# 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.)
- ☒ 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:
- ☒ 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
HORACE MANN PENSION PLAN

**1b** Three-digit plan number (PN) ▶ 005

**1c** Effective date of plan 08/29/1989

**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)
HORACE MANN SERVICE CORPORATION

1 HORACE MANN PLAZA
SPRINGFIELD, IL 62701-1324

**2b** Employer Identification Number (EIN) 37-0972590

**2c** Plan Sponsor's telephone number 217-788-5106

**2d** Business code (see instructions) 525100

**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 | RYAN HAYMAN |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

HORACE MANN SERVICE CORPORATION

1 HORACE MANN PLAZA
SPRINGFIELD, IL 62701-1324

**3b** Administrator's EIN: 64-1459092

**3c** Administrator's telephone number: 217-788-5740

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

**a** Sponsor's name

**c** Plan Name

**4b** EIN

**4d** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 428 |
| **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)** | 88 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 0 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 0 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 0 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 0 |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | 0 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

1A 1D 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) ☒ Trust
- (4) ☐ General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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

Receipt Confirmation Code_____

# SCHEDULE 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
HORACE MANN PENSION PLAN

**B** Three-digit plan number (PN) ▶ 005

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
HORACE MANN SERVICE CORPORATION

**D** Employer Identification Number (EIN)
37-0972590

**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** | 13027000 |
| **b** Actuarial value | **2b** | 12692954 |

**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 | 250 | 10610254 | 10610254 |
| **b** For terminated vested participants | 90 | 2235674 | 2235674 |
| **c** For active participants | 88 | 1437882 | 1440446 |
| **d** Total | 428 | 14283810 | 14286374 |

**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** | 5.28 % |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 0 |
| **b** Expected plan-related expenses | **6b** | 590535 |
| **c** Target normal cost | **6c** | 590535 |

**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

JERED R. EASLEY
Type or print name of actuary

26-07646
Most recent enrollment number

MERCER
Firm name

816-556-4865
Telephone number (including area code)

2405 GRAND BOULEVARD, SUITE 900
KANSAS CITY, MO 64108-2519
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 | Interest on line 9 using prior year's actual return of 5.90 % | 0 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | **a** Present value of excess contributions (line 38a from prior year) | | 1164 |
| | **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 4.98 % | | 58 |
| | **b(2)** Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| | **c** Total available at beginning of current plan year to add to prefunding balance | | 1222 |
| | **d** Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 0 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 88.84 % |
| 15 | Adjusted funding target attainment percentage | 15 | 88.84 % |
| 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 | 92.02 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

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

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 04/14/2025 | 204000 | 0 | | | |
| 07/15/2025 | 204000 | | | | |
| 10/09/2025 | 170000 | | | | |
| 12/09/2025 | 2950000 | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 3528000 | 18(c) 0 |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| | **a** Contributions allocated toward unpaid minimum required contributions from prior years | 19a | 0 |
| | **b** Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| | **c** Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 3374077 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

**21** Discount rate:

| | | | | |
|---|---|---|---|---|
| **a** Segment rates: | 1st segment: 5.03 % | 2nd segment: 5.28 % | 3rd segment: 5.50 % | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 2 |
| **22** Weighted average retirement age | **22** | 62 |

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

## Part VI Miscellaneous Items

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

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

**26** Demographic and benefit information

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

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

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

## Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

| | | |
|---|---|---|
| **28** Unpaid minimum required contributions for all prior years | **28** | 0 |
| **29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) | **29** | 0 |
| **30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) | **30** | 0 |

## Part VIII Minimum Required Contribution For Current Year

**31** Target normal cost and excess assets (see instructions):

| | | |
|---|---|---|
| **a** Target normal cost (line 6c) | **31a** | 590535 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

| **32** Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 1593420 | 162409 |
| **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** | 752944 |

| | 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** | 752944 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 3374077 |
| **38** Present value of excess contributions for current year (see instructions) | | |
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 2621133 |
| **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<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**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
HORACE MANN PENSION PLAN

**B** Three-digit plan number (PN) ▶ 005

**C** Plan sponsor's name as shown on line 2a of Form 5500
HORACE MANN SERVICE CORPORATION

**D** Employer Identification Number (EIN)
37-0972590

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MERCER

13-2834414

| (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 15 27 50 17 | NONE | 1067955 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

DENTONS

36-1796730

| (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? |
|---|---|---|---|---|---|---|
| 29 | NONE | 76984 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

KEB

43-0352985

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 10 50 | NONE | 13900 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
HORACE MANN PENSION PLAN

**B** Three-digit plan number (PN) ▶ 005

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
HORACE MANN SERVICE CORPORATION

**D** Employer Identification Number (EIN)
37-0972590

**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: NT COLLECTIVE ALL COUNTRY WORLD EX

**b** Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

| **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) |
|---|---|---|
| 45-6138589-039 | C | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE S & P 500 INDEX FUND

**b** Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

| **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) |
|---|---|---|
| 45-6138589-003 | C | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE US CREDIT BOND INDEX

**b** Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

| **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) |
|---|---|---|
| 45-6138589-232 | C | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECT LT GOVT / CREDIT BOND IN

**b** Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

| **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) |
|---|---|---|
| 45-6138589-078 | C | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECT 1-10 YR INTERMEDIATE GOV

**b** Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

| **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) |
|---|---|---|
| 45-6138589-055 | C | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE SHORT TERM INVESTMENT

**b** Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

| **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) |
|---|---|---|
| 45-6138589-084 | C | 150910 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**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
HORACE MANN PENSION PLAN

**B** Three-digit plan number (PN) ▶ 005

**C** Plan sponsor's name as shown on line 2a of Form 5500
HORACE MANN SERVICE CORPORATION

**D** Employer Identification Number (EIN)
37-0972590

## 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) | 272000 | 0 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 0 | 1091369 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 119398 | 150910 |
| **(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) | 12638151 | 0 |
| **(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 | 13029549 | 1242279 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | | |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | 171921 | 1242279 |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 171921 | 1242279 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 12857628 | 0 |

## 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) | 3528000 | |
| **(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) | | 3528000 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 16110 | |
| **(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) | | 16110 |
| **(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) | | 1414508 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 4958618 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 2683989 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | 13136684 | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 15820673 |
| 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) | 124063 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | 13900 | |
| (5) Investment advisory and investment management fees | 2i(5) | 67239 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 4093 | |
| (7) Actuarial fees | 2i(7) | 633993 | |
| (8) Legal fees | 2i(8) | 76984 | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | 1075301 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 1995573 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 17816246 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | -12857628 |
| 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: KERBER ECK & BRAECKEL LLP **(2)** EIN: 43-0352985

**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 | | 15000000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | **4j** | X | | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | X | |
| **n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | **4n** | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [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 592099.

# 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
HORACE MANN PENSION PLAN

**B** Three-digit plan number (PN) ▶ 005

**C** Plan sponsor's name as shown on line 2a of Form 5500
HORACE MANN SERVICE CORPORATION

**D** Employer Identification Number (EIN)
37-0972590

## Part I Distributions

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

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

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

EIN(s): _____ _____

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 16

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

## Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Financial Statements
and
Supplemental Schedules




# Horace Mann Pension Plan

December 31, 2025 and 2024

(With Independent Auditors' Report Thereon)

EIN #37-0972590
Plan #005

# Horace Mann Pension Plan

Financial Statements and Supplemental Schedules

Years ended December 31, 2025 and 2024

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Note: Supplemental schedules required by the Employee Retirement Income Security Act of 1974, as amended, that have not been included are not applicable.

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# Independent Auditors' Report

Pension Plan Committee and the
Board of Directors
Horace Mann Service Corporation

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

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

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

**Opinion**

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

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

**Basis for Opinion**

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

**Emphasis of Matter – Terminating Plan and Liquidation Basis of Accounting**

As further discussed in Note 1 to the financial statements, the Board of Directors of the Horace Mann Pension Plan, the Plan's sponsor, voted to terminate the plan effective November 30, 2025. In accordance with accounting principles generally accepted in the United States of America, the plan has changed its basis of accounting from the ongoing plan basis used in presenting the 2024 financial statements to the liquidation basis used in presenting the 2025 financial statements. Our opinion is not modified with respect to this matter.

**Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Horace Mann Pension Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

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

**Auditors' Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance, but is not absolute assurance, and therefore is not a guarantee that an audit conducted in accordance with 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 judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Horace Mann Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Horace Mann Pension Plan's ability to continue as a going concern for a reasonable period of time.

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 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

**Other Matter -Supplemental Schedules Required by ERISA**

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

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to, or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental 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 determined meets the requirements of ERISA Section 103(a)(3)(C).




Springfield, Illinois
July 24, 2026

## Horace Mann Pension Plan

Statements of Net Assets Available for Benefits
December 31

| | 2025 (In Liquidation) | 2024 (Ongoing) |
|---|---|---|
| **Assets:** | | |
| Investments at fair value | $ 150,910 | $ 12,757,549 |
| Contribution receivable | - | 272,000 |
| Refund receivable | 1,086,905 | - |
| Accrued interest | 4,464 | - |
| Total assets | 1,242,279 | 13,029,549 |
| **Liabilities:** | | |
| Due to Plan Sponsor | 1,086,905 | - |
| Accrued administrative expenses | 155,374 | 171,921 |
| Total liabilities | 1,242,279 | 171,921 |
| Net assets available for benefits | $ - | $ 12,857,628 |

See accompanying notes to financial statements.

## Horace Mann Pension Plan

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31

| | 2025 (In Liquidation) | 2024 (Ongoing) |
|---|---|---|
| **Additions:** | | |
| Investment income | | |
| Interest income | $ 16,110 | $ 12,045 |
| Net appreciation in fair value of investments | 1,414,508 | 716,986 |
| Total investment income | 1,430,618 | 729,031 |
| Employer contribution | 3,528,000 | 846,000 |
| Total additions | 4,958,618 | 1,575,031 |
| **Deductions:** | | |
| Funds transferred for purchase of annuity contracts | 13,136,684 | - |
| Benefits paid to participants | 2,683,989 | 1,877,646 |
| Administrative expenses | 908,668 | 546,305 |
| Transfer / Reversion of excess assets to employer (after satisfaction of all plan liabilities) | 1,086,905 | (60) |
| Total deductions | 17,816,246 | 2,423,951 |
| Net decrease | (12,857,628) | (848,920) |
| **Net assets available for benefits:** | | |
| Beginning of period | 12,857,628 | 13,706,548 |
| End of period | $ - | $ 12,857,628 |

See accompanying notes to financial statements.

## (1) General Plan Information

### *(a) Description of the Plan*

The Horace Mann Pension Plan (Plan) is sponsored by Horace Mann Service Corporation (HMSC or Plan Sponsor), which is a wholly owned subsidiary of Horace Mann Educators Corporation (HMEC) and is subject to the provisions of the Employee Retirement and Security Act of 1974, as amended, (ERISA). HMSC is also the Plan Administrator. HMSC and HMEC are collectively referred to herein as the Company. The Plan Sponsor is tasked with oversight of the Plan. The following description of the Plan is provided for general information purposes. Participants should refer to the actual Plan document for a more complete description of the Plan.

All Plan assets are held in a trust with The Northern Trust Company (Northern Trust), pursuant to a trust agreement (Trust).

On December 20, 2024, the allocation was changed to 40% equities and 60% fixed income where it remained through October 2025. The asset allocation was changed to 100% fixed income (hedge) funds in October 2025. The assets were transitioned to cash and cash equivalents to facilitate the annuity purchase in December of 2025. The Plan Sponsor believed the current allocation produced the targeted rate of return on assets necessary for payment of future benefit obligations while providing adequate liquidity for payments to beneficiaries.

The Plan is a frozen noncontributory defined benefit plan covering only employees hired prior to January 1, 1999. Effective April 1, 2002, all benefit accruals under the Plan ceased for all participants and final benefit calculations were performed and provided to participants. No additional years of service or salary earned affect a participant's accrued benefits in the Plan.

### *(b) Plan Termination*

On September 3, 2025, the Company's board of directors adopted a resolution to terminate the Horace Mann Pension Plan effective November 30, 2025. All participants were already 100% vested in their accrued benefits as of the termination date. The termination was completed by meeting the following criteria: (1) an irrevocable action to terminate the Plan had occurred, (2) the Company was relieved of the primary responsibility of the Plan, and (3) the significant risks related to the obligations of the Plan and the assets used to effect the settlement were eliminated for the Company. The benefits of the Pension Plan participants and their beneficiaries were settled through the purchase of a group annuity contract through United of Omaha. The annuity purchase price was lower than the expected amount of $ 14,223,589, and the Plan received a refund of $ 1,086,905 from United of Omaha on March 16, 2026.

## (1) General Plan Information

### *(b) Plan Termination*

In accordance with the Plan's provisions, these excess funds from the favorable settlement of annuity purchases reverted back to the Company on March 27, 2026. These funds are recorded as a refund receivable and due to the Plan Sponsor on the Statement of Assets Available for Benefits.

As described in Note 2, in accordance with generally accepted accounting principles, the Plan has changed in basis of accounting to value Plan assets from the going concern basis in 2024 to the liquidation basis in 2025. The liquidation of Plan assets was completed on March 27, 2026 and liquidation income and expense are recorded in receivables and liabilities in the Statement of Net Assets available for benefits as of December 31, 2025.

### *(c) Liquidation Plan*

The Plan settled its obligations through the purchase of annuity contracts from United of Omaha Life Insurance Company. The remaining cash and cash equivalents after the annuity purchase will be utilized for trust administrative fees and the remainder returned to the Company.

The Company has initiated a standard termination process with the Pension Benefit Guaranty Corporation (PBGC). A payment of $ 706,173 was made to the PBGC missing participants program on December 17, 2025, in conjunction with the PBGC Form 501 and MP-100 filings in connection with the Plan termination.

Termination of the Plan results in allocation of its net assets to the participants and beneficiaries of the Plan in accordance with ERISA, applicable regulations there under the Plan document and the regulations of the Pension Benefit Guaranty Corporation (PBGC). 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. However, there is a statutory ceiling, which is adjusted periodically, on the amount of a participant's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits in the event of Plan termination depends on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

All participants received their full benefits in the Plan termination through annuities established with United of Omaha.

## (1) General Plan Information

### *(d) Funding Status*

The Plan's funding policy is to contribute amounts which are actuarially determined to meet future obligations consistent with the funding requirements of ERISA and the Pension Protection Act of 2006, as amended. The Company made quarterly contributions in April, July, and October of 2024 and January of 2025 for a total of $ 758,000. The final 2024 required ERISA funding of $ 88,000 was funded on September 10, 2025. The Company made contributions of $ 3,528,000 in 2025, including a $ 2,950,000 contribution on December 9, 2025, in connection with the Plan termination.

### *(e) Benefits and Vesting*

The Plan provided for retirement benefits to be paid at the time of normal or early retirement, or upon the participant's death to their beneficiary. Benefits could be elected in the form of a lifetime annuity, joint and survivor annuity or as a lump-sum final distribution. All Plan participants are 100% vested.

## (2) Summary of Significant Accounting Policies

### *(a) Basis of Accounting*

As discussed in Note 1, the Board of Directors elected to terminate the Plan on September 3, 2025. As a result the Plan adopted the liquidation basis of accounting. Accordingly, the December 31, 2025 financial statements are presented on a liquidation basis, while the December 31, 2024 financial statements are presented on an ongoing basis, using the accrual basis of accounting. The difference from the ongoing basis of accounting and the liquidation basis of accounting was deemed immaterial.

Under the liquidation basis, assets are measured at the estimated amount of cash or other consideration expected to be collected upon settling or disposal of those assets. Liabilities include the estimated cost to settle obligations and administrative expenses expected through the end of the liquidation period, amounts payable to beneficiaries on behalf of United of Omaha, and a payable to the Plan Sponsor for the remainder of assets.

### *(b) Investment Valuation and Income Recognition*

Investments are measured at liquidation value at December 31, 2025, which approximates the fair value of the Plan's investments at December 31, 2025. Investments were measured at fair value at December 31, 2024. The fair value of investments is based upon 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. Investment transactions are accounted for as of the trade date. Interest income is recorded on an accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. See Note 5 for a discussion of fair value measurements.

## (2) Summary of Significant Accounting Policies

### *(c) Plan Expenses*

The Plan paid all administrative expenses for the 2024 Plan year. Investment expenses were included in the net appreciation in fair value of investments in the accompanying Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2025 and 2024. The Plan incurred $ 908,668 of administrative expenses through December 31, 2025, including $ 47,683 of administrative fees accrued in liquidation. The Company will pay the remaining administrative expenses.

### *(d) Payment of Benefits*

Benefit payments are reported when paid.

### *(e) Use of Estimates*

The preparation of the Plan's financial statements in conformity with accounting principles generally accepted in the United States of America (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. Actual results could differ from those estimates.

### *(f) Risks and Uncertainties*

The Plan invested in various investment securities. Investment securities are exposed to various risks including, but not limited to, interest rate, market and credit risks. Due to the level of risks and uncertainties associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

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

### *(g) Risk Transfer*

Upon the final transfer of assets and the issuance of the annuity contracts, United of Omaha will assume primary responsibility for all future payments, effectively relieving the Company of its legal obligation.

## (2) Summary of Significant Accounting Policies

### *(h) Plan Amendments*

The Plan was amended on September 25, 2025, in conjunction with the standard plan termination effective November 30, 2025. The amendments deleted the Minimum Distribution Requirements of the Plan.

### *(i) Subsequent Events*

The Plan has evaluated subsequent events through July 24, 2026, the date these financial statements were available to be issued.

The Plan received a refund of $ 1,086,905 from United of Omaha on March 16, 2026, due to a difference between estimated liabilities and the actual cost of purchasing the annuity contract. The refund is considered a reversion of assets to the Company and reverted to the Company on March 27, 2026, in accordance with the Plan provisions.

## (3) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits as of the valuation date are the future payments that are attributable to credited service rendered by participants to the date Plan benefits were frozen. Accumulated benefits include benefits expected to be paid to: (a) retired or terminated participants or their beneficiaries; (b) beneficiaries of participants who have died; and (c) present participants or their beneficiaries. The valuation is performed based on the unit credit actuarial cost method.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and represents the amount that results from using 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 reductions such as for death, termination, or retirement) between the valuation date and the expected date of payment.

The Plan's actuarial valuation was done on a beginning of year valuation as of January 1, 2025. Upon adoption of the liquidation basis of accounting, the Plan changed from a using a beginning of the year to end of year benefit information date. The change in accounting principle was made in accordance with the liquidation basis of accounting.

The significant actuarial assumptions underlying the valuation are as follows:

| **January 1, 2025** | |
|---|---|
| Interest rate | 6.20% |
| Average retirement age | 62 years |
| Employee mortality rates | Pri-2012 separate annuitant/non-annuitant mortality tables (no collar adjustments), reflecting generational mortality improvements using MP-2021. |

**(3) Actuarial Present Value of Accumulated Plan Benefits**

The foregoing assumptions were based on the presumption that the Plan would continue. Due to the Plan's termination, no actuarial valuation was prepared for the year ended December 31, 2025.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025, had the valuation been made as of December 31, 2024, there would be no material differences.

The actuarial present value of accumulated plan benefits is as follows:

| | December 31, 2025 (In liquidation) | January 1, 2025 (Ongoing) |
|---|---|---|
| Vested Benefits: | | |
| Participants currently receiving payments | $ - | $ 10,149,201 |
| Other participants | - | 3,621,594 |
| Total vested benefits | - | 13,770,795 |
| Nonvested benefits | - | 2,694 |
| Total actuarial present value of accumulated plan benefits | $ - | $ 13,773,489 |

The changes in accumulated plan benefits were as follows:

| | December 31, 2025 (In liquidation) | January 1, 2025 (Ongoing) |
|---|---|---|
| Actuarial present value of accumulated plan Benefits at beginning of period | $ 13,773,489 | $ 14,768,062 |
| Increase (decrease) during the period attributable to: | | |
| Benefits accumulated and actuarial experience | 2,047,184 | (215,948) |
| Benefits paid | (15,820,673) | (1,877,646) |
| Changes in actuarial assumptions | - | 177,704 |
| Increase for interest | - | 921,317 |
| Net decrease in accumulated plan benefits | (13,773,489) | (994,573) |
| Total actuarial present value of accumulated plan benefits at end of period | $ - | $ 13,773,489 |

## (4) Certified Investments

Certain information related to investments disclosed in the accompanying financial statements and ERISA required supplemental schedules, including investments held at December 31, 2025 and 2024, and net appreciation in fair value of investments, and interest income for the years ended December 31, 2025 and 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Northern Trust Company. The following is a summary of such information:

| | 2025 | 2024 |
|---|---|---|
| Investments at fair value | $ 150,910 | $ 12,757,549 |
| Accrued interest | 4,464 | - |
| Net appreciation in fair value of investments | 1,414,508 | 716,986 |
| Interest Income | 16,110 | 12,045 |

## (5) Fair Value of Financial Instruments

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between knowledgeable, unrelated and willing market participants on the measurement date. In determining fair value, the Plan utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. The three levels of inputs that may be used to measure fair value are:

Level 1 Unadjusted quoted prices in active markets for identical assets or liabilities.

Level 2 Unadjusted observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for the assets or liabilities. Level 2 assets and liabilities include fixed maturity securities with quoted prices that are traded less frequently than exchange-traded instruments.

Level 3 Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. Level 3 assets and liabilities include financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation.

When the inputs used to measure fair value fall within different levels of the hierarchy, the level within which fair value measurement is categorized is based on the lowest level input that is significant to the fair value measurement in its entirety. As a result, a Level 3 fair value measurement may include inputs that are observable (Level 1 or Level 2) and unobservable (Level 3). Transfers into or out of Level 3 are reported as having occurred at the end of the reporting period in which the transfers were determined. There were no transfers into or out of Level 3 in either 2025 or 2024.

**(5) Fair Value of Financial Instruments**

Collective investment trust funds are valued at the net asset value of shares held by the Plan at closing prices that are observable in the market.

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

| | Investments at Fair Value as of December 31, 2025 | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Collective Investment Trust Funds | $ - | $ 150,910 | $ - | $ 150,910 |
| Total investments, at fair value | $ - | $ 150,910 | $ - | $ 150,910 |

| | Investments at Fair Value as of December 31, 2024 | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Collective Investment Trust Funds | $ - | $12,757,549 | $ - | $12,757,549 |
| Total investments, at fair value | $ - | $12,757,549 | $ - | $12,757,549 |

**(6) Tax Status**

The Plan has received a determination letter from the Internal Revenue Service dated March 25, 2026, stating that the termination of the Plan doesn't affect its qualification for federal tax purposes . The Plan is qualified under Section 401(a) of the Internal Revenue Code (Code) and therefore, the related trust is exempt from taxation. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and therefore, believes the Plan, as amended, is qualified and the related trust is tax exempt.

GAAP requires 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 Internal Revenue Service. The Plan Administrator has determined that no uncertain liabilities must be accrued as of December 31, 2025. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**(7) Related party and Party-in-Interest Transactions**

Certain Plan investments are shares in investments managed by the Trustee. Therefore, these transactions qualify as party-in-interest.

Supplemental Schedules

**Horace Mann Pension Plan**

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2025

EIN: 37-0972590

Plan #005

| (a) | (b) Identity of issue, borrow, lessor or similar party | (c) Description of Investment | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| * | Northern Trust Global Investments | NT COLTV Short Term Investment Fund | $ 150,910 | $ 150,910 |
| | Total investments | | $ 150,910 | $ 150,910 |

**Represents a party-in-interest*

**Horace Mann Pension Plan**

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2025

EIN 37-0972590

Plan #005

| (a) Identity of Party Involved | (b) Description of Asset | (c) Purchase Price | (d) Selling Price | (e) Lease Rental | (f) Expenses Incurred with Transaction | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain or (Loss) |
|---|---|---|---|---|---|---|---|---|
| **Part A - Single Transactions in Excess of 5%** | | | | | | | | |
| NT Collective All Country World EX-US Index Fund Lending | Collective Trust Fund | $ - | $ 2,553,318 | $ - | $ - | $ 1,605,186 | $ 2,553,318 | $ 948,132 |
| | | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| NT Collective 1-10 YR Intermediate Government Bond Index Fund | Collective Trust Fund | $ 4,497,519 | $ - | $ - | $ - | $ 4,497,519 | $ 4,497,519 | $ - |
| | | $ - | $ 5,822,867 | $ - | $ - | $ 5,735,523 | $ 5,822,867 | $ 87,344 |
| NT Collective Long Term Government Redit Bond Index Fund | Collective Trust Fund | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| | | $ - | $ 1,167,901 | $ - | $ - | $ 1,267,450 | $ 1,167,901 | $ (99,549) |
| NT Collective Long Term Government Redit Bond Index Fund | Collective Trust Fund | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| | | $ - | $ 2,066,662 | $ - | $ - | $ 2,264,606 | $ 2,066,662 | $ (197,944) |
| NT Collective S & P 500 Index Fund-Non Lending | Collective Trust Fund | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| | | $ - | $ 2,610,778 | $ - | $ - | $ 1,372,346 | $ 2,610,778 | $ 1,238,432 |
| NT Collective US Credit Bond Index Fund | Collective Trust Fund | $ 1,813,498 | $ - | $ - | $ - | $ 1,813,498 | $ 1,813,498 | $ - |
| | | $ - | $ 4,652,252 | $ - | $ - | $ 4,471,170 | $ 4,652,252 | $ 181,082 |
| NT Collective Short Term Inv Fund | Collective Trust Fund | $ 15,278,632 | $ - | $ - | $ - | $ 15,278,632 | $15,278,632 | $ - |
| | | $ - | $14,224,121 | $ - | $ - | $ 14,224,121 | $14,224,121 | $ - |
| NT Collective Short Term Inv Fund | Collective Trust Fund | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| | | $ - | $ 706,173 | $ - | $ - | $ 706,173 | $ 706,173 | $ - |
| | | | | | | | | |

| (a) Identity of Party Involved | (b) Description of Asset | (c) Purchase Price | (d) Selling Price | (e) Lease Rental | (f) Expenses Incurred with Transaction | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain or (Loss) |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| **Part C - Series of Transactions by Issue in Excess of 5%** | | | | | | | | |
| NT Collective All Country World EX_US Index Fund | Collective Trust Fund | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| | | $ - | $ 3,068,409 | $ - | $ - | $ 1,963,539 | $ 3,068,409 | $ 1,104,870 |
| NT Collective 1-10 YR Intermediate Government Bond Index Fund | Collective Trust Fund | $ 4,607,919 | $ - | $ - | $ - | $ 4,607,919 | $ 4,607,919 | $ - |
| | | $ - | $ 6,153,317 | $ - | $ - | $ 6,058,151 | $ 6,153,317 | $ 95,166 |
| NT Collective Long Term Government Redit Bond Index Fund | Collective Trust Fund | $ 271,909 | $ - | $ - | $ - | $ 271,909 | $ 271,909 | $ - |
| | | $ - | $ 3,681,751 | $ - | $ - | $ 4,042,106 | $ 3,681,751 | $ (360,355) |
| NT Collective S & P 500 Index Fund | Collective Trust Fund | $ 95,820 | $ - | $ - | $ - | $ 95,820 | $ 95,820 | $ - |
| | | $ - | $ 2,897,893 | $ - | $ - | $ 1,535,090 | $ 2,897,893 | $ 1,362,803 |
| NT Collective US Credit Bond Index Fund | Collective Trust Fund | $ 1,902,298 | $ - | $ - | $ - | $ 1,902,298 | $ 1,902,298 | $ - |
| | | $ - | $ 5,129,049 | $ - | $ - | $ 4,934,787 | $ 5,129,049 | $ 194,262 |
| NT Collective Short Term Inv Fund | Collective Trust Fund | $ 16,741,578 | $ - | $ - | $ - | $ 16,741,578 | $16,741,578 | $ - |
| | | $ - | $ 16,528,742 | $ - | $ - | $ 16,528,742 | $16,528,742 | $ - |
| | | | | | | | | |
| | | | | | | | | |

## *Schedule SB, line 26 — Schedule of Active Participant Data*

| Attained age | Years of credited service | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Under 1 | 1–4 | 5–9 | 10–14 | 15–19 | 20–24 | 25–29 | 30–34 | 35–39 | 40 & up | Total |
| Under 25 | | | | | | | | | | | |
| | | | | | | | | | | | |
| 25–29 | | | | | | | | | | | |
| | | | | | | | | | | | |
| 30–34 | | | | | | | | | | | |
| | | | | | | | | | | | |
| 35–39 | | | | | | | | | | | |
| | | | | | | | | | | | |
| 40–44 | | | | | | | | | | | |
| | | | | | | | | | | | |
| 45–49 | | | | | | | | | | | |
| | | | | | | | | | | | |
| 50–54 | | | | 7 | | | | | | | 7 |
| | | | | | | | | | | | |
| 55–59 | | | | 19 | 9 | | | | | | 28 |
| | | | | | | | | | | | |
| 60–64 | | | 1 | 18 | 12 | 10 | | | | | 41 |
| | | | | | | | | | | | |
| 65–69 | | | | 2 | 2 | 3 | 3 | | | | 10 |
| | | | | | | | | | | | |
| 70 & up | | | | | | | 2 | | | | 2 |
| | | | | | | | | | | | |
| Total | | | 1 | 46 | 23 | 13 | 5 | | | | 88 |
| | | | | | | | | | | | |

In each cell, the top number is the count of active participants for each age/service combination. Since benefit accruals were frozen as of March 31, 2002, current compensation is no longer collected for active participants.

***Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***

## Actuarial assumptions for funding valuation

| | | | |
|---|---|---|---|
| **Discount rate sponsor elections** | | | |
| • | Segment rates or full yield curve | Segment | |
| • | Look-back months | 2 | |
| • | | **Stabilized** | **Non Stabilized** |
| • | First 5 years | 5.03% | 5.03% |
| • | Next 15 years | 5.28% | 5.28% |
| • | Over 20 years | 5.50% | 5.36% |
| | | Rationale: These are IRS prescribed rates. | |
| **Mortality sponsor elections** | | | |
| • | All participants | Section 430(h)(3) prescribed separate generational annuitant and non-annuitant mortality tables as outlined in Internal Revenue Bulletin 2023-46 and Federal Register 2023-23267. These tables are based on Pri-2012 mortality tables projected with generational mortality improvements using scale MP-2021 (with IRS limitations on mortality improvement applied).<br>Rationale: This is an IRS prescribed assumption. | |
| • | 417(e) lump sums | Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and current year 417(e) unisex mortality. | |
| **Other economic assumptions** | | | |
| • | Salary increases | Not applicable | |
| • | Flat-dollar benefit increases | Not applicable | |
| • | Social Security wage base | Not applicable | |
| • | Inflation | Not applicable | |
| • | Expected investment return | 6.50% for year 2023<br>6.25% for year 2024<br>6.25% for year 2025<br>Rationale: The expected rate of return on plan assets is based on a blend of the hypothetical past performance of the plan's target asset mix, adjusted for current market conditions, and the median simulated investment return using capital market assumptions published in Mercer Investment Consulting's Capital Markets Outlook for the plan's target asset mix. The expected return on assets assumption is net of adjustment of 12 bp for "hidden" expenses assumed to be paid from plan assets but which aren't specifically detailed in the trust statement. | |
| • | Expenses | $590,535 added to current year normal cost<br>Rationale: The expense assumption is based on the actual expenses paid from plan assets for the previous year. | |

## *Schedule SB, Part V — Statement of Actuarial Assumptions/Methods*

| | | |
|---|---|---|
| **Demographic assumptions** | | |
| • Withdrawal | 85% of the 2003 SOA Turnover Study Table by Age. See table of sample rates.<br>Rationale: The withdrawal rates are based on experience study undertaken in 2016 using data from 2012 through 2015. Horace Mann believes the experience during this period will representative of anticipated future experience. | |
| • Disability incidence | None. | |
| • Retirement age | **Attained Age** | **Retirement Percentage** |
| | 55 - 58 | 5.0 |
| | 59 - 61 | 10.0 |
| | 62 | 25.0 |
| | 63 | 20.0 |
| | 64 | 15.0 |
| | 65 | 33.0 |
| | 66 – 69 | 50.0 |
| | 70 | 100.0 |
| | Rationale: The retirement rates are based on an experience study undertaken in 2016 using data from 2012 through 2015. Horace Mann believes the experience during this period will be representative of anticipated future experience. | |
| • Benefit commencement age for | Participants retiring from active status are assumed to start their pension benefits immediately. Participants who terminated prior to retirement eligibility, are assumed to start their pension benefits at age 65. | |
| – Future vested deferred | 65 | |
| – Current vested deferred | 65 or attained age if later. | |
| • Spouse assumptions | **Male participants** | **Female participants** |
| – Percentage married | 90% | 65% |
| – Spouse age difference | 3 years younger | 3 years older |
| **Form of payment – Males** | **Lump sum** | **Single life** |
| • Active retirements | 90% | 10% |
| • Future vested deferred | 90% | 10% |
| • Future disabilities | N/A | N/A |
| • Future deaths | 90% | 10% |
| • Current vested deferred | 90% | 10% |
| **Unpredictable contingent event assumptions** | Not applicable. | |

***Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***

## Table of sample rates

| Attained age | Unisex withdrawal percentage |
|---|---|
| 20 | 22.1 |
| 25 | 15.3 |
| 30 | 10.4 |
| 35 | 7.4 |
| 40 | 5.9 |
| 45 | 5.2 |
| 50 | 4.8 |
| 55 | 3.7 |
| 60 | 2.9 |
| 65 | 2.1 |

*Schedule SB, Part V — Statement of Actuarial Assumptions/Methods*

## Actuarial methods for funding

### Asset methods

The asset valuation method is an average of the adjusted market value for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

### Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date or for participants who no longer have an accrued benefit. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts**: The plan does not have any insurance contracts.

### Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

**Horace Mann Pension Plan**

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2025

EIN 37-0972590

Plan #005

| (a) Identity of Party Involved | (b) Description of Asset | (c) Purchase Price | (d) Selling Price | (e) Lease Rental | (f) Expenses Incurred with Transaction | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain or (Loss) |
|---|---|---|---|---|---|---|---|---|
| **Part A - Single Transactions in Excess of 5%** | | | | | | | | |
| NT Collective All Country World EX-US Index Fund Lending | Collective Trust Fund | $ - | $ 2,553,318 | $ - | $ - | $ 1,605,186 | $ 2,553,318 | $ 948,132 |
| | | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| NT Collective 1-10 YR Intermediate Government Bond Index Fund | Collective Trust Fund | $ 4,497,519 | $ - | $ - | $ - | $ 4,497,519 | $ 4,497,519 | $ - |
| | | $ - | $ 5,822,867 | $ - | $ - | $ 5,735,523 | $ 5,822,867 | $ 87,344 |
| NT Collective Long Term Government Redit Bond Index Fund | Collective Trust Fund | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| | | $ - | $ 1,167,901 | $ - | $ - | $ 1,267,450 | $ 1,167,901 | $ (99,549) |
| NT Collective Long Term Government Redit Bond Index Fund | Collective Trust Fund | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| | | $ - | $ 2,066,662 | $ - | $ - | $ 2,264,606 | $ 2,066,662 | $ (197,944) |
| NT Collective S & P 500 Index Fund-Non Lending | Collective Trust Fund | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| | | $ - | $ 2,610,778 | $ - | $ - | $ 1,372,346 | $ 2,610,778 | $ 1,238,432 |
| NT Collective US Credit Bond Index Fund | Collective Trust Fund | $ 1,813,498 | $ - | $ - | $ - | $ 1,813,498 | $ 1,813,498 | $ - |
| | | $ - | $ 4,652,252 | $ - | $ - | $ 4,471,170 | $ 4,652,252 | $ 181,082 |
| NT Collective Short Term Inv Fund | Collective Trust Fund | $ 15,278,632 | $ - | $ - | $ - | $ 15,278,632 | $15,278,632 | $ - |
| | | $ - | $14,224,121 | $ - | $ - | $ 14,224,121 | $14,224,121 | $ - |
| NT Collective Short Term Inv Fund | Collective Trust Fund | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| | | $ - | $ 706,173 | $ - | $ - | $ 706,173 | $ 706,173 | $ - |

| (a) Identity of Party Involved | (b) Description of Asset | (c) Purchase Price | (d) Selling Price | (e) Lease Rental | (f) Expenses Incurred with Transaction | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain or (Loss) |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| **Part C - Series of Transactions by Issue in Excess of 5%** | | | | | | | | |
| NT Collective All Country World EX_US Index Fund | Collective Trust Fund | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| | | $ - | $ 3,068,409 | $ - | $ - | $ 1,963,539 | $ 3,068,409 | $ 1,104,870 |
| NT Collective 1-10 YR Intermediate Government Bond Index Fund | Collective Trust Fund | $ 4,607,919 | $ - | $ - | $ - | $ 4,607,919 | $ 4,607,919 | $ - |
| | | $ - | $ 6,153,317 | $ - | $ - | $ 6,058,151 | $ 6,153,317 | $ 95,166 |
| NT Collective Long Term Government Redit Bond Index Fund | Collective Trust Fund | $ 271,909 | $ - | $ - | $ - | $ 271,909 | $ 271,909 | $ - |
| | | $ - | $ 3,681,751 | $ - | $ - | $ 4,042,106 | $ 3,681,751 | $ (360,355) |
| NT Collective S & P 500 Index Fund | Collective Trust Fund | $ 95,820 | $ - | $ - | $ - | $ 95,820 | $ 95,820 | $ - |
| | | $ - | $ 2,897,893 | $ - | $ - | $ 1,535,090 | $ 2,897,893 | $ 1,362,803 |
| NT Collective US Credit Bond Index Fund | Collective Trust Fund | $ 1,902,298 | $ - | $ - | $ - | $ 1,902,298 | $ 1,902,298 | $ - |
| | | $ - | $ 5,129,049 | $ - | $ - | $ 4,934,787 | $ 5,129,049 | $ 194,262 |
| NT Collective Short Term Inv Fund | Collective Trust Fund | $ 16,741,578 | $ - | $ - | $ - | $ 16,741,578 | $16,741,578 | $ - |
| | | $ - | $ 16,528,742 | $ - | $ - | $ 16,528,742 | $16,528,742 | $ - |
| | | | | | | | | |
| | | | | | | | | |

# 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
HORACE MANN PENSION PLAN

**B** Three-digit plan number (PN) ▶ 005

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
HORACE MANN SERVICE CORPORATION

**D** Employer Identification Number (EIN)
37-0972590

**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** | 13,027,000 |
| **b** Actuarial value | **2b** | 12,692,954 |

**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 | 250 | 10,610,254 | 10,610,254 |
| **b** For terminated vested participants | 90 | 2,235,674 | 2,235,674 |
| **c** For active participants | 88 | 1,437,882 | 1,440,446 |
| **d** Total | 428 | 14,283,810 | 14,286,374 |

**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** | 5.28% |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 0 |
| **b** Expected plan-related expenses | **6b** | 590,535 |
| **c** Target normal cost | **6c** | 590,535 |

**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**

Jered R. Easley J.R.E.
Signature of actuary

8/12/2026
Date

JERED R. EASLEY
Type or print name of actuary

2607646
Most recent enrollment number

MERCER
Firm name

816-556-4865
Telephone number (including area code)

2405 GRAND BOULEVARD, SUITE 900

KANSAS CITY MO 64108-2519
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 | Interest on line 9 using prior year's actual return of 5.90% | 0 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38a from prior year) | | 1,164 |
| | 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 4.98% | | 58 |
| | b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 1,222 |
| | d Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 0 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 88.84% |
| 15 | Adjusted funding target attainment percentage | 15 | 88.84% |
| 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 | 92.02% |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

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

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 04/14/2025 | 204,000 | 0 | | | |
| 07/15/2025 | 204,000 | | | | |
| 10/09/2025 | 170,000 | | | | |
| 12/09/2025 | 2,950,000 | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 3,528,000 | 18(c) 0 |

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

| | | |
|---|---|---|
| a Contributions allocated toward unpaid minimum required contributions from prior years. | 19a | 0 |
| b Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date. | 19c | 3,374,077 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

**21** Discount rate:

**a** Segment rates:

| 1st segment: | 2nd segment: | 3rd segment: | ☐ N/A, full yield curve used |
|---|---|---|---|
| 5.03 % | 5.28 % | 5.50% | |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 2 |
| **22** Weighted average retirement age | **22** | 62 |

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

## Part VI Miscellaneous Items

| | | |
|---|---|---|
| **24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. | ☐ Yes | ☒ No |
| **25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. | ☐ Yes | ☒ No |
| **26** Demographic and benefit information | | |
| **a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. | ☒ Yes | ☐ No |
| **b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment | ☐ Yes | ☒ No |

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

## Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

| | | |
|---|---|---|
| **28** Unpaid minimum required contributions for all prior years | **28** | 0 |
| **29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) | **29** | 0 |
| **30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) | **30** | 0 |

## Part VIII Minimum Required Contribution For Current Year

| | | |
|---|---|---|
| **31** Target normal cost and excess assets (see instructions): | | |
| **a** Target normal cost (line 6c) | **31a** | 590,535 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

| **32** Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 1,593,420 | 162,409 |
| **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** | 752,944 |

| | 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** | 752,944 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 3,374,077 |
| **38** Present value of excess contributions for current year (see instructions) | | |
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 2,621,133 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | 0 |
| **39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | **39** | 0 |
| **40** Unpaid minimum required contributions for all years | **40** | 0 |

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

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

***Schedule SB, line 22 — Description of Weighted Average Retirement Age***

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 62.

| (A) Retirement age | (B) Retirement percent | (C) Lx | (D) Number of employees expected to retire (B) x (C) | (E) (A) x (D) |
|---|---|---|---|---|
| 55 | 5.0% | 10,000 | 500 | 27,500 |
| 56 | 5.0% | 9,500 | 475 | 26,600 |
| 57 | 5.0% | 9,025 | 451 | 25,721 |
| 58 | 5.0% | 8,574 | 429 | 24,864 |
| 59 | 10.0% | 8,145 | 815 | 48,056 |
| 60 | 10.0% | 7,331 | 733 | 43,983 |
| 61 | 10.0% | 6,598 | 660 | 40,245 |
| 62 | 25.0% | 5,938 | 1484 | 92,035 |
| 63 | 20.0% | 4,453 | 891 | 56,112 |
| 64 | 15.0% | 3,563 | 534 | 34,201 |
| 65 | 33.0% | 3,028 | 999 | 64,956 |
| 66 | 50.0% | 2,029 | 1014 | 66,955 |
| 67 | 50.0% | 1,014 | 507 | 33,985 |
| 68 | 50.0% | 507 | 254 | 17,246 |
| 69 | 50.0% | 254 | 127 | 8,750 |
| 70 | 100.0% | 127 | 127 | 8,877 |
| Total | | | 10,000.00 | 620,085 |
| Average | | | | 62.01 |

***Schedule SB, Part V — Summary of Plan Provisions***

## Summary of major plan provisions

| | |
|---|---|
| Effective date and plan year | Original plan: August 29, 1989<br>Restated plan: January 1, 2016<br>Plan year: January 1 through December 31 |
| Status of the plan | The plan was frozen to new entrants on January 1, 1999. No benefit accruals will be earned after March 31, 2002. |
| Significant events that occurred during the year | None. |
| **Definitions** | |
| • Covered employees | All employees hired before January 1, 1999. |
| • Participation | An eligible employee will become a participant on the first day of employment. |
| • Vesting service | In general, vesting service is determined by the number of completed years (and fractions of years) measured from date of hire to date of termination. |
| • Credited service | In general, credited service is determined by completed months of service from date of hire. Participants in the Horace Mann Salaried Employees Pension Plan do not receive service before January 1, 1976; January 1, 1977 for agency managers; January 1, 1992 for agents participating in the Horace Mann Money Purchase Pension Plan. The maximum amount of credited service that can be earned is 30 years. |
| • Pensionable earnings | Total compensation paid to participants exclusive of certain special one-time payments. Compensation is limited by section 401(a)(17) of the Internal Revenue Code. |
| • Final average earnings | Average salary over the 36 consecutive calendar months of service that produces the highest average or average monthly compensation over the last 36 months. |
| • Accrued benefit | 1.60% of final average earnings multiplied by years of credited service minus the actuarial equivalent annuity that can be purchased from the participant's Money Purchase Pension Plan account balance.<br>In addition, employees who were participants in the plan as of January 1, 1989, August 29, 1989 or December 31, 1991 will receive as a minimum benefit, the benefit to which they were entitled as of those dates.<br>The plan was frozen effective March 31, 2002. No benefit accruals will be earned after this date. |
| **Normal retirement** | |
| • Eligibility | Age 65 and 5 years of participation. |
| • Benefit | Accrued benefit payable immediately. |
| **Early retirement** | |
| • Eligibility | Age 55 and 10 years of Vesting Service. |
| • Benefit | Accrued benefit payable at normal retirement.<br>For benefits accrues before 1993, the benefit will be reduce as follows:<br>• For participants with less than 15 years of Vesting Service, the benefit will be reduced by 2.4% per year.<br>• For participants with at least 15 years of Vesting Service, the benefit will be reduced by 3% per year before age 62. |

***Schedule SB, Part V — Summary of Plan Provisions***

| | |
|---|---|
| | For benefits accrued after 1991, benefits will be reduced by 4% per year before age 63. |
| **Late retirement** | |
| • Eligibility | Termination of employment after the normal retirement date. |
| • Benefit | Accrued benefit payable immediately. |
| **Deferred vested** | |
| • Eligibility | Termination after total vesting. |
| • Benefit | Accrued benefit payable at age 65 with reductions for retirement prior to age 65.<br>For benefits accrued before 1992, the reductions are based on the table below. |

| Age on Benefit Commencement Date | Age 45 with less than 15 years of vesting service and hired prior to January 1, 1985 | Age 45 with 15 years of vesting service and hired prior to January 1, 1985 | Not at least Age 45 with 10 years of vesting service or hired after January 1, 1985 |
|---|---|---|---|
| 65 | 100.0% | 100.0% | 100.0% |
| 64 | 97.6 | 100.0 | 91.8 |
| 63 | 95.2 | 100.0 | 84.6 |
| 62 | 92.8 | 100.0 | 78.1 |
| 61 | 90.4 | 97.0 | 72.3 |
| 60 | 88.0 | 94.0 | 67.0 |
| 59 | 85.6 | 91.0 | 62.3 |
| 58 | 83.2 | 88.0 | 58.1 |
| 57 | 80.8 | 85.0 | 54.2 |
| 56 | 78.4 | 82.0 | 50.7 |
| 55 | 76.0 | 79.0 | 47.5 |

For benefits accrued after 1991, benefits will be reduced by 4% per year before age 63

| | |
|---|---|
| **Pre-retirement death** | |
| • Eligibility | Death while married to an eligible spouse after earning five years of service. |
| - Active employees | 50% of the accrued benefit payable immediately. |
| - Retired employees receiving benefits | Based on the form of benefit elected by the participant. |
| - Other inactive employees | The benefit payable to an eligible spouse that would have been payable if the participant terminated, elected a 50% joint and survivor benefit and died immediately prior to the commencement of benefits. |

## *Schedule SB, Part V — Summary of Plan Provisions*

| | |
|---|---|
| **Form of benefits** | |
| • Automatic form for unmarried participants | Single life annuity |
| • Automatic form for married participants | 50% J&S annuity |
| • Optional forms | • Single life annuity<br>• Joint and 50%, 66-2/3%, 75%, or 100% survivor annuity<br>• Actuarial equivalent lump sum of the retirement benefit or death benefit it replaces<br>• 12/31/1991 frozen benefit for those in plan prior to 1/1/1985 can elect a fully subsidized Joint and 30% survivor annuity. |
| • Optional form conversion factors | Annuity forms conversion:<br>Mortality: 1983 Group Annuity Mortality Table for males.<br>Interest: 8%<br><br>Lump Sum conversion:<br>Mortality: Applicable mortality table determined under Section 302 of the Pension Protection Act of 2006, including Treasury Regulation 1.417(e)-1(d)(2) issued thereunder.<br>Interest: determined under Section 302 of the Pension Protection Act of 2006, including Treasury Regulation 1.417(e)-1(d)(3) issued thereunder, for the November preceding the Plan year. |
| **Miscellaneous** | |
| • Maximum compensation | Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. Since no benefit accrual will be earned after March 31, 2002, compensation after 2002 is not applicable. Note the 401(a)(17) compensation limit in 2002 was $200,000. |
| • Maximum benefits | Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2025, the limit is $280,000. |

***Schedule SB, Part V — Summary of Plan Provisions***

## Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated and amended through Amendment #1, are included in this valuation:

- **Most recent plan amendments included:** Amendment #1 is included because it was adopted by the valuation date and is effective by the end of the plan year.
- **Plan amendments excluded:** None
- **Late retirement increases:**
  - Active participants*:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. This valuation includes increases for current participants over age 70.
  - Deferred vested participants: Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

## Plan provisions specific to funding

### Additional benefits included or excluded

**IRC Section 436 benefit restrictions:**

- **Unpredictable contingent event benefits:** This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - Plan amendments: See above.
  - Prohibited payments: Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - Benefit accruals: The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

***Schedule SB, Part V — Summary of Plan Provisions***

## Plan provision changes since prior valuation

Maximum benefit amounts were updated under IRS rules were updated from 2024 to 2025.

**Horace Mann Pension Plan**

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2025

EIN: 37-0972590

Plan #005

| (a) | (b) Identity of issue, borrow, lessor or similar party | (c) Description of Investment | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| * | Northern Trust Global Investments | NT COLTV Short Term Investment Fund | $ 150,910 | $ 150,910 |
| | Total investments | | $ 150,910 | $ 150,910 |

**Represents a party-in-interest*

***Schedule SB, line 32 — Schedule of Amortization Bases***

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year since the IRC Section 430 changes made by ARPA took effect for the plan. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than $0.

| Shortfall bases | | | | | |
|---|---|---|---|---|---|
| **Year established** | **Outstanding balance** | | **Years remaining** | **2025 installment** | |
| 2023 | $ | 1,739,768 | 13 | $ | 178,522 |
| 2024 | $ | (564,337) | 14 | $ | (55,016) |
| 2025 | | 417,989 | 15 | | 38,903 |
| Total | $ | 1,593,420 | | $ | 162,409* |

* Please note that the Horace Mann Pension Plan was terminated effective November 30, 2025. For simplicity, the 2025 installments reflected in the minimum required contribution for 2025 as shown in Part VIII are based on a 12-month plan year.

### *Schedule SB, line 24 — Change in Actuarial Assumptions*

- Interest discounts were updated from 2024 to 2025 in accordance with PPA as per the American Rescue Plan Act.
- The expense component of normal cost decreased from $691,012 to $590,535 to reflect our expectations for the current plan.