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
RGA REINSURANCE COMPANY PERFORMANCE PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2001

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)
RGA REINSURANCE COMPANY

16600 SWINGLEY RIDGE ROAD
BUILDING 2, FIRST FLOOR
CHESTERFIELD, MO 63017-1706

2b Employer Identification Number (EIN) 43-1235868

2c Plan Sponsor's telephone number 636-736-2808

2d Business code (see instructions) 524130

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.	10/13/2026	JOHN ALDERSON
	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 [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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	1627
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)**	1095
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	988
b	Retired or separated participants receiving benefits	**6b**	184
c	Other retired or separated participants entitled to future benefits	**6c**	385
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1557
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	13
f	Total. Add lines **6d** and **6e**.	**6f**	1570
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:

1C 1A 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(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 _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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
RGA REINSURANCE COMPANY PERFORMANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
43-1235868

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**	195527577
b Actuarial value	**2b**	186674494

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	182	33258980	33258980
b For terminated vested participants	353	19612503	19612503
c For active participants	1095	101045548	101419561
d Total	1630	153917031	154291044

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**	5.36 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	12250282
b Expected plan-related expenses	**6b**	437921
c Target normal cost	**6c**	12688203

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

07/20/2026
Date

RICHARD T. ALLEN
Type or print name of actuary

26-09058
Most recent enrollment number

FIDELITY INVESTMENTS
Firm name

817-474-7738
Telephone number (including area code)

TWO DESTINY WAY, WEGD
WESTLAKE, TX 76262
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	15428513
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	15428513
10	Interest on line 9 using prior year's actual return of 10.69 %	0	1649308
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		5381565
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 5.24 %		281994
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		5663559
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	17077821

Part III Funding Percentages

14	Funding target attainment percentage	14	109.92 %
15	Adjusted funding target attainment percentage	15	120.98 %
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	118.66 %
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
05/01/2025	5800000	0			
			Totals ► 18(b)	5800000	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	5701288

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	62

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**	12688203
b Excess assets, if applicable, but not greater than line 31a	**31b**	12688203

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	5701288
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	5701288
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
RGA REINSURANCE COMPANY PERFORMANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
43-1235868

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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(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)

FIDELITY MANAGEMENT TRUST

04-3275867

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 13 15 62 64	ADMIN-ACTUARY	257493	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SAGEVIEW ADVISORY GROUP, LLC

4000 MACARTHUR BLVD
STE 1050
NEWPORT BEACH, CA 92660

(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	INV. ADVISORY	98925	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHARLES SCHWAB

82-3967259

(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?
19 50	CUSTODIAN	62885	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)

ARMANINO LLP

33-2514127

(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	AUDIT	22575	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

(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
RGA REINSURANCE COMPANY PERFORMANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
43-1235868

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	31289	46496
(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)	195496288	222235078
(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	195527577	222281574
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	195527577	222281574

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)	5800000	
(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)		5800000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	111	
(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)	9776647	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9776758
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	117842180	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	101271170	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		16571010
(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)		8790818
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		40938586
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13570249	
(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)		13570249
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)	257493	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	22575	
(5) Investment advisory and investment management fees	2i(5)	98925	
(6) Bank or trust company trustee/custodial fees	2i(6)	62885	
(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)	172462	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		614340
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		14184589
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		26753997
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: ARMANINO LLP **(2)** EIN: 33-2514127

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		1000000
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**		X	
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 583763.

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
RGA REINSURANCE COMPANY PERFORMANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
43-1235868

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): 80-0709115

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** 54

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: 83.4 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: 10.2 % Real Assets: 6.4 % 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 ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

RGA Reinsurance Company
Performance Pension Plan

Financial Statements
and Supplemental Schedules

December 31, 2025 and 2024

armanino

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
RGA Reinsurance Company Performance Pension Plan

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

We have performed audits of the accompanying financial statements of RGA Reinsurance Company Performance Pension 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 statement of accumulated plan benefits as of December 31, 2024, and the statement of changes in accumulated plan benefits for the year 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 RGA Reinsurance Company Performance Pension 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 December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 5 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 Audits of the Financial Statements section:

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of RGA Reinsurance Company Performance Pension 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 these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audits 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 RGA Reinsurance Company Performance Pension Plan's ability to continue as a going concern within 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 Audits of the Financial Statements

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

In performing audits in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits 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 RGA Reinsurance Company Performance Pension 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 RGA Reinsurance Company Performance Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of the year) as of December 31, 2025 and schedule of reportable transactions for the year ended December 31, 2025 (collectively, "supplemental schedules") 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. 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).



St. Louis, Missouri

October 12, 2026

RGA Reinsurance Company Performance Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments, at fair value	$ 222,235,078	$ 195,496,288
Cash, interest-bearing	46,496	31,289
Net assets available for benefits	$ 222,281,574	$ 195,527,577

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

RGA Reinsurance Company Performance Pension Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2025 and 2024

	2025	2024
Additions to net assets		
Contributions		
Employer contributions	$ 5,800,000	$ 5,500,000
Total contributions	5,800,000	5,500,000
Investment income		
Net realized and unrealized appreciation in fair value of investments	25,327,848	11,047,260
Dividends	9,776,758	8,229,981
Total investment income	35,104,606	19,277,241
Other income	33,980	10,301
Total additions to net assets	40,938,586	24,787,542
Deductions from net assets		
Benefits paid to participants	13,570,249	8,976,601
Administrative expenses	614,340	621,586
Total deductions from net assets	14,184,589	9,598,187
Net increase in net assets available for benefits	26,753,997	15,189,355
Net assets available for benefits, beginning of year	195,527,577	180,338,222
Net assets available for benefits, end of year	$ 222,281,574	$ 195,527,577

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

RGA Reinsurance Company Performance Pension Plan
Statement of Accumulated Plan Benefits
December 31, 2024

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving benefits	$ 30,049,270
Participants entitled to deferred benefits	16,580,841
Other participants	81,183,371
Total vested benefits	127,813,482
Nonvested benefits	
Nonvested benefits	206,972
Total nonvested benefits	206,972
Total actuarial present value of accumulated plan benefits	$ 128,020,454

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

RGA Reinsurance Company Performance Pension Plan
Statement of Changes in Accumulated Plan Benefits
For the Year Ended December 31, 2024

Actuarial present value of accumulated plan benefits, beginning of year	$ 118,842,488
Increase (decrease) during the year attributable to	
Decrease in discount period	8,010,107
Benefits paid	(8,976,601)
Assumption changes	-
Additional benefits earned, including experience gains and losses	10,144,460
Net increase	9,177,966
Actuarial present value of accumulated plan benefits, end of year	$ 128,020,454

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

RGA Reinsurance Company Performance Pension Plan
Notes to Financial Statements
December 31, 2025 and 2024

1. DESCRIPTION OF THE PLAN

The following description of the RGA Reinsurance Company Performance Pension Plan ("Plan") provides only general information. Participants should refer to the Plan Document or Summary Plan Description for more complete information.

General

The Plan is a defined benefit pension plan, sponsored by RGA Reinsurance Company which provides retirement and other benefits to eligible employees of RGA Enterprise Services Company, a sister company to RGA Reinsurance Company (the "Company") and subsidiaries that are eligible for such benefits. The Plan was created on January 1, 2001, from a spinoff of assets and liabilities from GenAmerica Corporation Performance Pension Plan and Trust. The Plan is subject to the provisions of the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974 ("ERISA"). The Benefits Committee is responsible for oversight of the Plan and determines the appropriateness of the Plan's investment offerings and monitors investment performance. The Benefits Committee acts as the Plan Administrator. Charles Schwab Trust Bank ("Charles Schwab") is the Plan's trustee and Fidelity Workplace Consulting ("Fidelity") is the Plan's actuary.

The Company is an indirectly, wholly owned subsidiary of Reinsurance Group of America, Incorporated ("RGA"). RGA is an insurance holding company that was formed on December 31, 1992.

Eligibility

All employees of the RGA Enterprise Services Company ("ESC"), other than leased employees, nonresident aliens, any agent or any employee of an agent, an employee engaged by a rental agent, employees covered by a collective bargaining agreement and other workers who for any period are classified by the ESC as independent contractors, are eligible to participate in the Plan once they have attained age 21, completed a year of service, and worked 1,000 hours. Employees shall enter the Plan as of the first day of the first or seventh month coincident with or next following the date on which the eligibility requirements have been met. Effective January 1, 2020, the Plan was amended to freeze eligibility for participants for those individuals that were hired or rehired after January 1, 2020.

Vesting

Vesting occurs at the earlier of the attainment of three years of vesting service as defined in the Plan or attainment of age 65. If employees terminate for reasons other than death before rendering three years of service, they forfeit the right to receive a benefit under the Plan.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The accompanying financial statements are prepared on the accrual basis of accounting under accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of estimates

The preparation of financial statements in conformity with U.S. GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent liabilities, and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates.

Pension benefits

Benefits are determined based on the group definition of the participant. The benefit formula used is based upon which of the three groups a participant is a member of and is reflective of their earnings and length of service with the Company. While the normal form of benefit upon retirement is a 50% joint and survivor annuity for married participants, and a life-only annuity for single participants, other contingent annuitant options may be elected, with spousal consent, if applicable. Certain participants may elect a lump sum distribution of all or part of their benefit upon termination of employment.

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Benefits Committee determines the Plan's valuation policies utilizing information provided by its investment advisers, custodians, and insurance company. See Note 6 for a 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 on the ex-dividend date. Net realized and unrealized appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits

Benefit payments to participants are recorded upon distribution.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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 statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net realized and unrealized appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

3. FUNDING POLICY

The funding of the Plan is paid by the Company. All contributions are made to the Plan for the exclusive benefit of the Plan's participants and their beneficiaries. The Company's contributions are determined based on funding calculations provided by its independent actuary, using the aggregate cost funding method without distinction between past and future service costs. The Company funds its pension liabilities under the Plan by making contributions which are sufficient to satisfy or exceed the minimum funding standards established by ERISA. Contributions by the Company for 2025 or 2024 met the minimum funding requirements of ERISA. The Company made contributions to the Plan in the amount of $5,800,000 and $5,500,000 for the years ended December 31, 2025 and 2024, respectively.

4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employees' compensation during each year of credited service.

The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

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

4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (continued)

The significant actuarial assumptions used in the valuation as of January 1, 2025 and 2024, were (a) mortality – active and retired lives according to the Internal Revenue Service ("IRS") Pri-2012 White Collar Mortality Table with Generation Projections (Scale MP-2021), (b) assumed investment return – 7.00%, (c) normal retirement age – 65, and (d) assumed withdrawal rate based on plan experience and published statistical data. The foregoing actuarial assumptions were based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated benefits was calculated as of January 1, 2025, for the year ended December 31, 2024. If the actuarial valuation was performed as of December 31, 2024, there would be no material differences.

5. CERTIFICATIONS BY TRUSTEE (UNAUDITED)

For the years ended December 31, 2025 and 2024, 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 certifications from Charles Schwab Trust Bank that all of the information provided by the custodian and included in the accompanying financial statements and supplemental schedules of assets (held at end of year) and reportable transactions are complete and accurate. Information as to the investments in the accounts of trustee, investment income, and all information appearing in the accompanying statements and supplemental schedules is presented in reliance solely upon these certifications.

The following is a summary of the certified information as of December 31, 2025 and 2024, regarding the Plan, included in the Plan's financial statements and supplemental schedules of assets (held at end of year) and reportable transactions that were prepared by or derived from information prepared by the trustee of the Plan, and furnished to the Plan Administrator.

Certified information:

	2025	2024
Statements of net assets available for benefits		
Investments - at fair value	$ 222,235,078	$ 195,496,288
Cash, interest-bearing	46,496	31,289
Statements of changes in net assets available for benefits		
Net realized and unrealized appreciation in fair value of investments	25,327,848	11,047,260
Dividends	9,776,758	8,229,981

6. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

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

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

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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Mutual funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Exchange traded funds – Valued at the daily closing price as reported on the active market on which the individual security trades.

6. FAIR VALUE MEASUREMENTS (continued)

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

	Level 1	Level 2	Level 3	Fair Value
Mutual Funds	$113,209,412	$ -	$ -	$113,209,412
Exchange Traded Funds	109,025,666	-	-	109,025,666
	$222,235,078	$ -	$ -	$222,235,078

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

	Level 1	Level 2	Level 3	Fair Value
Mutual Funds	$131,226,452	$ -	$ -	$131,226,452
Exchange Traded Funds	64,269,836	-	-	64,269,836
	$195,496,288	$ -	$ -	$195,496,288

7. RISKS AND UNCERTAINTIES

The Plan's investments consist of mutual and exchange trade funds. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such change 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 would be material to the financial statements.

8. TAX STATUS

In January of 2021, the Plan received a favorable determination letter from the IRS, stating that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code ("IRC").

8. TAX STATUS (continued)

In the opinion of the Plan Administrator and the Plan's tax counsel, the Plan and its underlying trust have operated within the terms of the Plan document and remained qualified under the applicable provisions of the IRC and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, 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 in progress for any tax periods.

9. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations there under and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit. The statutory ceiling on the amount of an individual's monthly pension benefit that the PBGC guarantees is $7,431.82 for plan terminations occurring during 2025.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

10. SUBSEQUENT EVENTS

The Plan has evaluated all subsequent events through October 12, 2026, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

RGA Reinsurance Company Performance Pension Plan
EIN: 43-1235868; Plan: 002
Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2025

(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
	TCW Emerging Markets Income Fund	Mutual Fund - 3,672,998 shares	$ 29,078,594	$ 28,553,702
	DFA Commodity Strategy Portfolio	Mutual Fund - 2,897,649 shares	15,048,716	14,349,040
	RGA BlackRock High Yield Bond Portfol	Mutual Fund - 1,726,182 shares	11,681,387	11,432,457
	Goldman Sachs International Equity Income Fund Class Institutional	Mutual Fund - 669,759 shares	10,817,715	13,446,039
	DFA U.S. Targeted Value Portfolio Institutional Class	Mutual Fund - 255,598 shares	8,728,176	10,229,645
	Hood River Small-Cap Growth Fund Retirement Shares	Mutual Fund - 116,736 shares	6,585,206	7,986,468
	Vanguard International Growth Fund Admiral Shares	Mutual Fund - 76,098 shares	13,035,366	13,038,974
	DFA Emerging Markets Core Equity 2 Portfolio Institutional Class	Mutual Fund - 208,066 shares	6,354,104	7,348,937
	DODGE & COX STOCK I	Mutual Fund - 411,341 shares	7,033,931	6,824,150
	iShares Core MSCI International Developed Mkt ETF	Exchange Traded Fund - 238,190 shares	20,206,546	24,683,671
	USHS Trust-GLO EFT	Exchange Traded Fund - 536,933 shares	12,472,870	14,162,873
	SPDR BOFA Merrill ET	Exchange Traded Fund - 521,386 shares	10,953,137	11,353,406
	ISHARES CORE S&P 500 ETF	Exchange Traded Fund - 85,884 shares	50,708,316	58,825,716
	Interest-bearing Cash	Cash	46,496	46,496
			$ 202,750,560	$ 222,281,574

* Indicated party-in-interest to the Plan

RGA Reinsurance Company Performance Pension Plan
EIN: 43-1235868; Plan: 002
Schedule H, Part IV Line 4(j) - Schedule of Reportable Transactions
For The Year Ended December 31, 2025

	(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Number of Purchases	(f) Number of Sales	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Series of transactions	Dodge & Cox	Dodge & Cox Stock Fund Class I	$ 13,531,862	$ 20,864,314	6	5	$ 34,694,696	$ (7,332,451)	$ (42,027,147)
Series of transactions	Hood River Capital Management	Hood River Small-Cap Growth Retirement	$ 6,305,289	$ 4,418,619	4	4	$ 10,127,561	$ 1,886,670	$ (8,240,891)
Series of transactions	iShare	iShares Core S&P 500 ETF	$ 4,297,630	$ 54,680,756	6	13	$ 58,653,197	$ (50,383,126)	$ (109,036,323)
Series of transactions	Pimco	PIMCO Short-Term Fund Institutional Class	$ 9,190,654	$ 9,213,350	3	6	$ 18,426,700	$ (22,697)	$ (18,449,397)
Series of transactions	Vanguard	Vanguard High Dividend Yield ETF	$ 25,014,894	$ -	2	-	$ 19,987,324	$ 25,014,894	$ 5,027,570
Series of transactions	Vanguard	Vanguard Institutional Index Fund Institutional Shares	$ 31,811,109	$ -	1	-	$ 21,655,705	$ 31,811,109	$ 10,155,404

2025 Form 5500 Schedule SB Attachments
Schedule SB, Line 26 – Schedule of Active Participant Data
RGA Reinsurance Company Performance Pension Plan **EIN: 43-1235868**
For Plan Year Ended December 31, 2025 **Plan Number: 002**

Age and Service Distribution of Active Members[1]

	Completed Years of Credited Service on January 1, 2025										
Attained Age	**<1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40+**	**Total**
Under 25											
Number	0	0	0	0	0	0	0	0	0	0	**0**
Average Pay	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**
25-29											
Number	0	5	19	0	0	0	0	0	0	0	**24**
Average Pay	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**127,031**
30-34											
Number	0	13	60	10	0	0	0	0	0	0	**83**
Average Pay	N/A	N/A	150,516	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**158,902**
35-39											
Number	0	19	64	31	6	0	0	0	0	0	**120**
Average Pay	N/A	N/A	185,695	187,312	N/A	N/A	N/A	N/A	N/A	N/A	**183,560**
40-44											
Number	0	33	79	27	24	3	0	0	0	0	**166**
Average Pay	N/A	175,199	183,380	217,920	218,698	N/A	N/A	N/A	N/A	N/A	**191,999**
45-49											
Number	0	24	84	31	27	18	4	0	0	0	**188**
Average Pay	N/A	177,736	205,451	233,275	219,961	N/A	N/A	N/A	N/A	N/A	**209,622**
50-54											
Number	0	17	56	23	30	14	9	8	0	0	**157**
Average Pay	N/A	N/A	182,772	244,546	219,874	N/A	N/A	N/A	N/A	N/A	**214,764**
55-59											
Number	0	17	54	42	30	13	11	6	8	0	**181**
Average Pay	N/A	N/A	189,286	202,766	199,467	N/A	N/A	N/A	N/A	N/A	**192,695**
60-64											
Number	0	7	48	23	22	9	7	1	5	2	**124**
Average Pay	N/A	N/A	167,130	237,680	219,540	N/A	N/A	N/A	N/A	N/A	**189,912**
65-69											
Number	0	5	12	7	9	4	1	2	1	1	**42**
Average Pay	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**185,913**
Over 69											
Number	0	1	6	1	2	0	0	0	0	0	**10**
Average Pay	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**
Total											
Number	0	**141**	**482**	**195**	**150**	**61**	**32**	**17**	**14**	3	**1,095**
Average Pay	N/A	173,615	178,785	218,582	208,707	199,383	219,260	N/A	N/A	N/A	**192,540**

[1] Average salary is only shown for groups containing 20 or more active salaried participants.

Actuarial Assumptions and Methods for Funding and ASC 960 Purposes

ERISA Interest Rates as required by IRC Section 430 based on plan sponsor election of the look-back month for the segment rates:

"Minimum" means for the purpose of calculating the PPA funding liability and normal cost for the minimum required contribution.

"Maximum" means for the purpose of calculating the PPA funding liability and normal cost for the maximum tax-deductible contribution.

	2025 Plan Year		**2024 Plan Year**	
Purpose	Minimum	Maximum	Minimum	Maximum
Interest rate type	Stabilized	Non-Stabilized	Stabilized	Non-Stabilized
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	0	0	0	0
First five years	5.00%	5.00%	4.75%	4.37%
Next 15 years	5.27%	5.27%	4.96%	4.96%
Over 20 years	5.50%	5.40%	5.59%	4.95%
Applicable law for the segment rates corridor	ARPA	Not Applicable	ARPA	Not Applicable

Interest Rate for FASB ASC 960: 7.00%. This is based on the expected long-term rate of return of plan assets.

Interest Rate for Lump Sum Payments:

ERISA: PPA Funding Target interest rates (per above) applied for funding purposes as required by IRC Section 430.

FASB ASC 960: Segment rates noted below are applied for determining actuarially equivalent lump sum values:

Segment	Rate
First 5 Years	2.00%
Next 15 Years	4.00%
Over 20 Years	6.00%

Actuarial Assumptions and Methods for Funding and ASC 960 Purposes (continued)

Salary Scale: Age based rates based on a 2019 experience study. Sample rates shown below.

Age	Rate	Age	Rate
20-24	10.75%	45-49	4.25%
25-29	7.75%	50-54	4.00%
30-34	7.00%	55-59	3.75%
35-39	5.75%	60-64	3.50%
40-44	5.25%	65+	3.00%

Administrative Expenses included in Target Normal Cost:

Estimated based on last year's actual administrative expense and this year's PBGC premium.

Mortality:

ERISA: IRS 2024 Generational Mortality Table as prescribed by IRC Section 430 for plans with more than 500 participants (previously IRS 2023 Static Mortality Table using separate tables for annuitants and non-annuitants as prescribed by IRC Section 430). This is a fully generational mortality table based on the Pri-2012 Total Mortality Tables projected with the adjusted MP 2021 Mortality Improvement Scale with annual mortality improvements capped at 0.78% as required by Secure 2.0 Act. This plan does not have a large enough population to vary from the standard tables.

FASB ASC 960: Pri-2012 White Collar Mortality Tables with Scale MP-2021 Mortality Improvement Scale applied on a generational basis. This plan does not have a large enough population to vary from the standard tables. The white-collar table was chosen because the majority of the plan participants are salaried.

Actuarial Assumptions and Methods for Funding and ASC 960 Purposes (continued)

Retirement Rates: Rates varying by age based on a study of experience under this plan conducted in 2019.

Age	Rate	Age	Rate
55	5%	63	20%
56	5%	64	20%
57	5%	65	50%
58	5%	66	20%
59	5%	67	20%
60	10%	68	20%
61	20%	69	20%
62	20%	70	100%

Termination: 2003 SOA Pension Plan Termination and Retirement Study Termination Rates with a 10-year select period – Table 2.2.

Disability Incidence: 2003 SOA Pension Plan Termination and Retirement Study Disability Rates– Table 2.1.

Form of Payment: Group A Participants are assumed to elect the normal form of payment.

Group B Participants are assumed to elect the normal form of payment for the Traditional Benefit and a lump sum of the Performance Pension Account.

Group C Participants are assumed to elect benefits as follows:

- Retirement:
  - 50% lump sum
  - 50% life annuity
- Termination
  - 25% immediate lump sum
  - 75% lump sum deferred to normal retirement age

Actuarial Assumptions and Methods for Funding and ASC 960 Purposes (continued)

Current terminated vested participants are assumed to commence benefits as a lump sum deferred to normal retirement age.

Marital Status: 80% of males and females are assumed married, with females 3 years younger than males.

Increase in Consumer Price Index (CPI): 2.50%.

Increase in Social Security Taxable Wage Base: 3.00%. This is based on the CPI assumption, increased 0.50% based on the historical difference between the CPI and TWB.

Maximum Benefit: $280,000 for 2025. For determining limitations under funding amounts and liabilities under FASB ASC 960, no future increases in the IRC Section 415 limit have been reflected.

Maximum Salary: $350,000 for 2025. For determining limitations under funding amounts and liabilities under FASB ASC 960, no future increases in the salary limit have been reflected.

Actuarial Value of Plan Assets for Funding Purposes: The actuarial value of assets is equal to:

a) the market value of assets, including discounted receivables, on the valuation date, less

b) the following percentages of prior years' investment gains (losses):

   i) 67% of the prior year, and
   ii) 33% of the second prior year,

   Investment gains and losses are defined as the excess or deficiency of the expected return on the market value (at an assumed rate of 7.00%, not to exceed the third segment rate for that year) over the actual return on the market value of assets, including discounted receivables, for any given year.

c) The actuarial value of assets can be neither less than 90% nor greater than 110% of the market value of assets, including discounted receivables.

Actuarial Assumptions and Methods for Funding and ASC 960 Purposes (continued)

Shortfall Amortization Charge for ERISA Funding Purposes: Per IRC Section 430(c), the shortfall amortization charge for any plan year is the aggregate total (not less than zero) of the shortfall amortization installments for such plan year with respect to any shortfall amortization base which has not been fully amortized. The shortfall amortization installments are the amounts necessary to amortize the shortfall amortization base of the plan for any plan year in level annual installments over the 15-year period beginning with such plan year.

Actuarial Cost Method: The unit credit cost method is used for ERISA Funding Target (FT) and FASB ASC 960 purposes. Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

The projected unit credit method is used for IRS maximum deductible limit cushion amount. Under this method, accrued pension benefits are determined for all eligible active participants reflecting service to date and anticipated salary and negotiated benefit increases to the assumed retirement age. This liability for active participants is then added to the present value of all benefits for inactive participants to determine the total liability under this method.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings and negotiated benefit increases projected to assumed retirement age in both cases. The total normal cost is based upon the sum of the individual normal costs.

Disclosure of Reliance on Models

ProVal valuation software was used to develop the liabilities, financial results, and contribution calculations for the plan year. ProVal, developed by Winklevoss Technologies, has been reviewed by experts at Fidelity Workplace Investing, LLC and deemed appropriate to use for this purpose. Participant data, assumptions, methods, and plan provisions for this Plan were entered and programmed into ProVal and reviewed for completeness.

RGA Reinsurance Company Performance Pension Plan
EIN: 43-1235868; Plan: 002
Schedule H, Part IV Line 4(j) - Schedule of Reportable Transactions
For The Year Ended December 31, 2025

	(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Number of Purchases	(f) Number of Sales	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Series of transactions	Dodge & Cox	Dodge & Cox Stock Fund Class I	$ 13,531,862	$ 20,864,314	6	5	$ 34,694,696	$ (7,332,451)	$ (42,027,147)
Series of transactions	Hood River Capital Management	Hood River Small-Cap Growth Retirement	$ 6,305,289	$ 4,418,619	4	4	$ 10,127,561	$ 1,886,670	$ (8,240,891)
Series of transactions	iShare	iShares Core S&P 500 ETF	$ 4,297,630	$ 54,680,756	6	13	$ 58,653,197	$ (50,383,126)	$ (109,036,323)
Series of transactions	Pimco	PIMCO Short-Term Fund Institutional Class	$ 9,190,654	$ 9,213,350	3	6	$ 18,426,700	$ (22,697)	$ (18,449,397)
Series of transactions	Vanguard	Vanguard High Dividend Yield ETF	$ 25,014,894	$ -	2	-	$ 19,987,324	$ 25,014,894	$ 5,027,570
Series of transactions	Vanguard	Vanguard Institutional Index Fund Institutional Shares	$ 31,811,109	$ -	1	-	$ 21,655,705	$ 31,811,109	$ 10,155,404

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
RGA REINSURANCE COMPANY PERFORMANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
43-1235868

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**	195,527,577
b Actuarial value	**2b**	186,674,494

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	182	33,258,980	33,258,980
b For terminated vested participants	353	19,612,503	19,612,503
c For active participants	1,095	101,045,548	101,419,561
d Total	1,630	153,917,031	154,291,044

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**	5.36%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	12,250,282
b Expected plan-related expenses	**6b**	437,921
c Target normal cost	**6c**	12,688,203

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

R-T-A
Signature of actuary

7-16-26
Date

RICHARD T. ALLEN
Type or print name of actuary

2609058
Most recent enrollment number

FIDELITY INVESTMENTS
Firm name

817-474-7738
Telephone number (including area code)

TWO DESTINY WAY, WEGD

WESTLAKE TX 76262
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	15,428,513
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	15,428,513
10	Interest on line 9 using prior year's actual return of 10.69%	0	1,649,308
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		5,381,565
	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 5.24%		281,994
	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		5,663,559
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	17,077,821

Part III Funding Percentages

14	Funding target attainment percentage	14	109.92%
15	Adjusted funding target attainment percentage	15	120.98%
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	118.66%
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
05/01/2025	5,800,000	0			
		Totals ► 18(b)	5,800,000	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	5,701,288

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.00 %	5.27 %	5.50%	

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	62

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**	12,688,203
b Excess assets, if applicable, but not greater than line 31a	**31b**	12,688,203

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	5,701,288
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	5,701,288
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

2025 Form 5500 Schedule SB Attachments
Schedule SB, Line 22 – Weighted Average Retirement Age
RGA Reinsurance Company Performance Pension Plan **EIN: 43-1235868**
For Plan Year Ended December 31, 2025 **Plan Number: 002**

Weighted Average Retirement Age

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	1,000	5%	50	2,750
56	950	5%	48	2,688
57	902	5%	45	2,565
58	857	5%	43	2,494
59	814	5%	41	2,419
60	773	10%	77	4,620
61	696	20%	139	8,479
62	557	20%	111	6,882
63	446	20%	89	5,607
64	357	20%	71	4,544
65	286	50%	143	9,295
66	143	20%	29	1,914
67	114	20%	23	1,541
68	91	20%	18	1,224
69	73	20%	15	1,035
70	58	100%	58	4,060
Total			1,000	62,117
Average				62

2025 Form 5500 Schedule SB Attachments **EIN 43-1235868**
Schedule SB, line 26b - Schedule of Projection of Expected Benefit Payments **Plan Number: 002**
RGA Reinsurance Company Performance Pension Plan
For Plan Year Ended December 31, 2025

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2025	5,740,494	618,292	3,261,771	9,620,557
2026	5,606,134	1,600,684	2,975,406	10,182,224
2027	6,006,655	300,004	2,923,875	9,230,534
2028	6,167,431	1,009,108	2,867,357	10,043,896
2029	5,746,808	1,018,441	2,805,552	9,570,801
2030	6,095,039	965,326	2,738,218	9,798,583
2031	6,067,073	1,852,823	2,665,186	10,585,082
2032	5,957,176	2,297,448	2,586,368	10,840,992
2033	6,015,112	1,620,706	2,501,768	10,137,586
2034	6,021,322	1,593,442	2,411,502	10,026,266
2035	6,337,756	1,714,908	2,315,821	10,368,485
2036	6,478,573	1,807,106	2,215,138	10,500,817
2037	6,567,275	1,741,787	2,110,031	10,419,093
2038	6,834,994	1,170,467	2,001,189	10,006,650
2039	7,047,011	1,064,833	1,889,355	10,001,199
2040	7,657,446	737,909	1,775,333	10,170,688
2041	7,035,778	1,407,573	1,659,933	10,103,284
2042	7,051,256	954,332	1,543,951	9,549,539
2043	7,085,366	1,311,541	1,428,183	9,825,090
2044	7,009,353	1,001,139	1,313,424	9,323,916
2045	6,825,370	1,014,883	1,200,456	9,040,709
2046	6,411,403	956,671	1,090,029	8,458,103
2047	6,717,550	922,219	982,830	8,622,599
2048	6,311,057	1,177,042	879,476	8,367,575
2049	6,083,148	1,024,426	780,551	7,888,125
2050	5,244,652	858,444	686,626	6,789,722
2051	5,509,030	779,704	598,284	6,887,018
2052	4,859,705	733,512	516,083	6,109,300
2053	4,963,620	640,064	440,475	6,044,159
2054	4,314,086	719,280	371,812	5,405,178
2055	4,240,424	553,389	310,286	5,104,099
2056	3,704,529	636,997	255,917	4,597,443
2057	3,768,779	496,702	208,551	4,474,032
2058	3,089,328	464,518	167,866	3,721,712
2059	2,887,220	504,473	133,414	3,525,107
2060	2,628,168	501,838	104,666	3,234,672
2061	2,541,739	431,049	81,036	3,053,824
2062	2,217,790	404,252	61,904	2,683,946
2063	1,930,910	378,874	46,651	2,356,435
2064	1,735,764	354,869	34,679	2,125,312
2065	1,560,167	332,152	25,427	1,917,746
2066	1,413,275	310,621	18,388	1,742,284
2067	1,270,619	290,164	13,115	1,573,898
2068	1,137,230	270,671	9,222	1,417,123
2069	1,013,229	252,045	6,390	1,271,664
2070	898,040	234,212	4,361	1,136,613
2071	791,663	217,109	2,928	1,011,700
2072	693,928	200,694	1,933	896,555
2073	604,727	184,943	1,252	790,922
2074	523,870	169,853	796	694,519

Plan Provisions

Name of Plan: RGA Reinsurance Company Performance Pension Plan

Employer Identification Number / Plan Number: 43-1235868 / 002

Effective Date: July 1, 1954. Effective date of most recent amendment January 1, 2022

Participants: Any person classified as an employee by the Employer, including officers of the Employer, both in the home and field offices, but excluding the following:

a. Directors;
b. Employees who are prohibited from being a Participant hereunder by the terms of any labor contract governing his or her employment;
c. Temporary employees who have never completed 1,000 hours
d. Non-resident aliens
e. Agents or employees of agents
f. Leased employees
g. Rental agents; and
h. Independent contractors

Participation Date: January 1 or July 1 following later of attainment of age 21, working 1,000 hours prior to December 31, 2020, or attainment of 1 year of Vesting Service.

Effective January 1, 2020, employees hired on or after January 1, 2020 will not be eligible to participate in the plan.

Group A Participant: Any person who on January 1, 1996 was a participant in the GenAmerica Plan and had either attained age 60 or whose sum of attained age and Accrual Service was at least 65.

Group B Participant: Any person (other than a Group A Participant) who meets one of the following definitions:

a. Any person who on January 1, 1996 was a participant in the GenAmerica Plan and whose sum of attained age and Accrual Service was at least 45.
b. Any person who was continuously employed by RGA and/or Fairfield Management Group, Inc. from January 1, 1998 through December 31, 2002 and who was otherwise an Employee on December 31, 2002

Group C Participant: Any person who is not a Group A or Group B Participant.

Plan Provisions (continued)

Annual Compensation: For calendar year 2021 and later:

- Annual Compensation includes base pay, overtime, shift differential, annual bonuses, lump sum in lieu of merit retroactive pay, accrued PTO, allowances for higher duties, 401(k) salary deferrals, and Section 125 deferrals.
- Annual compensation excludes referral bonuses, LOMA bonuses, actuarial exam bonuses, spot bonuses, relocation payments, cost of group life coverage, tuition reimbursement, severance payments, non-qualified deferred compensation deferrals, car allowances, other taxable and non-taxable fringe benefits, earnings related to any stock options, stock awards, restricted stock or performance shares, or benefits under an other qualified plan

Final Monthly Average Compensation: 1/12th of the average of the highest five consecutive Annual Compensation values over the last 10 years.

Excess Compensation: The excess, if any, of the Final Average Annual Compensation over 60% of the Social Security taxable wage base.

Vesting:
100% at the earlier of 3 years of service or age 65

Accrual Service*:* Service prior to January 1, 2001 shall be the Accrual Service earned under the GenAmerica, Inc Pension Plan. Service on or after January 1, 2001 shall be granted at the rate of one year for each Plan Year in which a participant completes 1,000 hours of service.

Accrued Benefit:

Group A Participant's Accrued Benefit is the Traditional Benefit

Group B Participant's Accrued Benefit as of any date of determination shall be the sum of (a) and (b) below:

(a) The Traditional Benefit based on the Participant's Accrual Service as of December 31, 1995, and the Participant's ultimate Final Average Monthly Compensation and Social Security Maximum Wage Average

(b) The Actuarial Equivalent of the Performance Pension Account

Plan Provisions (continued)

Group C Participant's Accrued Benefit as of any date of determination shall be the actuarial equivalent of the Performance Pension Account.

Traditional Benefit: The Traditional Benefit as of any date of determination shall be the greatest of (a), (b), or (c) below:

(a) The sum of (1) and (2) below:

(1) 1.05% of the Participant's Final Average Monthly Compensation multiplied by the number of years of Accrual Service as of the date of determination, subject to a maximum of 35 years

(2) 0.65% of the excess, if any, of the Participant's Final Average Monthly Compensation minus 1/12th of the Participant's Social Security Maximum Wage Average, multiplied by the number of years of Accrual Service as of the date of determination, subject to a maximum of 35 years

(b) For any participant hired by General American Life Insurance Company after age 40 and before January 1, 1989, 1/12th of the sum of 2% of the Participant's Annual Compensation for each year of Accrual Service

(c) The monthly accrued benefit as of December 31, 1993 based on the provisions of the GenAmerica Pension Plan in effect on December 31, 1993

Performance Pension Account: An account established as the lump sum benefit equal to the sum of the amounts determined below for each full year of Accrual Service completed by the Participant after December 31, 1995:

Age on January 1 of the Plan Year in which the year of Accrual Service is earned	Percentage of Final Average Annual Compensation Credited	Percentage of Excess Compensation Credited
Up to 35	2%	1%
35 – 44	4%	2%
45 – 54	6%	3%
55 or over	8%	4%

Plan Provisions (continued)

For Group C Participants on December 31, 1995, opening credits were determined based on the actuarial equivalent of their accrued benefit.

After termination, the Performance Pension Account shall be credited with 4% per annum interest until the Annuity Starting Date.

Qualified Preretirement Survivor Annuity (QPSA): The QPSA for the spouse of a married participant who died prior to commencement of benefits is the sum of (1) and (2) below payable as a single life annuity:

(1) 66 2/3% of the participant's Traditional Benefit payable as a 66 2/3% joint and survivor annuity payable as of the date of death

(2) Actuarial equivalent of the Performance Pension Account as of the date of death

Normal Retirement Date (NRD): The first day of the month coincident with or immediately following a Member's Normal Retirement Age.

Normal Retirement Age (NRA): Age 65.

Eligibility for Benefits:

Normal Retirement: First of month coincident with or immediately following the attainment of age 65.

Early retirement: First of month coincident with or immediately following the attainment of age 55 with ten years of Accrual Service

Monthly Benefits Paid Upon the Following Events:

Normal retirement: The accrued benefit

Early retirement: The Traditional Benefit reduced 4/10% per month for each of the first 60 months by 1/3% of each month in excess of 60 months in which early retirement precedes the normal retirement date, plus the actuarial equivalent of the Performance Pension Account.

Postponed retirement: Benefits continue to accrue. Participants who continue to work past NRD shall receive a suspension of benefits notice and shall not have their accrued benefits actuarially increased.

Deferred vested: Accrued benefit as of the date of determination.

Plan Provisions (continued)

Pre-retirement death before Annuity Starting Date: If a vested participant dies prior to his or her benefit commencement date and is married, the surviving spouse is entitled to a Qualified Preretirement Survivor Annuity as of the date of death. The surviving spouse may elect to receive the portion of the Performance Pension Account as a lump sum.

If a vested participant is not married, the designated beneficiary may receive the Performance Pension Account as of the date of death payable as a lump sum.

Disability: The Accrued Benefit as of the commencement date payable as early as the Early Retirement date but not later than the Normal Retirement date. A participant who becomes Disabled shall continue to accrue Vesting and Accrual Service until the earlier of the date he or she is not disabled or commences benefits.

Forms of Payment:

Normal form (single participants): Single Life Annuity

Normal form (married participants): Joint and Contingent 50% Annuity.

Optional forms:

All optional forms of benefits are the actuarially equivalent of the Normal Form of Payment:

- Joint and Contingent Annuity (50%, 66 2/3%, or 75)
  - Annuity payable for the life of the participant
  - Upon the death of the participant, the spouse receives the contingent percentage.
- Joint and Survivor (50%, 66 2/3%, 75%, or 100%)
  - Annuity payable for the life of the participant and the spouse
  - Upon the death of either the participant or spouse, the remaining annuitant shall receive the survivorship percentage.
- Lump Sum

Notwithstanding the above, the lump sum of the Performance Pension Account Balance shall be the greater of the account balance or the actuarial present value of the account balance projected to NRD using 4%.

Plan Provisions (continued)

Maximum on Compensation: Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually.

Maximum on Benefits: Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually.

Future Plan Changes: No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions

RGA Reinsurance Company Performance Pension Plan
EIN: 43-1235868; Plan: 002
Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2025

(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
	TCW Emerging Markets Income Fund	Mutual Fund - 3,672,998 shares	$ 29,078,594	$ 28,553,702
	DFA Commodity Strategy Portfolio	Mutual Fund - 2,897,649 shares	15,048,716	14,349,040
	RGA BlackRock High Yield Bond Portfol	Mutual Fund - 1,726,182 shares	11,681,387	11,432,457
	Goldman Sachs International Equity Income Fund Class Institutional	Mutual Fund - 669,759 shares	10,817,715	13,446,039
	DFA U.S. Targeted Value Portfolio Institutional Class	Mutual Fund - 255,598 shares	8,728,176	10,229,645
	Hood River Small-Cap Growth Fund Retirement Shares	Mutual Fund - 116,736 shares	6,585,206	7,986,468
	Vanguard International Growth Fund Admiral Shares	Mutual Fund - 76,098 shares	13,035,366	13,038,974
	DFA Emerging Markets Core Equity 2 Portfolio Institutional Class	Mutual Fund - 208,066 shares	6,354,104	7,348,937
	DODGE & COX STOCK I	Mutual Fund - 411,341 shares	7,033,931	6,824,150
	iShares Core MSCI International Developed Mkt ETF	Exchange Traded Fund - 238,190 shares	20,206,546	24,683,671
	USHS Trust-GLO EFT	Exchange Traded Fund - 536,933 shares	12,472,870	14,162,873
	SPDR BOFA Merrill ET	Exchange Traded Fund - 521,386 shares	10,953,137	11,353,406
	ISHARES CORE S&P 500 ETF	Exchange Traded Fund - 85,884 shares	50,708,316	58,825,716
	Interest-bearing Cash	Cash	46,496	46,496
			$ 202,750,560	$ 222,281,574

* Indicated party-in-interest to the Plan