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
BREMER RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 04/01/1985

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)
OLD NATIONAL BANCORP

1 MAIN STREET
EVANSVILLE, IN 47708

2b Employer Identification Number (EIN) 35-1539838

2c Plan Sponsor's telephone number 812-465-7275

2d Business code (see instructions) 551111

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.	10/15/2026	GEORGE LANCE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name BREMER FINANCIAL CORPORATION

c Plan Name BREMER RETIREMENT PLAN

4b EIN 41-0715583

4d PN 003

5	Total number of participants at the beginning of the plan year	**5**	3685
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)**	1339
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	786
b	Retired or separated participants receiving benefits	**6b**	1271
c	Other retired or separated participants entitled to future benefits	**6c**	1468
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3525
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	89
f	Total. Add lines **6d** and **6e**.	**6f**	3614
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**	27
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 3H 1I

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
BREMER RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
OLD NATIONAL BANCORP

D Employer Identification Number (EIN)
35-1539838

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**	336506742
b Actuarial value	**2b**	335536636

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	1290	124914939	124914939
b For terminated vested participants	1056	61678660	61678660
c For active participants	1339	78112914	80979347
d Total	3685	264706513	267572946

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**	5.37 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	9224291
b Expected plan-related expenses	**6b**	750000
c Target normal cost	**6c**	9974291

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

Date

KRISTOFF M. HENDRICKSON, FSA, EA
Type or print name of actuary

26-07525
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

952-842-7000
Telephone number (including area code)

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)	32198784	23218712
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	32198784	23218712
10	Interest on line 9 using prior year's actual return of 3.43 %	1104418	796402
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		
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 5.25 %		
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		
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)	33303202	24015114

Part III Funding Percentages

14	Funding target attainment percentage	14	103.97 %
15	Adjusted funding target attainment percentage	15	125.40 %
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	134.45 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

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

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	

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

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

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

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

Part VI Miscellaneous Items

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

26 Demographic and benefit information

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	
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**	9974291
b Excess assets, if applicable, but not greater than line 31a	**31b**	9974291

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

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

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	

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
BREMER RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
OLD NATIONAL BANCORP

D Employer Identification Number (EIN)
35-1539838

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

SEI TRUST COMPANY

06-1271230

(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)

WILLIS TOWERS WATSON INC.

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	1178594	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOWERS WATSON INVESTMENT SERVICES,

52-1868818

(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?
28 50 51	NONE	406135	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEGAL & GENERAL INVESTMENT MANAGEME

20-8058531

(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?
28 51	NONE	38041	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PENSION BENEFIT INFORMATION, LLC

82-4722389

(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	NONE	6248	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: EIDE BAILLY LLP	**b** EIN:	45-0250958
c	Position: ACCOUNTANT		
d	Address: 111 S. 2ND ST. STE. 300 MANKATO, MN 56001-5803	**e** Telephone:	507-387-6031

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
BREMER RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
OLD NATIONAL BANCORP

D Employer Identification Number (EIN)
35-1539838

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:	WTW GT - DIVERSIFIED EQUITY FUND		
b Name of sponsor of entity listed in (a):	TOWERS WATSON INVESTMENT SERVICES, INC.		
c EIN-PN 82-6695738-002	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	WTW GT - DIVERSIFIED CREDIT FUND		
b Name of sponsor of entity listed in (a):	TOWERS WATSON INVESTMENT SERVICES, INC.		
c EIN-PN 82-6695738-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	INTERMEDU.S. GOVT BOND INDX NL FUND		
b Name of sponsor of entity listed in (a):	SSGA		
c EIN-PN 04-0025081-144	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	TREASURY U.S. 5 YEAR KEY RATE DURA		
b Name of sponsor of entity listed in (a):	BLACKROCK TURF FUNDS		
c EIN-PN 47-4104495-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	TREASURY U.S. 10 YEAR KEY RATE DURA		
b Name of sponsor of entity listed in (a):	BLACKROCK TURF FUNDS		
c EIN-PN 47-4226866-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	TREASURY U.S. 15 YEAR KEY RATE DURA		
b Name of sponsor of entity listed in (a):	BLACKROCK TURF FUNDS		
c EIN-PN 45-3856099-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	TREASURY U.S. 20 YEAR KEY RATE DURA		
b Name of sponsor of entity listed in (a):	BLACKROCK TURF FUNDS		
c EIN-PN 45-3856189-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0

a Name of MTIA, CCT, PSA, or 103-12 IE: TREASURY U.S. 25 YEAR KEY RATE DURA

b Name of sponsor of entity listed in (a): BLACKROCK TURF FUNDS

c EIN-PN 45-3856224-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: LEGAL & GENERAL GLOBAL CORE INFRAST

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

c EIN-PN 35-7085469-013	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: RESCAP GLOBAL REAL ESTATE SECURITIE

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

c EIN-PN 83-2160256-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

b Name of sponsor of entity listed in (a): STATE STREET/SSGA

c EIN-PN 04-0025081-142	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39272886

a Name of MTIA, CCT, PSA, or 103-12 IE: IR+M INTERMEDIATE CORPORATE

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

c EIN-PN 37-6567224-006	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 103769662

a Name of MTIA, CCT, PSA, or 103-12 IE: WTW GROUP TRUST LONG CREDIT FUND

b Name of sponsor of entity listed in (a): TOWERS WATSON INVESTMENT SERVICES, INC.

c EIN-PN 82-6695738-004	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48590177

a Name of MTIA, CCT, PSA, or 103-12 IE: WTW DIVERSIFIED CREDIT FUND, L.P.

b Name of sponsor of entity listed in (a): TOWERS WATSON INVESTMENT SERVICES, INC

c EIN-PN 33-2109086-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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
BREMER RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
OLD NATIONAL BANCORP

D Employer Identification Number (EIN)
35-1539838

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	20824	494480
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5457560	159148868
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	331049182	191632725
(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	336527566	351276073
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	336527566	351276073

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5424461	
(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)		5424461
(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)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		21625888
(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)		1811409
(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		28861758
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12128487	
(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)		12128487
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	421398	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	1178594	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	384772	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1984764
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		14113251
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		14748507
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: HARDING, SHYMANSKI & COMPANY P.S.C. **(2)** EIN: 35-1346211

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		30000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

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

If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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 578783.

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
BREMER RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
OLD NATIONAL BANCORP

D Employer Identification Number (EIN)
35-1539838

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): 23-3060382

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** 0

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: 0.00 % Private Equity: 0.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 54.50 %
High-Yield Debt: 0.00 % Real Assets: 0.00 % Cash or Cash Equivalents: 45.50 % Other: 0.00 %

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_____.

HARDING, SHYMANSKI & COMPANY, P.S.C.
Certified Public Accountants and Consultants

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Plan Administrator, Retirement Committee, and Participants
Bremer Retirement Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2025 Financial Statements

We have performed an audit of the 2025 financial statements of the Bremer Retirement Plan (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The 2025 financial statements comprise the statements of net assets available for benefits as of December 31, 2025 (in liquidation), the related statement of changes in net assets available for benefits for the year ended December 31, 2025 (in liquidation), the statement of accumulated Plan benefits as of December 31, 2024, the related statement of changes in accumulated Plan benefits for the year ended December 31, 2024, and the related notes to the 2025 financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2025 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 4 to the 2025 financial statements, is complete and accurate.

Opinion on the 2025 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2025 Financial Statements section:

- The amounts and disclosures in the accompanying 2025 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Evansville, IN | Louisville, KY

Harding, Shymanski & Company, P.S.C. is proud to be a part of the Aprio Alliance -- a national association created by accounting professionals to help collaborative, growth-minded CPA firms thrive. This affiliation gives us access to leading expertise, resources, and best practices, while preserving what matters most: the personalized service and local insight you expect from an independent firm.

Joining Aprio Alliance reinforces our commitment to exceptional client service and staying ahead of industry trends. While we leverage the strength of a national firm, we remain fully independent -- maintaining our name, client relationships, and service approach.



Opinion on the 2025 Financial Statements (Continued)

- The information in the accompanying 2025 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2025 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2025 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter – Plan Termination and Liquidation Basis of Accounting

As discussed in Note 1 to the financial statements, the Board of Directors of Old National Bancorp approved the termination of the Plan effective December 31, 2025, and management determined that liquidation was imminent. As a result, the Plan changed its basis of accounting from the ongoing-plan basis used in presenting the 2024 financial statements, which were audited by predecessor auditors, to the liquidation basis used in presenting the 2025 financial statements. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the 2025 Financial Statements

Management is responsible for the preparation and fair presentation of the 2025 financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the 2025 financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the 2025 financial statements.

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 2025 financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.



Auditor's Responsibilities for the Audit of the 2025 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2025 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the 2025 financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and; therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the 2025 financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the 2025 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 2025 financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the 2025 financial statements.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2025 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2025 financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

Auditor's Responsibilities for the Audit of the 2025 Financial Statements (Continued)

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 Matters

2025 Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2025 and reportable transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the 2025 financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2025 financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the 2025 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2025 financial statements or to the 2025 financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion,

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Other Matters (Continued)

Auditor's Report on the 2024 Financial Statements

Predecessor auditors performed an audit of the 2024 financial statements of the Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by a qualified institution. Their report, dated October 13, 2025, indicated that (a) the amounts and disclosures in the financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with U.S. GAAP, and (b) the information in the financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determines meets the requirements of ERISA Section 103(a)(3)(C).

Harding, Shymanski & Company, P.S.C.

Evansville, Indiana
October 15, 2026

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
BREMER RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
OLD NATIONAL BANCORP

D Employer Identification Number (EIN)
35-1539838

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**	336,506,742
b Actuarial value	**2b**	335,536,636

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	1,290	124,914,939	124,914,939
b For terminated vested participants	1,056	61,678,660	61,678,660
c For active participants	1,339	78,112,914	80,979,347
d Total	3,685	264,706,513	267,572,946

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**	5.37 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	9,224,291
b Expected plan-related expenses	**6b**	750,000
c Target normal cost	**6c**	9,974,291

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

Kristoff M. Hendrickson KMH
Signature of actuary

10/14/2026
Date

Kristoff M. Hendrickson, FSA, EA
Type or print name of actuary

26-07525
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

(952)842-7000
Telephone number (including area code)

PO BOX 674401
Houston TX 77267
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)	32,198,784	23,218,712
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	32,198,784	23,218,712
10	Interest on line 9 using prior year's actual return of 3.43%	1,104,418	796,402
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	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 5.25%		
	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		
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)	33,303,202	24,015,114

Part III Funding Percentages

14	Funding target attainment percentage	14	103.97%
15	Adjusted funding target attainment percentage	15	125.40%
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	134.45%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
	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	

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

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

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	
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**	9,974,291
b Excess assets, if applicable, but not greater than line 31a	**31b**	9,974,291

32 Amortization installments:

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

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

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	

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

BREMER RETIREMENT PLAN
PLAN SPONSOR: OLD NATIONAL BANCORP
PLAN SPONSOR EIN: 35-1539838
PLAN NUMBER: 003
ATTACHMENT TO SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(a)	(b) Identity of issuer, 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
	Investment at Fair Value			
	Federated Hermes Government Obligations Fund	Money market mutual fund	$159,148,868	$159,148,868
	Investments at Fair Value as Quoted by the Trust			
	State Street Global Advisors U.S. Government Bond Index Strategy	Collective investment trust	39,898,833	39,272,886
	Income Research + Management Intermediate Collective Fund	Collective investment trust	102,992,567	103,769,662
*	WTW Group Trust Long Credit Fund	Group trust	49,000,942	48,590,177
			191,892,342	191,632,725
			$351,041,210	$350,781,593

* A party-in-interest as defined by ERISA

See independent auditor's report.

BREMER RETIREMENT PLAN

PLAN SPONSOR: OLD NATIONAL BANCORP
PLAN SPONSOR EIN: 35-1539838
PLAN NUMBER: 003
ATTACHMENT TO SCHEDULE H, PART IV, LINE 4j

SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Expense incurred with transaction	(f) Cost of Asset	(g) Current Value of Asset on Transaction Date	(h) Net Gain (Loss)
Category (iii) - Series of transactions in excess of five percent of Plan assets							
Federated Hermes	Federated Hermes Government Obligations Fund	$ 476,277,614	$ 0	$ 0	$ 476,277,614	$ 476,277,614	$ 0
Federated Hermes	Federated Hermes Government Obligations Fund	0	322,586,306	0	322,586,306	322,586,306	0
Federated Hermes	Federated Hermes Government Obligations Tax-Managed Fund	53,230,925	0	0	53,230,925	53,230,925	0
Federated Hermes	Federated Hermes Government Obligations Tax-Managed Fund	0	53,230,925	0	53,230,925	53,230,925	0
Willis Towers Watson	WTW Group Diversified Equity Fund	0	164,708,690	0	93,694,612	164,708,690	71,014,078
Willis Towers Watson	WTW Group Trust Long Credit Fund	142,000,000	0	0	142,000,000	142,000,000	0
Willis Towers Watson	WTW Group Trust Long Credit Fund	0	92,500,000	0	92,999,058	92,500,000	(499,058)
Global Trust Company	IR+M Intermediate Corporate Collective Fund	103,000,000	0	0	103,000,000	103,000,000	0
Global Trust Company	IR+M Intermediate Corporate Collective Fund	0	7,478	0	7,431	7,478	47
Willis Towers Watson	WTW Diversified Credit Fund, L.P.	58,610,035	0	0	58,610,035	58,610,035	0
Willis Towers Watson	WTW Diversified Credit Fund	0	60,421,444	0	58,610,035	60,421,444	1,811,409
Willis Towers Watson	WTW Diversified Credit Fund	0	58,439,757	0	45,360,292	58,439,757	13,079,465
State Street Bank & Trust	SSgA Long US Government Bond Index	55,000,000	0	0	55,000,000	55,000,000	0
State Street Bank & Trust	SSgA Long US Government Bond Index	0	15,000,000	0	15,101,167	15,000,000	(101,167)
Reliance Trust Company	LGIM L&G Global Core Infrastructure CIT Fund	0	27,973,856	0	21,286,030	27,973,856	6,687,826
Resolution Capital	Resolution Capital Global Real Estate Securities CIT	0	25,301,032	0	21,308,593	25,301,032	3,992,439
BlackRock Institutional Trust Company	BlackRock TSY US 25+yr Key Rate Duration Fund	1,550,000	0	0	1,550,000	1,550,000	0
BlackRock Institutional Trust Company	BlackRock TSY US 25+yr Key Rate Duration Fund	0	31,793,080	0	91,746,789	31,793,080	(59,953,709)
Category (iv) - Series of transactions with or in conjunction with a person with whom a prior subsequent single transaction in the year exceeded 5%							
BlackRock Institutional Trust Company	BlackRock TSY US 10yr Key Rate Duration Fund	$ 3,710,000	$ 0	$ 0	$ 3,710,000	$ 3,710,000	$ 0
BlackRock Institutional Trust Company	BlackRock TSY US 10yr Key Rate Duration Fund	0	15,496,628	0	21,487,373	15,496,628	(5,990,745)
BlackRock Institutional Trust Company	BlackRock TSY US 15yr Key Rate Duration Fund	2,160,000	0	0	2,160,000	2,160,000	0
BlackRock Institutional Trust Company	BlackRock TSY US 15yr Key Rate Duration Fund	0	14,998,485	0	22,919,258	14,998,485	(7,920,773)
BlackRock Institutional Trust Company	BlackRock TSY US 20yr Key Rate Duration Fund	1,090,000	0	0	1,090,000	1,090,000	0
BlackRock Institutional Trust Company	BlackRock TSY US 20yr Key Rate Duration Fund	0	13,419,185	0	20,902,153	13,419,185	(7,482,968)
BlackRock Institutional Trust Company	BlackRock TSY US 5yr Key Rate Duration Fund	5,090,000	0	0	5,090,000	5,090,000	0
BlackRock Institutional Trust Company	BlackRock TSY US 5yr Key Rate Duration Fund	0	12,618,537	0	12,617,777	12,618,537	760
State Street Bank & Trust	SSgA Long US Government Bond Index	5,000,000	0	0	5,000,000	5,000,000	0
State Street Bank & Trust	SSgA Long US Government Bond Index	0	7,299,128	0	7,046,232	7,299,128	252,896

There were no category (i) or (ii) transactions.

See independent auditor's report.

BREMER RETIREMENT PLAN

Financial Report

December 31, 2025

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Plan Administrator, Retirement Committee, and Participants
Bremer Retirement Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2025 Financial Statements

We have performed an audit of the 2025 financial statements of the Bremer Retirement Plan (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The 2025 financial statements comprise the statements of net assets available for benefits as of December 31, 2025 (in liquidation), the related statement of changes in net assets available for benefits for the year ended December 31, 2025 (in liquidation), the statement of accumulated Plan benefits as of December 31, 2024, the related statement of changes in accumulated Plan benefits for the year ended December 31, 2024, and the related notes to the 2025 financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2025 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 4 to the 2025 financial statements, is complete and accurate.

Opinion on the 2025 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2025 Financial Statements section:

- The amounts and disclosures in the accompanying 2025 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Evansville, IN | Louisville, KY

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Opinion on the 2025 Financial Statements (Continued)

- The information in the accompanying 2025 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2025 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2025 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter – Plan Termination and Liquidation Basis of Accounting

As discussed in Note 1 to the financial statements, the Board of Directors of Old National Bancorp approved the termination of the Plan effective December 31, 2025, and management determined that liquidation was imminent. As a result, the Plan changed its basis of accounting from the ongoing-plan basis used in presenting the 2024 financial statements, which were audited by predecessor auditors, to the liquidation basis used in presenting the 2025 financial statements. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the 2025 Financial Statements

Management is responsible for the preparation and fair presentation of the 2025 financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the 2025 financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the 2025 financial statements.

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 2025 financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.



Auditor's Responsibilities for the Audit of the 2025 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2025 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the 2025 financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and; therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the 2025 financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the 2025 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 2025 financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the 2025 financial statements.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2025 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2025 financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.



Auditor's Responsibilities for the Audit of the 2025 Financial Statements (Continued)

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 Matters

2025 Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2025 and reportable transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the 2025 financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2025 financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the 2025 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2025 financial statements or to the 2025 financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion,

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Other Matters (Continued)

Auditor's Report on the 2024 Financial Statements

Predecessor auditors performed an audit of the 2024 financial statements of the Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by a qualified institution. Their report, dated October 13, 2025, indicated that (a) the amounts and disclosures in the financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with U.S. GAAP, and (b) the information in the financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determines meets the requirements of ERISA Section 103(a)(3)(C).

Harding, Shymanski & Company, P.S.C.

Evansville, Indiana
October 15, 2026

BREMER RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (in Liquidation and Ongoing)
December 31, 2025 (in Liquidation) and 2024 (Ongoing)

	(in Liquidation) 2025	(Ongoing) 2024
Assets		
Investments at fair value	**$350,781,593**	$336,506,742
Accrued interest receivable	**494,480**	20,824
Net assets available for benefits	**$351,276,073**	$336,527,566

See accompanying notes to the financial statements.

BREMER RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (in Liquidation and Ongoing)
Years Ended December 31, 2025 (in Liquidation) and 2024 (Ongoing)

	(in Liquidation) 2025	(Ongoing) 2024
Additions		
Investment income		
Net appreciation in fair value of investments	**$ 23,437,297**	$ 11,493,081
Interest	**5,424,461**	248,576
Total additions	**28,861,758**	11,741,657
Deductions		
Benefits paid to participants	**12,128,487**	11,360,502
Administrative expenses	**1,984,764**	1,100,666
Total deductions	**14,113,251**	12,461,168
Net increase (decrease)	**14,748,507**	(719,511)
Net assets available for benefits		
Beginning of year	**336,527,566**	337,247,077
End of year	**$351,276,073**	$336,527,566

See accompanying notes to the financial statements.

BREMER RETIREMENT PLAN

STATEMENT OF ACCUMULATED PLAN BENEFITS
December 31, 2024

Actuarial Present Value of Accumulated Plan Benefits	
Vested benefits	
Participants currently receiving payments	$110,280,198
Other participants	109,622,754
	219,902,952
Nonvested benefits	2,357,038
Total actuarial present value of accumulated Plan benefits*	$222,259,990

* The December 31, 2025 Statement of Accumulated Plan Benefits will reflect the impact of the Plan termination (see Note 1).

See accompanying notes to the financial statements.

BREMER RETIREMENT PLAN

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
Year Ended December 31, 2024

Actuarial present value of accumulated Plan benefits at beginning of year	$ 211,404,090
Increase (decrease) during the year attributable to	
Increase for interest	14,833,831
Benefit accruals	6,173,573
Actuarial losses	1,180,074
Benefits paid	(11,331,578)
Net increase	10,855,900
Actuarial present value of accumulated Plan benefits at end of year	$ 222,259,990

See accompanying notes to the financial statements.

Note 1 – Plan Description

The following description of the Bremer Retirement Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Effective May 1, 2025, Bremer Financial Corporation (Company) merged with and into Old National Bancorp with Old National Bancorp being the successor by merger. Subsequent to the merger, in October 2025, the Board of Directors of Old National Bancorp approved the termination of the Plan effective December 31, 2025, and management determined that liquidation was imminent. Final distributions will be based on all participants being 100 percent vested in their accrued benefits. The investments held by the Plan are to be liquidated and the participants' distributions options include rolling the proceeds to another qualified plan or Individual Retirement Account, electing an annuity option, or receiving a taxable distribution. The Plan received approval from the Internal Revenue Service (IRS) on February 2, 2026 to terminate the Plan. The timing of final liquidation depends on completion of participant distribution elections.

General

The Plan is a defined benefit pension plan, established on December 15, 1952, covering certain full-time employees of Bremer Financial Corporation who have one year of service and are 21 years of age or older. The Plan is subject to the provisions of ERISA. The Retirement Committee (Committee) is responsible for oversight of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Company's Board of Directors.

In March 2025, the Company's Board of Directors approved an amendment to freeze future benefit accruals under the Plan effective April 30, 2025. A participant's benefit is determined based on years of credited service, covered compensation, and average monthly compensation at the earlier of termination of employment or April 30, 2025.

Funding Policy

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 no required contributions for 2025 and 2024. The Plan is fully funded on both a funding basis and on a plan termination basis; therefore, no additional contributions are needed at termination.

Pension Benefits

The benefits provided by the Plan include normal retirement, disability, and death benefits. Participants are eligible for pension benefits at retirement age (normally 65 unless early retirement is elected) equal to an amount as defined by the benefit formula based on years of credited service. Grandfathered employees are entitled to a monthly pension benefit beginning on their normal retirement date equal to 1.00 percent of their average monthly earnings, plus 0.52 percent of their average monthly earnings in excess of covered compensation, times the number of years of credited service, to a maximum of 30 years. For non-grandfathered employees, the benefit is equal to 1.00 percent of their average monthly earnings with no limit on service.

Note 1 – Plan Description (Continued)

Pension Benefits (Continued)

The Plan permits early retirement at a reduced benefit, and postponed retirement at an increased benefit.

The normal form of benefit payment is a joint and 50 percent survivor annuity for married participants and a life annuity for participants who are not married. In addition, the Plan provides that certain benefits may be paid to an active participant's spouse if a participant dies after having completed at least five years of vesting service.

Death and Disability Benefits

If a participant dies prior to the participant's retirement date, the participant's beneficiary will receive a death benefit equal to the value of the participant's accumulated pension benefits. If a participant becomes disabled prior to the participant's retirement date, the participant will receive annual disability benefits equal to the normal retirement benefits, beginning at the time the participant becomes disabled.

Vesting

Participants are 100 percent vested after five years of service or attainment of normal retirement age. The Plan terminated effective December 31, 2025. As a result of the termination, all participants became 100 percent vested in their accrued benefits.

Note 2 – Significant Accounting Policies

Basis of Accounting

As discussed in Note 1, the Board of Directors of Old National Bancorp approved the termination of the Plan effective December 31, 2025, and management determined that liquidation was imminent. Accordingly, the Plan changed its basis of accounting from the ongoing-plan basis used in presenting the 2024 financial statements to the liquidation basis of accounting used in presenting the 2025 financial statements, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). The 2025 financial statements are presented on the liquidation basis of accounting, while the 2024 financial statements were prepared on the ongoing-plan basis of accounting. Under the liquidation basis of accounting, assets are valued at their net realizable value and liabilities are stated at their estimated settlement amounts. The remaining expenses associated with the termination of the Plan are not expected to be significant to the financial statements as a whole.

Note 2 – Significant Accounting Policies (Continued)

Use of Estimates

The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts 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. The Plan uses an actuary to determine the actuarial present value of accumulated Plan benefits. A change in actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated Plan benefits reported in the accompanying financial statements. 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 Retirement Committee determines the Plan's valuation policies utilizing information provided by the investment advisor and Trustee. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

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

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, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on Plan compensation and 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. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits.

The actuarial present value of accumulated Plan benefits is determined by an independent actuary and is 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.

The significant actuarial assumptions used in the valuation as of January 1, 2025 are as follows:

Assumed investment return	7.0%
Life expectancy of participants	PRI-2012 Total dataset base rate mortality table projected generationally using MP-2021
Assumed asset valuation method	Weighted average
Assumed benefit commencement date	At age 65, or 55 years of age for early retirement
Discount rate	7.0%

Changes in the accompanying statement of changes in accumulated Plan benefits represent the normal operations of the Plan and consist primarily of items of Plan experience that are not associated with Plan asset performance.

The computation of the actuarial present value of accumulated Plan benefits was made as of January 1, 2025. Had the valuation been completed as of December 31, 2024, there would be no material differences. Actuarial assumptions are based on the presumption that the Plan will continue. As discussed in Note 1, the Plan was terminated effective December 31, 2025.

Note 4 – Summary of Financial Data Certified by the Trustee

The following is a summary of the Plan's financial information as of December 31, 2025 (in liquidation) and 2024 (ongoing), and for the years ended December 31, 2025 (in liquidation) and 2024 (ongoing), included throughout the Plan's financial statements and supplemental schedules, that were prepared by or derived from information provided by Bremer Wealth Management (Bremer Wealth), the Trustee of the Plan. The Plan administrator has obtained a certification from the Trustee that the following assets are complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information which appears throughout the financial statements and supplemental schedules related to the following information.

Net Assets Available for Benefits Held by Trustee	(in Liquidation) 2025	(Ongoing) 2024
Investments at fair value	$ 350,781,593	$ 336,506,742
Accrued interest receivable	494,480	20,824
	$ 351,276,073	$ 336,527,566

Statement of Changes in Net Assets Available for Benefits (in Liquidation)		
Investment income		
Net appreciation in fair value of investments	$ 23,437,297	$ 11,493,081
Interest	5,424,461	248,576
	$ 28,861,758	$ 11,741,657

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 the Financial Accounting Standards Board 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.

Note 5 – Fair Value Measurements (Continued)

Level 2 Inputs to the valuation methodology include:

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

If the asset or liability has a specific (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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

Money market mutual fund: Valued at the daily closing price as reported by the fund. The mutual fund held by the Plan is an open-ended mutual fund that is registered with the Securities and Exchange Commission. This fund is required to publish its daily net asset value (NAV) and to transact at that price. The mutual fund held by the Plan is deemed to be actively traded.

Group trust and collective investment trusts: Valued at fair value based on the NAV of the units held in the account. The NAV, as provided by the custodian is used as a practical expedient to estimate fair value. The NAV is based on the observable market prices of the underlying investments within the account less 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. There are no unfunded commitments or restrictions related to redemption frequency for these funds.

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
Money market mutual fund	$159,148,868	$ 0	$ 0	$159,148,868
Total assets in fair value hierarchy	$159,148,868	$ 0	$ 0	159,148,868
Investments measured at NAV(a)				191,632,725
Total investments at fair value				$350,781,593

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Money market mutual fund	$ 5,457,560	$ 0	$ 0	$ 5,457,560
Total assets in fair value hierarchy	$ 5,457,560	$ 0	$ 0	5,457,560
Investments measured at NAV(a)				331,049,182
Total investments at fair value				$336,506,742

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy to the line items presented in the statements of net assets available for benefits (in liquidation).

Note 6 – Related Party Transactions and Party-in-Interest Transactions

Certain Plan investments consist of a group trust account managed by Willis Towers Watson. Willis Towers Watson is the Plan actuary as defined by the Plan; therefore, transactions with Willis Towers Watson qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investments, as they are paid through revenue sharing, rather than a direct payment. As described in Note 2, the Plan made direct payments to Bremer Wealth, Willis Towers Watson, and other service providers of $1,629,018 for the year ended December 31, 2025, which were not covered by revenue sharing. The Company pays directly any other fees related to the Plan's operations.

Note 7 – Plan Termination

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:

- 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.
- Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed subsequently).
- All other vested benefits (that is, vested benefits not insured by the PBGC).
- All nonvested 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.

As a result of the Plan termination as disclosed in Note 1, the Company is authorized to distribute each participant's beneficial interest in the Plan as soon as administratively feasible and as provided in the Plan provisions. Management of the Plan anticipates commencing distributions of benefits pursuant to participant elections in 2026 with full payout completed by December 31, 2026.

Note 8 – Tax Status

The IRS has determined and informed the Company by a letter dated March 14, 2014, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code (IRC). Subsequent to the issuance of this determination letter, the Plan was amended. However, the Company, Plan management, and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC, and the Plan and related trust continue to be tax-exempt.

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 9 – Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near-term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated Plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimates and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

Note 10 – Plan Amendments

Effective April 30, 2025, the Plan was amended to freeze the Plan in connection with the merger Agreement between Bremer Financial Corporation and Old National Bancorp. No further benefits will accrue and no employee or participant will accrue any further benefits as of this date. Additionally, no service will be credited to any employee and there will be no new participants in the Plan. Finally, Otto Bremer Trust was removed as a participating employer.

Effective September 8, 2025, the Plan was amended to remove Bremer Insurance Agencies, Inc. as an affiliate of Bremer Financial Corporation.

Effective December 31, 2025, the Plan was amended to terminate the Plan. The amendment incorporated applicable provisions of the SECURE Act, CARES Act, and SECURE 2.0 Act.

Note 11 – Subsequent Events

The Plan has evaluated subsequent events through October 15, 2026, the date the financial statements were available to be issued.

On February 2, 2026, the Plan received a favorable IRS determination letter with respect to the Plan's termination. The Plan administrator may retain a portion of the participants' accrued benefits until completion of the termination process, and remaining amounts will be distributed in accordance with the Plan's termination process.

- - - SUPPLEMENTAL SCHEDULES - - -

BREMER RETIREMENT PLAN
PLAN SPONSOR: OLD NATIONAL BANCORP
PLAN SPONSOR EIN: 35-1539838
PLAN NUMBER: 003
ATTACHMENT TO SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(a)	(b) Identity of issuer, 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
	Investment at Fair Value			
	Federated Hermes Government Obligations Fund	Money market mutual fund	$159,148,868	$159,148,868
	Investments at Fair Value as Quoted by the Trust			
	State Street Global Advisors U.S. Government Bond Index Strategy	Collective investment trust	39,898,833	39,272,886
	Income Research + Management Intermediate Collective Fund	Collective investment trust	102,992,567	103,769,662
*	WTW Group Trust Long Credit Fund	Group trust	49,000,942	48,590,177
			191,892,342	191,632,725
			$351,041,210	$350,781,593

* A party-in-interest as defined by ERISA

See independent auditor's report.

BREMER RETIREMENT PLAN

PLAN SPONSOR: OLD NATIONAL BANCORP
PLAN SPONSOR EIN: 35-1539838
PLAN NUMBER: 003
ATTACHMENT TO SCHEDULE H, PART IV, LINE 4j

SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Expense incurred with transaction	(f) Cost of Asset	(g) Current Value of Asset on Transaction Date	(h) Net Gain (Loss)
Category (iii) - Series of transactions in excess of five percent of Plan assets							
Federated Hermes	Federated Hermes Government Obligations Fund	$ 476,277,614	$ 0	$ 0	$ 476,277,614	$ 476,277,614	$ 0
Federated Hermes	Federated Hermes Government Obligations Fund	0	322,586,306	0	322,586,306	322,586,306	0
Federated Hermes	Federated Hermes Government Obligations Tax-Managed Fund	53,230,925	0	0	53,230,925	53,230,925	0
Federated Hermes	Federated Hermes Government Obligations Tax-Managed Fund	0	53,230,925	0	53,230,925	53,230,925	0
Willis Towers Watson	WTW Group Diversified Equity Fund	0	164,708,690	0	93,694,612	164,708,690	71,014,078
Willis Towers Watson	WTW Group Trust Long Credit Fund	142,000,000	0	0	142,000,000	142,000,000	0
Willis Towers Watson	WTW Group Trust Long Credit Fund	0	92,500,000	0	92,999,058	92,500,000	(499,058)
Global Trust Company	IR+M Intermediate Corporate Collective Fund	103,000,000	0	0	103,000,000	103,000,000	0
Global Trust Company	IR+M Intermediate Corporate Collective Fund	0	7,478	0	7,431	7,478	47
Willis Towers Watson	WTW Diversified Credit Fund, L.P.	58,610,035	0	0	58,610,035	58,610,035	0
Willis Towers Watson	WTW Diversified Credit Fund	0	60,421,444	0	58,610,035	60,421,444	1,811,409
Willis Towers Watson	WTW Diversified Credit Fund	0	58,439,757	0	45,360,292	58,439,757	13,079,465
State Street Bank & Trust	SSgA Long US Government Bond Index	55,000,000	0	0	55,000,000	55,000,000	0
State Street Bank & Trust	SSgA Long US Government Bond Index	0	15,000,000	0	15,101,167	15,000,000	(101,167)
Reliance Trust Company	LGIM L&G Global Core Infrastructure CIT Fund	0	27,973,856	0	21,286,030	27,973,856	6,687,826
Resolution Capital	Resolution Capital Global Real Estate Securities CIT	0	25,301,032	0	21,308,593	25,301,032	3,992,439
BlackRock Institutional Trust Company	BlackRock TSY US 25+yr Key Rate Duration Fund	1,550,000	0	0	1,550,000	1,550,000	0
BlackRock Institutional Trust Company	BlackRock TSY US 25+yr Key Rate Duration Fund	0	31,793,080	0	91,746,789	31,793,080	(59,953,709)
Category (iv) - Series of transactions with or in conjunction with a person with whom a prior subsequent single transaction in the year exceeded 5%							
BlackRock Institutional Trust Company	BlackRock TSY US 10yr Key Rate Duration Fund	$ 3,710,000	$ 0	$ 0	$ 3,710,000	$ 3,710,000	$ 0
BlackRock Institutional Trust Company	BlackRock TSY US 10yr Key Rate Duration Fund	0	15,496,628	0	21,487,373	15,496,628	(5,990,745)
BlackRock Institutional Trust Company	BlackRock TSY US 15yr Key Rate Duration Fund	2,160,000	0	0	2,160,000	2,160,000	0
BlackRock Institutional Trust Company	BlackRock TSY US 15yr Key Rate Duration Fund	0	14,998,485	0	22,919,258	14,998,485	(7,920,773)
BlackRock Institutional Trust Company	BlackRock TSY US 20yr Key Rate Duration Fund	1,090,000	0	0	1,090,000	1,090,000	0
BlackRock Institutional Trust Company	BlackRock TSY US 20yr Key Rate Duration Fund	0	13,419,185	0	20,902,153	13,419,185	(7,482,968)
BlackRock Institutional Trust Company	BlackRock TSY US 5yr Key Rate Duration Fund	5,090,000	0	0	5,090,000	5,090,000	0
BlackRock Institutional Trust Company	BlackRock TSY US 5yr Key Rate Duration Fund	0	12,618,537	0	12,617,777	12,618,537	760
State Street Bank & Trust	SSgA Long US Government Bond Index	5,000,000	0	0	5,000,000	5,000,000	0
State Street Bank & Trust	SSgA Long US Government Bond Index	0	7,299,128	0	7,046,232	7,299,128	252,896

There were no category (i) or (ii) transactions.

See independent auditor's report.

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
BREMER RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 04/01/1985

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)
OLD NATIONAL BANCORP

1 MAIN STREET

EVANSVILLE IN 47708

2b Employer Identification Number (EIN) 35-1539838

2c Plan Sponsor's telephone number (812)465-7275

2d Business code (see instructions) 551111

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	George Lance	10/15/2026	George Lance
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

SCHEDULE SB ATTACHMENTS

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

Attained Age	Attained Years of Credited Service[1]										
	Under 1	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	7	37	0	0	0	0	0	0	0	0	44
	-	46,231	-	-	-	-	-	-	-	-	44,379
25-29	1	98	17	1	0	0	0	0	0	0	117
	-	54,231	-	-	-	-	-	-	-	-	56,132
30-34	1	77	34	13	1	0	0	0	0	0	126
	-	77,320	74,375	-	-	-	-	-	-	-	76,522
35-39	0	72	49	27	13	0	1	0	0	0	162
	-	89,118	124,351	100,887	-	-	-	-	-	-	100,755
40-44	0	65	48	31	24	15	0	0	0	0	183
	-	121,257	118,462	105,424	108,977	-	-	-	-	-	113,675
45-49	0	54	49	16	30	17	12	0	0	0	178
	-	128,277	120,886	-	116,170	-	-	-	-	-	118,336
50-54	0	40	43	18	18	23	24	3	0	0	169
	-	120,814	111,432	-	-	114,769	138,401	-	-	-	120,540
55-59	1	41	38	27	15	30	23	5	6	0	186
	-	120,076	110,711	122,089	-	111,281	110,835	-	-	-	113,428
60-64	0	22	25	15	23	14	25	9	5	3	141
	-	98,365	92,128	-	74,518	-	121,168	-	-	-	107,148
65-69	1	4	7	5	3	5	2	1	0	1	29
	-	-	-	-	-	-	-	-	-	-	113,144
70 & over	1	0	2	1	0	0	0	0	0	0	4
	-	-	-	-	-	-	-	-	-	-	-
Total	12	510	312	154	127	104	87	18	11	4	1,339
	-	91,004	106,991	114,937	104,568	108,307	119,765	-	-	-	101,831

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

Plan Name: Bremer Retirement Plan
EIN / PN: 35-1539838/007
Plan Sponsor: Old National Bancorp
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	348,763	717,719	11,633,128	12,699,610
2026	1,049,257	1,701,503	11,424,201	14,174,961
2027	1,723,270	2,137,244	11,199,743	15,060,257
2028	2,348,350	2,483,007	10,941,073	15,772,430
2029	2,922,146	2,812,727	10,664,129	16,399,002
2030	3,433,464	3,118,728	10,388,363	16,940,555
2031	3,887,261	3,345,463	10,092,020	17,324,744
2032	4,299,058	3,519,716	9,775,334	17,594,108
2033	4,652,134	3,717,017	9,443,543	17,812,694
2034	4,956,116	3,893,180	9,094,702	17,943,998
2035	5,255,903	4,085,795	8,732,037	18,073,735
2036	5,550,140	4,252,982	8,356,612	18,159,734
2037	5,838,944	4,454,648	7,966,289	18,259,881
2038	6,085,818	4,673,555	7,562,225	18,321,598
2039	6,304,769	4,757,686	7,145,862	18,208,317
2040	6,530,062	4,824,795	6,718,955	18,073,812
2041	6,725,676	4,905,887	6,283,546	17,915,109
2042	6,899,611	5,005,556	5,841,938	17,747,105
2043	7,060,763	5,103,792	5,396,700	17,561,255
2044	7,197,535	5,172,256	4,950,629	17,320,420
2045	7,302,404	5,222,598	4,506,751	17,031,753
2046	7,354,853	5,202,198	4,068,383	16,625,434
2047	7,349,009	5,117,029	3,639,189	16,105,227
2048	7,314,059	5,024,227	3,223,117	15,561,403
2049	7,262,561	4,944,998	2,824,262	15,031,821
2050	7,187,842	4,831,843	2,446,680	14,466,365
2051	7,085,422	4,706,927	2,094,094	13,886,443
2052	6,949,073	4,567,421	1,769,669	13,286,163
2053	6,781,834	4,390,173	1,475,770	12,647,777

Plan Name: Bremer Retirement Plan
EIN / PN: 35-1539838/007
Plan Sponsor: Old National Bancorp
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2054	6,578,811	4,197,165	1,213,824	11,989,800
2055	6,343,559	3,996,512	984,256	11,324,327
2056	6,088,352	3,785,242	786,503	10,660,097
2057	5,820,553	3,564,108	619,148	10,003,809
2058	5,544,436	3,344,531	480,059	9,369,026
2059	5,264,980	3,128,356	366,590	8,759,926
2060	4,984,554	2,912,372	275,754	8,172,680
2061	4,701,689	2,702,788	204,417	7,608,894
2062	4,416,441	2,500,230	149,470	7,066,141
2063	4,131,208	2,304,533	107,969	6,543,710
2064	3,850,986	2,117,081	77,228	6,045,295
2065	3,577,824	1,938,237	54,893	5,570,954
2066	3,313,188	1,768,207	38,962	5,120,357
2067	3,058,358	1,607,072	27,795	4,693,225
2068	2,814,122	1,454,808	20,089	4,289,019
2069	2,580,738	1,311,332	14,838	3,906,908
2070	2,358,331	1,176,540	11,290	3,546,161
2071	2,146,981	1,050,337	8,897	3,206,215
2072	1,946,765	932,656	7,271	2,886,692
2073	1,757,770	823,446	6,142	2,587,358
2074	1,580,052	722,642	5,330	2,308,024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

The plan was originally effective April 1, 1985 and restated January 1, 2014.

Plan year	The twelve-month ending December 31.
Covered employees	All employees are eligible to participate under the plan upon attaining age 21 and first anniversary of hire.
Participation date	All employees are eligible to participate under the plan on the first January 1 or July 1 coincident with or next following the later of attaining age 21 and the first anniversary or hire. If an employee meets the age requirement, but fails to complete 1,000 hours during the first year, participation will begin on the January 1 following the plan year in which 1,000 hours are completed.

Definitions

Vesting service	The participant's number of years of vesting service prior to January 1, 1975, as determined under the plan in effect at such date. For service after January 1, 1975, one year of vesting service is granted for each plan year during which the participant works at least 1,000 hours. For partial years of employment, partial service is credited if the participant works at least 83-1/3 hours multiplied by months worked. Service prior to age 18 is not counted.
Credited service	For service prior to January 1, 1975, as determined under provisions of plan as of December 31, 1974. For service on and after January 1, 1975, full-time employees earn one year of credited service for each complete calendar year employed. Part-time employees earn a fraction of a year of service for each complete calendar year they work at least 1,000 hours. For partial years of employment, partial service is credited if the participant works at least 83-1/3 hours multiplied by months worked. Service prior to age 21 (prior to age 25 before 1985) is not counted.

SCHEDULE SB ATTACHMENTS

Final average salary	The monthly average of the 60 consecutive months' compensation out of the last 120 months that gives the highest average. Compensation is limited to the maximum amount allowed under IRC §401(a)17.
Covered compensation	A 35-year average of the Taxable Wage Bases (TWB) under social security. The TWB is the annual limit on wages subject to the FICA tax for social security. The 35-year period ends with the year the employee reaches eligibility for an unreduced social security benefit (age 65, 66, or 67 depending on the year the employee was born). For years after the year of termination and prior to the end of the 35-year period, the TWB from the year of termination is used.

Eligibility for Benefits

Normal retirement	The first of the month coincident with or next following the attainment of age 65 and 5 years of vesting service.
Early retirement	Age 55 and 5 years of vesting service.
Late retirement	Retirement after the normal retirement date.
Vested termination	Five years of vesting service.
Disability	A vested participant who presents proof of disability and continues with the disability until the first of the month coinciding with or next following the date the participant attains age 65.
Preretirement death benefit	In the event of a Participant's death prior to retirement or termination of employment, but after completion of five years of Vesting Service, the Participant's surviving spouse shall be entitled to a benefit.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement

a. Grandfathered (Age 45 and age plus service at least 55 as of 12/31/2005) monthly benefit:

   1. 1.00% of final average salary times credited service up to 30 years

      plus

   2. 0.52% of final average salary in excess of covered compensation times credited service up to 30 years.

b. Non-grandfathered monthly benefit:

   1. 1.00% of final average salary times credited service. The monthly benefit shall not be less than the accrued benefit determined as of 12/31/2005.

The monthly benefit as determined above shall be reduced by the Old Plan Benefit at Normal Retirement.

Accrued Benefits

The participant's accrued benefit at any given date is determined under the normal retirement formula(s) shown above, but is based on current credited service, final average salary and covered compensation.

SCHEDULE SB ATTACHMENTS

Early retirement

The Early Retirement Benefit for a Grandfathered participant shall be the participant's accrued benefit determined as of the Early Retirement Date, adjusted according to the following schedule for the period that the annuity starts date precedes the Normal Retirement Date based on Factor A if the participant has 25 or more years of Vesting Service, Factor B if the participant has at least 10 but less than 25 years of Vesting Service, or Factor C if the participant has at least 5 but less than 10 years of Vesting Service.

The Early Retirement benefit for Non-grandfathered participants and all terminated vested participants shall be the participant's accrued benefit determined as of the Early Retirement Date, adjusted according to the following schedule for the period that the annuity starting date precedes the Normal Retirement Date based on Factor C.

Factors are interpolated for other than integral ages or complete years before the Normal Retirement Date.

Age at Benefit Commencement	Years Before Normal Retirement Date	Early Retirement Factors		
		Factor A	Factor B	Factor C
65	0	100%	100%	100%
64	1	100%	100%	92%
63	2	100%	100%	84%
62	3	100%	100%	76%
61	4	95%	92%	70%
60	5	90%	84%	64%
59	6	85%	76%	58%
58	7	80%	70%	54%
57	8	75%	64%	50%
56	9	70%	58%	46%
55	10	65%	52%	42%

SCHEDULE SB ATTACHMENTS

Vested termination

The monthly Deferred Vested Benefit payable upon a Participant's Normal Retirement Date shall be the Participant's Accrued Benefit determined as of the date of the Participant's termination of employment. In the event a Participant elects commencement following attainment of age 55, the benefit shall be adjusted for early commencement. If the Actuarial Equivalent present value of the vested monthly benefit is not more than $1,000, that benefit shall be paid in a single lump sum.

Late retirement

The late retirement income is the normal retirement benefit calculated using credited service and final average monthly compensation as of the late retirement date.

Disability retirement

The monthly benefit as determined by the Normal Retirement benefit formula assuming the Participant's Compensation in effect at the time of disability continued during the period of disability to a Participant's Normal Retirement date as defined under the plan. The Participant's Social Security covered compensation shall be the amount in effect at the Participant's Normal Retirement Date.

Death of Disabled Participant Prior to Normal Retirement: If the Disabled Participant dies prior to Normal Retirement Date while on Disability Retirement, the Participant’s Surviving Spouse, if any, may be eligible under pre-retirement death benefits.

Preretirement death

- Death of an Active Participant prior to age 55: The Surviving Spouse shall receive a benefit commencing no earlier than the first day of the month following the date which would have been the Participant's 55th birthday. The amount shall be equal to 50% of the benefit that would have been payable if the Participant had terminated on the day preceding death and elected the Qualified Joint and Survivor Annuity option with said spouse as the designated annuitant.
- Death of an Active Participant after age 55 with less than 10 years vesting service: 50% of the benefit that would have been payable if the Participant had terminated on the day preceding death and had elected both early commencement and the Qualified Joint and Survivor Annuity option with such spouse as the Designated Contingent Annuitant.
- Death of an Active Participant after age 55 with 10 or more years of service: 50% of the Participant's Accrued Benefit.

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment	Life Only Option
	Five or Ten Year Certain and Life Option
	50%, 66 2/3%, 75%, and 100% Joint and Contingent Annuity Options
	Lump sum option, limited to $20,000

Future Plan Changes

Effective April 30, 2025, the plan is closed to future participants and all benefit accruals are frozen. Additionally, all participants are immediately vested in their accrued benefits and the service requirements for early and normal retirement dates are removed.

These changes were not recognized in determining minimum and maximum contributions because they occurred after the beginning of the plan year.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

Applicable month	January
Interest rate basis	3-Segment Rates

Interest rates:	**Reflecting Corridors**	**Not Reflecting Corridors**
First segment rate	5.00%	5.00%
Second segment rate	5.27%	5.27%
Third segment rate	5.50%	5.40%
Effective interest rate	5.37%	5.32%

Annual rates of increase

Compensation	4.00%
Future Social Security wage bases	3.00%
Statutory limits on compensation	None
Assumed cost of living adjustments	None

Plan-related expenses The amount included this year for plan-related expenses is $750,000

As permitted by law, rates reflecting stabilization are used to determine the funding target, and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date

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

New or rehired employees

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

Mortality

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

Termination (not due to disability or retirement) rates

The rates at which participants are assumed to terminate employment by age (per 1,000 employees) are shown below:

Count per 1,000 assumed to leave during the year	
Age	Males and Females
25	200
30	150
35	100
40	100
45	100
50	80
55	100
60	150
65	250
70	250

SCHEDULE SB ATTACHMENTS

Retirement

For purposes of determining the Target Liability and Target Normal Cost (both disregarding at-risk assumptions), retirements were assumed to occur at the following rates:

Percentage retiring during the year	
Age and Service	Retirement Rate
55 & 5	10%
56 & 5	5%
57 & 5	5%
58 & 5	5%
59 & 5	8%
60 & 5	8%
61 & 5	10%
62 & 5	25%
63 & 5	15%
64 & 5	20%
65 & 5	30%
66 & 5	40%
67 & 5	50%
68 & 5	25%
69 & 5	25%
70 & 5	100%

Disabled mortality

Rates as specified in Revenue Ruling 96-7.

Form of payment

For valuation purposes, single participants are assumed to elect the single life annuity payment option, and 60% of married participants are assumed to elect the 50% Joint and Survivor annuity payment option.

Percent married

70% of males and 60% of females are assumed to be married to an Eligible Spouse. These assumptions are used to value pre-retirement surviving spouse benefits and in determining the optional form expected to be elected at commencement.

Spouse age

Wives are assumed to be 2 years younger than husbands.

SCHEDULE SB ATTACHMENTS

Plan compensation	Plan Compensation is actual pension earnings during the prior year provided by the employer, annualized for participants who did not work a full year and increased by the assumed compensation increase rate.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.
Decrement timing	The assumptions used are collectively called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Part-time employees	It was assumed that part-time employees scheduled to work less than 1,000 hours in the prior year were assumed to work less than 1,000 hours in all future years.

Methods

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

SCHEDULE SB ATTACHMENTS

Actuarial value of assets for determining minimum required contributions

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.)

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

Tax Policy

The actuarial valuation performed for the plan year ending December 31, 2025 is used to determine the maximum deductible contribution for the tax year ending December 31, 2025.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued based on discussions with Old National Bancorp regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with Old National Bancorp and, based on that review, is not aware of any significant benefits required to be valued that were not.

The plan offers small benefits (with a present value up to $20,000) to be paid in a single lump sum payment. Such lump sums are not explicitly valued; rather, such participants' benefits are valued using the benefit choice assumptions described above.

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

Employee data and other participant information as of January 1, 2025 were provided by Old National Bancorp through the eepoint © administration system. Information on assets, contributions, and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with Old National Bancorp, assumptions or estimates were made when data was available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with the plan sponsor, the following assumptions were made for missing or apparently inconsistent data elements:

For those missing beneficiary birthdate and beneficiary sex in the plan sponsor data, we have used the valuation assumption outlined above.

For deferred beneficiaries, we have used the original participant's benefit amount and payable date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

With the exception of the discount rate, all significant economic assumptions represent an estimate of future experience.

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Expected return on plan assets	We understand that the expected return on assets assumption reflects the plan sponsor's estimate of future experience for trust asset returns, reflecting the plan's current asset allocation and any expected changes during the current plan year, current market conditions and the plan sponsor's expectations for future market conditions. WTW's determination that this assumption does not significantly conflict with what would be reasonable is informed by WTW's Expected Return Estimator model, by analysis of recent and historical data, including the variability thereof, for CPI, GDP growth, real returns on the various classes of assets held by the trust, economists' forecasts, recent trends, and historical active management premiums experienced by the trust.

SCHEDULE SB ATTACHMENTS

Plan-related expenses	Plan-related expenses are estimated by considering and reviewing the actual expenses for the prior year and the expected expenses for the coming year, reflecting items like expected PBGC premiums and by reviewing the actual expenses paid from the trust over the past several years. We believe that this approach to setting assumed future expenses does not significantly conflict with what would be reasonable because it considers both historical and expected future changes in the level of expenses.
Rates of increase in compensation, National Average Wages (NAW) and Consumer Price Index (CPI)	Assumed increases in compensation are based on an experience study conducted in 2020 and the Company's expectation of future experience. Increases for NAW and CPI reflect long term assumptions for these rates that are consistent with what would be reasonable with other economic assumptions used. We believe that the assumptions chosen does not significantly conflict with what would be reasonable based on the assumed future CPI increases inherent in current bond rates, and in assumed future GDP growth, based on current and expected future CPI growth and its historical variability. The other economic assumptions chosen do not significantly conflict with this assumption, taking into account historical variability in CPI and GDP growth.

Assumptions Rationale - Significant Demographic Assumptions

Healthy and Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on an experience study conducted in 2020, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

SCHEDULE SB ATTACHMENTS

Retirement	Retirement rates were based on an experience study conducted in 2020, with adjustments to reflect the 2020 VERP, and annual consideration of whether any conditions have changed that would be expected to produce different results in the future. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.
Form of payment	The percentage of retiring participants assumed to take joint and survivor annuities, and the assumed survivor percentages, are based on an experience study conducted in 2020, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described above, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation	• The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of January 2024 to January 2025. • The plan-related expenses assumption was increased from $700,000 to $750,000.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The plan-related expenses assumption was increased from $700,000 to $750,000.

Plan Name:	Bremer Retirement Plan
EIN / PN:	35-1539838/007
Plan Sponsor:	Old National Bancorp
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

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

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

(a)	(b)	(c)	(d)	(e)
Age	Retirement Decrement	Probability of Not Retiring = (100%-(a))	Accumulated Probability of Not Retiring	Weighted Age of Retirement (a) * (b) * (d)
55	10%	90%	100.00%	5.50
56	5%	95%	90.00%	2.52
57	5%	95%	85.50%	2.44
58	5%	95%	81.23%	2.36
59	8%	92%	77.16%	3.64
60	8%	92%	70.99%	3.41
61	10%	90%	65.31%	3.98
62	25%	75%	58.78%	9.11
63	15%	85%	44.09%	4.17
64	20%	80%	37.47%	4.80
65	30%	70%	29.98%	5.85
66	40%	60%	20.98%	5.54
67	50%	50%	12.59%	4.22
68	25%	75%	6.30%	1.07
69	25%	75%	4.72%	0.81
70	100%	0%	3.54%	2.48
Total weighted average retirement age				61.89
Rounded total weighted average retirement age				**62**

Plan Name: Bremer Retirement Plan
EIN / PN: 35-1539838/007
Plan Sponsor: Old National Bancorp
Valuation Date: January 1, 2025