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
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY PENSION PLAN

1b Three-digit plan number (PN) ▶ 014

1c Effective date of plan 01/01/1976

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)
COLUMBIAN LIFE INSURANCE COMPANY OF NEW YORK

4704 VESTAL PARKWAY EAST
P.O. BOX 1381
BINGHAMTON, NY 13902

2b Employer Identification Number (EIN) 15-0274455

2c Plan Sponsor's telephone number 607-724-2472

2d Business code (see instructions) 524140

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	LESLEY FREY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	LESLEY FREY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name COLUMBIAN MUTUAL LIFE INSURANCE CO.

c Plan Name COLUMBIAN MUTUAL LIFE INSURANCE COMPANY PENSION PLAN

4b EIN 15-0274455

4d PN 014

5	Total number of participants at the beginning of the plan year	**5**	932
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)**	57
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	51
b	Retired or separated participants receiving benefits	**6b**	519
c	Other retired or separated participants entitled to future benefits	**6c**	260
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	830
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	77
f	Total. Add lines **6d** and **6e**.	**6f**	907
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:

1I 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(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 _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE 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
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 014

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
COLUMBIAN LIFE INSURANCE COMPANY OF NEW YORK

D Employer Identification Number (EIN)
15-0274455

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**	80694907
b Actuarial value	**2b**	79224246

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	590	62965750	62965750
b For terminated vested participants	286	16460989	16460989
c For active participants	57	6339516	6378107
d Total	933	85766255	85804846

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**	5.31 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	846344
c Target normal cost	**6c**	846344

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

09/24/2026
Date

DAVID E, FORBES, FSA, EA, MAAA
Type or print name of actuary

26-05261
Most recent enrollment number

MILLIMAN, INC.
Firm name

973-278-8860
Telephone number (including area code)

150 CLOVE ROAD
8TH FLOOR
LITTLE FALLS, NJ 07424
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)	1724	1392365
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)	1724	1392365
10	Interest on line 9 using prior year's actual return of 3.83 %	66	53328
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.12 %		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1790	1445693

Part III Funding Percentages

14	Funding target attainment percentage	14	90.64 %
15	Adjusted funding target attainment percentage	15	90.64 %
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	101.40 %
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
09/15/2026	1739826				
			Totals ► 18(b)	1739826	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	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1592998

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**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	
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**	846344
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	8028083	746654
b Waiver amortization installment		

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**	1592998

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

36 Additional cash requirement (line 34 minus line 35)	**36**	1592998
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1592998
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

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

A Name of plan
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 014

C Plan sponsor's name as shown on line 2a of Form 5500
COLUMBIAN LIFE INSURANCE COMPANY OF NEW YORK

D Employer Identification Number (EIN)
15-0274455

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)

MILLIMAN INC.

91-0675641

(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 50	NONE	183062	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AON CONSULTING INC.

22-2232264

(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?
16 50	NONE	126161	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 50	NONE	47599	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

MORGAN & LEWIS

23-0891050

(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?
50 65	NONE	38815	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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 014

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
COLUMBIAN LIFE INSURANCE COMPANY OF NEW YORK

D Employer Identification Number (EIN)
15-0274455

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: AON HIGH YIELD PLUS CL I

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-007	C	31691

a Name of MTIA, CCT, PSA, or 103-12 IE: AON MULTI ASSET CREDIT FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-041	C	3104087

a Name of MTIA, CCT, PSA, or 103-12 IE: AON US INTERMEDIATE GOVERNMENT

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-043	C	630425

a Name of MTIA, CCT, PSA, or 103-12 IE: AON US LONG GOVERNMENT INDEX

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-042	C	152144

a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMP INV FD

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
83-1098532-000	C	1891622

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

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-038	C	5705625

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

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-040	C	46533184

a Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA LONG TREASURY

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

c EIN-PN 88-6547562-007	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54877

a Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA MID TREASURY

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

c EIN-PN 88-6547562-006	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2299793

a Name of MTIA, CCT, PSA, or 103-12 IE: SS RUSSELL SMID IND NL-USDA

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN 04-0025081-453	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1490969

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA GLOBAL EQUITY EX USA INDEX

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN 32-6528132-016	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5874036

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P 500 (R) INDX NL SF CL A

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN 04-0025081-097	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8586228

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 014

C Plan sponsor's name as shown on line 2a of Form 5500
COLUMBIAN LIFE INSURANCE COMPANY OF NEW YORK

D Employer Identification Number (EIN)
15-0274455

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)		1739826
(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)	1551799	1952590
(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)	1953892	1979902
(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)	77189216	76358282
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	80694907	82030600
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	80694907	82030600

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)	1739826	
(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)		1739826
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	74646	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		74646
(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)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	354996	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		354996

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		8369385
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		10538853
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8425120	
(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)		8425120
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)	176007	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	131703	
(6) Bank or trust company trustee/custodial fees	2i(6)	51889	
(7) Actuarial fees	2i(7)	45869	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	372572	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		778040
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		9203160
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1335693
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: DERMODY, BURKE & BROWN, CPAS, LLC **(2)** EIN: 01-0723685

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 579749.

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
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 014

C Plan sponsor's name as shown on line 2a of Form 5500
COLUMBIAN LIFE INSURANCE COMPANY OF NEW YORK

D Employer Identification Number (EIN)
15-0274455

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): _____ _____

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 | 16

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6	a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
	b	Enter the amount contributed by the employer to the plan for this plan year	6b	
	c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☐ No ☒ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ Increase ☐ Decrease ☐ Both ☒ No

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ..... ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

COLUMBIAN MUTUAL LIFE INSURANCE COMPANY PENSION PLAN

FINANCIAL STATEMENTS
December 31, 2025 and 2024

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Dermody, Burke & Brown, CPAs, LLC

INDEPENDENT AUDITORS' REPORT

TO THE TRUSTEES AND PARTICIPANTS OF THE
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY PENSION PLAN

Opinion

We have audited the accompanying financial statements of the **COLUMBIAN MUTUAL LIFE INSURANCE COMPANY PENSION PLAN**, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Columbian Mutual Life Insurance Company Pension Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Columbian Mutual Life Insurance Company 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 audit opinion.

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Emphasis of Matter Regarding Significant Events Affecting the Plan Sponsor

As discussed in Note 9 to the financial statements, the Plan Sponsor was placed into rehabilitation proceedings during 2024 and remained in rehabilitation during 2025. A Rehabilitation Plan was developed that included the acquisition of the Plan Sponsor by JAB Insurance. In September 2026, the transaction received the required approvals and is expected to provide additional capital to support the Plan Sponsor's ongoing operations. As a result of the transaction, Columbian Financial Group's legal name changed to Columbian Life Insurance Company of New York. Our opinion is not modified with respect to this matter.

As discussed in Note 10 to the financial statements, during the year ended December 31, 2024 the Plan experienced a partial plan termination as a result of the Rehabilitation discussed in the preceding paragraph and the subsequent employee layoffs. At this time, the Company does not intend to terminate the Plan. Our opinion is not modified with respect to this matter.

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.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 an audit in accordance with generally accepted auditing standards, we:

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

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Columbian Mutual Life Insurance Company 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 the Columbian Mutual Life Insurance Company Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

Other Matter – Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) at December 31, 2025 and the schedule of reportable transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

Dermody, Burke & Brown

DERMODY, BURKE & BROWN, CPAs, LLC

Syracuse, NY

October 11, 2026

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments at Fair Value:		
Money Market Fund	$ 1,952,590	$ 1,551,799
Mezzanine Fund	1,979,902	1,953,892
Collective Investment Trusts	76,358,282	77,189,216
Total Investments at Fair Value	80,290,774	80,694,907
Receivables:		
Employer Contributions	1,739,826	0
Total Assets	82,030,600	80,694,907
NET ASSETS AVAILABLE FOR BENEFITS	$ 82,030,600	$ 80,694,907

See notes to financial statements.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2025 and 2024

	2025	2024
ADDITIONS		
Investment Income:		
Net Appreciation in Fair Value of Investments	$ 8,724,381	$ 3,052,337
Interest and Dividend Income	74,646	43,773
Total Investment Income	8,799,027	3,096,110
Employer Contributions	1,739,826	0
Total Additions	10,538,853	3,096,110
DEDUCTIONS		
Benefits Paid to Participants	8,425,120	7,876,461
Administrative Expenses	778,040	846,343
Total Deductions	9,203,160	8,722,804
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	1,335,693	(5,626,694)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	80,694,907	86,321,601
End of Year	$ 82,030,600	$ 80,694,907

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Columbian Mutual Life Insurance Company Pension Plan (the Plan) is provided for general information purposes only. The Plan Document should be referred to for more complete information.

General

The Plan is a defined benefit pension plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Columbian Mutual Life Insurance Company (the "Sponsor," the "Company" or the "Plan Administrator") merged the following frozen, non-contributory, defined benefit plans into one Plan effective December 31, 2022.

1. The Philanthropic Mutual Life Insurance Company Agents Retirement Plan (the "PHIL Plan" or the "Surviving Plan"), was established on January 1, 1976, covering salaried agents of the former Philanthropic Mutual Life Insurance Company, who are members of a collective bargaining unit.
2. Columbian Family Life Insurance Company of New York Retirement Plan (the "Family Plan" or "WNNY Plan"), was established on January 1, 1974, covering all former vested employees of Washington National Life Insurance Company of New York.
3. Retirement Plan for Employees of Columbian Mutual Life Insurance Company (the "CML Plan"), was established on January 1, 1976, covering the eligible employees of the Company who met certain service requirements. Effective January 1, 2010, the Plan was amended so that no new participants would be admitted to the Plan, and those already in the Plan would cease to accrue eligible years of service. Effective January 1, 2012, the Mutual of Detroit Insurance Company Employees Retirement Plan, the Retirement Plan for Employees of Farmers and Traders Life Insurance Company, and the Unity Mutual Life Insurance Company Retirement Plan and all associated assets and liabilities were transferred into the CML Plan. Effective January 1, 2015, the CML Plan was amended to fully freeze the plan, by disregarding changes in compensation on or after January 1, 2015.

As part of the merger of the plans, the surviving plan was renamed "Columbian Mutual Life Insurance Company Pension Plan". The merger of the plans did not change or impact the participants' accrued benefits, and did not change or impact any other benefit, right or feature to which the participants are entitled under the terms of the Plan.

Plan management controls and manages the operation and the administration of the Plan. The Pension Committee is responsible for oversight of the Plan. The Pension Committee determines the appropriateness of the Plan's investments and monitors investment performance.

NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 1 – DESCRIPTION OF THE PLAN – Continued

Funding

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. There were contributions made by the Sponsor of $1,739,826 and $-0- for plan years ending December 31, 2025 and 2024, respectively. Minimum funding requirements for the Plan under ERISA have been met for 2025 and 2024. Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time.

Pension Benefits

As previously mentioned, the pension benefits cover the vested participants and beneficiaries, as applicable, under these former plans:

1. The Philanthropic Mutual Life Insurance Company Agents Retirement Plan
2. Columbian Family Life Insurance Company of New York Retirement Plan
3. Retirement Plan for Employees of Columbian Mutual Life Insurance Company
4. Mutual of Detroit Insurance Company Employees Retirement Plan
5. Retirement Plan for Employees of Farmers and Traders Life Insurance Company
6. Unity Mutual Life Insurance Company Retirement Plan

IRC Section 401 (a)(12) requires that each participant in the Plan would (if the Plan then terminated) receive a benefit immediately after the transfer which is greater than or equal to the benefit he/she would have been entitled to receive immediately before the transfer (if the Plan had then terminated). This requirement can be satisfied if, in the event of a Plan termination during the next 5 years, the Plan assets are allocated to participants in accordance with the special schedule of benefits described in regulation 1.414(1).

Participants have the option of receiving their vested benefit in the form of a one-time lump sum payment or they may choose a monthly annuity payable for their lifetime or joint and survivor annuities, as defined by the Plan.

NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan:

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amount of assets, liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

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 Pension Committee determines the Plan's valuation policies utilizing information provided by its investment advisors, trustees, and insurance company. See Note 5 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 appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payments of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan Document. Expenses that are paid directly by the Company are excluded from these financial statements. Administrative expenses paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. Certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Subsequent Events

Management has evaluated subsequent events through October 11, 2026, which is the date the financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 3 – 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, and (b) beneficiaries of employees who have died. Benefits for retired or terminated employees or their beneficiaries are based on Plan provisions at the time of retirement.

For the Philanthropic Mutual Life Insurance Company Agents Retirement Plan, the accumulated plan benefits for active employees are based on their average compensation over the period of participation. For purposes of determining average monthly compensation, months beginning on or after January 1, 2008, are disregarded.

For the Columbian Family Life Insurance Company of New York Retirement Plan, the accumulated plan benefits for active employees are based on their average compensation over the highest consecutive 5 years out of the last 10-year period. Credits service is based on their total years of service while a participant and became frozen as of January 1, 1994.

For the Columbian Mutual Life Insurance Company Pension Plan and the Retirement Plan for Employees of Farmers and Traders Life Insurance Company, the accumulated plan benefits for active employees are based on their years of service and their average compensation during the 3 highest years preceding the valuation date. No participant will receive credited service for any period after December 31, 2009, and earnings after December 31, 2014, are disregarded.

For the Mutual of Detroit Insurance Company Employees Retirement Plan, the accumulated plan benefits for active employees are based on their average compensation during the 5 years ending on the date as of which the benefit information is presented (the valuation date).

For the Unity Mutual Life Insurance Company Retirement Plan, the accumulated plan benefits are based on an average of the employee's average eligible earnings for the highest 5 consecutive years within the final 10 years of credited service.

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.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuaries and is the 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.

NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 3 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS – Continued

The accumulated plan benefits information as of January 1, 2025 and 2024, and the changes in accumulated plan benefits for the years then ended, combined as one plan for both years, are as follows:

Actuarial Present Value of Accumulated Plan Benefits

	2025	2024
Vested Benefits:		
Participants Currently Receiving Payments	$ 52,223,833	$ 58,223,833
Other Participants	28,116,046	24,600,503
Total Vested Accumulated Plan Benefits	80,339,879	82,824,336
Nonvested Accumulated Plan Benefits	51,396	156,831
Total Actuarial Present Value of Accumulated Plan Benefits	$ 80,391,275	$ 82,981,167

For the years ended December 31, 2024 and 2023, the actuarial present value of accumulated plan benefits decreased by $2,589,892 and $4,704,930, respectively, as a result of the following factors:

	2024	2023
Actuarial Present Value of Accumulated Plan Benefits – Beginning of Year	$ 82,981,167	$ 87,686,097
Increase (Decrease) During the Year Attributable to:		
Benefits Paid	(7,876,461)	(8,762,318)
Interest Due to the Decrease in the Discount Period	4,904,334	5,168,991
Methodology Changes	382,235	(1,111,603)
Effect of Assumption Change	0	0
Actuarial Present Value of Accumulated Plan Benefits – End of Year	$ 80,391,275	$ 82,981,167

NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 3 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS – Continued

Significant assumptions underlying the actuarial computations of the actuarial present value of accumulated plan benefits are as follows:

a. The Discount Rate for 2025 and 2024 of 6.20% for both years.

b. Assumed Rate of Return on Investments: The discount rate of 6.20% is also the assumed rate of return for the Plan's entire portfolio of assets, net of investment expenses and including inflation. This assumption represents an estimate of future experience and is based on both historical returns and projections. This assumption was determined by the Plan Sponsor.

c. Mortality: The mortality table employed was the Pri-2012 Private Pension Plans Mortality Tables for males and females, projected forward with scale MP-2021, with contingent tables used for beneficiaries.

d. Administrative Expenses Assumption: Set equal to the prior year's administrative expenses. This assumption represents a reasonable estimate of future experience.

e. Lump Sum Assumption: Lump sum benefits are calculated using November IRC Section 417(e) interest rates and the mortality table prescribed by the IRS to calculate lump sums during 2025 and 2024. The lump sum basis described reflects provisions of the Plan.

f. Assumed Retirement Age: It is assumed that the retirement age is from ages 55 to 65. For Farmers & Traders only, the retirement age is assumed to be the later of 62 and 20 years of service but not later than 65. For terminated-vested participants, it is assumed that once eligible for retirement, all terminated-vested participants are assumed to retire at age 65.

g. Form of Payment Assumption: It is assumed to be 80% annuity and 20% lump sum, provided that a lump sum is available; otherwise, 100% single life annuity is assumed. For Philanthropic Mutual only, 100% of participants are assumed to elect a single life annuity. For Columbian Family only, 100% of participants are assumed to elect a lump sum upon retirement. For Farmers & Traders only, the form of payment is assumed to be 10 year certain and life annuity.

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

NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 4 – PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and 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, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).

c. All other vested benefits (that is, vested benefits not insured by the PBGC).

d. All non-vested benefits.

Certain benefits under the Plan are insured by the 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.

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 for accumulated benefit obligations and may also depend on the financial condition of the Sponsor and the level of benefits guaranteed by the PBGC.

NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 5 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 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 the following:

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

If the asset or liability has a specified or contractual term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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.

NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 5 – FAIR VALUE MEASUREMENTS – Continued

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

Money Market Funds: Valued at carrying cost, which approximates fair value.

Mezzanine Fund: Consists of underlying portfolio companies whose enterprise values are computed for each class of security owned by the Partnership. Generally, these enterprise valuations are derived by multiplying a key performance metric of the investee company (e.g. EBITDA) by the relevant valuation multiple observed for comparable companies or transactions, adjusted by management for differences between the investment and the referenced comparable. The fair value of the Partnership's investments in debt securities is further estimated using recently executed transactions, market price quotations and traded yields of corporate transactions (all when observable). When observable data is not available, fair value is estimated based on analysis of the collateral, cash flow models with yield curve analysis, the seniority of the debt, enterprise value relative to debt levels, projected financial condition and operating results, payment history and ability to generate sufficient cash flows to make payments when due, and prepayment penalties. Investments in the equity and debt securities of portfolio companies may also be valued at cost for a period of time after acquisition as the best indicator of fair value. The determination of fair value using these methodologies takes into account consideration of a range of factors, including, but not limited to the price at which the investment was acquired, the nature of the investment, local market conditions, trading values on public exchanges for comparable securities, current and projected operating performance, and financing transactions subsequent to the acquisition of the investment. These valuation methodologies involve a significant degree of judgment by Plan management.

Collective Investment Trusts: Valued at the net asset value, based on the fair values of the underlying investments reported by the trustees of the funds. Fair values for the underlying assets were based on either quoted prices in active markets or observable inputs or quotations from inactive markets.

Collective Investment Trust: Valued at the net asset value (NAV) per unit, as provided by the custodian, as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 5 – FAIR VALUE MEASUREMENTS – Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024.

Assets at Fair Value as of December 31, 2025

	Level 1	Level 2	Level 3	Total
Assets in the Fair Value Hierarchy:				
Money Market Fund	$ 1,952,590	$ 0	$ 0	$ 1,952,590
Mezzanine Fund	0	0	1,979,902	1,979,902
Collective Investment Trusts	0	70,484,246	0	70,484,246
Investments Measured at NAV:				
Collective Investment Trust	0	0	0	5,874,036
Total Assets at Fair Value	$ 1,952,590	$ 70,484,246	$ 1,979,902	$ 80,290,774

Assets at Fair Value as of December 31, 2024

	Level 1	Level 2	Level 3	Total
Assets in the Fair Value Hierarchy:				
Money Market Fund	$ 1,551,799	$ 0	$ 0	$ 1,551,799
Mezzanine Fund	0	0	1,953,892	1,953,892
Collective Investment Trusts	0	70,668,449	0	70,668,449
Investments Measured at NAV:				
Collective Investment Trust	0	0	0	6,520,767
Total Assets at Fair Value	$ 1,551,799	$ 70,668,449	$ 1,953,892	$ 80,694,907

NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 5 – FAIR VALUE MEASUREMENTS – Continued

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value to another.

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

Changes in Fair Value of Level 3 Assets

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2025 and 2024:

Level 3 Assets
December 31, 2025 and 2024

	2025	2024
	Mezzanine Fund	Mezzanine Fund
Balance, Beginning of Year	$ 1,953,892	$ 1,986,009
Purchases (Sales)	(328,986)	(1,261,426)
Gains (Losses)	354,996	1,229,309
Balance, End of Year	$ 1,979,902	$ 1,953,892

Gains and losses (realized and unrealized) included in changes in net assets for the previous period are reported in net appreciation in fair value of investments in the statements of changes in net assets available for benefits.

Plan management determines fair value measurement policies and procedures, subject to oversight by the Pension Committee. These policies and procedures are reassessed at least annually to determine whether the current valuation techniques are still appropriate. At that time, the unobservable inputs used in the fair value measurements are evaluated and adjusted, as necessary, based on the current market conditions and other third-party information.

NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 5 – FAIR VALUE MEASUREMENTS – Continued

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on the NAV per share as of December 31, 2025 and 2024:

	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
December 31, 2025				
SSGA Global Equity ex USA	$ 5,874,036	N/A	Daily	See (a)
December 31, 2024				
SSGA Global Equity ex USA	$ 6,520,767	N/A	Daily	See (a)

(a) The per unit net asset value of each Class is determined each business day. Issuances and redemptions of Class units may be made on such days, based upon the net asset value per unit as of the valuation date last preceding the date on which such order to contribute or redeem assets is received. The trustee, in its sole discretion, reserves the right to value any contribution or redemption as of the next succeeding valuation date or another date as the trustee reasonably deems appropriate. The issuance and redemption terms of the Fund are consistent with those of the underlying funds, except that certain underlying funds may value participant activity at the respective net asset value per unit on the date the order is received. Additional terms of participation are detailed in the Trust and the Fund's other governing documents. Such terms may be implemented pursuant to the trustee's prudent determination.

The collective investment trusts invest in U.S. and foreign equity securities, fixed income securities and cash to maximize long-term returns while recognizing the need for liquidity to meet on-going benefit and administrative obligations. Equity and alternative investments are used primarily to increase overall plan returns. Fixed income and cash and cash equivalent investments provide diversification benefits and liability hedging attributes that are desirable, especially in falling interest rate environments.

NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 6 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risk. Market risk includes global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of changes in 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, and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 7 – TAX STATUS

The Internal Revenue Service issued its most recent determination letter for the Plan on January 3, 2017, which stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8 – PARTY-IN-INTEREST TRANSACTIONS

The Company or the Plan paid certain expenses related to plan operations and investment activity to various service providers. Services provided by the Plan's attorney, actuary, trustees, accountants, consultants and other service providers are party-in-interest transactions under ERISA and are exempt from prohibited transaction rules.

NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 9 – PLAN SPONSOR REHABILITATION AND ACQUISITION

On August 13, 2024, Columbian Mutual Life Insurance Company ("Plan Sponsor" or "the Company") was placed into rehabilitation under Article 74 of the New York Insurance Law, pursuant to an Order of Rehabilitation issued by the Supreme Court of the State of New York. Under the Rehabilitation Order, the Superintendent of Financial Services of the State of New York was appointed as Rehabilitator and assumed control of the Company's operations and affairs. All policy terms are honored in rehabilitation, and the Company continues to pay claims as they come due in the ordinary course.

During 2025, the Rehabilitator conducted a review of the Company's financial condition and evaluated strategic alternatives designed to restore the Company's long-term financial stability. On November 17, 2025, a purchase agreement was executed providing for the acquisition of the Company by JAB Insurance. The acquisition formed the basis of a Rehabilitation Plan filed with the rehabilitation court on December 12, 2025. As of December 31, 2025, the purchase agreement remained subject to state regulatory approvals from New York and Illinois.

On May 5, 2026, the rehabilitation court approved the Rehabilitation Plan. Subsequently, in September 2026, all required regulatory approvals were obtained and the acquisition of the Company by JAB Insurance was approved. The transaction includes an infusion of new capital intended to support the ongoing operations and financial condition of the Plan Sponsor.

As a result of the transaction, Columbian Financial Group's legal name was changed to Columbian Life Insurance Company of New York.

The rehabilitation proceedings and subsequent acquisition have not affected the Plan's operations, and the Plan continues to operate in accordance with its terms. Furthermore, the Plan Sponsor has not announced any plans to terminate the Plan or materially modify its operations in connection with these events.

NOTE 10 – PARTIAL PLAN TERMINATION

During the year ended December 31, 2024, a partial plan termination was triggered as a result of the Rehabilitation discussed in Note 9 resulting in significant employee layoffs. At this time, the Company does not intend to terminate the Plan.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2025

Plan # 001
EIN # 15-0274455
Schedule H, Part IV, Line 4i

(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
	Columbian Pension Master Trust:			
	SSGA S&P 500	Collective Investment Trust	$ 3,539,242	$ 8,586,228
	SSGA Russell Small/Mid Cap	Collective Investment Trust	748,142	1,490,969
	SSGA Global Equity ex USA	Collective Investment Trust	3,110,381	5,874,036
*	Aon High Yield Plus	Collective Investment Trust	24,407	31,691
*	Aon US Long Government Index	Collective Investment Trust	151,161	152,144
*	Aon Intermediate Gov't	Collective Investment Trust	617,968	630,425
*	Aon Long Credit	Collective Investment Trust	49,580,621	46,533,184
*	Aon Intermediate Credit	Collective Investment Trust	5,516,854	5,705,625
*	Aon Multi-Asset Credit	Collective Investment Trust	2,367,723	3,104,087
	NISA Ultra Mid Treasury CIF	Collective Investment Trust	1,864,027	2,299,793
	NISA Ultra Long Treasury CIF	Collective Investment Trust	47,474	54,877
*	BNY Mellon EB Temporary Invest. Fd	Collective Investment Trust	1,895,223	1,895,223
	Total Common Investment Trusts		69,463,223	76,358,282
	Federated Government Obligations Fund	Money Market Fund	1,952,590	1,952,590
	Pine Street Capital Partners III LP	Mezzanine Fund	129,601	1,979,902
	Total Investments		$ 71,545,414	$ 80,290,774

* Party-in-Interest as defined by ERISA

SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2025

Plan # 001
EIN # 15-0274455
Schedule H, Line 4j

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset on Transaction Date	(g) Net Gain (Loss)
Category (i) - Single Transaction in Excess of 5% of Plan Assets:						
None						
Category (ii) - Series of Transactions in Other Than Securities with the Same Person in Excess of 5% of Plan Assets:						
None						
Category (iii) - Series of Security Transactions in Excess of 5% of Plan Assets:						
* Aon Intermediate Gov't	Common Collective Trust	$ 3,600,000	$ 0	$ 3,600,000	$ 3,600,000	$ 0
* Aon Intermediate Gov't	Common Collective Trust	0	4,225,000	4,192,119	4,225,000	32,881
		$ 3,600,000	$ 4,225,000	$ 7,792,119	$ 7,825,000	$ 32,881
* Aon Long Credit	Common Collective Trust	$ 3,725,000	$ 0	$ 3,725,000	$ 3,725,000	$ 0
* Aon Long Credit	Common Collective Trust	0	7,625,000	8,378,471	7,625,000	(753,471)
		$ 3,725,000	$ 7,625,000	$ 12,103,471	$ 11,350,000	$ (753,471)
* Aon Intermediate Credit	Common Collective Trust	$ 5,725,000	$ 0	$ 5,725,000	$ 5,725,000	$ 0
* Aon Intermediate Credit	Common Collective Trust	0	3,050,000	2,978,998	3,050,000	71,002
		$ 5,725,000	$ 3,050,000	$ 8,703,998	$ 8,775,000	$ 71,002
* BNY Mellon EB Temporary Invest. Fd	Common Collective Trust	$ 9,788,285	$ 0	$ 9,788,285	$ 9,788,285	$ 0
* BNY Mellon EB Temporary Invest. Fd	Common Collective Trust	0	8,552,535	8,552,535	8,552,535	0
		$ 9,788,285	$ 8,552,535	$ 18,340,820	$ 18,340,820	$ 0
Category (iv) - Security Transactions with or in Conjunction with the Same Person with Whom Any Prior Single 5% Security Transaction Took Place:						
None						

* Denotes a Party-in-Interest

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
Columbian Mutual Life Insurance Company
Pension Plan

B Three-digit plan number (PN) ▶ 014

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Columbian Life Insurance Company
of New York

D Employer Identification Number (EIN)
15-0274455

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 1 Day 1 Year 2025

2 Assets:

a Market value	2a	80,694,907
b Actuarial value	2b	79,224,246

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	590	62,965,750	62,965,750
b For terminated vested participants	286	16,460,989	16,460,989
c For active participants	57	6,339,516	6,378,107
d Total	933	85,766,255	85,804,846

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	5.31 %
6 Target normal cost		
a Present value of current plan year accruals	6a	0
b Expected plan-related expenses	6b	846,344
c Target normal cost	6c	846,344

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

David E. Forbes

Signature of actuary

09/24/2026
Date

David E, Forbes, FSA, EA, MAAA
Type or print name of actuary

26-05261
Most recent enrollment number

Milliman, Inc.
Firm name

(973) 278-8860
Telephone number (including area code)

150 Clove Road
8th Floor
Little Falls NJ 07424
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 [ ]

Schedule SB, Line 7- Carryover and Prefunding Balances

The Carryover and Prefunding Balances as of January 1, 2025 are determined below. The actual rate of return on the Fair Value of Assets for the prior plan year ending December 31, 2024, which is used to bring forward the balances below, was 3.83%. The prior plan year's Effective Interest Rate was 5.12% per year.

	Carryover Balance	Prefunding Balance
1. Balance as of January 1, 2024	$1,724	$1,392,365
2. Amount applied to Minimum Required Contribution for plan year ending December 31, 2024	0	0
3. Remaining amount as of January 1, 2024 [(1) - (2)]	1,724	1,392,365
4. Interest on remaining amount	66	53,328
5. Excess contributions for plan year ending December 31, 2024		
a. Excess contributions as of January 1, 2024	n/a	0
b. Portion due to actual contributions	n/a	0
c. Interest on (b)	n/a	0
d. Portion due to balance usage	n/a	0
e. Interest on (d)		
f. Excess contributions as of December 31, 2024 [(b) + (c) + (d) + (e)]	n/a	0
g. Portion of (f) to add to Prefunding Balance	n/a	0
6. Preliminary balance as of January 1, 2025 [(3) + (4) + (5g)]	1,790	1,445,693
7. Mandatory reduction as of January 1, 2025	0	0
8. Voluntary reduction as of January 1, 2025	0	0
9. Balance as of January 1, 2025 [(6) - (7) - (8)]	1,790	1,445,693

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

F&T Participants

Retirement is the later of age 62 and completion of 20 years of service, not later than age 65.

F&T Weighted Retirement Age: 63.0

Non-F&T Participants

Age	Number of Lives Remaining	Retirement Rate	Number of Retirees	Age multiplied by Number of Retirees
55	1,000.000	5.00%	50.000	2,750.000
56	950.000	1.00%	9.500	532.000
57	940.500	3.00%	28.215	1,608.255
58	912.285	5.00%	45.614	2,645.612
59	866.671	5.00%	43.334	2,556.706
60	823.337	5.00%	41.167	2,470.020
61	782.170	6.00%	46.930	2,862.730
62	735.240	21.00%	154.400	9,572.800
63	580.840	14.00%	81.318	5,123.034
64	499.522	12.00%	59.943	3,836.352
65	439.579	100.00%	439.579	28,572.635
		TOTALS	1,000.000	62,530.144

Non-F&T Weighted Retirement Age:

Weighted Average Retirement Age is based on the number of F&T and Non-F&T participants, which when rounded to the nearest age, is 63.

Schedule SB, Line 26a - Schedule of Active Participant Data

	Years of Credited Service									
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19	
Attained Age	No.	Average Comp	No.	Average Comp	No.	Average Comp	No.	Average Comp	No.	Average Comp
Under 25										
25 to 29										
30 to 34										
35 to 39	1									
40 to 44			2		2					
45 to 49	1		2		1		2			
50 to 54					1		4		3	
55 to 59	1		1		3		5		4	
60 to 64			2		6		5		1	
65 to 69					2		2		1	
70 & up										

	Years of Credited Service									
	20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
Attained Age	No.	Average Comp	No.	Average Comp	No.	Average Comp	No.	Average Comp	No.	Average Comp
Under 25										
25 to 29										
30 to 34										
35 to 39										
40 to 44										
45 to 49										
50 to 54										
55 to 59	2									
60 to 64	1		2							
65 to 69										
70 & up										

Schedule SB, Part V - Statement of Actuarial Assumptions & Methods

Summary of Actuarial Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. A plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that a plan will be adequately and systematically funded and accounted for. Annual contributions and accounting expense are also affected by a plan's "asset valuation method" (as well as plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

Actuarial Cost Method

Actuarial Cost Method: Unit Credit.

The actuarial cost method used in the valuation is the accrued benefit (unit credit) cost method as prescribed by PPA. In this method, the regular plan cost arises from two sources: a Normal Cost and an amortization payment for the Funding Target Shortfall.

The Funding Target is determined as the actuarial present value of benefits as of the valuation date. The Shortfall is equal to the Funding Target less the Plan Assets (with adjustments for credit balances).

For the Plan's ERISA funding requirements, incremental Funding Shortfall amounts are amortized over a fifteen-year period, and the related shortfall amortization payment is determined on the first valuation date following the plan year in which it arises based on the segment rates used for ERISA minimum funding purposes on that date, as prescribed under IRC Section 430.

The Normal Cost is equal to the anticipated administrative expense, since all benefits under the plan are frozen.

Asset Valuation Method: 2 year (3-point) Average Value of Assets as permitted under IRS Notice 2009-22, not less than 90% nor greater than 110% of Market Value of Assets on the valuation date.

Summary of Actuarial Assumptions

ECONOMIC ASSUMPTIONS

Information on economic assumptions is provided below in accordance with the Actuarial Standards of Practice (ASOP) No. 27 effective for measurement dates on or after September 30, 2014.

Interest Rates:

The current funding and PBGC interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election. The PBGC interest rates are based on the Plan Sponsor's elected method for determining the premium funding target.

	Minimum Funding	Maximum Deductible	PBGC Premium
Segment 1 (0–5 years)	5.00%	5.00%	5.00%
Segment 2 (5–20 years)	5.27%	5.27%	5.27%
Segment 3 (20+ years)	5.50%	5.40%	5.40%
Effective Interest Rate	5.31%	5.28%	5.28%

ERISA minimum funding: 24-month average segment rates with no lookback period adjusted to reflect the applicable segment rate stabilization corridor.

Maximum Deductible Contribution: 24-month average segment rates with no lookback period but not adjusted to reflect segment rate stabilization.

PBGC premium: 24-month average segment rates, with no lookback period, but not adjusted to reflect segment rate stabilization. The plan sponsor elected to use the alternative method for the PBGC variable premium rate calculation starting with the 2009 PBGC filing.

Administrative Expenses:

Assumption: Set equal to the prior year administrative expenses.

Rationale: This assumption represents a reasonable estimate of future experience.

Lump Sum:

Assumption: As required by IRS Section 430, lump sums are valued using the "annuity substitution" method. For ASC 960 purposes, lump sum benefits are calculated using November IRC Section 417(e) interest rates and the mortality table prescribed by the IRS to calculate lump sums during 2025.

Rationale: The lump sum basis above reflects provisions of the Plan.

DEMOGRAPHIC ASSUMPTIONS

Mortality:

ERISA minimum funding, Maximum Deductible Contribution, and PBGC premium: Generational tables for 2025 with separate rates for non-annuitants and annuitants.

Rationale: The mortality table above is among those mandated for use under PPA for ERISA funding valuations and is appropriate for the given purpose.

Retirement Rates:

F&T Active Participants: F&T active participants are assumed to retire at the later of age 62 and completion of 20 years of service, but no later than age 65.

Non-F&T Active Participants: Non-F&T active participants are assumed to retire based on sample rates from the following table.

Age	Retirement Rate
55	5.00%
56	1.00%
57	3.00%
58	5.00%
59	5.00%
60	5.00%
61	6.00%
62	21.00%
63	14.00%
64	12.00%
65	100.00%

Terminated vested participants: Once eligible for retirement, all terminated vested participants are assumed to retire at age 65.

Rationale: Due to the small number of retirements, there was insufficient data to develop plan specific retirement rates. Instead, retirement rates were based on general market trends, while also taking into account plan specific features and general observations from the participant data.

Turnover Rates:

Assumption: Active employees are assumed to terminate based on the rates shown in the following table:

Age	Retirement Rate
20	39.69%
25	23.17%
30	7.22%
35	6.28%
40	5.15%
45	3.98%
50	2.56%
55	0.94%
60	0.09%
65	0.00%

Rationale: The table represents a reasonable estimate of future experience.

Disability Rates:

Assumption: N/A

Form of Payment:

F&T Participants: 10-Year Certain & Life

Non-F&T Participants: For participants eligible to elect a lump sum distribution at retirement: 20% Lump Sum, 80% Annuity. For participants not eligible to elect a lump sum distribution at retirement: Life Annuity.

Philanthropic Mutual Participants: 100% of Participants are assumed to elect a single life annuity upon retirement.

Columbian Family Participants: 100% of participants are assumed to elect a lump sum upon retirement.

Rationale: This assumption represents a high-level estimate of recent lump sum distribution, along with an estimate of future experience.

Marriage Assumption for Pre-Retirement Death Benefit:

Philanthropic and Columbian Family: 100% of participants are assumed to be married with females 3 years younger than males.

All Other Participants: 90% of male and 60% of all female eligible participants assumed to be married with females 3 years younger than males**.**

Rationale: This assumption represents a reasonable estimate of future experience.

Changes in Actuarial Assumptions

- The statutory segment interest rates for determining minimum funding requirements and potential benefit restrictions, the Maximum Deductible Contribution, and PBGC premiums were updated as prescribed by law.

Schedule SB, Part V - Summary of Plan Provisions

Summary of Principal Plan Provisions

The actuarial valuation was prepared in accordance with the provisions of the plan, a summary of which is presented below. The summary describes the principal provisions only and is not intended to be authoritative. For questions about specific benefits, please refer to the plan document. This summary of plan provisions is intended to only describe the essential features of the plan.

Main Plan Provisions

Plan Name: Columbian Mutual Life Insurance Company Pension Plan ("Plan")

The Plan reflects a merger of the following plans effective as of December 31, 2022:

- Retirement Plan for Employees of Columbian Mutual Life Insurance Company
- The Philanthropic Mutual Life Insurance Company Agents Retirement Plan
- The Columbian Family Life Insurance Company of New York Retirement Plan

Employer Identification Number/Plan Number: 15-0274455 / 014 (prior Philanthropic Plan)

Effective Date of Plan: January 1, 1976. The valuation reflects all plan amendments adopted as of the valuation date.

Plan Year: January 1 to December 31

Maximum Benefits: Subject to IRC Section 415(b) limits. The limit is $280,000 for 2025.

Changes in Plan Provisions since Prior Valuation: None

Columbian Mutual Life Insurance Company Provisions

Prior Plan: Retirement Plan for Employees of Columbian Mutual Life Insurance Company

Employer: Columbian Mutual Life Insurance Company

Employee: Any person employed by the Employer

Eligibility: Employees of Columbian Mutual Life Insurance Company

Participation: An Employee will be eligible for participation on January 1st following date of employment. Effective January 1, 2010, the plan is closed to new Participants.

Service: The period of an Employee's employment with the Employer, as determined by the Employer from its personnel records.

Vesting Service: Plan Years in which an Employee completes 1,000 Hours of Service.

Credited Service: Plan Years in which a Participant completes 1,000 Hours of Service, except for Service in excess of 40 years. No Participant will receive Credited Service for any period after December 31, 2009.

Earnings: Participant's Annual wages for each calendar year including bonuses and including the sum of any salary reduction contributions under Code sections 125, 402(g)(3), 457 and 132(f)(4). Please refer to Plan Document for more details.

Average Annual Earnings: Average of the Employee's Earnings received for the three highest consecutive calendar years. Earnings after December 31, 2014 are disregarded.

Benefit Formulas and Eligibilities

Normal Retirement Date: A member's Normal Retirement Date will be the first of the month coinciding with or next following the later of his 65th birthday and the fifth anniversary of his date of entry into the plan.

Normal Retirement Benefit: 1.5% of the Participant's final Average Annual Earnings up to $20,000, plus 1.9% of final Average Annual Earnings in excess of $20,000, multiplied by the number of years of Credited Service.

For each Participant who retires directly from the employment of the employer, the minimum annual annuity shall be 15% of final Average Annual Earnings less the January 1, 1994 benefit under Columbian Family Life Insurance Company.

The accrued benefit as of December 31, 1990 under Pre-TRA of 1986 benefit formula shall be a minimum benefit for all Participants.

For Participants from Washington National, the greater of the Columbian Mutual benefit with Credited Service after January 1, 1994, or the Columbian Mutual Benefit with Credited Service from date of hire less the Washington National Benefit.

For Participants from Golden Eagle, the greater of the Columbian Mutual Benefit with Credited Service from the original date of employment with Golden Eagle, or the Columbian Mutual Benefit after January 1, 1998 plus the Golden Eagle accrued benefit as of January 1, 1998.

For Participants from Philanthropic, the greater of the Columbian Mutual Benefit with Credited Service from original date of employment and the Philanthropic Accrued Benefit plus benefit under this plan for service beginning March 6, 2006.

Early Retirement Date: The first of the month after a Participant who has attained age 55 and completed 5 years of Vesting Service.

Early Retirement Benefit: Accrued Benefit reduced by 5/9% for each of the first 60 months and 5/18% for each of the next 60 months by which the Participant's Early Retirement Date precedes his Normal Retirement Date.

The Philanthropic Accrued benefit is reduced by 1/360 for the first 36 months and by 1/180 for each additional month by which the Participant's Early Retirement Date precedes his Normal Retirement Date.

Vested Termination Eligibility: 100% after 5 years of Vesting Service.

Vested Termination Benefit: Amount determined under the Normal Retirement Benefit formula, based on Credited Service and final Average Annual Earnings at date of employment termination.

Pre-Retirement Death Benefit: If the Participant is not vested, no death benefits are payable. If the participant is vested, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

If Participant has attained age 50 with five years of Service, then the death benefit is 100% of the amount that would have been payable to the Participant under the 100% Joint and Survivor options.

Post-Retirement Death Benefit: None except as provided by the annuity form elected.

Forms of Payment

Normal form of benefit: Annuity payable for life.

Optional Forms: 50%, 75%, or 100% Joint and Survivor Annuity, Life Annuity with 15, 10, 5 or 3 years guaranteed and Single Lump Sum.

In addition to the above Optional Forms, Philanthropic Participants may elect these forms: 3, 5, 10 or 15 years certain only.

Benefits with an actuarial equivalent value of $1,000 or less will be paid as a lump sum. A participant or beneficiary may elect to take the benefit as a lump sum if the actuarial equivalent value of the accrued benefit is $5,000 or less, but exceeds $1,000.

Actuarial Equivalence: Actuarial equivalence for optional forms of payment besides the Lump Sum option shall be determined on the basis of the 1983 Individual Annuity Male Mortality Table and an interest rate of 6% per annum. For lump sums, the IRC §417(e)(3) mortality table and the first, second, and third segment rates under IRC §417(e) for November of the preceding year are used.

Unity Provisions – Debit Managers

Prior Plans: The Unity Mutual Life Insurance Company Retirement Plan, Retirement Plan for Employees of Columbian Mutual Life Insurance Company

Employer: Columbian Mutual Life Insurance Company

Eligible Employee: Any person who is a Debit Manager and is not Highly Compensated.

Participation: An Employee will be eligible for participation on first of the month after attaining age 21. No additional participation is currently permitted.

Service: The period of an Employee's employment with the Employer, as determined by the Employer from its personnel records.

Vesting Service: Years and completed months from Date of Hire.

Credited Service: Years and completed months from Date of Participation.

Monthly Earnings: 1/12 of a Participant's Annual wages for each calendar year excluding bonuses and including the sum of any salary reduction contributions under Code sections 125, 402(e)(3), 402(h) and 403(b). Please refer to Plan Document for more details.

Average Monthly Earnings: Average of the Participant's monthly earnings

Benefit Formulas and Eligibilities

Normal Retirement Date: The first day of the calendar month coincident with or next following the date on which the Participant attains his 65th birthday.

Normal Retirement Benefit: The amount of monthly benefit is the sum of 3.5% of his Average Monthly Earnings for each year of Credited Service completed on and after January 1, 1989, plus his Accrued Benefit determined as of December 31, 1988.

Early Retirement Date: The first of the month after a Participant who has attained age 55 and completed 10 years of Service.

Early Retirement Benefit: Accrued Benefit reduced by 5/9% for each of the first 60 months and 5/18% for each of the next 60 months by which the Participant's Early Retirement Date precedes his Normal Retirement Date.

Vested Termination Eligibility: 100% after 5 years of Vesting Service.

Vested Termination Benefit: Amount determined under the Normal Retirement Benefit formula, based on Credited Service and final Average Earnings at date of employment termination.

Disability Benefit: The greater of:

a) 70% of his Accrued Benefit as of his Disability Retirement Date

b) 100% of his Accrued Benefit reduced by 5/9% for each of the first 60 months, 5/18% for each of the next 60 months by which the Participant's Disability Retirement Date precedes age 65 and actuarially reduced thereafter.

Pre-retirement Death Benefit: If the Participant is not vested, no death benefits are payable. If the participant is vested, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option. At all times the Participant's contributions are payable to a beneficiary.

Post-Retirement Death Benefit: None except as provided by the annuity form elected.

Forms of Payment

Normal Form: Annuity payable for life.

Optional Forms: 50%, 66 2/3%, 75%, and 100% Joint and Survivor Annuity, Life Annuity with 120 payments guaranteed

Benefits with an actuarial equivalent value of $1,000 or less will be paid as a lump sum. A participant or beneficiary may elect to take the benefit as a lump sum if the actuarial equivalent value of the accrued benefit is $5,000 or less, but exceeds $1,000.

Actuarial Equivalence: Actuarial equivalence for optional forms of payment besides the Lump Sum option shall be determined on the basis of the blended 50% male and 50% female 1983 Group Annuity Mortality Table, set back one year for participants and beneficiaries, with Projection Scale H and mortality rates based on a calendar year of birth of 1930, and an interest rate of 7% per annum. For lump sums, the IRC §417(e)(3) mortality table and the first, second, and third segment rates under IRC §417(e) for November of the preceding year are used.

Unity Provisions – Weekly Premium Agents

Prior Plans: The Unity Mutual Life Insurance Company Retirement Plan, Retirement Plan for Employees of Columbian Mutual Life Insurance Company

Employer: Columbian Mutual Life Insurance Company

Eligible Employee: Any person who is

a) Duly licensed by the appropriate state insurance supervisory authority

b) Assigned to and collects premiums on business originally written on a weekly premium debit

c) Is not a General Gent, Branch Manager, Assistant Branch Manager, Staff Manager or other supervisory field or home office of the Employer

d) Is a member of a collective bargaining unit.

Participation: An Employee will be eligible for participation on the January 1 nearest completion of one Hour of Service. No additional participants shall be allowed after December 31, 2002.

Service: The period of an Employee's employment with the Employer, as determined by the Employer from its personnel records.

Vesting Service: A Participant is 100% vested at all times.

Credited Service: Elapsed time from Date of Participation. Service after December 31, 2002 shall be disregarded.

Monthly Earnings: Commissions earned on weekly and monthly industrial, monthly debit ordinary, health and accident, hospitalization, and in-hospital policies. Monthly Earnings after December 31, 2002 are disregarded. Please refer to Plan Document for more details.

Benefit Formulas and Eligibilities

Normal Retirement Date: The first day of the calendar month coincident with or next following the date on which the Participant attains his 65th birthday.

Normal Retirement Benefit: The amount of monthly benefit is the sum of:

a) $2.50 times years of Credited Service as of January 1, 1961

b) $1.00 times years of Credited Service after January 1, 1961 and prior to January 1, 1968

c) Monthly annuity that can be purchased by:

   i. 1% of monthly earnings between January 1, 1964 and December 31, 1964

   ii. 1.5% of Adjusted Annual Earnings between January 1, 1965 and December 31, 1967

   iii. 3% of Participant's Annual Registered Earnings between January 1, 1968 and December 31, 1983

iv. 3.5% of Participant's Annual Registered Earnings between January 1, 1984 and May 31, 1987

v. 4.5% of Participant's Annual Registered Earnings between June 1, 1987 and May 31, 1990

vi. 5.5% of Participant's Annual Registered Earnings between June 1, 1991 and December 31, 2002

d) Monthly annuity provided by Employee Voluntary Contribution plus interest.

Early Retirement Date: The first of the month after a Participant who has attained age 55 and completed 15 years of Credited Service or has completed 30 years of Credited Service.

Early Retirement Benefit: Actuarial equivalent of the Normal Retirement Benefit.

Vested Termination Benefit: Amount determined under the Normal Retirement Benefit formula, based on Credited Service and final Earnings at date of employment termination.

Disability Benefit: Accrued Benefit.

Pre-Retirement Death Benefit: If the Participant is not vested, no death benefits are payable. If the participant is vested, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement Death Benefit: None except as provided by the annuity form elected.

Forms of Payment

Normal Form: Annuity payable for life.

Optional Forms: 50%, 75%, or 100% Joint and Survivor Annuity, Life Annuity with 120 payments guaranteed

Benefits with an actuarial equivalent value of $1,000 or less will be paid as a lump sum. A participant or beneficiary may elect to take the benefit as a lump sum if the actuarial equivalent value of the accrued benefit is $5,000 or less, but exceeds $1,000.

Actuarial Equivalence: Actuarial equivalence for optional forms of payment besides the Lump Sum option shall be determined on the basis of the blended 50% male and 50% female 1983 Group Annuity Mortality Table, set back one year for participants and beneficiaries, with Projection Scale H and mortality rates based on a calendar year of birth of 1930, and an interest rate of 7% per annum. For lump sums, the IRC §417(e)(3) mortality table and the first, second, and third segment rates under IRC §417(e) for November of the preceding year are used.

Unity Provisions – Other than Debit Managers / Weekly Premium Agents

Prior Plans: The Unity Mutual Life Insurance Company Retirement Plan, Retirement Plan for Employees of Columbian Mutual Life Insurance Company

Employer: Columbian Mutual Life Insurance Company

Eligible Employee: Any person who is not under the Debit Managers or under the Weekly Premium Agents Provisions.

Participation: An Employee was eligible for participation on the first of the month after attaining age 21 and completing one Year of Service. No Employee became eligible to participate after May 9, 2006.

Service: The period of an Employee's employment with the Employer, as determined by the Employer from its personnel records.

Vesting Service: Plan Years in which an Employee completes 1000 Hours of Service.

Credited Service: Plan Years in which a Participant completes 1000 Hours of Service. In his first and last year of participation, if he completes less than 1000 Hours, credited service is found by dividing his number of hours by 1000. Service after December 31, 2014 will be disregarded.

Monthly Earnings: 1/12 of a Participant's Annual wages for each calendar year including bonuses and including the sum of any salary reduction contributions under Code sections 125, 402(e)(3), 402(h) and 403(b). Please refer to Plan Document for more details. Effective January 1, 2007, Earnings taken into account for purposes of the Plan's normal retirement benefit formula will not exceed Earnings as of December 31, 2006.

Average Monthly Earnings: Average of the Employee's Monthly earnings received for the five highest consecutive calendar years of the last 10 consecutive calendar years. Effective January 1, 2007, Earnings taken into account for purposes of the Plan's normal retirement benefit formula will not exceed Earnings as of December 31, 2006.

Benefit Formulas and Eligibilities

Normal Retirement Date: The first day of the calendar month coincident with or next following the date on which the Participant attains his 65th birthday.

Normal Retirement Benefit: The amount of monthly benefit is the sum of (a) and (b) reduced by (c), and the resulting amount added to (d) and (e) as applicable:

a) 40.5% of the Participant's Average Monthly Earnings not in excess of his Covered Compensation

b) 60% of the Participant's Average Monthly Earnings in excess of Covered Compensation

c) 1/30th of such sum by which the Participant's years of Credited Service is less than 30

d) Accrued Benefit as of November 30, 1989 of those Employees who were Participants in the Pension Plan for Progressive Life Insurance Company Employees

e) Accrued Benefit as of August 18, 1991 of those Employees who were Participants in the Empire State Life Insurance Company Pension Plan.

Early Retirement Date: The first of the month after a Participant who has attained age 55 and completed 10 years of Service.

Early Retirement Benefit: Accrued Benefit reduced by 5/9% for each of the first 60 months and 5/18% for each of the next 60 months by which the Participant's Early Retirement Date precedes his Normal Retirement Date.

There is no reduction for an Active or Vested Terminated Participant who has attained age 62 and his combined age and service is at least 85 or has attained age 60 and his combined age and service is at least 88.

Vested Termination Eligibility: 100% after 5 years of Vesting Service.

Vested Termination Benefit: Amount determined under the Normal Retirement Benefit formula, based on Credited Service and final Average Earnings at date of employment termination.

Disability Benefit: The monthly amount will be equal to benefit based on his Average Monthly Earnings as of his Disability Retirement Date and his Credited Service as of his Normal Retirement Date.

Pre-Retirement Death Benefit: If the Participant is not vested, no death benefits are payable. If the participant is vested, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option. At all times the Participant's contributions with interest are payable to beneficiary.

Post-Retirement Death Benefit: None except as provided by the annuity form elected.

Forms of Payment

Normal form of benefit: Annuity payable for life.

Optional Forms: 50%, 66 2/3%, 75%, and 100% Joint and Survivor Annuity, Life Annuity with 120 payments guaranteed and Social Security Adjustment Option.

Benefits with an actuarial equivalent value of $1,000 or less will be paid as a lump sum. A participant or beneficiary may elect to take the benefit as a lump sum if the actuarial equivalent value of the accrued benefit is $5,000 or less, but exceeds $1,000.

Actuarial Equivalence: Actuarial equivalence for optional forms of payment besides the Lump Sum option shall be determined on the basis of the blended 50% male and 50% female 1983 Group Annuity Mortality Table, set back one year for participants and beneficiaries, with Projection Scale H and mortality rates based on a calendar year of birth of 1930, and an interest rate of 7% per annum. For lump sums, the applicable IRC §417(e)(3) mortality table and the first, second, and third segment rates under IRC §417(e) for November of the preceding year are used.

Farmers and Traders (F&T) Provisions

Prior Plans: The Retirement Plan for Employees of Farmers and Traders Life Insurance Company Unity Mutual Life Insurance Company Retirement Plan, Retirement Plan for Employees of Columbian Mutual Life Insurance Company

Employer: Columbian Mutual Life Insurance Company

Employee: Any person employed by the Employer

Participation: An Employee will be eligible for participation on the January 1 nearest attaining age 21 and completing one Year of Service. Effective January 1, 2010, the plan is closed to new Participants.

Service: The period of an Employee’s employment with the Employer, as determined by the Employer from its personnel records.

Vesting Service: Plan Years in which an Employee completes 1,000 Hours of Service.

Credited Service: Plan Years in which a Participant completes 1,000 Hours of Service. Years of Benefit Service frozen as of December 31, 2009.

Earnings: Participant's Annual wages for each calendar year including bonuses and including the sum of any salary reduction contributions under Code sections 125, 402(e)(3), 402(h), 403(b) and 457(b). Please refer to Plan Document for more details.

Average Earnings: Average of the Employee's earnings received for the three highest consecutive calendar years. Earnings after December 31, 2014 will be disregarded.

Benefit Formulas and Eligibilities

Normal Retirement Date: The first day of the calendar month coincident with or next following the date on which the Participant attains his 65th birthday.

Normal Retirement Benefit: 1.35% of Average Compensation per year of Credited Service up to 30 years, plus .5% of Average Compensation per year of Credited Service in excess of 30, PLUS

.45% of Average Compensation in excess of Covered Compensation per year of service up to 35 years.

Early Retirement Date: The first of the month after a Participant who has attained age 55 and completed 10 years of Service.

Early Retirement Benefit: Actuarial Equivalent of Accrued Benefit, reduced from age 62 if 20 years of service.

Vested Termination Eligibility: 100% after 5 years of Vesting Service.

Vested Termination Benefit: Amount determined under the Normal Retirement Benefit formula, based on Credited Service and final Average Earnings at date of employment termination.

Pre-Retirement Death Benefit: If the Participant is not vested, no death benefits are payable. If the participant is vested, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option. At all times the Participant's contributions with interest is payable to beneficiary.

Post-Retirement Death Benefit: None except as provided by the annuity form elected.

Forms of Payment

Normal form of benefit: Annuity payable for life guaranteed for 10 years.

Optional Forms: Life Annuity, Joint and Survivor Annuity 50%, 75% and 100%, 10 year certain only, Joint and Survivor 50% or 100% with 10 years certain.

A participant or beneficiary may elect to take the benefit as a lump sum if the actuarial equivalent value of the accrued benefit is $3,500 or less.

Actuarial Equivalence: Actuarial equivalence for optional forms of payment besides the Lump Sum option shall be determined on the basis of the 1983 Individual Annuity Male Mortality Table, set back two years for participants and beneficiaries and an interest rate of 7.5% per annum. There is no pre-

retirement actuarial equivalent mortality table. For lump sums, the applicable IRC §417(e)(3) mortality table and the first, second, and third segment rates under IRC §417(e) for December of the preceding year are used.

Mutual of Detroit (MOD) Provisions

Prior Plans: Mutual of Detroit Insurance Company Employees Retirement Plan, Retirement Plan for Employees of Columbian Mutual Life Insurance Company

Employer: Columbian Mutual Life Insurance Company

Employee: Any person employed by the Employer

Participation: An Employee will be eligible for participation on the first day of the calendar month coincident with or next following attaining age 21 and completing one Year of Service. New participants will not be eligible after December 31, 2009 except as stated in plan amendment.

Service: The period of an Employee's employment with the Employer, as determined by the Employer from its personnel records.

Vesting Service: Plan Years in which an Employee completes 1,000 Hours of Service.

Credited Service: Years and months for Date of Participation. Service frozen as of December 31, 2009.

Earnings: Participant's Annual wages within meaning of Section 415(c)(3) of the Code, excluding: reimbursements and other expense allowances, fringe benefits, overtime pay, gifts, awards, other irregular or additional compensation. Earnings include service allowances and amounts contributed by the Employer under Code section 125. Please refer to Plan Document for more details.

Average Earnings: Average of the Employee's final 60 months earnings. Earnings after December 31, 2014 will be disregarded.

Benefit Formulas and Eligibilities

Normal Retirement Date: The first day of the calendar month coincident with or next following the date on which the Participant attains his 65th birthday.

Normal Retirement Benefit: Benefit at Normal Retirement Date is:

a) 55% of the participants' Average Monthly Compensation offset by 70% of the Primary Insurance Amount multiplied by years of Credited Service to Normal Retirement Date divided by 30. Minus

b) Actuarial Equivalent of Participant's Separate Account Balance

For the Plan Year ending December 31, 2010, the Accrued Benefit for all Non-Highly Compensated Employees who are Participants in the Plan shall receive a minimum increase in their monthly accrued benefit of the greater of $10.00, or 1% of their monthly Accrued Benefit as of December 31, 2009. Minimum benefit will be the lesser of $240 and $8 times Credited Service.

Early Retirement Date: The first of the month after a Participant who has attained age 55 and completed 15 years of Credited Service.

Early Retirement Benefit: Accrued Benefit reduced by .00833% for each of the first 36 months that his early retirement date precedes his normal retirement and .004167% for each of the next 24 months his early retirement date precedes his normal retirement date.

Vested Termination Eligibility: 100% after 5 years of Vesting Service.

Vested Termination Benefit: Amount determined under the Normal Retirement Benefit formula, based on Credited Service and final Average Earnings at date of employment termination.

Pre-Retirement Death Benefit: If the Participant is not vested, no death benefits are payable. If the participant is vested, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option. At all times the Participant's contributions with interest is payable to beneficiary.

Post-Retirement Death Benefit: None except as provided by the annuity form elected.

Forms of Payment

Normal form of benefit: Annuity payable for life.

Optional Forms: Life Annuity, Joint and Survivor Annuity 50%, 66-2/3%, 75% and 100%, Life Annuity with 5, 10 years guaranteed, and single sum for Separate Account Balance only.

Benefits with an actuarial equivalent value of $1,000 or less will be paid as a lump sum. A participant or beneficiary may elect to take the benefit as a lump sum if the actuarial equivalent value of the accrued benefit is $5,000 or less, but exceeds $1,000.

Actuarial Equivalence: Approximation of applicable factors for optional forms of payment besides the Lump Sum option based on the 1983 Group Annuity Male Mortality Table and an interest rate of 8% compounded annually. For lump sums, the applicable IRC §417(e)(3) mortality table and the first, second, and third segment rates under IRC §417(e) for December of the preceding year are used.

Philanthropic Mutual Agents Provisions

Prior Plan: The Philanthropic Mutual Life Insurance Company Agents Retirement Plan

Employer: Columbian Mutual Life Insurance Company

Eligible Employee: All agents who are members of a collective bargaining unit.

Participation: An Employee will be eligible for participation on the first day of the month coincident with or next following age 21. Plan Participation is closed.

Service: A period of an Employee’s employment with the Employer, as determined by the Employer from its personnel records.

Vesting Service: The sum of the Plan Years in which the Employee has been credited with at least 1,000 Hours of Service.

Credited Service: A full year of Credited Service is earned for each Plan Year in which an employee works 1,000 hours, or for each Plan Year during which the Participant is receiving disability benefits.

Compensation: The total remuneration paid to the Employee during the limitation year, as reported on IRS form W-2 for federal income tax withholding purposes, to which has been added all elective deferral amounts, employee compensation reduction amounts contributed to an annuity meeting the requirements of Section 403(b) at the Code, or to a governmental plan under Section 457 of the Code during such limitation period, and all compensation reductions to which the Employee has oriented for the purposes of providing (a) "qualified benefits" under a cafeteria plan meeting the requirements of Section 123 of the Code or (b) qualified transportation benefits as provided by Section 132(f)(4) of the Code.

Average Compensation: The average of the Agent's compensation over the period of participation. For purposes of determining Average Monthly Compensation, months beginning on or after January 1, 2008 shall be disregarded.

Benefit Formulas and Eligibilities

Normal Retirement Date: The later of the last day of the month of attainment of age 65 or the 5th anniversary of participation.

Normal Retirement Benefit: 2% of Average Compensation multiplied by years of Credited Service. The maximum annual benefit shall be based on the Social Security Normal Retirement age maximum.

Early Retirement Date: The first day of any calendar month coincident with or next following the Participant’s 60th birthday, with the completion of 15 years of Service.

Early Retirement Benefit: An immediate benefit equal to the Normal Retirement Benefit based on Service at the Early Retirement Date, and reduced by 1/180 for each month early.

Vested Termination Eligibility: Vesting percentage based on the following table:

Years of Service	Vested Percent
Fewer than 2	0%
3	20%
4	40%
5	60%
6	80%
7 or more	100%

Vested Termination Benefit: Amount determined under the Normal Retirement Benefit formula, based on Credited Service and final Average Annual Earnings at date of employment termination.

Pre-Retirement Death Benefit: If the Participant is not vested, no death benefits are payable. If the Participant is vested and dies on or before the Early Retirement Date, the death benefit is equal to the vested accrued benefit as of the date of death, but payable as if the Participant had separated from service on the date of death, survived to the earliest retirement age, elected a Joint & 50% Survivor Annuity, and died on the following day. If the Participant has attained age 60, has at least 15 years of Credited Service, and has died prior to the Normal Retirement Date, it will be assumed the Participant had retired on the day prior to death and elected a Joint & 50% Survivor Benefit.

Post-Retirement Death Benefit: None except as provided by the annuity form elected.

Forms of Payment

Normal form of benefit: Annuity payable for life.

Optional Forms: 50%, 66 2/3%, 75%, or 100% Joint & Survivor Annuity; Life Annuity with 60, 120, or 240 payments certain.

Benefits with an actuarial equivalent value of $1,000 or less will be paid as a lump sum. A participant or beneficiary may elect to take the benefit as a lump sum if the actuarial equivalent value of the accrued benefit is $20,000 or less, but exceeds $1,000.

Actuarial Equivalence: Actuarial equivalence for optional forms of payment besides the Lump Sum option shall be determined on the basis of the UP-1984 Pension Mortality Table and an interest rate of 7.5% per annum, compounded annually. For lump sums, the applicable IRC §417(e)(3) mortality table and the first, second, and third segment rates under IRC §417(e) for November of the preceding year are used.

Columbian Family Provisions

Prior Plan: The Columbian Family Life Insurance Company of New York Retirement Plan

Employer: Columbian Mutual Life Insurance Company, formerly Washington National Life Insurance Company of New York

Eligible Employee: Any person who is employed by the Employer, excluding any person employed as an independent contractor.

Participation: An Employee will be eligible for participation as of the January 1 or July 1 on or immediately after the date on which (s)he attains age 21 and completes 1000 Hours of Service in his/her first employment year or a Plan Year beginning after date of hire. Participation was closed to new entrants as of January 1, 1994.

Service: A period of an Employee’s employment with the Employer, as determined by the Employer from its personnel records.

Vesting Service: The sum of the Plan Years in which the Employee has been credited with at least 1,000 Hours of Service.

Credited Service: The Participant's total years of Service, excluding any years of service prior to the date upon which an Employee became a Participant. Credited Service was frozen as of January 1, 1994.

Compensation: The total remuneration paid to the Employee during the limitation year, as reported on IRS form W-2 for federal income tax withholding purposes, to which has been added all elective deferral amounts, employee compensation reduction amounts contributed to an annuity meeting the requirements of Section 403(b) at the Code, or to a governmental plan under Section 457 of the Code during such limitation period, and all compensation reductions to which the Employee has oriented for the purposes of providing (a) "qualified benefits" under a cafeteria plan meeting the requirements of Section 123 of the Code or (b) qualified transportation benefits as provided by Section 132(f)(4) of the Code.

Average Monthly Compensation: Average compensation over highest 5 consecutive years out of the last ten-year period.

Covered Compensation: For any Plan Year, the average of the Taxable Wage Base over the 35-year period ending on the last day of the current calendar year.

Benefit Formulas and Eligibilities

Normal Retirement Date: The first day of the calendar month coincident with or next following an employee's 65th birthday.

Normal Retirement Benefit: The larger of (a) or (b):

a) 1 .44% of Average Monthly Compensation multiplied by years of credit (maximum 30 years) plus .38% of final average compensation in excess of participant's integration level multiplied by years of Credited Service (maximum 30 years).

b) For Credited Service prior to January 1, 1989, the frozen accrued benefit under the prior plan formula plus formula in (a) using only Credited Service after December 31, 1988 (limited to 30 minus Credited Service as of December 31, 1988).

Effective December 31, 1993, the plan's accrued benefit has been frozen.

Early Retirement Date: The first day of any calendar month coincident with or next following the Participant's 55th birthday and the completion of twenty years of Service.

Early Retirement Benefit: The accrued benefit reduced based on an interest rate of 1/3 of 1% for each month that the early retirement date precedes age 62. A social security supplement is payable to participants who were age 50 or older on December 31, 1988 and who retire on or after age 55 but before age 62. The social security supplement payable is the frozen amount on December 31, 1988.

Vested Termination Eligibility: 100% after 5 years of Vesting Service.

Vested Termination Benefit: Amount determined under the Normal Retirement Benefit formula, based on Credited Service and final Average Annual Earnings at date of employment termination.

Pre-Retirement Death Benefit: The larger of (a) or (b): (a) A life annuity equal to the present value of the Participant's accrued benefit on date of death. (b) A monthly joint & survivor annuity equal to the amount that would have been paid had the Participant terminated employment on the date of death and survived to his/her earliest retirement age, retired with a qualified joint and 50% survivor annuity, then died the next day.

Post-Retirement Death Benefit: None except as provided by the annuity form elected.

Forms of Payment

Normal form of benefit: A monthly annuity payable for life.

Optional Forms: A monthly life annuity or 10, 15, or 20 years certain and life, 50%, 66 2/3%, 75%, or 100% joint & survivor annuity, single sum payment equal to the present value of the retirement benefit.

Benefits with an actuarial equivalent value of $1,000 or less will be paid as a lump sum. A participant or beneficiary may elect to take the benefit as a lump sum if the actuarial equivalent value of the accrued benefit is $5,000 or less, but exceeds $1,000.

Actuarial Equivalence: For lump sums, the applicable IRC §417(e)(3) mortality table and the first, second, and third segment rates under IRC §417(e) for November of the preceding year are used.

Retirement Plan for Employees of the Carnegie Hall Corporation
EIN/PN: 13-1923626/001
Attachment to 2022 Form 5500
Schedule SB, Line 32 – Schedule of Amortization Bases

The amount needed to amortize the Funding Shortfall to the Applicable Funding Target, in combination with prior Shortfall Amortizations, for the plan year beginning January 1, 2025 is determined below. The net Funding Shortfall for a plan year is amortized in fifteen level payments. The present value and amortization factors shown below are based on the interest rates for determining the Applicable Funding Target for the current plan year.

1. Present value of remaining prior Shortfall Amortizations

	Date Established	Amortization Amount	Years Remaining	Present Value Factor	Present Value
a.	Total	$0			$0

2. Shortfall Amortization for current plan year

a.	Applicable Funding Target	85,804,846
b.	Actuarial Value of Assets less Carryover and Prefunding Balances	77,776,763
c.	Is the plan exempt from establishing a Shortfall Amortization for the current year?	No
d.	Funding Shortfall [(a) - (b), but not < $0]	8,028,083
e.	Net Funding Shortfall [If (d) > $0, (d) - (1a), otherwise n/a]	8,028,083
f.	Amortization factor	10.752079
g.	Shortfall Amortization for current plan year [(e) ÷ (f)]	$746,654

3. Total Shortfall Amortizations [(1a) + (2g), but not < $0] 746,654

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2025

Plan # 001
EIN # 15-0274455
Schedule H, Part IV, Line 4i

(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
	Columbian Pension Master Trust:			
	SSGA S&P 500	Collective Investment Trust	$ 3,539,242	$ 8,586,228
	SSGA Russell Small/Mid Cap	Collective Investment Trust	748,142	1,490,969
	SSGA Global Equity ex USA	Collective Investment Trust	3,110,381	5,874,036
*	Aon High Yield Plus	Collective Investment Trust	24,407	31,691
*	Aon US Long Government Index	Collective Investment Trust	151,161	152,144
*	Aon Intermediate Gov't	Collective Investment Trust	617,968	630,425
*	Aon Long Credit	Collective Investment Trust	49,580,621	46,533,184
*	Aon Intermediate Credit	Collective Investment Trust	5,516,854	5,705,625
*	Aon Multi-Asset Credit	Collective Investment Trust	2,367,723	3,104,087
	NISA Ultra Mid Treasury CIF	Collective Investment Trust	1,864,027	2,299,793
	NISA Ultra Long Treasury CIF	Collective Investment Trust	47,474	54,877
*	BNY Mellon EB Temporary Invest. Fd	Collective Investment Trust	1,895,223	1,895,223
	Total Common Investment Trusts		69,463,223	76,358,282
	Federated Government Obligations Fund	Money Market Fund	1,952,590	1,952,590
	Pine Street Capital Partners III LP	Mezzanine Fund	129,601	1,979,902
	Total Investments		$ 71,545,414	$ 80,290,774

* Party-in-Interest as defined by ERISA

SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2025

Plan # 001
EIN # 15-0274455
Schedule H, Line 4j

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset on Transaction Date	(g) Net Gain (Loss)
Category (i) - Single Transaction in Excess of 5% of Plan Assets:						
None						
Category (ii) - Series of Transactions in Other Than Securities with the Same Person in Excess of 5% of Plan Assets:						
None						
Category (iii) - Series of Security Transactions in Excess of 5% of Plan Assets:						
* Aon Intermediate Gov't	Common Collective Trust	$ 3,600,000	$ 0	$ 3,600,000	$ 3,600,000	$ 0
* Aon Intermediate Gov't	Common Collective Trust	0	4,225,000	4,192,119	4,225,000	32,881
		$ 3,600,000	$ 4,225,000	$ 7,792,119	$ 7,825,000	$ 32,881
* Aon Long Credit	Common Collective Trust	$ 3,725,000	$ 0	$ 3,725,000	$ 3,725,000	$ 0
* Aon Long Credit	Common Collective Trust	0	7,625,000	8,378,471	7,625,000	(753,471)
		$ 3,725,000	$ 7,625,000	$ 12,103,471	$ 11,350,000	$ (753,471)
* Aon Intermediate Credit	Common Collective Trust	$ 5,725,000	$ 0	$ 5,725,000	$ 5,725,000	$ 0
* Aon Intermediate Credit	Common Collective Trust	0	3,050,000	2,978,998	3,050,000	71,002
		$ 5,725,000	$ 3,050,000	$ 8,703,998	$ 8,775,000	$ 71,002
* BNY Mellon EB Temporary Invest. Fd	Common Collective Trust	$ 9,788,285	$ 0	$ 9,788,285	$ 9,788,285	$ 0
* BNY Mellon EB Temporary Invest. Fd	Common Collective Trust	0	8,552,535	8,552,535	8,552,535	0
		$ 9,788,285	$ 8,552,535	$ 18,340,820	$ 18,340,820	$ 0
Category (iv) - Security Transactions with or in Conjunction with the Same Person with Whom Any Prior Single 5% Security Transaction Took Place:						
None						

* Denotes a Party-in-Interest