,244
*	Principal Custody Solutions	ENI SPA 5.95%	197,656	198,290
*	Principal Custody Solutions	Entergy Texas 5.55%	99,284	97,062
*	Principal Custody Solutions	Florida Gas Transmission	99,696	103,764
*	Principal Custody Solutions	Goldman Sachs variable coupon rate	100,000	101,395
*	Principal Custody Solutions	Goldman Sachs variable coupon rate	100,000	103,788
*	Principal Custody Solutions	HCA Inc. 6.0%	99,423	99,415
*	Principal Custody Solutions	Home Depot Inc. 5.3%	98,435	95,651
*	Principal Custody Solutions	Intesa Sanpaolo variable coupon rate	100,000	118,788
*	Principal Custody Solutions	JP Morgan Chase variable coupon rate	100,000	103,911
*	Principal Custody Solutions	JP Morgan Chase variable coupon rate	100,000	103,901
*	Principal Custody Solutions	JP Morgan Chase variable coupon rate	104,094	106,559
*	Principal Custody Solutions	Merck & Company Inc. 5.150%	99,563	91,891
*	Principal Custody Solutions	Micron Technology Inc 5.875%	203,208	212,728
*	Principal Custody Solutions	Morgan Stanley variable coupon rate	200,000	205,880
*	Principal Custody Solutions	Morgan Stanley variable coupon rate	300,000	311,844
*	Principal Custody Solutions	Nissan Motor Acceptance 5.55%	99,879	99,646
*	Principal Custody Solutions	Occidental Petroleum 6.05%	205,530	191,290
*	Principal Custody Solutions	Occidental Petroleum 8.875%	86,062	86,723
*	Principal Custody Solutions	PACIFIC GAS & ELECTRIC 3.5%	63,788	67,430
*	Principal Custody Solutions	PACIFIC GAS & ELECTRIC 6%	99,514	104,930
*	Principal Custody Solutions	PACIFICORP 5.8%	99,399	93,318
*	Principal Custody Solutions	Pfizer Investment Enterprises 5.340%	49,029	46,390
*	Principal Custody Solutions	Prologis LP 4.200%	69,312	73,347
*	Principal Custody Solutions	PUBLIC SVC ENTERPRISE GROUP 5.45%	199,678	206,612
*	Principal Custody Solutions	Realty Income Corp 3.875%	113,748	115,982
*	Principal Custody Solutions	ROCHE HOLDINGS INC 4.985%	200,000	205,934
*	Principal Custody Solutions	SOUTH BOW CAN INFRA HOLD variable coupon rate	100,000	106,887
*	Principal Custody Solutions	US BANCORP variable coupon rate	100,000	105,590
*	Principal Custody Solutions	VIACOM INC 6.875%	188,983	196,744
*	Principal Custody Solutions	Wells Fargo & Company VAR	193,166	204,306
*	Principal Custody Solutions	WOODSIDE FIN LTD 5.1%	99,744	98,800
*	Principal Custody Solutions	XP INC 6.75%	197,920	206,526
			6,404,113	6,531,194

GUIDEONE INSURANCE COMPANY PENSION PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)

EIN: 42-0645088, Plan No. 001

Year Ended December 31, 2025

	Identity of issuer	Description of investment	Cost	Current Value
Pooled separate accounts				
*	Principal Life Insurance Company	Principal Core Plus Bond Separate Account	1,737,195	1,948,184
*	Principal Life Insurance Company	Principal MidCap Value I Separate Account	505,419	678,765
*	Principal Life Insurance Company	Principal Liquid Assets Separate Account	858,088	862,454
			3,100,702	3,489,403
Registered investment companies				
	Cullen Funds	Cullen Emerging Markets High Dividend Fund	775,763	968,794
	GQG PARTNERS	GQC Partners Emerging Markets Equity Fund	872,864	849,957
	MFS Investment Management	MFS Value R6 Fund	4,502,240	5,151,368
	MFS Investment Management	MFS Intrinsic Value R6 Fund	6,759,983	6,564,254
	JP Morgan Funds	JP Morgan Large Cap Growth R6 Fund	3,764,473	5,014,865
	JP Morgan Funds	JP Morgan Mid Cap Growth R6 Fund	2,019,225	1,892,455
	Congress Asset Management	Congress Small Cap Growth Fund Class	1,431,771	1,933,654
	Victory Funds	Victory Small Company Opportunity R6 Fund	1,871,510	1,951,123
			21,997,829	24,326,470
Other funds				
*	Principal Custody Solutions	PIMCO PAPS S/T FLT NAV PO	184,793	184,806
*	Principal Custody Solutions	PAPS Long Duration Corp B	27,007,757	27,144,434
*	Principal Custody Solutions	PIMCO Sector FD SER I	12,255,481	12,555,792
			39,448,031	39,885,032
Other				
*	Principal Custody Solutions	LCH Receiver IRS EUR Swap	3	3
*	Principal Custody Solutions	Cash Collateral	436,000	436,000
*	Principal Custody Solutions	Excess swaps PIMCO margin equity	7,696	7,696
*	Principal Custody Solutions	Excess Futures PIMCO margin equity	16,238	16,238
*	Principal Custody Solutions	VM Cash FUT for BOS EUR	14,343	14,707
*	Principal Custody Solutions	VM Cash FUT for BOS GBP	5,601	5,711
*	Principal Custody Solutions	Ice Excess Swaps PIMCO margin equity	10,060	10,060
*	Principal Custody Solutions	LCH Excess Swaps PIMCO margin equity	13,956	13,956
*	Principal Custody Solutions	VM Cash CCP LCH BOS EUR	3,982	4,171
			507,879	508,542
			$ 87,347,236	$ 90,313,728

GUIDEONE INSURANCE COMPANY PENSION PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 42-0645088, Plan No. 001
Year Ended December 31, 2025

Description of Asset	Number of Purchases	Purchase Price	Number of Sales	Selling Price	Net Gain or Loss
Purchases					
Principal Liquid Assets Separate Account	24	$ 15,350,275	-	$ -	$ -
Principal U.S. Property Separate Account	1	2,190,029	-	-	-
PIMCO PAPS S/T FLT NAV PO	45	5,019,962	-	-	-
U.S. Treasury Bond 4.250%	15	5,515,543	-	-	-
U.S. Treasury Bond 4.500%	7	4,034,357	-	-	-
U.S. Treasury Bond 4.125%	6	3,227,219	-	-	-
U.S. Treasury Bond 4.625%	25	17,898,449	-	-	-
U.S. Treasury Bond 4.750%	39	15,167,900	-	-	-
U.S. Treasury Bond 4.000%	18	23,010,587	-	-	-
U.S. Treasury Bond 4.000%	12	13,468,128	-	-	-
Allspring Money Market	493	24,497,983	-	-	-
Sales					
Principal Liquid Assets Separate Account	-	$ -	83	$ 15,346,572	$ 32,110
Principal U.S. Property Separate Account	-	-	2	3,827,742	386,588
PIMCO PAPS S/T FLT NAV PO	-	-	17	5,700,076	(76)
U.S. Treasury Bond 4.250%	-	-	15	5,563,195	(47,320)
U.S. Treasury Bond 4.500%	-	-	7	3,491,868	4,770
U.S. Treasury Bond 4.125%	-	-	6	3,284,932	(57,681)
U.S. Treasury Bond 4.625%	-	-	23	17,898,449	(8,394)
U.S. Treasury Bond 4.750%	-	-	37	14,768,984	(3,984)
U.S. Treasury Bond 4.000%	-	-	19	23,074,884	28,532
U.S. Treasury Bond 4.000%	-	-	12	13,468,128	17,581
Allspring Money Market	-	-	472	24,449,455	-

F052TF

SCHEDULE H, line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

GUIDEONE INSURANCE COMPANY PENSION PLAN

EIN 42 0645088
PLAN NUMBER 001
PLAN YEAR 01/01/2025 TO 12/31/2025

DESCRIPTION OF ASSET	(A) Total Number of Purchases	(B) Total Number of Sales	(C) Total Value of Purchases	(D) Total Value of Sales	(E) Net Gain/(Loss)
Pooled Separate Accounts PRINCIPAL LIQUID ASSETS SEPARA	24		$ 15,350,274.58		$ 0.00
Pooled Separate Accounts PRINCIPAL LIQUID ASSETS SEPARA		83		$ 15,346,572.17	$ 32,110.33
Pooled Separate Accounts PRINCIPAL U.S. PROPERTY SEPARA	1		$ 2,190,029.47		$ 0.00
Pooled Separate Accounts PRINCIPAL U.S. PROPERTY SEPARA		2		$ 3,827,742.43	$ 386,588.11

* Schedule is prepared using the alternative way of reporting (iii) series transactions under DOL Regulation 2520.103-6(d)(2).

SCHEDULE H, line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Schedule H, Line 4i - Schedule of Assets (Held At End Of Year)
Guideone Insurance Company Pension Plan

EIN 42-0645088
Plan Number 001
Plan Year 01/01/2025 To 12/31/2025

Cusip	Description		MatDate	Cost	Current Value
Int Bearing Cash					
Allspring	Money Market Inst			292,843.84	292,843.84
Total				**292,843.84**	**292,843.84**
U.S. Govt Bonds					
912810tq1	United states Treasury	3.875	02/15/2043	3,009,335.99	2,698,830.00
912810ts7	United states Treasury	3.875	05/15/2043	364,081.50	358,828.00
912810tw8	United states Treasury	4.75%	11/15/2043	1,090,706.22	1,100,132.00
912810ub2	United states	4.63%	05/15/2044	183,909.38	176,724.00
912810ud8	United states	4.13%	08/15/2044	534,740.11	550,662.00
912810ue6	United states	4.50%	11/15/2054	542,488.69	537,624.00
912810tp3	United states	1.50%	02/15/2053	197,773.19	170,738.19
912810uc0	United states	4.25%	08/15/2054	369,582.32	361,656.00
912810uj5	United states	4.75%	02/15/2045	398,915.76	397,968.00
912810sa7	United states	3.00%	02/15/2048	383,299.20	372,070.00
91282cgq8	United states Treasury	4.00%	02/28/2030	3,938,372.72	3,939,519.70
91282cgm7	United states Treasury	3.50%	02/28/2033	3,247,605.47	3,291,622.08
912810sd1	US TREASURY STRIPS	3.00%	08/15/2048	614,937.50	592,344.00
3132DWMB6	Fed Home Loan Mtg	6.00%	08/01/2054	449,868.20	456,821.11
3140A4H79	Fed Natl Mtg	6.50%	12/01/2053	239,539.95	243,815.75

Classification: Internal Use

Total		**15,565,156.20**	**15,249,354.83**
Pooled Separate Accounts			
Core Plus Bond Se	Principal Global Investors	1,737,194.72	1,948,184.25
Victory Midcap Se	LA/Cap/Victory	505,419.39	678,764.28
Liquid Assets Sep	Prin Global Invstors	858,088.31	862,454.81
Total		**3,100,702.42**	**3,489,403.34**
Registered			
Paps Long Dur	Pimco	27,007,756.55	27,144,434.55
Pimco Paps Short	Pimco	184,793.23	184,805.84
Cullen Emerging Mkt High		775,763.34	968,794.91
GQG Partners Emg Mkts Eq		872,864.33	849,957.12
MFS International Intr Value		6,759,983.41	6,564,253.96
Congress Sm Cap Growth Fund		1,431,771.17	1,933,653.77
JPMorgan Large Cap Growth Fund		3,764,472.74	5,014,865.18
JPMorgan MidCap Growth Fund		2,019,225.44	1,892,454.86
MFS Value Fund		4,502,239.71	5,151,367.92
Victory Sycamore Small Cp Opp		1,871,509.84	1,951,122.57
Pimco Sector		12,255,480.67	12,555,791.73
Total		**61,445,860.43**	**64,211,502.41**
Corp Debt			

Classification: Internal Use

Ally Finl Inc	VAR		07/26/2035	205,870.00	207,280.00
Avolon Hldgs		6.375	05/04/2028	25,074.00	26,049.25
Bank of America	VAR		04/25/2034	200,523.00	205,910.00
BBVA Bancomer	VAR		01/08/2039	100,000.00	108,184.00
BNP Paribas	VAR		01/13/2033	204,226.00	209,948.00
Boeing Co		5.93	05/01/2060	92,617.00	98,056.00
Boeing Co		6.85	05/01/2054	100,000.00	112,314.00
Centene Corp		2.5	03/01/2031	83,497.00	86,357.00
CitiGroup Inc	VAR		09/19/2030	200,000.00	201,590.00
Citigroup Inc	VAR		12/31/2099	100,000.00	103,097.00
Citizens Fin	VAR		07/23/2032	100,453.00	104,841.00
Citizens Fin	VAR		01/23/2030	100,000.00	104,300.00
Constellation EN		5.75	03/15/2054	99,901.00	99,226.00
Cousins Property		5.25	07/15/2030	99,987.00	102,541.00
Cox Communication		5.95	09/01/2054	199,744.00	175,082.00
CVS Heath		6	06/01/2044	198,790.00	200,982.00
CVS Heath		5.625	02/21/2053	101,320.00	93,871.00
Edison Inter	VAR		06/15/2054	25,000.00	26,243.75
ENI SPA		5.95	05/15/2054	197,656.00	198,290.00
Entergy Texas		5.55	09/15/2054	99,284.00	97,062.00
Florida Gas		5.75	07/15/2035	99,696.00	103,764.00
Goldman Sachs	VAR		12/31/2099	100,000.00	101,395.00
Goldman Sachs	VAR		01/28/2036	100,000.00	103,788.00
HCA Inc		6	04/01/2054	99,423.00	99,415.00
Home Depot Inc		5.3	06/25/2054	98,435.00	95,651.00
Intesa Sanpaolo SPA	VAR		06/20/2054	100,000.00	118,788.00
JP Morgan Chase	VAR		12/31/2099	100,000.00	103,911.00
JP Morgan Chase	VAR		06/01/2034	100,000.00	103,901.00
JP Morgan Chase	VAR		04/22/2035	104,094.00	106,559.00
Mereck & Co		5.15	05/17/2063	99,563.00	91,891.00
Micron Tech		5.875	02/09/2033	203,208.00	212,728.00
Morgan Stanley	VAR		07/19/2035	200,000.00	205,880.00
Morgan Stanley	VAR		01/18/2035	300,000.00	311,844.00

Classification: Internal Use

Nissan Motor		5.55	09/13/2029	99,879.00	99,646.00
Occidental Pete		6.05	10/01/2054	205,530.00	191,290.00
Occidental Pete		8.875	07/15/2030	86,061.75	86,722.50
Pacific Gas& Elec		3.5	08/01/2050	63,788.00	67,430.00
Pacific Gas& Elec		6	08/15/2035	99,514.00	104,930.00
Pacificorp		5.8	01/15/2055	99,399.00	93,318.00
Pfizer Invt		5.34	05/19/2063	49,028.50	46,390.00
Prologis LP		4.2	02/04/2025	69,312.00	73,347.00
Public Svc Ent		5.45	04/01/2034	199,678.00	206,612.00
Reality Income Corp		3.875	06/20/2035	113,748.00	115,983.00
Roche Holdings		4.985	03/08/2034	200,000.00	205,934.00
South Bow Can	VAR		03/01/2055	100,000.00	106,887.00
US Bancorp	VAR		01/23/2035	100,000.00	105,590.00
Viacom Inc		6.875	04/30/2036	188,983.00	196,744.00
Wells Fargo	VAR		12/03/2035	193,166.00	204,306.00
Woodside Fin		5.1	09/12/2034	99,744.00	98,800.00
XP Inc		6.75	07/02/2029	197,920.00	206,526.00
Total				**6,404,112.25**	**6,531,194.50**

Other

United Mexican States		4	08/24/2034		
Cash Collateral				436,000.00	436,000.00

Classification: Internal Use

CME Excess Swaps	7,696.00	7,696.00
Excess Futures Pimco	16,238.00	16,238.00
ICE Excess Swaps	10,060.00	10,060.00
LCH Excess Swaps	13,956.00	13,956.00
LCH Receiver RFR	2.00	3.00
VM Cash CCP ICE	3,982.00	4,171.00
VM Cash CC{ :CH	14,343.00	14,707.00
VM Cash Fut	5,601.00	5,711.00
Total	**507,878.00**	**508,542.00**

Classification: Internal Use

Classification: Internal Use

Assumptions prescribed by law

Mortality

Before benefit payment period

IRS Prescribed Mortality - Generational Non-annuitant, male and female.

During benefit payment period

IRS Prescribed Mortality - Generational Annuitant, male and female.

Assumptions selected by actuary

Inflation

2.40% increase per year.

Our long-term inflation assumption considered the current economic environment, recent and historical data, and forecasts from Federal Reserve Bank FOMC, Congressional Budget Office, and Survey of Professional Forecasters. See Long-Term Capital Market Assumptions link.

Asset return

6.50% for the current plan year.

The asset return is developed as a weighted average rate based on the target asset allocation of the plan and the long-term capital market assumptions. The calculated return is on an arithmetic mean basis. For details, see the Long-Term Capital Market Assumptions link.

Expected expense

The expected expense included in target normal cost is an estimate based on prior year expenses paid from plan assets, with an updated estimate of PBGC premiums. This is the best estimate available of upcoming year's expenses.

Retirement

Active and inactive participants

Age	Probability of retirement
60	5%
61	10%
62-64	20%
65	remaining participants

This assumption is based on the results of recent experience analysis and anticipated future experience.

Disability

None. This plan does not offer a subsidized disability benefit therefore the disability assumption is built into the withdrawal assumption.

Marriage

75% married; husbands are 3 years older than wives.

This assumption does not have material impact on the results of this report and has been selected based on our best estimate of active workforce.

Withdrawal	2003 Society of Actuaries Basic Age Table, multiplied by 1.50. We rely on a publicly published table due to the limited size of the plan. The SOA Basic Age Table is the most recent withdrawal experience table published by the Society of Actuaries. A multiplier of 1.50 is applied to this table to reflect the results of the most recent experience analysis and anticipated future experience.
Form of benefit	Participants are assumed to receive their benefits on the normal form at the assumed retirement age. This assumption is based on the results of recent experience analysis and anticipated future experience.
Methods prescribed by law	
Liability measure	Funding target is the present value of the benefits accrued on the valuation date. Included in Funding Target is the value of any missed required minimum distributions (defined in IRC §401(a)(9) and Treasury Regulation §1.401(a)(9)), equal to back payments with interest at 7.50%. Target normal cost is based on benefits expected to accrue during the current plan year and includes an estimate of plan expenses for the year.
Methods selected by plan sponsor	
Asset method	The asset valuation method is prescribed by law for plans that elect to use a value other than market value. For each of the preceding two years, an expected value of assets at the end of the year is compared to the end of year market value. The resulting gain or loss is recognized evenly over three plan years. The expected value includes contributions, distributions, any deducted administrative expenses, and expected earnings (based on the lesser of the assumed interest rate or the maximum allowable rate). The deferred gains and losses are added to the current market value and then restricted to no more than 110% and no less than 90% of that market value. When actual returns exceed the assumed return, the actuarial value of assets will lag below market value. The lag and the smoothing effect are limited since the value must be within 10% of market value.
Segment rates	24-month average with no weighting to prior law basis. Use rates where August is the last month included in the average.
PBGC premium basis	Variable rate premiums are calculated using census, market value of assets and interest rates in effect on the current valuation date. Interest rates are the 24-month average rates used for annual cost but without the interest rate corridor defined in IRC §430(h)(2)(C)(iv). You elected this Alternative interest method for the 01/01/2021 plan year and this method must be used for five years before a change can be made.

Methods elected by actuary

Retirees	Assets and liabilities for current and future retirees are included.
Vested benefits	A benefit is included in vested benefits if it meets the requirements under PBGC. The benefit is multiplied by the participant's vesting percentage applicable to each benefit on the valuation date. The following ancillary benefits are always treated as nonvested: disability benefits payable to retirement age unless in pay status, pre-retirement death benefits in excess of the survivor annuity death benefit and post retirement death benefits for non-retired participants except as noted in the Plan provisions.

Assumptions and methods elected by actuary - plan accounting (ASC 960)

With the exceptions below, all assumptions and methods are the same as those used in determining your plan's regular funding target and target normal cost.

Mortality	Based on Pri-2012 White collar base rate mortality table projected generationally using the using the Principal Mortality Improvement Scale (Principal 2024).
Mortality base rates	Before benefit payment period Employee amount-weighted, male and female During benefit payment period Retiree amount-weighted, male and female
	The Society of Actuaries (SOA) is an actuarial organization that periodically reviews mortality data and publishes mortality tables and improvement scales. In October 2019, the SOA released the Pri-2012 Mortality Tables for private-sector retirement plans in the U.S. The Pri-2012 report contains different sets of mortality tables based on complete dataset or various subsets. The White collar base rate table was selected based on information provided by the plan sponsor.
	Pri-2012 section 12.4. provided three approaches for designated beneficiaries in the calculation of joint-and-survivor annuities. We believe "Approach 1" is reasonable for this plan.

Mortality improvement

Principal 2024 MI scale is based on MIM-2021-v4 application tool issued by SOA in October 2023 with the following parameters:

Parameter	Principal 2024
Historical dataset	SSA
Whittaker-Henderson Graduation	Order 3
Interpolation Structure	Basic
Graduated MI data last year ("jumping off" point)	2017
H/D transition ultimate year by age/cohort	2030/2030
Weight placed on interpolation by cohort	50%
Initial Slope periods (constraint)	2016-2017 (0.000)
LTR	SSA LTR 2024
COVID-19 or Excess load	None[1]

[1]Based on the sponsor's input, plan experience does not show a need for long-term excess death or Covid death load adjustments.

See Mortality documentation for rationale and additional information.

Interest rate used to value liabilities

6.00%

The interest rate used to value ASC 960 liabilities is developed as long-term expected geometric return on plan assets. Arithmetic expected return is calculated as the weighted average of broad asset classes' arithmetic returns of the plan's target asset allocation, and then converted to the geometric under lognormal distribution assumption. For details, see Long-Term Capital Market Assumptions link.

Treatment of administrative expenses

No adjustments are made for administrative expenses, either through a reduction in the discount rate or by calculating a present value of future expenses.

Plan sponsors may change their administrative expense handling at any time. Our approach provides consistent handling of ASC 960 liabilities from year to year, whether expenses are paid with plan assets or directly by the employer.

Note - expenses paid with plan assets are required to be included in funding normal cost. As a result, the plan is reimbursed annually through required funding. Exception – contributions are not required due to assets sufficiently in excess of liabilities to fund both expenses and normal cost. In this case, administrative expenses are taken from the excess assets.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
GUIDEONE INSURANCE COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
GUIDEONE INSURANCE COMPANY

D Employer Identification Number (EIN)
42-0645088

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

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

2 Assets:

a Market value	**2a**	100467526
b Actuarial value	**2b**	99586012

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	461	73154480	73154480
b For terminated vested participants	261	23757150	23757150
c For active participants	119	9777479	9795594
d Total	841	106689109	106707224

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**	0
b Expected plan-related expenses	**6b**	950000
c Target normal cost	**6c**	950000

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

GCS

Signature of actuary

7/16/2026
Date

Gregory C. Shane
Type or print name of actuary

2606092
Most recent enrollment number

Principal Financial Group
Firm name

515-235-9601
Telephone number (including area code)

PO Box 9394
Des Moines, IA 50306-9394
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 [ ]

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 1.93 %	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)		8668799
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 5.08 %		440375
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		9109174
d	Portion of (c) to be added to prefunding balance		1600000
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	1600000

Part III Funding Percentages

14	Funding target attainment percentage	14	91.82 %
15	Adjusted funding target attainment percentage	15	92.14 %
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	93.73 %
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
04/11/2025	452095	0			
			Totals ► 18(b)	452095	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	445697

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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**	950000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	8721212	893226
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**	1843226

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1397529	1397529

36 Additional cash requirement (line 34 minus line 35)	**36**	445697
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	445697
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Schedule SB, Line 2a - Explanation of Assets
GuideOne Insurance Company Pension Plan
EIN 42-0645088 Plan No. 001

The market value of assets on line 2a does not equal assets shown on Schedule H, Schedule I or Form 5500-SF. Schedule H, Schedule I and Form 5500-SF use the full value of contributions received after plan year end. Line 2a includes the value of $3,000,000 contributions received after the plan year end with a discounted value of $2,938,330.

In addition, Line 2a includes assets allocated for retirees' guaranteed benefits of $7,960,783, which left a difference of $3 due to the rounding amount.

Schedule SB, Line 22 - Description Of Weighted Average Retirement Age
GuideOne Insurance Company Pension Plan
EIN 42-0645088 Plan No. 001

The weighted average retirement age is weighted by the expected percentage of active participants retiring at each age. The retirement rate reflects only those participants who meet retirement eligibility. An active participant working past assumed retirement age is expected to retire at current age.

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
60	57.1112	0.0500	2.8556	171.3335
61	56.2199	0.1000	5.6220	342.9412
62	56.4724	0.2000	11.2945	700.2574
63	50.8315	0.2000	10.1663	640.4764
64	43.5873	0.2000	8.7175	557.9175
65	36.9956	1.0000	36.9956	2,404.7115
66	3.0000	1.0000	3.0000	198.0000
67	3.0000	1.0000	3.0000	201.0000
68	2.0000	1.0000	2.0000	136.0000
69	1.0000	1.0000	1.0000	69.0000
70	1.0000	1.0000	1.0000	70.0000
71	0.0000	1.0000	0.0000	0.0000
72	0.0000	1.0000	0.0000	0.0000
73	1.0000	1.0000	1.0000	73.0000
74	1.0000	1.0000	1.0000	74.0000
75	0.0000	1.0000	0.0000	0.0000
76	0.0000	1.0000	0.0000	0.0000
77	0.0000	1.0000	0.0000	0.0000
78	0.0000	1.0000	0.0000	0.0000
79	1.0000	1.0000	1.0000	79.0000
Total			88.6513	5,717.6375
Average				64.50

Schedule SB, Part V - Summary of Plan Provisions
GuideOne Insurance Company Pension Plan
EIN 42-0645088 Plan No. 001

This report reflects the maximum benefit limits under Internal Revenue Code (IRC) Section 415 and maximum compensation limits under IRC Section 401 in effect on the first day of each plan year.

The following is a summary of plan provisions and does not alter the intent or meanings of the provisions contained in the contract or plan document. This report reflects the provisions of the plan signed 03/09/2020, with Amendment #1 signed 05/25/2021.

Plan eligibility

Age	Attained age 21.
Service	One year period of at least 988 hours of service. Effective 12/31/2009 no new entrants will be allowed in the plan.

Normal retirement benefit

Age	Attained age 65.
Form	For those participants who have required contributions - monthly annuity payable for life with payments guaranteed to be at least equal to the required contribution account on normal retirement date. For all other participants - a monthly annuity payable for life. (Optional forms may be elected prior to retirement.)
Amount (accrued benefit)	The product of a) and b) plus c): a) An amount equal to (1) 1.25% of average compensation not in excess of the integration level, plus (2) 1.90% of average compensation in excess of the integration level. b) Accrual service to a maximum of 30 years. c) Amount of benefit which can be provided by the required contribution account. In no event shall be a participant's accrued benefit be less than the benefit accrued under the Plan as of December 31, 1993. Effective 12/31/2009 benefit accruals are frozen.

Early retirement benefit

Age	Attained age 55.
Form	Same as normal retirement benefit.
Amount	Accrued benefit on early retirement date reduced by 6 2/3% for each year up to five and 3 1/3% for each year between five and ten the early retirement date precedes normal retirement date.

Late retirement benefit

Form	Same as normal retirement benefit.
Amount	The greater of a) or b): a) Accrued benefit as of late retirement date. b) Accrued benefit as of normal retirement date increased, from the later of normal retirement date or January 1, 1982, to reflect the fact that payments commence after normal retirement date.

Termination benefit	
Vesting percentage	100% after five years of vesting service.
Form	Same as normal retirement benefit with income deferred until normal retirement date.
Amount	The sum of a) and b): a) Required contribution accrued benefit on date of termination. b) Accrued benefit on date of termination multiplied by the vesting percentage.

Pre-termination survivor annuity death benefit	
Eligibility	He had a spouse for the one year period prior to death or a dependent child and had not ceased employment.
Form and amount	If the above requirements have been met as of the date of such participant's death, the death benefit payable to such spouse or if there is no spouse, to the person who has assumed the principal support of such dependent child is a monthly benefit equal to 50% of such participant's accrued benefit as of the date of his death. The monthly benefit will continue with the last monthly benefit payable immediately preceding the later of (a) the date of such spouse's death, or (b the date there is no longer a surviving dependent child.

Post-termination survivor annuity death benefit	
Class	Participant married one year and vested in their accrued benefit.
Form	Monthly annuity payable to spouse.
Amount	If death occurs between early retirement date and normal retirement date, the benefit is an annuity to the spouse for an amount no less than would have been received had the participant elected a joint and 50% survivorship benefit option and early retired the day before death. If death occurs before early retirement date, the benefit is an annuity to the spouse for an amount no less than would have been received had the participant terminated employment on the date of death and survived to his or her earliest retirement age, retired with a joint and 50% survivorship benefit option, then died the next day. The benefit payable to the spouse will continue as long as the spouse lives. If the spouse dies and the sum of the payments made to the spouse is less than

the participant's required contribution account on the date of his death, any excess of the account over the sum of the payments paid to the spouse will be paid in a single sum to the participant's beneficiary.

Definitions	
Average compensation	The monthly average of his pay for the five consecutive years out of the ten latest years which give the highest average.
Integration level	The monthly average of the social security taxable wage base in effect under section 230 of the Social Security Act for each year in the 35 year period ending with the year the employee attains social security retirement age.
Optional forms of benefit payments	The optional forms of benefit payments are: Monthly annuity payable for life, or 5, 10, or 15 years certain and life Monthly annuity payable as a survivorship life annuity with survivorship percentages of 50, 66 2/3, 75, or 100 The optional form conversion basis is 7.5% interest and the mortality table in Revenue Ruling 95-6 for payments other than lump sums.
	Lump sum provisions
	Small amount force out (SAFO) – allowed up to $5,000.
	Lump sums in excess of SAFO - aren't allowed.
	Conversion –greater of the deferred or immediate rate with early retirement factor based on the applicable interest rate and applicable mortality table as set forth in Code Section 417. The applicable interest rate uses the second calendar month preceding the first day of the stability period which is the plan year.

Changes in Principal Eligibility or Benefit Provisions

There have been no changes in principal eligibility or benefit provisions since the last valuation.

Significant Event

The enrolled actuary has not been made aware that any significant events have occurred during the year.

Schedule SB, Line 32 - Schedule of Amortization Bases
GuideOne Insurance Company Pension Plan
EIN 42-0645088 Plan No. 001

Details of shortfall charges

The historical information used to determine the total shortfall charge.

Date created	Present value	Remaining years	Shortfall charge
01/01/2025	$1,982,500	15	$184,849
01/01/2024	(3,084,781)	14	(301,239)
01/01/2023	9,823,493	13	1,009,616
Total	$8,721,212		$893,226

Last year's total shortfall annual charge was $708,377.

The total annual charge used in calculating your annual cost can't be less than zero.