FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROV | Ά | / | ٧ | ۱ | С | 2 | R | Ρ | Ρ | ١ | A | В | V | $\supset$ | - ( |
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| I | OMB Number:              | 3235-0104 |
|---|--------------------------|-----------|
| I | Estimated average burden |           |
| I | hours per response:      | 0.5       |

5. Ownership Form: Direct (D) or Indirect (I)

(Instr. 5)

4. Conversion

or Exercise Price of Derivative

Security

Amount

Number of Shares

6. Nature of Indirect Beneficial Ownership (Instr. 5)

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

|                                                                       |               |                 | or Section 30(h)                                                     | of the Investment Company Act of 194                                             | 0                                                              |                                                                                                   |  |  |  |
|-----------------------------------------------------------------------|---------------|-----------------|----------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--|--|--|
| 1. Name and Address of Reporting Person*  BRITISH COLUMBIA INVESTMENT |               |                 | 2. Date of Event Requiring Statement (Month/Day/Year) 02/12/2025     | 3. Issuer Name and Ticker or Trading Symbol Antares Private Credit Fund [ NONE ] |                                                                |                                                                                                   |  |  |  |
| MANAGEMENT Corp                                                       |               |                 | Relationship of Reporting Person(s) to Issuer (Check all applicable) |                                                                                  |                                                                | 5. If Amendment, Date of Original Filed (Month/Day/Year)                                          |  |  |  |
| (1+)                                                                  | (F:t)         | /A 4: -1-11 - \ |                                                                      | Director X                                                                       | 10% Owner                                                      |                                                                                                   |  |  |  |
| (Last)<br>750 PANDOR                                                  | (First) A AVE | (Middle)        |                                                                      | Officer (give title below)                                                       | Other (specify below)                                          |                                                                                                   |  |  |  |
| -                                                                     |               |                 |                                                                      |                                                                                  |                                                                |                                                                                                   |  |  |  |
| (Street) VICTORIA                                                     | A1            | V8W 0E4         |                                                                      |                                                                                  |                                                                | 6. Individual or Joint/Group Filing (Check<br>Applicable Line) Form filed by One Reporting Person |  |  |  |
| (City)                                                                | (State)       | (Zip)           |                                                                      |                                                                                  |                                                                | X Form filed by More than One Reporting Person                                                    |  |  |  |
| Table I - Non-Derivative Securities Beneficially Owned                |               |                 |                                                                      |                                                                                  |                                                                |                                                                                                   |  |  |  |
| 1. Title of Securit                                                   | y (Instr. 4)  |                 |                                                                      | 2. Amount of Securities<br>Beneficially Owned (Instr. 4)                         | 3. Ownership<br>Form: Direct (D) or<br>Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5)                                             |  |  |  |
| Class I Shares                                                        |               |                 |                                                                      | 3,000,000                                                                        | I                                                              | See footnote <sup>(1)</sup>                                                                       |  |  |  |

## Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Title

3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)

|               |                                          | Date<br>Exercisable                                                                                                                                                                                                           | Expiration<br>Date                                                                                                                                                                                                              |
|---------------|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IBIA INVESTME | <u>NT</u>                                |                                                                                                                                                                                                                               |                                                                                                                                                                                                                                 |
| (First)       | (Middle)                                 |                                                                                                                                                                                                                               |                                                                                                                                                                                                                                 |
| A1            | V8W 0E4                                  |                                                                                                                                                                                                                               |                                                                                                                                                                                                                                 |
| (State)       | (Zip)                                    |                                                                                                                                                                                                                               |                                                                                                                                                                                                                                 |
| . •           | <u>p</u>                                 |                                                                                                                                                                                                                               |                                                                                                                                                                                                                                 |
| ` ,           | (Middle)                                 |                                                                                                                                                                                                                               |                                                                                                                                                                                                                                 |
| A1            | V8W 0E4                                  |                                                                                                                                                                                                                               |                                                                                                                                                                                                                                 |
| (State)       | (Zip)                                    |                                                                                                                                                                                                                               |                                                                                                                                                                                                                                 |
| . •           |                                          |                                                                                                                                                                                                                               |                                                                                                                                                                                                                                 |
| ` ,           | (Middle)                                 |                                                                                                                                                                                                                               |                                                                                                                                                                                                                                 |
| A1            | V8W 0E4                                  |                                                                                                                                                                                                                               |                                                                                                                                                                                                                                 |
| (State)       | (Zip)                                    |                                                                                                                                                                                                                               |                                                                                                                                                                                                                                 |
|               | Corp (First)  A1 (State) porting Person* | IBIA INVESTMENT Corp  (First) (Middle)  A1 V8W 0E4  (State) (Zip) porting Person* Limited Partnership  (First) (Middle) VE  A1 V8W 0E4  (State) (Zip) porting Person* Limited Partnership  (State) (Zip)  (First) (Middle) VE | IBIA INVESTMENT Corp  (First) (Middle)  A1 V8W 0E4  (State) (Zip) porting Person* Limited Partnership  (First) (Middle)  VE  A1 V8W 0E4  (State) (Zip) porting Person* Limited Partnership  (State) (Zip)  (First) (Middle)  VE |

## **Explanation of Responses:**

/s/ Hui Chun Cathy Lin - for
British Columbia Investment
Management Corp, By: Hui Chun
Cathy Lin, its Vice President &
Chief Compliance Officer
/s/ Kenton Freitag - for Bryde
Investment Limited Partnership,
By: Skana IMC GP Inc., its
General Partner, By: Kenton
Freitag, its President
/s/ Kenton Freitag - for Skana IMC
GP Inc., By: Kenton Freitag, its
President

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.