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. . . . . ▶ [X]

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
AMEREN EMPLOYEE MEDICAL PLAN

1b Three-digit plan number (PN) ▶ 510

1c Effective date of plan 11/01/1978

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)
AMEREN CORPORATION

PO BOX 66149
MC 533
ST. LOUIS, MO 63166-6149

1901 CHOUTEAU AVENUE
MC 533
ST. LOUIS, MO 63103

2b Employer Identification Number (EIN)
43-1723446

2c Plan Sponsor's telephone number
877-769-2637

2d Business code (see instructions)
221100

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.	10/08/2026	RUPINDER BUDHAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

AMEREN ADMINISTRATIVE COMMITTEE

PO BOX 66149
MC 533
ST. LOUIS, MO 63166-6149

3b Administrator's EIN
92-1007286

3c Administrator's telephone number
877-769-2637

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	8742
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)**	8742
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	8637
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	8637
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4A 4D 4E

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE 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	**B** Three-digit plan number (PN) ▶	
AMEREN EMPLOYEE MEDICAL PLAN		510
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
AMEREN CORPORATION	43-1723446	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

HEALTHY ALLIANCE LIFE

86-0257201

(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?
65	NONE	5948627	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELTA DENTAL OF MISSOURI

82-0299431

(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?
65	NONE	281290	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VISION SERVICE PLAN

36-3560825

(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?
65	NONE	65388	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CROWE LLP

30-1506626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	44029	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 62 72	NONE	4130	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
AMEREN EMPLOYEE MEDICAL PLAN

B Three-digit plan number (PN) ▶ 510

C Plan sponsor's name as shown on line 2a of Form 5500
AMEREN CORPORATION

D Employer Identification Number (EIN)
43-1723446

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	74407	82564
(2) Participant contributions	1b(2)	30851	752302
(3) Other	1b(3)	10724807	12818920
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	15374439	15747520
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	26204504	29401306
Liabilities			
1g Benefit claims payable	1g	20422738	17367132
1h Operating payables	1h	23286	36850
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	20446024	17403982
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	5758480	11997324

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)	149345124	
(B) Participants	2a(1)(B)	29927814	
(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)		179272938
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(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)	514958	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		514958
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		179787896
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	167188418	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		167188418
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	44029	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	4130	
(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)	6312475	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		6360634
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		173549052
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6238844
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) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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: CROWE LLP **(2)** EIN: 30-1506626

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

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

Ameren Employee Medical Plan

Financial Statements
December 31, 2025 and 2024

Ameren Employee Medical Plan
Index

Page(s)

Independent Auditor's Report 1-2

Financial Statements

Statements of Net Assets Available for Benefits
December 31, 2025 and 2024 3

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2025 and 2024 4

Statements of Benefit Obligations
December 31, 2025 and 2024 5

Statements of Changes in Benefit Obligations
Years Ended December 31, 2025 and 2024 6

Notes to Financial Statements 7-12

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025 1

Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2025 1-4

* Schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, have been omitted because they are not applicable.

Crowe LLP
Independent Member Crowe Global

INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Ameren Employee Medical Plan
St. Louis, Missouri

Opinion

We have audited the financial statements of Ameren Employee Medical Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits and benefit obligations for the years then ended in accordance with accounting principles generally accepted in the United States of America.

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 audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 from the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions as of and for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Crowe LLP

Crowe LLP

Oakbrook Terrace, Illinois
October 8, 2026

Ameren Employee Medical Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets		
Mutual funds	$ 15,747,520	$ 15,374,439
Receivables		
Interest and dividends receivable	43,185	46,260
Employer contributions receivable	82,564	74,407
Participant contributions receivable	752,302	30,851
Refunds/rebates receivable	12,775,735	10,678,547
Total receivables	13,653,786	10,830,065
Total assets	29,401,306	26,204,504
Liabilities		
Payables		
Accrued administrative expenses	36,850	23,286
Total liabilities	36,850	23,286
Net assets available for benefits	$ 29,364,456	$ 26,181,218

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

Ameren Employee Medical Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2025 and 2024

	2025	2024
Additions:		
Interest and dividends	$ 514,958	$ 686,965
Employer contributions	149,345,124	136,356,350
Participant contributions	29,927,814	27,574,259
Total additions	179,787,896	164,617,574
Deductions:		
Claims paid, net	170,244,024	157,481,582
Administrative expenses	6,360,634	6,629,309
Total deductions	176,604,658	164,110,891
Net increase during the year	3,183,238	506,683
Net assets available for benefits		
Beginning of year	26,181,218	25,674,535
End of year	$ 29,364,456	$ 26,181,218

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

Ameren Employee Medical Plan
Statements of Benefit Obligations
December 31, 2025 and 2024

	2025	2024
Amounts currently payable		
Claims payable and claims incurred but not reported	$ 17,367,132	$ 20,422,738
Total benefit obligations at end of year	$ 17,367,132	$ 20,422,738

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

Ameren Employee Medical Plan
Statements of Changes in Benefit Obligations
Years Ended December 31, 2025 and 2024

	2025	2024
Amounts currently payable		
Balance at beginning of year	$ 20,422,738	$ 16,064,107
Claims incurred	167,188,418	161,840,213
Claims paid	(170,244,024)	(157,481,582)
Total benefit obligations at end of year	$ 17,367,132	$ 20,422,738

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

1. Description of the Plan

The following is a summary of the various provisions of the Ameren Employee Medical Plan (the "Plan"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. Participants should refer to the Plan documents for more complete information.

The Plan is a health and welfare benefit plan that provides medical benefits to certain management and contract employees of Ameren Corporation and its subsidiaries ("Ameren" or the "Company").

The Administrative Committee serves as administrator of the Plan and has the authority and responsibility for overseeing the general administration of the Plan.

Participation
The Plan provides coverage upon employment to substantially all full-time employees and certain part-time employees of Ameren who have elected participation.

Investments
Effective January 1, 2023, the Ameren Active Employee Healthcare Trust ("Trust") was established. As of December 31, 2025 and 2024, the Trust only held Plan assets. The Bank of New York Mellon Corporation ("BNY Mellon"), as Trustee, has the authority and responsibility to hold and protect the assets of the Plan in accordance with the Trust agreement.

Benefits
The Plan provides health benefits (medical, hospital, surgical, drug, dental and vision) to employees and their covered dependents. Plan benefits include coverage under optional health plans. Optional plans vary by geographic location and participant group. The groups can generally be categorized as management employees and contract employees.

Self-Insured Benefits
The Plan is self-insured. Claims are processed by the Plan's third-party claims processors under administrative services only ("ASO") arrangements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the Plan. Despite the Plan's utilization of third-party claims' processors, ultimate responsibility for payments to providers and participants is retained by the Plan. The Plan utilizes a pharmacy benefit manager ("PBM") which processes all prescription drug claims and periodically makes refunds to the Plan based on the contracted pricing and Plan's actual utilization pattern of specific drugs.

Contributions
The Plan is funded with Company and employee contributions.

Participants are responsible for all applicable health deductible and copayment amounts to be paid directly to the providers under the provisions of their elected coverage options. Participants contribute premiums to the Plan as applicable to the coverage levels they select. Premium rates are determined annually which may be subject to collective bargaining agreements ("CBA") for contract employees.

The Company makes contributions to the Plan as needed to fund the payment of claims and administrative expenses of the Plan, net of participant contributions. Any deficiency of the Plan's net assets over benefit obligations is funded by the Company on a pay-as-you-go basis.

Plan Termination
Ameren has the right to terminate the Plan at any time. Should the Plan terminate at some future time, claims which have been incurred prior to termination of the Plan will be paid by the net assets of the Plan, except as otherwise required by law. The Plan's assets remaining in the Trust after all liabilities under the Plan are satisfied shall be used, as the Company determines, to provide life, medical or health, accident or other benefits to employees or former employees of the Company in a nondiscriminatory manner in accordance with Section 501(c) (9) of the Internal Revenue Code (the "Code") and applicable provisions of ERISA.

2. Summary of Significant Accounting Policies

Basis of Accounting
The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain amounts and disclosures, and actual results could differ from those estimates. It is at least reasonably possible that a change may occur in the near term for the estimate of claims incurred but not reported.

Investment Valuation and Income Recognition
Investments are stated at fair value. The fair value of investments is the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The fair value of the Plan's interest in the trust reflects the Plan's interest in the fair value of the underlying net assets of the trust. See Note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded either when received or on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Risks and Uncertainties
All Plan investments are invested in a money market mutual fund (and an overnight cash vehicle if needed). Investments are exposed to various risks, such as interest rate, market and credit risks as well as the risks associated with global events such as pandemics.

Refunds/Rebates Receivable
Refunds due from the Plan's PBM are recorded when earned. Refunds due as of the financial statement date are reported as receivables, with the offset being netted against claims paid. In 2025 and 2024, total refunds netted against claims paid were $24,030,491 and $19,952,466, respectively.

Administrative and Investment Management Expenses
All costs incurred to administer the Plan, such as trustee fees, are paid by the Plan and are reflected in the financial statements as administrative expenses of the Plan. Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income reported by the Plan.

Benefit Payments
Funds for payment of health claims are paid to the Plan and Trust from which allowable claims, based on the schedule of benefits, are paid. Claim payments are recorded when paid by the Plan and Trust. Certain administration expenses related to claims processing, such as program integrity and program innovation fees, are recorded as part of Claims paid, net in the statements of changes in net assets available for benefits. All funds received by the Plan and Trust shall be applied toward payment of claims and reasonable expenses for the administration of the Plan.

Claims Payable and Claims Incurred but Not Reported
An obligation is recorded for claims payable based on reimbursements to claims administrators after year end for claims the administrators paid prior to year-end. In addition, an obligation is recorded for the estimated claims incurred but not reported or paid ("IBNR") based on actual claims run out after year end and the Plan's claims experience in prior years.

3. Federal Income Tax Status

The Plan's assets are held in the Trust. The Trust received an exemption letter from the Internal Revenue Service dated June 23, 2023, stating that the Trust qualifies as a voluntary employees' beneficiary association ("VEBA") under Section 501(c)(9) of the Code. The Trust has not been amended since receiving the exemption letter. The Trust is required to operate in conformity with the Code to maintain its tax-exempt status. The Company and the Plan administrator believe that the Plan is designed and operates in compliance with the applicable requirements of the Code and, therefore, believe the Trust continues to qualify as tax-exempt under section 501(c) (9).

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. 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. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2022. On September 26, 2025, Ameren received written notice from the Department of Labor that it is initiating a routine audit of the Plan for the period beginning January 1, 2023 to the present. On March 2, 2026, Ameren received written notice from the Department of Labor that the audit of the Plan concluded without findings and no further action was required.

4. Transactions with Parties-in-Interest

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

At December 31, 2025 and 2024, the Plan held investments managed by BNY Mellon Investment Adviser, Inc., an affiliate of BNY Mellon, the Trustee of the Plan. These investments and fees paid by the Plan to third-party service administrators, the trustee, the Plan's independent auditor, and various Plan investment managers or affiliates of Plan trustee and Plan investment managers qualify as party-in-interest transactions.

These transactions are allowable party-in-interest transactions under ERISA.

5. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the Plan's financial statements to Form 5500 at December 31, 2025 and 2024:

	2025	2024
Net assets available for benefits per the financial statements	$ 29,364,456	$ 26,181,218
Less: claims payable and claims incurred but not reported	17,367,132	20,422,738
Net assets available for benefits per the Form 5500	$ 11,997,324	$ 5,758,480

The following is a reconciliation of the increase in net assets available for benefits per the Plan's financial statements to the net income per Form 5500 for the year ended December 31, 2025:

	2025
Net increase in net assets available for benefits per the financial statements	$ 3,183,238
Amounts payable, current year	(17,367,132)
Amounts payable, prior year	20,422,738
Net income per the Form 5500	$ 6,238,844

6. Fair Value Measurements

The authoritative guidance issued by the FASB regarding fair value measurement provides a framework for measuring fair value for all assets and liabilities that are measured and reported at fair value. The guidance defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. Certain assumptions that market participants would use in pricing the asset or liability, including assumptions about risk or the risks inherent in the inputs to the valuation, were used in the valuation process. Inputs to valuation can be readily observable, market corroborated, or unobservable. The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. All financial assets and liabilities carried at fair value, except limited partnerships, common trusts, and other investment trusts were classified in one of the following three hierarchy levels:

Level 1: Inputs based on quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access at the reporting date.

Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. Inputs to the valuation methodology include:

- Quoted prices for similar assets and liabilities in active markets;
- Quoted prices for identical assets and liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; or
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

- Mutual funds: The fair values of the mutual fund investments categorized as Level 1 are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

The following table sets forth, by level within the fair value hierarchy, assets and liabilities of the Plan measured at fair value on a recurring basis as of December 31, 2025:

	Quoted Prices In Active Markets for Identified Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Measured at Net Asset Value as a Practical Expedient (a)	Total
Assets				
Mutual funds	$ 15,747,520	$ -	$ -	$ 15,747,520
Totals	$ 15,747,520	$ -	$ -	$ 15,747,520

The following table sets forth, by level within the fair value hierarchy, assets and liabilities of the Plan measured at fair value on a recurring basis as of December 31, 2024:

	Quoted Prices In Active Markets for Identified Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Measured at Net Asset Value as a Practical Expedient (a)	Total
Assets				
Mutual funds	$ 15,374,439	$ -	$ -	$ 15,374,439
Totals	$ 15,374,439	$ -	$ -	$ 15,374,439

The Plan does not hold any investments requiring Level 3 measurements.

7. Subsequent Events

Subsequent events have been evaluated through October 8, 2026, which is the date the financial statements were available to be issued.

Ameren Employee Medical Plan

SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2025

Name of plan sponsor: Ameren Corporation
Employer identification number: 43-1723446
Three-digit plan number: 510

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current value
	REGISTERED INVESTMENT COMPANIES				
*	BNY MELLON INVESTMENT ADVISER, INC	15,747,520 SHARES	DREYFUS GOVERNMENT CASH MANAGEMENT BOLD 6	$ 15,747,520	$ 15,747,520
	TOTAL REGISTERED INVESTMENT COMPANIES			**$ 15,747,520**	**$ 15,747,520**

* Party-in-interest

See Independent Auditor's Report

Ameren Employee Medical Plan
SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2025

Name of plan sponsor: Ameren Corporation
Employer identification number: 43-1723446
Three-digit plan number: 510

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Fair Value of Asset on Transaction Date	(i) Net Gain (Loss)
	~~Category i~~						
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 1,538,905	$ -	$ 1,538,905	$ 1,538,905	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 3,627,560	$ -	$ 3,627,560	$ 3,627,560	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 3,676,048	$ -	$ 3,676,048	$ 3,676,048	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 4,192,769	$ -	$ 4,192,769	$ 4,192,769	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 5,007,715	$ -	$ 5,007,715	$ 5,007,715	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 5,301,435	$ -	$ 5,301,435	$ 5,301,435	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 5,452,995	$ -	$ 5,452,995	$ 5,452,995	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 5,698,865	$ -	$ 5,698,865	$ 5,698,865	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 5,745,348	$ -	$ 5,745,348	$ 5,745,348	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 5,754,169	$ -	$ 5,754,169	$ 5,754,169	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 5,956,899	$ -	$ 5,956,899	$ 5,956,899	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 6,003,318	$ -	$ 6,003,318	$ 6,003,318	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 6,403,329	$ -	$ 6,403,329	$ 6,403,329	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 6,519,935	$ -	$ 6,519,935	$ 6,519,935	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 6,658,927	$ -	$ 6,658,927	$ 6,658,927	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 6,732,692	$ -	$ 6,732,692	$ 6,732,692	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 6,893,873	$ -	$ 6,893,873	$ 6,893,873	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 6,968,760	$ -	$ 6,968,760	$ 6,968,760	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 6,987,428	$ -	$ 6,987,428	$ 6,987,428	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 7,204,294	$ -	$ 7,204,294	$ 7,204,294	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 7,292,435	$ -	$ 7,292,435	$ 7,292,435	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 7,313,666	$ -	$ 7,313,666	$ 7,313,666	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 7,792,221	$ -	$ 7,792,221	$ 7,792,221	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 8,312,228	$ -	$ 8,312,228	$ 8,312,228	$ -

Ameren Employee Medical Plan
SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2025

*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 8,969,404	$ -	$ 8,969,404	$ 8,969,404	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 1,563,501	$ 1,563,501	$ 1,563,501	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 1,633,750	$ 1,633,750	$ 1,633,750	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 1,655,354	$ 1,655,354	$ 1,655,354	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 1,943,530	$ 1,943,530	$ 1,943,530	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 1,956,072	$ 1,956,072	$ 1,956,072	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 1,960,170	$ 1,960,170	$ 1,960,170	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 1,973,222	$ 1,973,222	$ 1,973,222	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,004,329	$ 2,004,329	$ 2,004,329	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,006,377	$ 2,006,377	$ 2,006,377	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,012,745	$ 2,012,745	$ 2,012,745	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,065,305	$ 2,065,305	$ 2,065,305	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,078,811	$ 2,078,811	$ 2,078,811	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,100,178	$ 2,100,178	$ 2,100,178	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,103,345	$ 2,103,345	$ 2,103,345	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,112,930	$ 2,112,930	$ 2,112,930	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,148,828	$ 2,148,828	$ 2,148,828	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,153,000	$ 2,153,000	$ 2,153,000	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,207,772	$ 2,207,772	$ 2,207,772	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,227,279	$ 2,227,279	$ 2,227,279	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,227,550	$ 2,227,550	$ 2,227,550	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,231,154	$ 2,231,154	$ 2,231,154	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,244,081	$ 2,244,081	$ 2,244,081	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,263,290	$ 2,263,290	$ 2,263,290	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,272,138	$ 2,272,138	$ 2,272,138	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,302,745	$ 2,302,745	$ 2,302,745	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,307,831	$ 2,307,831	$ 2,307,831	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,315,982	$ 2,315,982	$ 2,315,982	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,327,625	$ 2,327,625	$ 2,327,625	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,416,500	$ 2,416,500	$ 2,416,500	$ -

Ameren Employee Medical Plan
SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2025

*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,426,026	$ 2,426,026	$ 2,426,026	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,434,328	$ 2,434,328	$ 2,434,328	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,530,984	$ 2,530,984	$ 2,530,984	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,579,508	$ 2,579,508	$ 2,579,508	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,580,972	$ 2,580,972	$ 2,580,972	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,610,933	$ 2,610,933	$ 2,610,933	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,612,050	$ 2,612,050	$ 2,612,050	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,652,517	$ 2,652,517	$ 2,652,517	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,665,749	$ 2,665,749	$ 2,665,749	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,684,450	$ 2,684,450	$ 2,684,450	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,686,309	$ 2,686,309	$ 2,686,309	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,718,294	$ 2,718,294	$ 2,718,294	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,727,399	$ 2,727,399	$ 2,727,399	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,730,972	$ 2,730,972	$ 2,730,972	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,735,476	$ 2,735,476	$ 2,735,476	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,804,351	$ 2,804,351	$ 2,804,351	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,815,513	$ 2,815,513	$ 2,815,513	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,892,394	$ 2,892,394	$ 2,892,394	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,903,537	$ 2,903,537	$ 2,903,537	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,911,241	$ 2,911,241	$ 2,911,241	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,915,151	$ 2,915,151	$ 2,915,151	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,927,035	$ 2,927,035	$ 2,927,035	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 3,006,080	$ 3,006,080	$ 3,006,080	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 3,133,866	$ 3,133,866	$ 3,133,866	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 3,193,068	$ 3,193,068	$ 3,193,068	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 3,201,594	$ 3,201,594	$ 3,201,594	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 3,208,580	$ 3,208,580	$ 3,208,580	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 3,356,498	$ 3,356,498	$ 3,356,498	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 3,986,353	$ 3,986,353	$ 3,986,353	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 4,768,202	$ 4,768,202	$ 4,768,202	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 4,864,003	$ 4,864,003	$ 4,864,003	$ -

Ameren Employee Medical Plan
SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2025

*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$	-	$	5,033,287	$	5,033,287	$	5,033,287	$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$	-	$	5,140,590	$	5,140,590	$	5,140,590	$	-
			$	-	$	5,182,608	$	5,182,608	$	5,182,608	$	-
	~~Category iii~~											
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$	173,796,527	$	-	$	173,796,527	$	173,796,527	$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$	-	$	173,423,446	$	173,423,446	$	173,423,446	$	-

* Party-in-interest

Category:

(i) Single transactions in excess of 5% of plan assets.

(ii) Series of transactions other than securities transactions. - None

(iii) Series of securities transactions.

(iv) Transactions with or in conjunction with a person if any single transaction with that person was in excess of 5%. - None

See Independent Auditor's Report

Ameren Employee Medical Plan
SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2025

Name of plan sponsor: Ameren Corporation
Employer identification number: 43-1723446
Three-digit plan number: 510

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Fair Value of Asset on Transaction Date	(i) Net Gain (Loss)
	~~Category i~~						
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 1,538,905	$ -	$ 1,538,905	$ 1,538,905	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 3,627,560	$ -	$ 3,627,560	$ 3,627,560	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 3,676,048	$ -	$ 3,676,048	$ 3,676,048	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 4,192,769	$ -	$ 4,192,769	$ 4,192,769	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 5,007,715	$ -	$ 5,007,715	$ 5,007,715	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 5,301,435	$ -	$ 5,301,435	$ 5,301,435	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 5,452,995	$ -	$ 5,452,995	$ 5,452,995	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 5,698,865	$ -	$ 5,698,865	$ 5,698,865	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 5,745,348	$ -	$ 5,745,348	$ 5,745,348	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 5,754,169	$ -	$ 5,754,169	$ 5,754,169	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 5,956,899	$ -	$ 5,956,899	$ 5,956,899	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 6,003,318	$ -	$ 6,003,318	$ 6,003,318	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 6,403,329	$ -	$ 6,403,329	$ 6,403,329	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 6,519,935	$ -	$ 6,519,935	$ 6,519,935	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 6,658,927	$ -	$ 6,658,927	$ 6,658,927	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 6,732,692	$ -	$ 6,732,692	$ 6,732,692	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 6,893,873	$ -	$ 6,893,873	$ 6,893,873	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 6,968,760	$ -	$ 6,968,760	$ 6,968,760	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 6,987,428	$ -	$ 6,987,428	$ 6,987,428	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 7,204,294	$ -	$ 7,204,294	$ 7,204,294	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 7,292,435	$ -	$ 7,292,435	$ 7,292,435	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 7,313,666	$ -	$ 7,313,666	$ 7,313,666	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 7,792,221	$ -	$ 7,792,221	$ 7,792,221	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 8,312,228	$ -	$ 8,312,228	$ 8,312,228	$ -

Ameren Employee Medical Plan
SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2025

*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ 8,969,404	$ -	$ 8,969,404	$ 8,969,404	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 1,563,501	$ 1,563,501	$ 1,563,501	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 1,633,750	$ 1,633,750	$ 1,633,750	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 1,655,354	$ 1,655,354	$ 1,655,354	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 1,943,530	$ 1,943,530	$ 1,943,530	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 1,956,072	$ 1,956,072	$ 1,956,072	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 1,960,170	$ 1,960,170	$ 1,960,170	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 1,973,222	$ 1,973,222	$ 1,973,222	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,004,329	$ 2,004,329	$ 2,004,329	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,006,377	$ 2,006,377	$ 2,006,377	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,012,745	$ 2,012,745	$ 2,012,745	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,065,305	$ 2,065,305	$ 2,065,305	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,078,811	$ 2,078,811	$ 2,078,811	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,100,178	$ 2,100,178	$ 2,100,178	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,103,345	$ 2,103,345	$ 2,103,345	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,112,930	$ 2,112,930	$ 2,112,930	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,148,828	$ 2,148,828	$ 2,148,828	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,153,000	$ 2,153,000	$ 2,153,000	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,207,772	$ 2,207,772	$ 2,207,772	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,227,279	$ 2,227,279	$ 2,227,279	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,227,550	$ 2,227,550	$ 2,227,550	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,231,154	$ 2,231,154	$ 2,231,154	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,244,081	$ 2,244,081	$ 2,244,081	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,263,290	$ 2,263,290	$ 2,263,290	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,272,138	$ 2,272,138	$ 2,272,138	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,302,745	$ 2,302,745	$ 2,302,745	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,307,831	$ 2,307,831	$ 2,307,831	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,315,982	$ 2,315,982	$ 2,315,982	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,327,625	$ 2,327,625	$ 2,327,625	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,416,500	$ 2,416,500	$ 2,416,500	$ -

Ameren Employee Medical Plan
SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2025

*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,426,026	$ 2,426,026	$ 2,426,026	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,434,328	$ 2,434,328	$ 2,434,328	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,530,984	$ 2,530,984	$ 2,530,984	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,579,508	$ 2,579,508	$ 2,579,508	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,580,972	$ 2,580,972	$ 2,580,972	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,610,933	$ 2,610,933	$ 2,610,933	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,612,050	$ 2,612,050	$ 2,612,050	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,652,517	$ 2,652,517	$ 2,652,517	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,665,749	$ 2,665,749	$ 2,665,749	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,684,450	$ 2,684,450	$ 2,684,450	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,686,309	$ 2,686,309	$ 2,686,309	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,718,294	$ 2,718,294	$ 2,718,294	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,727,399	$ 2,727,399	$ 2,727,399	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,730,972	$ 2,730,972	$ 2,730,972	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,735,476	$ 2,735,476	$ 2,735,476	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,804,351	$ 2,804,351	$ 2,804,351	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,815,513	$ 2,815,513	$ 2,815,513	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,892,394	$ 2,892,394	$ 2,892,394	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,903,537	$ 2,903,537	$ 2,903,537	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,911,241	$ 2,911,241	$ 2,911,241	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,915,151	$ 2,915,151	$ 2,915,151	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 2,927,035	$ 2,927,035	$ 2,927,035	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 3,006,080	$ 3,006,080	$ 3,006,080	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 3,133,866	$ 3,133,866	$ 3,133,866	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 3,193,068	$ 3,193,068	$ 3,193,068	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 3,201,594	$ 3,201,594	$ 3,201,594	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 3,208,580	$ 3,208,580	$ 3,208,580	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 3,356,498	$ 3,356,498	$ 3,356,498	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 3,986,353	$ 3,986,353	$ 3,986,353	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 4,768,202	$ 4,768,202	$ 4,768,202	$ -
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$ -	$ 4,864,003	$ 4,864,003	$ 4,864,003	$ -

Ameren Employee Medical Plan
SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2025

*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$	-	$	5,033,287	$	5,033,287	$	5,033,287	$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$	-	$	5,140,590	$	5,140,590	$	5,140,590	$	-
			$	-	$	5,182,608	$	5,182,608	$	5,182,608	$	-
	~~Category iii~~											
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$	173,796,527	$	-	$	173,796,527	$	173,796,527	$	-
*	BNY MELLON INVESTMENT ADVISER, INC.	Dreyfus Government Cash Management Bold 6	$	-	$	173,423,446	$	173,423,446	$	173,423,446	$	-

* Party-in-interest

Category:

(i) Single transactions in excess of 5% of plan assets.

(ii) Series of transactions other than securities transactions. - None

(iii) Series of securities transactions.

(iv) Transactions with or in conjunction with a person if any single transaction with that person was in excess of 5%. - None

See Independent Auditor's Report

Ameren Employee Medical Plan

SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2025

Name of plan sponsor: Ameren Corporation
Employer identification number: 43-1723446
Three-digit plan number: 510

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current value
	REGISTERED INVESTMENT COMPANIES				
*	BNY MELLON INVESTMENT ADVISER, INC	15,747,520 SHARES	DREYFUS GOVERNMENT CASH MANAGEMENT BOLD 6	$ 15,747,520	$ 15,747,520
	TOTAL REGISTERED INVESTMENT COMPANIES			**$ 15,747,520**	**$ 15,747,520**

* Party-in-interest

See Independent Auditor's Report