

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
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) _____ ☐ 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 CO-OP HEALTH & WELFARE PLAN AND TRUST
1b	Three-digit plan number (PN) ▶ 506
1c	Effective date of plan 07/01/1984
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) TENNESSEE FARMERS COOPERATIVE P.O. BOX 3003 LAVERGNE, TN 37086
2b	Employer Identification Number (EIN) 62-0435104
2c	Plan Sponsor's telephone number 615-793-8395
2d	Business code (see instructions) 423990

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.	04/08/2025	JOHN CAIN
	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	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1692
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 1671 6a(2) 1785 6b 242 6c 0 6d 2027 6e 6f 6g(1) 6g(2) 6h
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 Characteristics Codes in the instructions:

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

4A 4B 4D 4E 4F 4H 4Q

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
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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 12
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 147097226

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan CO-OP HEALTH & WELFARE PLAN AND TRUST	B Three-digit plan number (PN) ▶ 506
C Plan sponsor's name as shown on line 2a of Form 5500 TENNESSEE FARMERS COOPERATIVE	D Employer Identification Number (EIN) 62-0435104

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
BLUECROSS BLUESHIELD OF TENNESSEE, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
62-0427913	54518	82044	2287	01/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year.....	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	0
c	Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year (4) Transferred from separate account..... (5) Other (specify below) ▶ 7c(1) 7c(2) 7c(3) 7c(4) 7c(5)		
	(6) Total additions.....	7c(6)	0
d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
e	Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account..... (4) Other (specify below) ▶ 7e(1) 7e(2) 7e(3) 7e(4)		
	(5) Total deductions.....	7e(5)	0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☒ Dental
c ☒ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	466308	
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))	9a(4)		466308
b Benefit charges (1) Claims paid	9b(1)	342135	
(2) Increase (decrease) in claim reserves	9b(2)	896	
(3) Incurred claims (add (1) and (2))	9b(3)		343031
(4) Claims charged	9b(4)		343031
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)	10907	
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)	51392	
(H) Total retention	9c(1)(H)		62299
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)	9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)		25169
(3) Other reserves	9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	156955
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan CO-OP HEALTH & WELFARE PLAN AND TRUST	B Three-digit plan number (PN) ▶ 506
C Plan sponsor's name as shown on line 2a of Form 5500 TENNESSEE FARMERS COOPERATIVE	D Employer Identification Number (EIN) 62-0435104

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
BLUECROSS BLUESHIELD OF TENNESSEE, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
62-0427913	54518	82044	3322	01/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year.....	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	▶		
	(6) Total additions	7c(6)	0
d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier	7e(2)	
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	▶		
	(5) Total deductions	7e(5)	0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☒ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)	18608010	
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	18608010
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)	920484	
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	920484
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	0
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan CO-OP HEALTH & WELFARE PLAN AND TRUST	B Three-digit plan number (PN) ▶ 506
C Plan sponsor's name as shown on line 2a of Form 5500 TENNESSEE FARMERS COOPERATIVE	D Employer Identification Number (EIN) 62-0435104

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE AND ACCIDENT

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0838648	70815	402722G	1544	08/01/2022	07/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 20154	(b) Total amount of fees paid 4952
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LOCKTON COMPANIES LLC
PO BOX 741738
ATLANTA, GA 30374-1738

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19991			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MERCER HUMAN RESOURCE CONSULTING
4565 PAYSHERE CIRCLE
CHICAGO, IL 60674

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
163	2461	NON-CONTINGENT COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LOCKTON COMPANIES LLC

2100 ROSS AVENUE SUITE 1200
DALLAS, TX 75201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	2491	BONUS-CONTINGENT COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☒ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☒ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☒ Other (specify) ▶ **ACCIDENT, CRITICAL ILLNESS, HOSPITAL INDEMNITY**

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1106552
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan	B Three-digit plan number (PN)	506
CO-OP HEALTH & WELFARE PLAN AND TRUST		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
TENNESSEE FARMERS COOPERATIVE	62-0435104	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier					
HARTFORD LIFE AND ACCIDENT					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0838648	70815	ADDS07756	1636	08/01/2022	07/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
7758	1060

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
MERCER HEALTH & BENEFITS LLC	1801 WEST END AVE SUITE 1500 NASHVILLE, TN 37203

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7758	1060	FEES PAID	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☒ Other (specify) ▶ **AD&D**

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	51720
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan	B Three-digit plan number (PN)	506
CO-OP HEALTH & WELFARE PLAN AND TRUST		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
TENNESSEE FARMERS COOPERATIVE	62-0435104	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier					
HM LIFE INSURANCE COMPANY					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1041332	93440	402834 0010	1681	07/01/2023	06/30/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
36419	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LOCKTON COMPANIES LLC
3 CITYPLACE DR STE 900
ST LOUIS, MO 63141-7088

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
36419			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year.....	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	0
d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier	7e(2)	
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☒ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	728377
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan CO-OP HEALTH & WELFARE PLAN AND TRUST	B Three-digit plan number (PN) ▶ 506
C Plan sponsor's name as shown on line 2a of Form 5500 TENNESSEE FARMERS COOPERATIVE	D Employer Identification Number (EIN) 62-0435104

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier UNUM LIFE INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0278678	62235	573717	10	07/01/2023	06/30/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☒ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	14296
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan CO-OP HEALTH & WELFARE PLAN AND TRUST	B Three-digit plan number (PN) ▶ 506
C Plan sponsor's name as shown on line 2a of Form 5500 TENNESSEE FARMERS COOPERATIVE	D Employer Identification Number (EIN) 62-0435104

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier AFLAC					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
82-2723296	60380	U4708	8	07/01/2023	06/30/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 691	(b) Total amount of fees paid 0
---	------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid BROWNIE D HALL 321 W MAIN ST LEBANON, TN 37087
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
212			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid PAYLOGIX 1025 OLD COUNTRY RD SUITE 310 WESTBURY, NY 11590

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
108			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

GARY W LOVELL

PO BOX 90866
NASHVILLE, TN 37209

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
89			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

RICHARD R WHITENER

300 BARTON FERRY CT
LEBANON, TN 37087

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
76			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

WILSON BANK & TRUST

PO BOX 768
LEBANON, TN 37088

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
67			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

DAVID B RAY

5122 STONEWOOD DR
SMYRNA, TN 37167

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
48			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

RICK R THORNE

321 W MAIN ST
LEBANON, TN 37087

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
38			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

RONALD H RICHEY

4499 MURFREESBORO RD
FRANKLIN, TN 37067

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JAMES C FARMER JR

261 CRIMSON SKY CT
DRIPPING SPRINGS, TX 78620

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ABBIE W COFFMAN

31 HAWTHORN CIRCLE
CROSSVILLE, TN 38555

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

KANDI H HECKLER

5453 HASELL DR
ROCKVALE, TN 37153

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

AUTUMN BETHEA

1124 GOLF VIEW WAY
SPRING HILL, TN 37174

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1			3

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☒ Other (specify) ▶ **ACCIDENT**

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	5474
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan CO-OP HEALTH & WELFARE PLAN AND TRUST	B Three-digit plan number (PN) ▶ 506
C Plan sponsor's name as shown on line 2a of Form 5500 TENNESSEE FARMERS COOPERATIVE	D Employer Identification Number (EIN) 62-0435104

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
PENN TREATY NETWORK AMERICA INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-2603386	63282	N000300047	1	07/01/2023	06/30/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☒ Other (specify) ▶ **LONG-TERM CARE**

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	973
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan CO-OP HEALTH & WELFARE PLAN AND TRUST	B Three-digit plan number (PN) ► 506
C Plan sponsor's name as shown on line 2a of Form 5500 TENNESSEE FARMERS COOPERATIVE	D Employer Identification Number (EIN) 62-0435104

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
57-0144607	62049	E7957954	4	07/01/2023	06/30/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
94	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MCGRIFF INSURANCE SERVICES INC 7701 AIRPORT CENTER DRIVE
GREENSBORO, NC 27409

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
32			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
SHARON MAY LINDSAY 724 WILDFLOWER LN
CHATTANOOGA, TN 37419

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
25			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

KATHERINE C ROBERTS

8846 PICADILLY TRAIL
OOLTEWAH, TN 37363

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

BENEFITS COUNT II INC

1401 CHRISTMAS COURT
RALEIGH, NC 27604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

THE ADAMSON GROUP INC

344 SUMMERSET DR
CHAPIN, SC 29036

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

INSYNC BENEFITS INC

PO BOX 1474
CORNELIUS, NC 28031

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

MAX MARTIN LINDSAY

724 WILDFLOWER LN
CHATTANOOGA, TN 37419

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ADVANCED BENEFIT SYSTEM INC

145 RIVER LANDING DR UNIT 203
DANIEL ISLAND, SC 29492

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☒ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☒ Other (specify) ▶ **ACCIDENT**

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1342
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan CO-OP HEALTH & WELFARE PLAN AND TRUST	B Three-digit plan number (PN) ► 506
C Plan sponsor's name as shown on line 2a of Form 5500 TENNESSEE FARMERS COOPERATIVE	D Employer Identification Number (EIN) 62-0435104

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
NATIONAL UNION FIRE INS. CO. OF PITTSBURGH PA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
25-0687550	19445	GTP0009064752-B	3415	08/01/2022	07/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 2790	(b) Total amount of fees paid 0
--	------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MERCER HEALTH & BENEFITS LLC 1166 AVENUE OF THE AMERICAS 22ND FL
NEW YORK, NY 10036

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2790			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☒ Other (specify) ▶ **AD&D**

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	11161
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan CO-OP HEALTH & WELFARE PLAN AND TRUST	B Three-digit plan number (PN) ▶ 506
C Plan sponsor's name as shown on line 2a of Form 5500 TENNESSEE FARMERS COOPERATIVE	D Employer Identification Number (EIN) 62-0435104

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	625037	343	07/01/2023	06/30/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☒ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....	9a(4)		0
b Benefit charges (1) Claims paid.....	9b(1)		52500
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....	9b(3)		52500
(4) Claims charged	9b(4)		52500
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		788
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		788
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....	9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)		
(3) Other reserves.....	9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	0
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan CO-OP HEALTH & WELFARE PLAN AND TRUST	B Three-digit plan number (PN) ▶	506
C Plan sponsor's name as shown on line 2a of Form 5500 TENNESSEE FARMERS COOPERATIVE	D Employer Identification Number (EIN) 62-0435104	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier HARTFORD LIFE AND ACCIDENT					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0838648	70815	402722G	1632	08/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 30546	(b) Total amount of fees paid 0
---	------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
LOCKTON COMPANIES LLC	2100 ROSS AVENUE SUITE 1200 DALLAS, TX 75201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
21270			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
LOCKTON COMPANIES LLC	PO BOX 741738 ATLANTA, GA 30374-1738

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6582			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

MERCER HEALTH & BENEFITS LLC

4565 PAYSPHERE CIRCLE
CHICAGO, IL 60674

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2694			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☒ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☒ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☒ Other (specify) ▶ **ACCIDENT, CRITICAL ILLNESS, HOSPITAL INDEMNITY**

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	445297
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan CO-OP HEALTH & WELFARE PLAN AND TRUST	B Three-digit plan number (PN) 506
C Plan sponsor's name as shown on line 2a of Form 5500 TENNESSEE FARMERS COOPERATIVE	D Employer Identification Number (EIN) 62-0435104

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).....

No

Yes

☒
- 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

(b)

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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)

BLUECROSS BLUESHIELD OF TENNESSEE

62-0427913

(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?
13	CONTRACT ADMINISTRATOR	950312	Yes ☒ No ☐	Yes ☐ No ☒	134815	Yes ☐ No ☒

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

HEALTHQUITY

52-2383166

(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?
12	CLAIMS PROCESSOR	23468	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WEAVER C BARKSDALE & ASSOCIATES INC

ONE BURTON HILLS BLVD SUITE 100
NASHVILLE, TN 37215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGER	7184	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

REGIONS BANK

315 DEADERICK ST - 3RD FL
NASHVILLE, TN 37238

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	CUSTODIAN	2456	Yes ☒ No ☐	Yes ☒ No ☐	107	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan CO-OP HEALTH & WELFARE PLAN AND TRUST	B Three-digit plan number (PN) ▶	506
C Plan sponsor's name as shown on line 2a of Form 5500 TENNESSEE FARMERS COOPERATIVE		
		D Employer Identification Number (EIN) 62-0435104

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	3327379	701580
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	3545	4691
(3) Other	1b(3)	111344	153568
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	63915	292877
(2) U.S. Government securities	1c(2)	5882404	6986796
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	7232152	7770476
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1042021	2180184
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	17662760	18090172
Liabilities			
g Benefit claims payable	1g	2706513	2705861
h Operating payables	1h	70	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	2706583	2705861
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	14956177	15384311

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)	16635403	
(B) Participants	2a(1)(B)	6309981	
(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)		22945384
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	10396	
(B) U.S. Government securities	2b(1)(B)	178234	
(C) Corporate debt instruments	2b(1)(C)	358961	
(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)		547591
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	52384	
(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)		52384
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	14893535	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	15115243	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	420925	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		23744576

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	19543290	
(2) To insurance carriers for the provision of benefits.....	2e(2)	2721087	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		22264377
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)	950312	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	7184	
(6) Bank or trust company trustee/custodial fees	2i(6)	2456	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	92113	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1052065
j Total expenses. Add all expense amounts in column (b) and enter total	2j		23316442

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		428134
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) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ 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: **CROWE LLP**

(2) EIN: **35-0921680**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

CO-OP HEALTH & WELFARE PLAN AND TRUST

FINANCIAL STATEMENTS

June 30, 2024 and 2023

CO-OP HEALTH & WELFARE PLAN AND TRUST
LaVergne, Tennessee

FINANCIAL STATEMENTS
June 30, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Co-op Health & Welfare Plan and Trust
LaVergne, Tennessee

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

We have performed audits of the financial statements of Co-op Health & Welfare Plan and Trust (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 benefit obligations and net assets available for benefits as of June 30, 2024 and 2023, and the related statements of changes in benefit obligations and 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 the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of June 30, 2024 and 2023, 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 Auditor's 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).

(Continued)

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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of 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 the Plan's ability to continue as a going concern for one year from the date the financial statements are available to be issued.

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

Auditor's 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 section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatements, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

(Continued)

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

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

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

Other Matters- Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) and Schedule H, Line 4(i) – Schedule of Assets (Acquired and Disposed of Within Year) as of and for the year ended June 30, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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 schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).


Crowe LLP

South Bend, Indiana
March 31, 2025

CO-OP HEALTH & WELFARE PLAN AND TRUST
STATEMENTS OF BENEFIT OBLIGATIONS AND NET ASSETS AVAILABLE FOR BENEFITS
June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Benefit obligations (Note 2)		
Benefit claims payable and estimated health claims incurred but not reported	\$ 1,864,543	\$ 1,864,543
Postretirement benefit obligations (Note 6)	<u>841,318</u>	<u>841,970</u>
Total benefit obligations	<u>2,705,861</u>	<u>2,706,513</u>
Net assets available for benefits		
Assets		
Investments, at fair value (Notes 4 and 5)		
State and local government and agency securities	382,315	375,702
U.S. government agency securities	6,604,481	5,506,702
Corporate bonds	7,770,476	7,232,152
Common stocks	2,180,184	1,042,021
Money market deposit account	<u>292,877</u>	<u>63,915</u>
Total investments	<u>17,230,333</u>	<u>14,220,492</u>
Receivables		
Contributions	4,691	3,545
Accrued interest	<u>153,568</u>	<u>111,344</u>
Total receivables	<u>158,259</u>	<u>114,889</u>
Cash	<u>701,580</u>	<u>3,327,379</u>
Total assets	<u>18,090,172</u>	<u>17,662,760</u>
Liabilities		
Accrued expenses	<u>-</u>	<u>70</u>
Total liabilities	<u>-</u>	<u>70</u>
Net assets available for benefits	<u>18,090,172</u>	<u>17,662,690</u>
Excess of net assets available for benefits over benefit obligations	<u>\$ 15,384,311</u>	<u>\$ 14,956,177</u>

See accompanying notes to financial statements.

CO-OP HEALTH & WELFARE PLAN AND TRUST
STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS AND NET ASSETS AVAILABLE
FOR BENEFITS
Years ended June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Net change in benefit obligations		
Increase (decrease) during the year attributed to		
Benefit claims, premiums payable and	\$ -	\$ 700,000
estimated health claims incurred but not reported		
Postretirement benefit obligations	<u>(652)</u>	<u>(1,449,945)</u>
Net increase (decrease) in benefit obligations	<u>(652)</u>	<u>(749,945)</u>
Net change in net assets available for benefits		
Investment income		
Interest	599,975	437,400
Net appreciation (depreciation) in fair value of		
investments (Note 4)	<u>199,217</u>	<u>(325,183)</u>
	799,192	112,217
Less investment expenses	<u>(7,184)</u>	<u>(25,280)</u>
Net investment income (loss)	792,008	86,937
Employer and participant contributions	<u>22,945,384</u>	<u>22,682,411</u>
Total additions	<u>23,737,392</u>	<u>22,769,348</u>
Deductions		
Health benefits paid to or for participants, net of stop-loss		
reimbursements of \$364,529 in 2024 and \$1,064,232 in 2023	(19,298,795)	(17,627,210)
Short-term disability benefits paid to participants	(245,147)	(240,546)
Long-term disability premiums paid	(305,984)	(280,779)
Life insurance premiums paid	(973,214)	(855,475)
Stop-loss insurance premiums paid	(737,877)	(709,994)
Other premiums paid	(704,012)	(705,252)
Administrative expenses	<u>(1,044,881)</u>	<u>(946,666)</u>
Total deductions	<u>(23,309,910)</u>	<u>(21,365,922)</u>
Net increase (decrease) in net assets available for benefits	<u>427,482</u>	<u>1,403,426</u>
Increase (decrease) in net assets available for benefits		
over benefit obligations	428,134	2,153,371
Excess of net assets available for benefits		
over benefit obligations		
Beginning of year	<u>14,956,177</u>	<u>12,802,806</u>
End of year	<u>\$ 15,384,311</u>	<u>\$ 14,956,177</u>

See accompanying notes to financial statements.

CO-OP HEALTH & WELFARE PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
June 30, 2024 and 2023

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Co-op Health & Welfare Plan and Trust (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General: The Plan provides certain life, health and disability benefits to eligible employees of Tennessee Farmers Cooperative (TFC), its subsidiaries, and participating member cooperatives (“Employer,” “Sponsor” or “Plan Sponsors”). Coverage under the Plan is provided to full-time employees and their eligible dependents, if enrolled, as determined by the Plan’s document. Coverage is also provided under the Plan for employees of Plan Sponsors who retire on or after age 62. Under this provision, coverage is continued on the same basis as before retirement until the retiree attains age 65. Employees hired on or after July 1, 2002 must have 20 years of service and 60 months of participation in the Plan to obtain retiree medical benefits.

The Plan is funded by participating Plan Sponsors and covered employees. TFC pays the entire cost for covered retirees. Each individual Plan Sponsor (Member Cooperative) can choose the retiree’s premium responsibility.

The Plan and related trust were established on July 1, 1984. The Plan was amended effective March 2006, for various definition changes and the related trust was restated effective October 2013. The Plan is administered by the Board of Trustees (Trustees) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Management of the Plan is performed by employees of a subsidiary of TFC, which charges an administrative fee based on premiums that are paid by the Plan sponsor (See Note 3).

Benefits: The Plan provides health benefits, which includes prescription drug coverage, dental, vision and life insurance coverage to full-time participants and covered dependents. The Plan also provides short-term and long-term disability coverage to full-time participants. Health benefit claims are received, processed and paid by a third party administrator for a fee based on number of participants. The Plan is responsible for payments to participants and providers.

For participants who elect coverage, the Plan provides short-term disability benefits equal to 70% of a participant’s salary for up to 12 weeks, with a maximum benefit of \$400 per week following a one week elimination period. The Plan also provides long-term disability benefits paying 60% of a participant’s salary up to a monthly limit of \$7,500. Long-term disability coverage is fully insured after the 90 day elimination period and benefits are paid under a disability policy issued by an insurance company.

Contributions: The Plan agreement provides that TFC, its subsidiaries and participating member cooperatives (participating Employers) make periodic contributions in accordance with the terms prescribed by the Trustees to provide benefits for participants. At the beginning of each calendar year, the Trustees determine the contribution rates for participating Employers. These rates are subject to change during the year at the Trustees’ discretion. The participating Employers independently determine the portion which the Employer and the employees contribute. All contributions to the Plan are made through the participating Employers.

Stop-loss Insurance: The Plan is self-insured up to \$380,000 per participant per year for health benefits with an aggregating individual deductible of approximately \$107,800. There are unlimited life-time maximum benefits. Reimbursement to the Plan for the self-insured benefits are recorded when payment is received from the insurance company.

(Continued)

CO-OP HEALTH & WELFARE PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
June 30, 2024 and 2023

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

Postretirement Benefits: The amount reported as the postretirement benefit obligation (see Note 6) represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to June 30, 2024 and 2023. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with the TFC but excludes the member co-ops and subsidiaries from coverage. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating Employers and from existing Plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service to the Employer rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Investment Valuation and Income Recognition: The Plan's investments are stated at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

Benefit Obligations: Benefit obligations at June 30, 2024 and 2023, for health claims incurred by active participants but not reported at that date, are estimated by Plan management in accordance with accepted actuarial principles. Such estimated amounts are reported in the accompanying statements of the Plan's benefit obligations and determined using the development method (claim lag approach). Benefit obligations also include claims payable and currently due as of the financial statement date and reflect those claims submitted but for which payments were not made as of the financial statement date. Health claims incurred by retired participants but not reported at year end are included in the postretirement benefit obligation.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities, benefit obligations and changes therein, claims incurred but not reported, claims payable, and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates. The actuarial estimates of incurred but not reported claims and postretirement benefit obligations are particularly subject to change in the near term.

Basis of Accounting: The accompanying financial statements are prepared under the accrual basis of accounting.

NOTE 3 – PARTIES-IN-INTEREST TRANSACTIONS AND FEES

Employees of the TFC Employee Benefits Department provide various administrative services on behalf of the Plan. Participating member cooperatives pay an administrative fee to TFC for these services. The fees totaled 1.5% of premiums for the years ended June 30, 2024 and 2023. Administrative fees paid by the participating member cooperatives to TFC were approximately \$426,000 and \$431,000 for the years ended June 30, 2024 and 2023, respectively.

The Plan is responsible for other administrative fees for claims processing, investment advisory fees and other professional fees. Total administrative fees were \$1,044,881 and \$946,666 at June 30, 2024 and 2023, respectively.

(Continued)

CO-OP HEALTH & WELFARE PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
June 30, 2024 and 2023

NOTE 3 – PARTIES-IN-INTEREST TRANSACTIONS AND FEES (Continued)

Contributions receivable represent billed but uncollected amounts due from TFC, its subsidiaries, and participating member cooperatives.

The Plan holds shares of a Money Market account managed by Regions Treasury Reserve. Regions Treasury Reserve is a related party to the Plan's custodian, Regions Institutional Trust, and therefore, this investment qualifies as a party-in-interest investment.

NOTE 4 – CERTIFIED INVESTMENTS

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at June 30, 2024 and 2023, and net appreciation (depreciation) in fair value of investments for the years ended June 30, 2024 and 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by Regions Institutional Trust (the custodian of the Plan).

NOTE 5 – FAIR VALUE MEASUREMENTS

Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (level 1 measurements) and gives the lowest priority to unobservable inputs (level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other 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.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan.

Corporate Bonds, State and Local Government and Agency Securities, and U.S. Government Agency Securities: Corporate bonds and government securities are valued based upon recent bid prices or the average of recent bid and asked prices when available and, if not available, they are valued through matrix pricing models developed by sources considered by management to be reliable. The interest spread is based on a spread to the U.S. Treasury Market (level 2 inputs).

(Continued)

CO-OP HEALTH & WELFARE PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
June 30, 2024 and 2023

NOTE 5 – FAIR VALUE MEASUREMENTS (Continued)

Common Stocks: The fair values of common stocks are determined by obtaining quoted prices from a nationally recognized exchange (Level 1 inputs).

Money Market Deposit Account: Fair value is estimated to approximate the cost basis of the deposit account balance, based upon the liquidity of the account and the credit quality of the issuer. The Plan's investments in the money market deposit account occasionally exceed the federally insured balance (level 2 inputs).

Investments measured at fair value on a recurring basis are summarized below:

Fair Value Measurements at June 30, 2024 Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments			
State and local government and agency securities	\$ -	\$ 382,315	\$ -
U.S. government agency securities	-	6,604,481	-
Corporate bonds	-	7,770,476	-
Common stocks	2,180,184	-	-
Money market deposit account	-	292,877	-

Fair Value Measurements at June 30, 2023 Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments			
State and local government and agency securities	\$ -	\$ 375,702	\$ -
U.S. government agency securities	-	5,506,702	-
Corporate bonds	-	7,232,152	-
Common stocks	1,042,021	-	-
Money market deposit account	-	63,915	-

NOTE 6 – POSTRETIREMENT BENEFIT OBLIGATIONS

The following table presents the Plan's postretirement benefit obligations at June 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Current retirees	\$ -	\$ 29,827
Active participants fully eligible for benefits	98,033	124,851
Active participants not yet fully eligible for benefits	<u>743,285</u>	<u>687,292</u>
Postretirement benefit obligations	<u>\$ 841,318</u>	<u>\$ 841,970</u>

(Continued)

CO-OP HEALTH & WELFARE PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
June 30, 2024 and 2023

NOTE 6 – POSTRETIREMENT BENEFIT OBLIGATIONS (Continued)

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. The assumed health care cost-trend rates used to measure the expected cost of benefits covered by the Plan was 7.00% for the years ended June 30, 2024 and 2023, respectively, decreasing by approximately .25% per year until it reaches 4.5% in 2032. If the assumed rates increased by one percentage point in each year, it would increase the obligation reported as of June 30, 2024 and 2023 by \$63,726 and \$58,829, respectively.

The per capita claims costs was based on average claims costs developed from manual rates for the period ended June 30, 2024 and 2023. These manual rates are based on the national average charged and then adjusted for plan specific design. For measurement purposes, a 3 to 6 percent annual rate of increase in the per capita cost of covered health care benefits was assumed for 2024 and 2023.

The following were other significant assumptions used in the valuations as of June 30, 2024 and 2023:

	<u>June 30, 2024</u>	<u>June 30, 2023</u>
Discount rate	5.34%	5.10%
Mortality – Healthy Lives	Pri-2012 Blue Collar Mortality Table with scale MP-2021 Generational projection	Pri-2012 Blue Collar Mortality Table with scale MP-2021 Generational projection
Mortality – Disabled Lives	Pri-2012 Disabled Retiree With scale MP-2021 Generational projection	Pri-2012 Disabled Retiree with scale MP-2021 Generational projection
Withdrawal Rates	Represented by the Actuary's Handbook Table T-9	Represented by the Actuary's Handbook Table T-9
Disability Rates	None	None
Average retirement rates	Social security basis: 62 years – 50% 63 years – 50% 64 years – 25% 65 years – 35% 66 years – 67% 67 years – 100%	Social security basis: 62 years – 50% 63 years – 50% 64 years – 25% 65 years – 35% 66 years – 67% 67 years – 100%

The social security basis percentages vary based on the year of participant's birth.

The benefit obligation at June 30, 2024 and 2023 includes the assumption that approximately 10% of the participants ages 62-65 will elect to receive retiree benefits from the Plan.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

(Continued)

NOTE 6 – POSTRETIREMENT BENEFIT OBLIGATIONS (Continued)

On December 8, 2003, the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the “Act”) for employers that sponsor postretirement healthcare plans that provide prescription drug benefits was signed into law. The Act introduces a prescription drug benefit under Medicare Part D as well as a federal subsidy to sponsors of retiree health care benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D. The postretirement benefit obligations and changes in the benefit obligations of the Plan do not reflect any amount associated with the subsidy because the Plan is unable to conclude whether the benefits provided by the Plan are actuarially equivalent to Medicare Part D under the Act.

NOTE 7 – INCOME TAXES

The trust, established under the Plan to hold the Plan’s assets, obtained its latest determination letter on February 3, 1989, in which the Internal Revenue Service stated that the trust, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The trust is a qualified trust pursuant to Section 501(c)(9) of the Internal Revenue Service. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. As a result of the Plan’s funding policy, from time to time the trust may be subject to tax on unrelated business income. No federal or state income taxes have been recorded in the financial statements for unrelated business taxable income.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

NOTE 8 – PLAN TERMINATION

Although it has not expressed any intention to do so, the Plan Sponsors have the right to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA and its related regulations. In the event the Plan terminates, the net assets of the Plan will be used to pay any outstanding obligations or claims incurred and then allocated among the participants and beneficiaries of the Plan in the order provided by ERISA.

NOTE 9 – RISKS AND UNCERTAINTIES

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

The actuarial estimates of claims incurred but not reported and postretirement benefit obligations are based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Because of uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

(Continued)

CO-OP HEALTH & WELFARE PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
June 30, 2024 and 2023

NOTE 10 – SUBSEQUENT EVENTS

Management has performed an analysis of the activities and transactions subsequent to June 30, 2024 to determine the need for any adjustments to and/or disclosures within the audited financial statements. Management has performed their analysis through March 31, 2025, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

CO-OP HEALTH AND WELFARE PLAN AND TRUST
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2024

Name of Plan Sponsor: Tennessee Farmers Cooperative
Employer Identification Number: 62-0435104
Plan Number: 506

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) <u>Cost</u>	(e) <u>Current Value</u>
	<u>State and Local Securities</u>			
	Regl Transportation Auth II	State/Local Bond due 6/1/31, 3.000% face value 65,000	\$ 69,491	\$ 58,295
	Met Govt Nashville Davidson	State/Local Bond due 7/1/26, 4.053% face value 250,000	264,823	244,008
	Romeoville II	State/Local Bond due 12/30/33, 3.050% face value 95,000	<u>95,000</u>	<u>80,012</u>
		Total State and Local Securities	<u>\$ 429,314</u>	<u>\$ 382,315</u>
	<u>U.S. Government and Agency Securities</u>			
	Freddie Mac FHMS K069 A2	U.S. Agency Bond due 9/25/27, 0.000% face value 250,000	\$ 241,689	\$ 237,540
	Freddie Mac FHMS K070 A2	U.S. Agency Bond due 11/25/27, 0.000% face value 212,000	204,916	201,806
	Freddie Mac FHMS K075 A2	U.S. Agency Bond due 2/25/28, Variable face value 100,000	110,203	95,921
	Fannie Mae-Aces FNA	U.S. Agency Bond due 7/25/28 Variable face value 200,000	194,875	196,500
	Freddie Mac Pool U79020	U.S. Agency Bond due 8/1/28, 3.000% face value 30,336	31,246	29,256
	United States Treas	U.S. Agency Bond due 11/30/28, 1.500% face value 40,000	40,333	35,397
	United States Treas	U.S. Agency Bond due 2/28/29, 4.250% face value 1,125,000	1,127,153	1,119,949
	United States Treas	U.S. Agency Bond due 4/30/29, 4.375% face value 750,000	753,633	758,610
	Freddie Mac Gold FG G16546	U.S. Agency Bond due 2/1/30, 3.000% face value 37,550	37,438	36,080
	Fannie Mae MA2426	U.S. Agency Bond due 10/1/30, 3.500% face value 27,807	28,167	26,838
	United States Treas	U.S. Agency Bond due 2/28/31, 4.250% face value 750,000	750,850	745,575
	United States Treas	U.S. Agency Bond due 8/15/31, 1.250% face value 40,000	39,961	32,462
	United States Treas	U.S. Agency Bond due 2/15/32, 1.875% face value 680,000	608,234	570,826
	United States Treas	U.S. Agency Bond due 8/15/32, 2.750% face value 250,000	238,408	222,470
	Freddie Mac Gold C91594	U.S. Agency Bond due 1/1/33, 3.000% face value 40,580	42,647	38,046
	Freddie Mac Gold FG G18723	U.S. Agency Bond due 2/1/34, 3.500% face value 13,015	13,210	12,511
	United States Treas	U.S. Agency Bond due 2/15/34, 4.000% face value 475,000	464,210	461,049
	United States Treas	U.S. Agency Bond due 5/15/34, 4.375% face value 325,000	326,333	325,101
	Fannie Mae FM4044	U.S. Agency Bond due 8/1/35, 2.000% face value 64,531	67,173	57,135
	Fannie Mae Pool FN BQ9287	U.S. Agency Bond due 12/1/35, 2.000% face value 46,081	48,082	40,800

See Independent Auditor's Report.
(Continued)

CO-OP HEALTH AND WELFARE PLAN AND TRUST
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2024

Name of Plan Sponsor: Tennessee Farmers Cooperative
Employer Identification Number: 62-0435104
Plan Number: 506

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) <u>Cost</u>	(e) <u>Current Value</u>
<u>U.S. Government and Agency Securities (Continued)</u>				
	Freddie Mac Pool FR QN4824	U.S. Agency Bond due 1/1/36, 2.000% face value 68,791	\$ 71,973	60,818
	Fannie Mae Pool FN CA8788	U.S. Agency Bond due 1/1/36, 2.000% face value 101,443	106,325	89,687
	Fannie Mae Pool FN BT1296	U.S. Agency Bond due 7/1/36, 2.000% face value 48,998	50,981	43,318
	Fannie Mae Pool FN BT2752	U.S. Agency Bond due 8/1/36, 2.000% face value 30,732	31,961	27,169
	Fannie Mae-Aces FNA	U.S. Agency Bond due 7/25/39, 2.944% face value 33,006	30,958	29,103
	Fannie Mae FN MA3333	U.S. Agency Bond due 4/1/48, 4.000% face value 32,955	33,825	30,694
	Freddie Mac Gold Pool FG G61605	U.S. Agency Bond due 9/1/48, 4.000% face value 24,602	25,224	22,926
	Freddie Mac Gold Pool FG Q60419	U.S. Agency Bond due 12/1/48, 4.000% face value 15,161	15,618	14,111
	Freddie Mac QA0127	U.S. Agency Bond due 6/1/49, 3.500% face value 42,697	43,811	38,273
	Freddie Mac FR QA3329	U.S. Agency Bond due 10/1/49, 3.000% face value 36,488	37,075	31,451
	Freddie Mac Pool	U.S. Agency Bond due 11/1/49, 3.000% face value 80,653	82,140	69,615
	Fannie Mae BQ3134	U.S. Agency Bond due 10/1/50, 2.000% face value 122,279	126,693	97,537
	Freddie Mac Pool FR SD4712	U.S. Agency Bond due 12/1/52, 4.500% face value 307,406	293,140	290,203
	Freddie Mac Pool FR SD5089	U.S. Agency Bond due 8/1/53, 4.500% face value 318,496	294,708	300,507
	Freddie Mac Pool FR QH1419	U.S. Agency Bond due 8/1/53, 5.000% face value 222,557	208,299	215,197
		Total U.S. Government and Agency Securities	<u>\$ 6,821,492</u>	<u>\$ 6,604,481</u>
<u>Corporate Bonds</u>				
	Energy Transfer Operating LP	Corporate Bond due 4/15/24, 4.500% face value 70,000	\$ 65,443	\$ 70,481
	Kinder Morgan	Corporate Bond due 9/1/24, 4.250% face value 140,000	152,965	139,582
	NetApp Inc	Corporate Bond due 9/29/24, 3.300% face value 65,000	69,715	64,589
	CVS Health Corp	Corporate Bond due 12/1/24, 5.000% face value 200,000	221,174	199,382
	MPLX LP	Corporate Bond due 12/1/24, 4.875% face value 110,000	124,131	109,530
	Bank of America	Corporate Bond due 1/22/25, 4.000% face value 145,000	151,123	143,623
	3M Co	Corporate Bond due 2/14/25, 2.000% face value 75,000	74,549	73,358

See Independent Auditor's Report.
(Continued)

CO-OP HEALTH AND WELFARE PLAN AND TRUST
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2024

Name of Plan Sponsor: Tennessee Farmers Cooperative
Employer Identification Number: 62-0435104
Plan Number: 506

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) <u>Cost</u>	(e) <u>Current Value</u>
	<u>Corporate Bonds (Continued)</u>			
	Sabine Pass Liquefaction	Corporate Bond due 3/1/25, 5.625% face value 108,000	\$ 121,397	\$ 107,779
	EOG Resources Inc	Corporate Bond due 4/1/25, 3.150% face value 65,000	66,973	63,895
	Target Corp	Corporate Bond due 4/15/25, 2.250% face value 70,000	69,884	68,307
	Truist Financial Corp	Corporate Bond due 5/1/25, 4.000% face value 140,000	148,847	138,065
	Southwest Airlines	Corporate Bond due 5/4/25, 5.250% face value 55,000	63,070	54,749
	Comcast	Corporate Bond due 8/15/25, 3.375% face value 55,000	60,849	53,898
	RTX Corp	Corporate Bond due 8/16/25, 3.950% face value 100,000	111,210	98,284
	Wells Fargo & Co	Corporate Bond due 9/29/25, 3.550% face value 200,000	205,378	195,216
	General Motors Finl Co	Corporate Bond due 10/10/25, 6.050% face value 135,000	135,698	135,493
	Air Prod & Chem Inc	Corporate Bond due 10/15/25, 1.500% face value 65,000	65,109	61,888
	Nat Rural Utilities Coop	Corporate Bond due 11/1/25, 3.250% face value 135,000	134,303	131,188
	Toronto-Dominion Bank	Corporate Bond due 1/6/26, 0.750% face value 65,000	64,904	60,723
	Walt Disney Co	Corporate Bond due 1/13/26, 1.750% face value 130,000	127,312	123,343
	Boeing Co	Corporate Bond due 2/4/26, 2.196% face value 220,000	211,009	206,781
	Pioneer Natural Resources Co	Corporate Bond due 3/29/26, 5.100% face value 25,000	24,988	24,944
	Spirit AeroSystems Inc	Corporate Bond due 6/15/26, 3.850% face value 70,000	62,469	67,373
	Antero Resources Corp 8.375%	Corporate Bond due 7/15/26, 8.375% face value 60,000	63,295	61,981
	EnLink Midstream Partners LP	Corporate Bond due 7/15/26, 4.850% face value 65,000	62,369	63,792
	Pharmaceutical Finance Netherlands III	Corporate Bond due 10/1/26, 3.150% face value 75,000	65,692	70,391
	Aon Corp	Corporate Bond due 1/1/27, 8.205% face value 100,000	131,750	105,574
	Albertsons Cos Inc	Corporate Bond due 1/15/27, 4.625% face value 70,000	64,268	67,614
	Bath & Body Works Inc	Corporate Bond due 1/15/27, 6.694% face value 65,000	63,213	65,897
	Goldman Sachs Group	Corporate Bond due 1/26/27, 3.850% face value 135,000	135,653	130,499
	RPM International Inc	Corporate Bond due 3/15/27, 3.750% face value 125,000	135,783	119,957
	KeyCorp	Corporate Bond due 4/6/27, 2.250% face value 140,000	139,839	127,270

See Independent Auditor's Report.
(Continued)

CO-OP HEALTH AND WELFARE PLAN AND TRUST
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2024

Name of Plan Sponsor: Tennessee Farmers Cooperative
Employer Identification Number: 62-0435104
Plan Number: 506

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) <u>Cost</u>	(e) Current <u>Value</u>
	<u>Corporate Bonds (Continued)</u>			
	Visa	Corporate Bond due 4/15/27, 1.900% face value 70,000	\$ 69,803	\$ 64,626
	NuStar Logistics LP	Corporate Bond due 4/28/27, 5.625% face value 70,000	65,785	69,407
	AutoZone Inc	Corporate Bond due 6/1/27, 3.750% face value 105,000	116,605	100,960
	Carnival PLC	Corporate Bond due 6/1/27, 7.875% face value 65,000	62,548	68,037
	Cleveland-Cliffs Inc	Corporate Bond due 6/1/27, 5.875% face value 65,000	63,315	64,544
	Costco	Corporate Bond due 6/20/27, 1.375% face value 115,000	115,114	104,458
	Sirius XM Radio Inc	Corporate Bond due 8/1/27, 5.000% face value 70,000	65,484	67,005
	Meta Platforms Inc	Corporate Bond due 8/15/27, 3.500% face value 140,000	130,848	134,408
	Capital One Trust	Corporate Bond due 10/15/27, 4.950% face value 145,000	144,977	144,273
	Waste Management	Corporate Bond due 11/15/27, 3.150% face value 125,000	124,978	117,988
	LPL Holdings Inc	Corporate Bond due 11/15/27, 4.625% face value 70,000	64,555	67,734

See Independent Auditor's Report.
(Continued)

CO-OP HEALTH AND WELFARE PLAN AND TRUST
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2024

Name of Plan Sponsor: Tennessee Farmers Cooperative
Employer Identification Number: 62-0435104
Plan Number: 506

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) <u>Cost</u>	(e) <u>Current Value</u>
	<u>Corporate Bonds (continued)</u>			
	AT&T Inc	Corporate Bond due 2/1/28, 1.650% face value 37,000	\$ 36,953	\$ 32,875
	Sealed Air Corp/Sealed Air Corp US	Corporate Bond due 2/1/28, 6.125% face value 75,000	74,951	74,819
	Nissan Auto Receivable 223-B Owner Trust	Corporate Bond due 3/15/28, 5.930% face value 165,000	165,922	166,514
	T-Mobile USA Inc	Corporate Bond due 3/15/28, 4.950% face value 221,000	221,969	219,528
	CVS Health Corp	Corporate Bond due 3/25/28, 4.300% face value 31,000	33,404	29,945
	Public Storage	Corporate Bond due 5/1/28, 1.850% face value 75,000	75,129	66,744
	General Mills Inc	Corporate Bond due 10/17/28 5.500% face value 200,000	198,504	202,830
	PNC Financial Services	Corporate Bond due 12/2/28, 5.354% face value 150,000	150,000	150,113
	Duke Energy Corp	Corporate Bond due 1/5/29, 4.850% face value 210,000	209,769	207,356
	Marriott International Inc	Corporate Bond due 4/15/29, 4.900% face value 200,000	199,548	197,964
	Mercedes-Benz Auto Receivables Trust	Corporate Bond due 4/16/29, 4.310% face value 130,000	129,660	127,615
	Hess Midstream Operations LP	Corporate Bond due 6/1/29, 6.500% face value 75,000	75,656	76,032
	Digital Realty Trust LP	Corporate Bond due 7/1/29, 3.600% face value 145,000	131,179	134,566
	Gray Television Inc	Corporate Bond due 7/15/29, 10.500% face value 75,000	74,953	75,404
	ONEOK Inc	Corporate Bond due 9/1/29, 3.400% face value 70,000	67,642	64,258
	KB Home	Corporate Bond due 11/15/29, 4.800% face value 80,000	75,548	75,470
	Jane Street Group	Corporate Bond due 11/15/29, 4.500% face value 81,000	76,039	75,984
	Verizon Comm Inc	Corporate Bond due 12/3/29, 4.016% face value 95,000	114,769	89,788
	Waste Connections Inc	Corporate Bond due 2/1/30, 2.600% face value 140,000	129,721	123,389
	Raymond James Fin	Corporate Bond due 4/1/30, 4.650% face value 195,000	214,094	190,710
	Prologis LP	Corporate Bond due 7/1/30, 1.750% face value 35,000	34,675	28,946
	ServiceNow Inc	Corporate Bond due 9/1/30, 1.400% face value 75,000	74,720	60,929
	Hanover Insurance Group	Corporate Bond due 9/1/30, 2.500% face value 145,000	146,814	122,278
	Tractor Supply Co	Corporate Bond due 11/1/30, 1.750% face value 105,000	103,872	85,376
	Enbridge Inc	Corporate Bond due 11/15/30, 6.200% face value 200,000	201,180	210,143
	<u>Corporate Bonds (continued)</u>			

See Independent Auditor's Report.
(Continued)

CO-OP HEALTH AND WELFARE PLAN AND TRUST
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2024

Name of Plan Sponsor: Tennessee Farmers Cooperative
Employer Identification Number: 62-0435104
Plan Number: 506

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) <u>Cost</u>	(e) <u>Current Value</u>
	Bank of America	Corporate Bond due 2/13/31, 2.496% face value 140,000	\$ 140,000	\$ 121,009
	Lockheed Martin Corp	Corporate Bond due 1/15/33, 5.250% face value 215,000	223,396	218,921
	Rio Tinto Finance	Corporate Bond due 3/9/33, 5.000% face value 110,000	108,556	109,725
	State Street Corp	Corporate Bond due 5/18/34, 5.159% face value 225,000	<u>221,666</u>	<u>222,359</u>
		Total Corporate Bonds	<u>\$ 8,128,663</u>	<u>\$ 7,770,476</u>
	<u>Common Stocks</u>			
	AbbVie Inc	Common Stock	\$ 37,332	\$ 41,679
	AES Corp	Common Stock	26,984	22,542
	Aflac Inc	Common Stock	39,905	49,567
	Ameriprise Financial Inc	Common Stock	34,567	46,991
	Amgen Inc	Common Stock	40,677	45,618
	Best Buy Co Inc	Common Stock	23,372	28,321
	Bristol-Myers Squibb Co	Common Stock	35,630	24,295
	Broadcom Inc	Common Stock	21,677	51,377
	Charles Schwab Corp	Common Stock	42,726	48,783
	Chevron Corp	Common Stock	40,461	39,887
	Cincinnati Financial Group	Common Stock	40,432	41,217
	Cisco Systems Inc	Common Stock	29,738	30,169
	Comcast Corp	Common Stock	29,389	30,427
	Crown Castle Inc	Common Stock	38,808	32,046
	Cummins Inc	Common Stock	35,876	42,647
	CVS Health Corp	Common Stock	29,519	20,907
	Eastman Chemical Co	Common Stock	24,216	29,881
	Enbridge Inc	Common Stock	34,708	33,668
	EOG Resources Inc	Common Stock	36,010	37,132

See Independent Auditor's Report.
(Continued)

CO-OP HEALTH AND WELFARE PLAN AND TRUST
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2024

Name of Plan Sponsor: Tennessee Farmers Cooperative
Employer Identification Number: 62-0435104
Plan Number: 506

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) <u>Cost</u>	(e) Current <u>Value</u>
	<u>Common Stocks (Continued)</u>			
	Essential Utilities Inc	Common Stock	\$ 40,624	\$ 40,578
	Franklin Resources Inc	Common Stock	26,350	23,669
	General Dynamics Corp	Common Stock	41,834	48,744
	Genuine Parts Co	Common Stock	35,045	31,814
	Gilead Sciences Inc	Common Stock	38,638	36,501
	Hershey Co/The	Common Stock	37,814	36,398
	Illinois Tool Works Inc	Common Stock	38,314	40,283
	Interpublic Group of Cos Inc	Common Stock	30,894	29,148
	JM Smucker Co	Common Stock	29,734	23,553
	Johnson & Johnson	Common Stock	36,523	33,178
	JP Morgan Chase & Co	Common Stock	30,435	44,699
	Kroger Co	Common Stock	32,141	35,650
	Lockheed Martin Corp	Common Stock	40,109	42,506
	Lowe's Co Inc	Common Stock	37,352	41,446
	LyondellBasell Industries NV	Common Stock	36,849	36,542
	Marathon Petroleum	Common Stock	25,401	33,135
	Medtronic PLC	Common Stock	21,052	19,520
	Merck & Co Inc	Common Stock	36,583	42,587
	Metlife Inc	Common Stock	38,940	39,517
	Microsoft Corp	Common Stock	37,905	53,634
	NextEra Energy Inc	Common Stock	37,864	44,327
	Nexstar Media Group Inc	Common Stock	42,150	38,348

See Independent Auditor's Report.
(Continued)

CO-OP HEALTH AND WELFARE PLAN AND TRUST
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2024

Name of Plan Sponsor: Tennessee Farmers Cooperative
Employer Identification Number: 62-0435104
Plan Number: 506

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) <u>Cost</u>	(e) <u>Current Value</u>
	<u>Common Stocks (Continued)</u>			
	Old Republic International Corp	Common Stock	\$ 39,863	\$ 47,833
	Omega Healthcare Investors Inc	Common Stock	18,614	21,441
	Packaging Corp of America	Common Stock	34,542	44,545
	Pfizer Inc	Common Stock	33,499	26,749
	Phillips 66	Common Stock	34,036	42,916
	Principal Financial Group Inc	Common Stock	35,209	34,440
	Prudential Financial Inc	Common Stock	41,756	48,751
	Qualcomm Inc	Common Stock	33,067	50,791
	Realty Income Corp	Common Stock	38,553	35,654
	Snap-on Inc	Common Stock	36,698	38,424
	Target Corp	Common Stock	36,860	39,971
	T Rowe Price Group Inc	Common Stock	18,164	19,603
	TC Energy Corp	Common Stock	26,338	24,294
	Texas Instruments Inc	Common Stock	30,958	38,128
	Toronto-Dominion Bank	Common Stock	34,957	31,107
	Truist Financial Corp	Common Stock	20,864	19,814
	Unilever PLC	Common Stock	29,605	35,359
	United Parcel Service Inc	Common Stock	45,117	40,917
	Verizon Communications	Common Stock	<u>25,465</u>	<u>26,516</u>
=			<u>\$ 2,028,743</u>	<u>\$ 2,180,184</u>

See Independent Auditor's Report.
(Continued)

CO-OP HEALTH AND WELFARE PLAN AND TRUST
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2024

Name of Plan Sponsor: Tennessee Farmers Cooperative
Employer Identification Number: 62-0435104
Plan Number: 506

(a)	(b) Identity of issue, borrower, <u>lessor or similar party</u>	(c) Description of investment including maturity date, <u>rate of interest, collateral, par or maturity value</u>	(d) <u>Cost</u>	(e) Current <u>Value</u>
	<u>Money Market Deposit Account</u>			
	Fidelity Investments	Fidelity Treasury Only Portfolio , 292,877 shares	<u>\$ 292,877</u>	<u>\$ 292,877</u>

See Independent Auditor's Report.

CO-OP HEALTH AND WELFARE PLAN AND TRUST
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
Year ended June 30, 2024

Name of Plan Sponsor: Tennessee Farmers Cooperative
Employer Identification Number: 62-0435104
Plan Number: 506

(a) Identity of issue, borrower, <u>lessor or similar party</u>	(b) Description of investment including maturity date, <u>rate of interest, collateral, par or maturity value</u>	(c) Costs of <u>Acquisitions</u>	(d) Proceeds of <u>Dispositions</u>
Freddie Mac Pool QH1419	U.S. Agency Bond due 8/1/53, 5.000%, face value 295	\$ 276	\$ 295
Freddie Mac Pool QH1419	U.S. Agency Bond due 8/1/53, 5.000%, face value 282	263	282
Freddie Mac Pool QH1419	U.S. Agency Bond due 8/1/53, 5.000%, face value 293	274	293
Freddie Mac Pool QH1419	U.S. Agency Bond due 8/1/53, 5.000%, face value 298	278	298
United States Treas	U.S. Agency Bond due 9/30/26, 0.875%, face value 250,000	229,619	228,643
United States Treas	U.S. Agency Bond due 11/5/33, 4.500%, face value 125,000	130,083	128,936
United States Treas	U.S. Agency Bond due 11/15/33, 4.500%, face value 170,000	176,667	175,352
United States Treas	U.S. Agency Bond due 11/15/33, 4.500%, face value 160,000	165,506	165,038
United States Treas	U.S. Agency Bond due 11/15/33, 4.500%, face value 50,000	51,270	51,574
Freddie Mac Pool QH1419	U.S. Agency Bond due 8/1/53, 5.000%, face value 301	282	301
United States Treas	U.S. Agency Bond due 2/28/29, 4.250%, face value 375,000	375,718	368,042
United States Treas	U.S. Agency Bond due 2/28/31, 4.250%, face value 500,000	500,566	495,742
United States Treas	U.S. Agency Bond due 2/15/34, 4.000%, face value 225,000	223,365	218,065
Freddie Mac Pool QH1419	U.S. Agency Bond due 8/1/53, 5.000%, face value 319	299	319
United States Treas	U.S. Agency Bond due 2/15/34, 4.000%, face value 400,000	390,850	384,078
Freddie Mac Pool QH1419	U.S. Agency Bond due 8/1/53, 5.000%, face value 441	412	441
Freddie Mac Pool SD5089	U.S. Agency Bond due 8/1/53, 4.500%, face value 459	424	459
United States Treas	U.S. Agency Bond due 6/6/24, 0.000%, face value 450,000	442,018	442,018
United States Treas	U.S. Agency Bond due 2/28/31, 4.250%, face value 250,000	250,283	250,410
Freddie Mac Pool QH1419	U.S. Agency Bond due 8/1/53, 5.000%, face value 3,215	3,009	3,215
Freddie Mac Pool SD5089	U.S. Agency Bond due 8/1/53, 4.500%, face value 500	462	500
United States Treas	U.S. Agency Bond due 11/15/33, 4.500% face value 50,000	51,191	51,120
United States Treas	U.S. Agency Bond due 5/15/33, 3.375%, face value 200,000	189,461	187,039
United States Treas	U.S. Agency Bond due 8/15/33, 3.875%, face value 200,000	188,968	194,469
United States Treas	U.S. Agency Bond due 8/15/33, 3.875%, face value 120,000	115,603	116,681
United States Treas	U.S. Agency Bond due 1/15/33, 4.500%, face value 80,000	81,906	82,519

See Independent Auditor's Report.

CO-OP HEALTH AND WELFARE PLAN AND TRUST
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
Year ended June 30, 2024

Name of Plan Sponsor: Tennessee Farmers Cooperative
Employer Identification Number: 62-0435104
Plan Number: 506

(a) Identity of issue, borrower, <u>lessor or similar party</u>	(b) Description of investment including maturity date, <u>rate of interest, collateral, par or maturity value</u>	(c) Costs of <u>Acquisitions</u>	(d) Proceeds of <u>Dispositions</u>
OGE Energy Corporation	Common Stock	\$ 15,341	\$ 16,675
KeyCorp	Common Stock	<u>9,842</u>	<u>9,839</u>
		<u>\$ 3,594,236</u>	<u>\$ 3,572,643</u>

See Independent Auditor's Report.

Multiple Employer Plan Participating Employer Information

**Plan Name: Co-Op Health & Welfare Plan and Trust
7/1/2023 – 6/30/2024**

**EIN: 62-0435104
Plan Number: 506**

AG1 FARMERS COOPERATIVE	62-0458798	3.3%
AGCENTRAL FARMERS COOPERATIVE	62-0443403	7.7%
ANDERSON FARMERS COOPERATIVE	62-0610727	0.3%
CARROLL FARMERS COOPERATIVE	62-0448966	1.0%
CLAIBORNE FARMERS COOPERATIVE	62-0428447	1.0%
COFFEE FARMERS COOPERATIVE	62-0465523	0.9%
CONSOLIDATED AGRI PRODUCTS - RIDGLEY, LLC	27-0802111	0.4%
CONSOLIDATED AGRI PRODUCTS - RUTHERFORD, LLC	27-0802268	0.6%
CUMBERLAND FARMERS COOPERATIVE	62-0455012	0.9%
DAVIDSON FARMERS COOPERATIVE	62-0467981	0.0%
FAITHWAY ALLIANCE LLC	46-0518239	8.2%
FENTRESS FARMERS COOPERATIVE	62-0442818	0.9%
FIRST FARMERS COOPERATIVE	62-0438524	3.2%
FRANKLIN FARMERS COOPERATIVE	62-0453358	1.6%
GIBSON FARMERS COOPERATIVE	62-0452016	2.5%
GRAINGER FARMERS COOPERATIVE	62-0464413	0.3%
GREENE FARMERS COOPERATIVE	62-0426519	1.2%
GREENPOINT AG LLC	90-0891876	0.0%
HANCOCK FARMERS COOPERATIVE	62-0597763	0.3%

HAWKINS FARMERS COOPERATIVE	62-0613197	1.2%
HENRY FARMERS COOPERATIVE	62-0462732	2.5%
JEFFERSON FARMERS COOPERATIVE	62-0450601	1.2%
KNOX FARMERS COOPERATIVE	62-0444141	0.5%
LAWRENCE FARMERS COOPERATIVE	62-0462620	1.6%
LINCOLN BEDFORD MOORE FARMERS COOPERATIVE	62-0442854	2.0%
MACON TROUSDALE FARMERS COOPERATIVE	62-0613455	1.5%
MARION FARMERS COOPERATIVE	62-0458956	0.3%
MID-SOUTH FARMERS COOPERATIVE	20-1774140	3.9%
MONTGOMERY FARMERS COOPERATIVE	62-0469006	1.5%
OBION FARMERS COOPERATIVE	62-0312585	1.0%
PERRY FARMERS COOPERATIVE	62-0480117	0.3%
PROSOLUTIONS, LLC	27-0787193	3.3%
PROTRITION FEED	86-3968728	9.6%
ROBERTSON CHEATHAM FARMERS COOPERATIVE	62-0455145	1.3%
RUTHERFORD FARMERS COOPERATIVE	62-0462333	4.8%
SCOTT MORGAN FARMERS COOPERATIVE	62-0453430	0.2%
SEQUATCHIE FARMERS COOPERATIVE	62-0352355	0.1%
SMITH FARMERS COOPERATIVE	62-0925172	0.4%
SMOKY MOUNTAIN FARMERS COOPERATIVE	62-0463492	3.2%
SOUTHEASTERN FARMERS COOPERATIVE	62-0634166	1.8%
STOCKDALE'S, LLC.	20-5425390	0.9%
SUMNER FARMERS COOPERATIVE	62-0405539	0.3%
TENNESSEE FARMERS COOPERATIVE	62-0435104	7.0%

TRI-STATE GROWERS, INC.	62-0387885	0.1%
UNION FARMERS COOPERATIVE	62-0511856	0.3%
UNITED FARM & HOME COOPERATIVE	62-0437460	7.9%
WARREN FARMERS COOPERATIVE	62-0464863	1.4%
WASHINGTON FARMERS COOPERATIVE, INC.	62-0509371	1.2%
WAYNE FARMERS COOPERATIVE	62-0458767	0.5%
WEAKLEY FARMERS COOPERATIVE	62-0454395	1.6%
WHITE COUNTY FARMERS COOPERATIVE	62-0474665	1.4%
WILSON FARMERS COOPERATIVE	62-0468763	1.1%

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
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 CO-OP HEALTH & WELFARE PLAN AND TRUST	1b Three-digit plan number (PN) ▶ 506
	1c Effective date of plan 07/01/1984
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) TENNESSEE FARMERS COOPERATIVE P.O. BOX 3003 LAVERGNE TN 37086	2b Employer Identification Number (EIN) 62-0435104
	2c Plan Sponsor's telephone number 615-793-8395
	2d Business code (see instructions) 423990

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		4/8/2025	JOHN CAIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		4/8/2025	JOHN CAIN
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2023)
v. 2300728

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 1,692
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2), 6b, and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6a(1) 1,671 6a(2) 1,785 6b 242 6c 0 6d 2,027 6e 6f 6g(1) 6g(2) 6h
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 Characteristics Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4A 4B 4D 4E 4F 4H 4Q		

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
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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 <u>12</u> (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 000147097226

CO-OP HEALTH AND WELFARE PLAN AND TRUST
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2024

Name of Plan Sponsor: Tennessee Farmers Cooperative
Employer Identification Number: 62-0435104
Plan Number: 506

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) <u>Cost</u>	(e) <u>Current Value</u>
	<u>State and Local Securities</u>			
	Regl Transportation Auth II	State/Local Bond due 6/1/31, 3.000% face value 65,000	\$ 69,491	\$ 58,295
	Met Govt Nashville Davidson	State/Local Bond due 7/1/26, 4.053% face value 250,000	264,823	244,008
	Romeoville II	State/Local Bond due 12/30/33, 3.050% face value 95,000	<u>95,000</u>	<u>80,012</u>
		Total State and Local Securities	<u>\$ 429,314</u>	<u>\$ 382,315</u>
	<u>U.S. Government and Agency Securities</u>			
	Freddie Mac FHMS K069 A2	U.S. Agency Bond due 9/25/27, 0.000% face value 250,000	\$ 241,689	\$ 237,540
	Freddie Mac FHMS K070 A2	U.S. Agency Bond due 11/25/27, 0.000% face value 212,000	204,916	201,806
	Freddie Mac FHMS K075 A2	U.S. Agency Bond due 2/25/28, Variable face value 100,000	110,203	95,921
	Fannie Mae-Aces FNA	U.S. Agency Bond due 7/25/28 Variable face value 200,000	194,875	196,500
	Freddie Mac Pool U79020	U.S. Agency Bond due 8/1/28, 3.000% face value 30,336	31,246	29,256
	United States Treas	U.S. Agency Bond due 11/30/28, 1.500% face value 40,000	40,333	35,397
	United States Treas	U.S. Agency Bond due 2/28/29, 4.250% face value 1,125,000	1,127,153	1,119,949
	United States Treas	U.S. Agency Bond due 4/30/29, 4.375% face value 750,000	753,633	758,610
	Freddie Mac Gold FG G16546	U.S. Agency Bond due 2/1/30, 3.000% face value 37,550	37,438	36,080
	Fannie Mae MA2426	U.S. Agency Bond due 10/1/30, 3.500% face value 27,807	28,167	26,838
	United States Treas	U.S. Agency Bond due 2/28/31, 4.250% face value 750,000	750,850	745,575
	United States Treas	U.S. Agency Bond due 8/15/31, 1.250% face value 40,000	39,961	32,462
	United States Treas	U.S. Agency Bond due 2/15/32, 1.875% face value 680,000	608,234	570,826
	United States Treas	U.S. Agency Bond due 8/15/32, 2.750% face value 250,000	238,408	222,470
	Freddie Mac Gold C91594	U.S. Agency Bond due 1/1/33, 3.000% face value 40,580	42,647	38,046
	Freddie Mac Gold FG G18723	U.S. Agency Bond due 2/1/34, 3.500% face value 13,015	13,210	12,511
	United States Treas	U.S. Agency Bond due 2/15/34, 4.000% face value 475,000	464,210	461,049
	United States Treas	U.S. Agency Bond due 5/15/34, 4.375% face value 325,000	326,333	325,101
	Fannie Mae FM4044	U.S. Agency Bond due 8/1/35, 2.000% face value 64,531	67,173	57,135
	Fannie Mae Pool FN BQ9287	U.S. Agency Bond due 12/1/35, 2.000% face value 46,081	48,082	40,800

See Independent Auditor's Report.
(Continued)

CO-OP HEALTH AND WELFARE PLAN AND TRUST
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2024

Name of Plan Sponsor: Tennessee Farmers Cooperative
Employer Identification Number: 62-0435104
Plan Number: 506

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) <u>Cost</u>	(e) <u>Current Value</u>
<u>U.S. Government and Agency Securities (Continued)</u>				
	Freddie Mac Pool FR QN4824	U.S. Agency Bond due 1/1/36, 2.000% face value 68,791	\$ 71,973	60,818
	Fannie Mae Pool FN CA8788	U.S. Agency Bond due 1/1/36, 2.000% face value 101,443	106,325	89,687
	Fannie Mae Pool FN BT1296	U.S. Agency Bond due 7/1/36, 2.000% face value 48,998	50,981	43,318
	Fannie Mae Pool FN BT2752	U.S. Agency Bond due 8/1/36, 2.000% face value 30,732	31,961	27,169
	Fannie Mae-Aces FNA	U.S. Agency Bond due 7/25/39, 2.944% face value 33,006	30,958	29,103
	Fannie Mae FN MA3333	U.S. Agency Bond due 4/1/48, 4.000% face value 32,955	33,825	30,694
	Freddie Mac Gold Pool FG G61605	U.S. Agency Bond due 9/1/48, 4.000% face value 24,602	25,224	22,926
	Freddie Mac Gold Pool FG Q60419	U.S. Agency Bond due 12/1/48, 4.000% face value 15,161	15,618	14,111
	Freddie Mac QA0127	U.S. Agency Bond due 6/1/49, 3.500% face value 42,697	43,811	38,273
	Freddie Mac FR QA3329	U.S. Agency Bond due 10/1/49, 3.000% face value 36,488	37,075	31,451
	Freddie Mac Pool	U.S. Agency Bond due 11/1/49, 3.000% face value 80,653	82,140	69,615
	Fannie Mae BQ3134	U.S. Agency Bond due 10/1/50, 2.000% face value 122,279	126,693	97,537
	Freddie Mac Pool FR SD4712	U.S. Agency Bond due 12/1/52, 4.500% face value 307,406	293,140	290,203
	Freddie Mac Pool FR SD5089	U.S. Agency Bond due 8/1/53, 4.500% face value 318,496	294,708	300,507
	Freddie Mac Pool FR QH1419	U.S. Agency Bond due 8/1/53, 5.000% face value 222,557	208,299	215,197
		Total U.S. Government and Agency Securities	<u>\$ 6,821,492</u>	<u>\$ 6,604,481</u>
<u>Corporate Bonds</u>				
	Energy Transfer Operating LP	Corporate Bond due 4/15/24, 4.500% face value 70,000	\$ 65,443	\$ 70,481
	Kinder Morgan	Corporate Bond due 9/1/24, 4.250% face value 140,000	152,965	139,582
	NetApp Inc	Corporate Bond due 9/29/24, 3.300% face value 65,000	69,715	64,589
	CVS Health Corp	Corporate Bond due 12/1/24, 5.000% face value 200,000	221,174	199,382
	MPLX LP	Corporate Bond due 12/1/24, 4.875% face value 110,000	124,131	109,530
	Bank of America	Corporate Bond due 1/22/25, 4.000% face value 145,000	151,123	143,623
	3M Co	Corporate Bond due 2/14/25, 2.000% face value 75,000	74,549	73,358

See Independent Auditor's Report.
(Continued)

CO-OP HEALTH AND WELFARE PLAN AND TRUST
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2024

Name of Plan Sponsor: Tennessee Farmers Cooperative
Employer Identification Number: 62-0435104
Plan Number: 506

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) <u>Cost</u>	(e) <u>Current Value</u>
	<u>Corporate Bonds (Continued)</u>			
	Sabine Pass Liquefaction	Corporate Bond due 3/1/25, 5.625% face value 108,000	\$ 121,397	\$ 107,779
	EOG Resources Inc	Corporate Bond due 4/1/25, 3.150% face value 65,000	66,973	63,895
	Target Corp	Corporate Bond due 4/15/25, 2.250% face value 70,000	69,884	68,307
	Truist Financial Corp	Corporate Bond due 5/1/25, 4.000% face value 140,000	148,847	138,065
	Southwest Airlines	Corporate Bond due 5/4/25, 5.250% face value 55,000	63,070	54,749
	Comcast	Corporate Bond due 8/15/25, 3.375% face value 55,000	60,849	53,898
	RTX Corp	Corporate Bond due 8/16/25, 3.950% face value 100,000	111,210	98,284
	Wells Fargo & Co	Corporate Bond due 9/29/25, 3.550% face value 200,000	205,378	195,216
	General Motors Finl Co	Corporate Bond due 10/10/25, 6.050% face value 135,000	135,698	135,493
	Air Prod & Chem Inc	Corporate Bond due 10/15/25, 1.500% face value 65,000	65,109	61,888
	Nat Rural Utilities Coop	Corporate Bond due 11/1/25, 3.250% face value 135,000	134,303	131,188
	Toronto-Dominion Bank	Corporate Bond due 1/6/26, 0.750% face value 65,000	64,904	60,723
	Walt Disney Co	Corporate Bond due 1/13/26, 1.750% face value 130,000	127,312	123,343
	Boeing Co	Corporate Bond due 2/4/26, 2.196% face value 220,000	211,009	206,781
	Pioneer Natural Resources Co	Corporate Bond due 3/29/26, 5.100% face value 25,000	24,988	24,944
	Spirit AeroSystems Inc	Corporate Bond due 6/15/26, 3.850% face value 70,000	62,469	67,373
	Antero Resources Corp 8.375%	Corporate Bond due 7/15/26, 8.375% face value 60,000	63,295	61,981
	EnLink Midstream Partners LP	Corporate Bond due 7/15/26, 4.850% face value 65,000	62,369	63,792
	Pharmaceutical Finance Netherlands III	Corporate Bond due 10/1/26, 3.150% face value 75,000	65,692	70,391
	Aon Corp	Corporate Bond due 1/1/27, 8.205% face value 100,000	131,750	105,574
	Albertsons Cos Inc	Corporate Bond due 1/15/27, 4.625% face value 70,000	64,268	67,614
	Bath & Body Works Inc	Corporate Bond due 1/15/27, 6.694% face value 65,000	63,213	65,897
	Goldman Sachs Group	Corporate Bond due 1/26/27, 3.850% face value 135,000	135,653	130,499
	RPM International Inc	Corporate Bond due 3/15/27, 3.750% face value 125,000	135,783	119,957
	KeyCorp	Corporate Bond due 4/6/27, 2.250% face value 140,000	139,839	127,270

See Independent Auditor's Report.
(Continued)

CO-OP HEALTH AND WELFARE PLAN AND TRUST
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2024

Name of Plan Sponsor: Tennessee Farmers Cooperative
Employer Identification Number: 62-0435104
Plan Number: 506

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) <u>Cost</u>	(e) Current <u>Value</u>
	<u>Corporate Bonds (Continued)</u>			
	Visa	Corporate Bond due 4/15/27, 1.900% face value 70,000	\$ 69,803	\$ 64,626
	NuStar Logistics LP	Corporate Bond due 4/28/27, 5.625% face value 70,000	65,785	69,407
	AutoZone Inc	Corporate Bond due 6/1/27, 3.750% face value 105,000	116,605	100,960
	Carnival PLC	Corporate Bond due 6/1/27, 7.875% face value 65,000	62,548	68,037
	Cleveland-Cliffs Inc	Corporate Bond due 6/1/27, 5.875% face value 65,000	63,315	64,544
	Costco	Corporate Bond due 6/20/27, 1.375% face value 115,000	115,114	104,458
	Sirius XM Radio Inc	Corporate Bond due 8/1/27, 5.000% face value 70,000	65,484	67,005
	Meta Platforms Inc	Corporate Bond due 8/15/27, 3.500% face value 140,000	130,848	134,408
	Capital One Trust	Corporate Bond due 10/15/27, 4.950% face value 145,000	144,977	144,273
	Waste Management	Corporate Bond due 11/15/27, 3.150% face value 125,000	124,978	117,988
	LPL Holdings Inc	Corporate Bond due 11/15/27, 4.625% face value 70,000	64,555	67,734

See Independent Auditor's Report.
(Continued)

CO-OP HEALTH AND WELFARE PLAN AND TRUST
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2024

Name of Plan Sponsor: Tennessee Farmers Cooperative
Employer Identification Number: 62-0435104
Plan Number: 506

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) <u>Cost</u>	(e) <u>Current Value</u>
	<u>Corporate Bonds (continued)</u>			
	AT&T Inc	Corporate Bond due 2/1/28, 1.650% face value 37,000	\$ 36,953	\$ 32,875
	Sealed Air Corp/Sealed Air Corp US	Corporate Bond due 2/1/28, 6.125% face value 75,000	74,951	74,819
	Nissan Auto Receivable 223-B Owner Trust	Corporate Bond due 3/15/28, 5.930% face value 165,000	165,922	166,514
	T-Mobile USA Inc	Corporate Bond due 3/15/28, 4.950% face value 221,000	221,969	219,528
	CVS Health Corp	Corporate Bond due 3/25/28, 4.300% face value 31,000	33,404	29,945
	Public Storage	Corporate Bond due 5/1/28, 1.850% face value 75,000	75,129	66,744
	General Mills Inc	Corporate Bond due 10/17/28 5.500% face value 200,000	198,504	202,830
	PNC Financial Services	Corporate Bond due 12/2/28, 5.354% face value 150,000	150,000	150,113
	Duke Energy Corp	Corporate Bond due 1/5/29, 4.850% face value 210,000	209,769	207,356
	Marriott International Inc	Corporate Bond due 4/15/29, 4.900% face value 200,000	199,548	197,964
	Mercedes-Benz Auto Receivables Trust	Corporate Bond due 4/16/29, 4.310% face value 130,000	129,660	127,615
	Hess Midstream Operations LP	Corporate Bond due 6/1/29, 6.500% face value 75,000	75,656	76,032
	Digital Realty Trust LP	Corporate Bond due 7/1/29, 3.600% face value 145,000	131,179	134,566
	Gray Television Inc	Corporate Bond due 7/15/29, 10.500% face value 75,000	74,953	75,404
	ONEOK Inc	Corporate Bond due 9/1/29, 3.400% face value 70,000	67,642	64,258
	KB Home	Corporate Bond due 11/15/29, 4.800% face value 80,000	75,548	75,470
	Jane Street Group	Corporate Bond due 11/15/29, 4.500% face value 81,000	76,039	75,984
	Verizon Comm Inc	Corporate Bond due 12/3/29, 4.016% face value 95,000	114,769	89,788
	Waste Connections Inc	Corporate Bond due 2/1/30, 2.600% face value 140,000	129,721	123,389
	Raymond James Fin	Corporate Bond due 4/1/30, 4.650% face value 195,000	214,094	190,710
	Prologis LP	Corporate Bond due 7/1/30, 1.750% face value 35,000	34,675	28,946
	ServiceNow Inc	Corporate Bond due 9/1/30, 1.400% face value 75,000	74,720	60,929
	Hanover Insurance Group	Corporate Bond due 9/1/30, 2.500% face value 145,000	146,814	122,278
	Tractor Supply Co	Corporate Bond due 11/1/30, 1.750% face value 105,000	103,872	85,376
	Enbridge Inc	Corporate Bond due 11/15/30, 6.200% face value 200,000	201,180	210,143
	<u>Corporate Bonds (continued)</u>			

See Independent Auditor's Report.
(Continued)

CO-OP HEALTH AND WELFARE PLAN AND TRUST
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2024

Name of Plan Sponsor: Tennessee Farmers Cooperative
Employer Identification Number: 62-0435104
Plan Number: 506

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) <u>Cost</u>	(e) <u>Current Value</u>
	Bank of America	Corporate Bond due 2/13/31, 2.496% face value 140,000	\$ 140,000	\$ 121,009
	Lockheed Martin Corp	Corporate Bond due 1/15/33, 5.250% face value 215,000	223,396	218,921
	Rio Tinto Finance	Corporate Bond due 3/9/33, 5.000% face value 110,000	108,556	109,725
	State Street Corp	Corporate Bond due 5/18/34, 5.159% face value 225,000	<u>221,666</u>	<u>222,359</u>
		Total Corporate Bonds	<u>\$ 8,128,663</u>	<u>\$ 7,770,476</u>
	<u>Common Stocks</u>			
	AbbVie Inc	Common Stock	\$ 37,332	\$ 41,679
	AES Corp	Common Stock	26,984	22,542
	Aflac Inc	Common Stock	39,905	49,567
	Ameriprise Financial Inc	Common Stock	34,567	46,991
	Amgen Inc	Common Stock	40,677	45,618
	Best Buy Co Inc	Common Stock	23,372	28,321
	Bristol-Myers Squibb Co	Common Stock	35,630	24,295
	Broadcom Inc	Common Stock	21,677	51,377
	Charles Schwab Corp	Common Stock	42,726	48,783
	Chevron Corp	Common Stock	40,461	39,887
	Cincinnati Financial Group	Common Stock	40,432	41,217
	Cisco Systems Inc	Common Stock	29,738	30,169
	Comcast Corp	Common Stock	29,389	30,427
	Crown Castle Inc	Common Stock	38,808	32,046
	Cummins Inc	Common Stock	35,876	42,647
	CVS Health Corp	Common Stock	29,519	20,907
	Eastman Chemical Co	Common Stock	24,216	29,881
	Enbridge Inc	Common Stock	34,708	33,668
	EOG Resources Inc	Common Stock	36,010	37,132

See Independent Auditor's Report.
(Continued)

CO-OP HEALTH AND WELFARE PLAN AND TRUST
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2024

Name of Plan Sponsor: Tennessee Farmers Cooperative
Employer Identification Number: 62-0435104
Plan Number: 506

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) <u>Cost</u>	(e) Current <u>Value</u>
	<u>Common Stocks (Continued)</u>			
	Essential Utilities Inc	Common Stock	\$ 40,624	\$ 40,578
	Franklin Resources Inc	Common Stock	26,350	23,669
	General Dynamics Corp	Common Stock	41,834	48,744
	Genuine Parts Co	Common Stock	35,045	31,814
	Gilead Sciences Inc	Common Stock	38,638	36,501
	Hershey Co/The	Common Stock	37,814	36,398
	Illinois Tool Works Inc	Common Stock	38,314	40,283
	Interpublic Group of Cos Inc	Common Stock	30,894	29,148
	JM Smucker Co	Common Stock	29,734	23,553
	Johnson & Johnson	Common Stock	36,523	33,178
	JP Morgan Chase & Co	Common Stock	30,435	44,699
	Kroger Co	Common Stock	32,141	35,650
	Lockheed Martin Corp	Common Stock	40,109	42,506
	Lowe's Co Inc	Common Stock	37,352	41,446
	LyondellBasell Industries NV	Common Stock	36,849	36,542
	Marathon Petroleum	Common Stock	25,401	33,135
	Medtronic PLC	Common Stock	21,052	19,520
	Merck & Co Inc	Common Stock	36,583	42,587
	Metlife Inc	Common Stock	38,940	39,517
	Microsoft Corp	Common Stock	37,905	53,634
	NextEra Energy Inc	Common Stock	37,864	44,327
	Nexstar Media Group Inc	Common Stock	42,150	38,348

See Independent Auditor's Report.
(Continued)

CO-OP HEALTH AND WELFARE PLAN AND TRUST
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2024

Name of Plan Sponsor: Tennessee Farmers Cooperative
Employer Identification Number: 62-0435104
Plan Number: 506

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) <u>Cost</u>	(e) <u>Current Value</u>
	<u>Common Stocks (Continued)</u>			
	Old Republic International Corp	Common Stock	\$ 39,863	\$ 47,833
	Omega Healthcare Investors Inc	Common Stock	18,614	21,441
	Packaging Corp of America	Common Stock	34,542	44,545
	Pfizer Inc	Common Stock	33,499	26,749
	Phillips 66	Common Stock	34,036	42,916
	Principal Financial Group Inc	Common Stock	35,209	34,440
	Prudential Financial Inc	Common Stock	41,756	48,751
	Qualcomm Inc	Common Stock	33,067	50,791
	Realty Income Corp	Common Stock	38,553	35,654
	Snap-on Inc	Common Stock	36,698	38,424
	Target Corp	Common Stock	36,860	39,971
	T Rowe Price Group Inc	Common Stock	18,164	19,603
	TC Energy Corp	Common Stock	26,338	24,294
	Texas Instruments Inc	Common Stock	30,958	38,128
	Toronto-Dominion Bank	Common Stock	34,957	31,107
	Truist Financial Corp	Common Stock	20,864	19,814
	Unilever PLC	Common Stock	29,605	35,359
	United Parcel Service Inc	Common Stock	45,117	40,917
	Verizon Communications	Common Stock	<u>25,465</u>	<u>26,516</u>
=			<u>\$ 2,028,743</u>	<u>\$ 2,180,184</u>

See Independent Auditor's Report.
(Continued)

CO-OP HEALTH AND WELFARE PLAN AND TRUST
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2024

Name of Plan Sponsor: Tennessee Farmers Cooperative
Employer Identification Number: 62-0435104
Plan Number: 506

(a)	(b) Identity of issue, borrower, <u>lessor or similar party</u>	(c) Description of investment including maturity date, <u>rate of interest, collateral, par or maturity value</u>	(d) <u>Cost</u>	(e) Current <u>Value</u>
	<u>Money Market Deposit Account</u>			
	Fidelity Investments	Fidelity Treasury Only Portfolio , 292,877 shares	<u>\$ 292,877</u>	<u>\$ 292,877</u>

See Independent Auditor's Report.

CO-OP HEALTH AND WELFARE PLAN AND TRUST
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
Year ended June 30, 2024

Name of Plan Sponsor: Tennessee Farmers Cooperative
Employer Identification Number: 62-0435104
Plan Number: 506

(a) Identity of issue, borrower, <u>lessor or similar party</u>	(b) Description of investment including maturity date, <u>rate of interest, collateral, par or maturity value</u>	(c) Costs of <u>Acquisitions</u>	(d) Proceeds of <u>Dispositions</u>
Freddie Mac Pool QH1419	U.S. Agency Bond due 8/1/53, 5.000%, face value 295	\$ 276	\$ 295
Freddie Mac Pool QH1419	U.S. Agency Bond due 8/1/53, 5.000%, face value 282	263	282
Freddie Mac Pool QH1419	U.S. Agency Bond due 8/1/53, 5.000%, face value 293	274	293
Freddie Mac Pool QH1419	U.S. Agency Bond due 8/1/53, 5.000%, face value 298	278	298
United States Treas	U.S. Agency Bond due 9/30/26, 0.875%, face value 250,000	229,619	228,643
United States Treas	U.S. Agency Bond due 11/5/33, 4.500%, face value 125,000	130,083	128,936
United States Treas	U.S. Agency Bond due 11/15/33, 4.500%, face value 170,000	176,667	175,352
United States Treas	U.S. Agency Bond due 11/15/33, 4.500%, face value 160,000	165,506	165,038
United States Treas	U.S. Agency Bond due 11/15/33, 4.500%, face value 50,000	51,270	51,574
Freddie Mac Pool QH1419	U.S. Agency Bond due 8/1/53, 5.000%, face value 301	282	301
United States Treas	U.S. Agency Bond due 2/28/29, 4.250%, face value 375,000	375,718	368,042
United States Treas	U.S. Agency Bond due 2/28/31, 4.250%, face value 500,000	500,566	495,742
United States Treas	U.S. Agency Bond due 2/15/34, 4.000%, face value 225,000	223,365	218,065
Freddie Mac Pool QH1419	U.S. Agency Bond due 8/1/53, 5.000%, face value 319	299	319
United States Treas	U.S. Agency Bond due 2/15/34, 4.000%, face value 400,000	390,850	384,078
Freddie Mac Pool QH1419	U.S. Agency Bond due 8/1/53, 5.000%, face value 441	412	441
Freddie Mac Pool SD5089	U.S. Agency Bond due 8/1/53, 4.500%, face value 459	424	459
United States Treas	U.S. Agency Bond due 6/6/24, 0.000%, face value 450,000	442,018	442,018
United States Treas	U.S. Agency Bond due 2/28/31, 4.250%, face value 250,000	250,283	250,410
Freddie Mac Pool QH1419	U.S. Agency Bond due 8/1/53, 5.000%, face value 3,215	3,009	3,215
Freddie Mac Pool SD5089	U.S. Agency Bond due 8/1/53, 4.500%, face value 500	462	500
United States Treas	U.S. Agency Bond due 11/15/33, 4.500% face value 50,000	51,191	51,120
United States Treas	U.S. Agency Bond due 5/15/33, 3.375%, face value 200,000	189,461	187,039
United States Treas	U.S. Agency Bond due 8/15/33, 3.875%, face value 200,000	188,968	194,469
United States Treas	U.S. Agency Bond due 8/15/33, 3.875%, face value 120,000	115,603	116,681
United States Treas	U.S. Agency Bond due 1/15/33, 4.500%, face value 80,000	81,906	82,519

See Independent Auditor's Report.

CO-OP HEALTH AND WELFARE PLAN AND TRUST
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
Year ended June 30, 2024

Name of Plan Sponsor: Tennessee Farmers Cooperative
Employer Identification Number: 62-0435104
Plan Number: 506

(a) Identity of issue, borrower, <u>lessor or similar party</u>	(b) Description of investment including maturity date, <u>rate of interest, collateral, par or maturity value</u>	(c) Costs of <u>Acquisitions</u>	(d) Proceeds of <u>Dispositions</u>
OGE Energy Corporation	Common Stock	\$ 15,341	\$ 16,675
KeyCorp	Common Stock	<u>9,842</u>	<u>9,839</u>
		<u>\$ 3,594,236</u>	<u>\$ 3,572,643</u>

See Independent Auditor's Report.