

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

**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**

<p><b>1a</b> Name of plan <u>NEW JERSEY MANUFACTURERS INSURANCE COMPANY RETIREMENT PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>333</u></p>
<p><b>2a</b> 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) <u>NEW JERSEY MANUFACTURERS INSURANCE COMPANY</u></p> <p><u>301 SULLIVAN WAY</u> <u>WEST TRENTON, NJ 08628-3496</u></p>	<p><b>1c</b> Effective date of plan <u>08/01/1934</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>21-0524225</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>609-883-1300</u></p> <p><b>2d</b> Business code (see instructions) <u>524150</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	05/15/2025	LISA DILEO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	3395
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	1327
	<b>6a(2)</b>	1233
	<b>6b</b>	1325
	<b>6c</b>	650
	<b>6d</b>	3208
	<b>6e</b>	129
	<b>6f</b>	3337
	<b>6g(1)</b>	
	<b>6g(2)</b>	
<b>h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

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

- b General Schedules**
- (1)  **H** (Financial Information)
  - (2)  **I** (Financial Information – Small Plan)
  - (3)  **A** (Insurance Information) – Number Attached   1
  - (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)**

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**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.

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**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 \_\_\_\_\_

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**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**

For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

**A** Name of plan  
**NEW JERSEY MANUFACTURERS INSURANCE COMPANY RETIREMENT PLAN**

**B** Three-digit plan number (PN) ▶ **333**

**C** Plan sponsor's name as shown on line 2a of Form 5500  
**NEW JERSEY MANUFACTURERS INSURANCE COMPANY**

**D** Employer Identification Number (EIN)  
**21-0524225**

**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.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**METROPOLITAN LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-5581829</b>	<b>65978</b>	<b>GAC 173A</b>	<b>3337</b>	<b>08/01/2023</b>	<b>07/31/2024</b>

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

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

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> 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.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	6681229
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	492611868

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

**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 ▶ UNALLOCATED INS. CONTRACT

**b** Balance at the end of the previous year ..... **7b** 10770090

<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	21500000
	<b>7c(2)</b>	
	<b>7c(3)</b>	273418
	<b>7c(4)</b>	16429825
	<b>7c(5)</b>	

(6) Total additions ..... **7c(6)** 38203243

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 48973333

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	33799323
(2) Administration charge made by carrier .....	<b>7e(2)</b>	423435
(3) Transferred to separate account.....	<b>7e(3)</b>	8000000
(4) Other (specify below) ..... ▶ RISK CHARGES & WITHDRAWALS	<b>7e(4)</b>	69346

(5) Total deductions ..... **7e(5)** 42292104

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 6681229

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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 .....	<b>10b</b>	

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. ▶

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

▶ **Round off amounts to nearest dollar.**  
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>NEW JERSEY MANUFACTURERS INSURANCE COMPANY RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>333</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NEW JERSEY MANUFACTURERS INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>21-0524225</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>08</u> Day <u>01</u> Year <u>2023</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>750109352</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>825120287</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>1418</u>	<u>363931061</u>
	<b>b</b> For terminated vested participants .....	<u>650</u>	<u>62532890</u>
	<b>c</b> For active participants .....	<u>1327</u>	<u>287180981</u>
	<b>d</b> Total .....	<u>3395</u>	<u>713644932</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>	
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.35 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>17087877</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>0</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>17087877</u>

**Statement by Enrolled Actuary**  
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>		
	Signature of actuary	<u>04/24/2025</u>
	<u>AXAY A. PATEL</u>	Date
	Type or print name of actuary	<u>23-07879</u>
	<u>AON CONSULTING, INC.</u>	Most recent enrollment number
	Firm name	<u>732-668-8485</u>
	<u>MSC# 17457 P.O. BOX 6718 SOMERSET, NJ 08875</u>	Telephone number (including area code)
	Address of the firm	

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	52957169
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	52957169
<b>10</b>	Interest on line 9 using prior year's actual return of <u>-0.79</u> % .....	0	-418362
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		12548482
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.52</u> % .....		692676
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		13241158
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	52538807

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	107.42 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	114.72 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	117.75 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
02/20/2025	3800000	0					
03/13/2025	3800000	0					
04/10/2025	5600000	0					
			<b>Totals ▶</b>	<b>18(b)</b>	13200000	<b>18(c)</b>	0

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

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	12125195

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 62
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>26</b> Demographic and benefit information		
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>	

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

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	17087877	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	17087877	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	0	0	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	0	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	0	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	12125195	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	12125195	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

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

<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

<b>A</b> Name of plan <b>NEW JERSEY MANUFACTURERS INSURANCE COMPANY RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>333</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NEW JERSEY MANUFACTURERS INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>21-0524225</b>	

**Part I Service Provider Information (see instructions)**

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

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

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

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

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

**BNY MELLON**

**13-5160382**

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

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

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

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

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

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

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

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

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

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

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

METROPOLITAN LIFE INSURANCE COMPANY

13-5581829

(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 99	NONE	1181069	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2023</b>  <hr/> <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

<b>A</b> Name of plan <u>NEW JERSEY MANUFACTURERS INSURANCE COMPANY RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>333</u>
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<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NEW JERSEY MANUFACTURERS INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>21-0524225</u>
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<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: LONG CR BD

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

<b>c</b> EIN-PN <u>37-6543784-040</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>63082505</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: AON SMALL CAP EQUITY INDEX

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

<b>c</b> EIN-PN <u>37-6543784-045</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20848397</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: AON HIGH YIELD PLUS CL1

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

<b>c</b> EIN-PN <u>37-6543784-007</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1705808</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: AON MULTI ASSET CREDIT FUND

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

<b>c</b> EIN-PN <u>37-6543784-041</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22924154</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: AON ENHANCED LIAB DRIVEN INVEST FUN

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

<b>c</b> EIN-PN <u>37-6543784-048</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>27520273</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: BLOOMBERG BARCLAYS US LONG CREDIT

**b** Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

<b>c</b> EIN-PN <u>13-5581829-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>205857371</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMP INVESTMENT FUND

**b** Name of sponsor of entity listed in (a): BNY MELLON, N.A.

<b>c</b> EIN-PN <u>25-6078093-023</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4349010</u>
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MSCI ACWI EX-US INDEX NON		
<b>b</b> Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5581829-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74222753
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE BLOOMBERG BARCLAYS US STRIP		
<b>b</b> Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5581829-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 119645623
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: METROPOLITAN INDEX FUND MI		
<b>b</b> Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5581829-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 92886121
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AON LARGE CAP EQUITY INDEX		
<b>b</b> Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
<b>c</b> EIN-PN 37-6543784-046	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24429242
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BROAD MARKET BOND FUND		
<b>b</b> Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5581829-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

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**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

<b>A</b> Name of plan <b>NEW JERSEY MANUFACTURERS INSURANCE COMPANY RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>333</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NEW JERSEY MANUFACTURERS INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>21-0524225</b>	

**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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	13700000	13200000
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	10683154	22441395
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	183124201	178618521
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	46743382	73639649
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	87241861	110157109
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	167793834	164707764
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	80284076	90885575
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	160603957	164859389
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	14354199	12577291
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	10770090	6681229
<b>(15)</b> Other .....	<b>1c(15)</b>	10321471	8941614

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	785620225	846709536
<b>Liabilities</b>			
g Benefit claims payable .....	1g		
h Operating payables .....	1h		
i Acquisition indebtedness .....	1i		
j Other liabilities .....	1j	37791234	69208098
k Total liabilities (add all amounts in lines 1g through 1j) .....	1k	37791234	69208098
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f) .....	1l	747828991	777501438

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers .....	2a(1)(A)	13200000	
(B) Participants .....	2a(1)(B)		
(C) Others (including rollovers) .....	2a(1)(C)		
(2) Noncash contributions .....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....	2a(3)		13200000
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit) .....	2b(1)(A)		
(B) U.S. Government securities .....	2b(1)(B)		
(C) Corporate debt instruments .....	2b(1)(C)		
(D) Loans (other than to participants) .....	2b(1)(D)		
(E) Participant loans .....	2b(1)(E)		
(F) Other .....	2b(1)(F)	273418	
(G) Total interest. Add lines 2b(1)(A) through (F) .....	2b(1)(G)		273418
(2) Dividends:			
(A) Preferred stock .....	2b(2)(A)		
(B) Common stock .....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds) .....	2b(2)(C)	309172	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....	2b(2)(D)		309172
(3) Rents .....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds .....	2b(4)(A)	38113546	
(B) Aggregate carrying amount (see instructions) .....	2b(4)(B)	60152431	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....	2b(4)(C)		-22038885
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate .....	2b(5)(A)		
(B) Other .....	2b(5)(B)	36984630	
(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.....	<b>2b(6)</b>		18937223
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>		131696
<b>c</b> Other income.....	<b>2c</b>		16892734
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		64689988

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	33803081	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		33803081
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>		
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees.....	<b>2i(5)</b>	1181069	
(6) Bank or trust company trustee/custodial fees.....	<b>2i(6)</b>		
(7) Actuarial fees.....	<b>2i(7)</b>		
(8) Legal fees.....	<b>2i(8)</b>		
(9) Valuation/appraisal fees.....	<b>2i(9)</b>		
(10) Other trustee fees and expenses.....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	33391	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1214460
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		35017541

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		29672447
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan.....	<b>2l(2)</b>		

**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: **BDO, USA P.C.**

(2) EIN: **13-5381590**

**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
<b>a</b> 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.) .....		X	
<b>b</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.).....		X	
<b>c</b> 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.) .....		X	
<b>d</b> 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.).....		X	
<b>e</b> Was this plan covered by a fidelity bond?.....	X		3300000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>g</b> 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? .....		X	
<b>h</b> 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?.....		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
<b>j</b> 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.).....	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 536646.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

<b>A</b> Name of plan <u>NEW JERSEY MANUFACTURERS INSURANCE COMPANY RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>333</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>NEW JERSEY MANUFACTURERS INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>21-0524225</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<u>0</u>
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-5581829</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<u>0</u>

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

<b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<b>If the plan is a defined benefit plan, go to line 8.</b>			
<b>5</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. <b>Date:</b> Month _____ Day _____ Year _____ <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b>			
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>		
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>		
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....	<b>6c</b>		
<b>If you completed line 6c, skip lines 8 and 9.</b>			
<b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input checked="" type="checkbox"/> No
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<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

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

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

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

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: 29.0 % Private Equity: 6.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 55.0 %  
 High-Yield Debt: 3.0 % Real Assets: 6.0 % Cash or Cash Equivalents: 1.0 % Other: \_\_\_\_\_ %

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation.....

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

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

# New Jersey Manufacturers Insurance Company Retirement Plan

## Financial Statements and ERISA-Required Supplemental Schedules

As of and for the Years Ended July 31, 2024 and  
2023

# New Jersey Manufacturers Insurance Company Retirement Plan

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To the Plan Administrator  
New Jersey Manufacturers Insurance Company Retirement  
Plan West Trenton, New Jersey

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

We have performed audits of the financial statements of New Jersey Manufacturers Insurance Company Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (“ERISA”), as permitted by ERISA Section 103(a)(3)(C), which comprise the Statements of Net Assets Available for Benefits as of July 31, 2024 and 2023 and the related Statements of Changes in Net Assets Available for Benefits for the years then ended, the Statements of Accumulated Plan Benefits as of August 1, 2023 and 2022 and the related Statement of Changes in Accumulated Plan Benefits for the year ended August 1, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit 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 (“DOL”) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from qualified institutions as of July 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

***Opinion***

In our opinion, based on our audits and the procedures performed as described in the *Auditor’s Responsibilities for the Audit* section of our report

- 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 (“GAAP”); and
- the certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by qualified institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).



### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (“GAAS”). Our responsibilities under those standards are further described in the *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 GAAP, 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 within one year after the date that the financial statements are issued or available to be issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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 misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the 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.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, 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 GAAP.

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 GAAP.

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

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

The supplemental schedules of Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of July 31, 2024 and Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended July 31, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

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

*BDO USA, P.C.*

Philadelphia, Pennsylvania  
May 15, 2025

## Financial Statements

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# New Jersey Manufacturers Insurance Company Retirement Plan

## Statements of Net Assets Available for Benefits

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<i>July 31,</i>	2024	2023
<b>Assets</b>		
Investments, at fair value (Note 7)	\$ 764,301,438	\$ 734,128,991
<b>Receivables</b>		
Due from broker for securities sold	-	-
Employer contribution receivable	13,200,000	13,700,000
<b>Total Receivables</b>	<b>13,200,000</b>	<b>13,700,000</b>
<b>Total Assets</b>	<b>777,501,438</b>	<b>747,828,991</b>
<b>Net Assets Available for Benefits</b>	<b>\$ 777,501,438</b>	<b>\$ 747,828,991</b>

*See accompanying notes to financial statements.*

# New Jersey Manufacturers Insurance Company Retirement Plan

## Statements of Changes in Net Assets Available for Benefits

<i>Years Ended July 31,</i>	<b>2024</b>	<b>2023</b>
<b>Additions to Net Assets Attributed to</b>		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ 33,842,856	\$ (22,912,031)
Interest and dividends	17,647,132	15,078,635
<b>Total Investment Income (loss)</b>	<b>51,489,988</b>	<b>(7,833,396)</b>
Employer contributions	13,200,000	13,700,000
<b>Total Additions</b>	<b>64,689,988</b>	<b>5,866,604</b>
<b>Deductions from Net Assets Attributed to</b>		
Benefits paid to participants	33,803,081	31,512,540
Administrative expenses	1,214,460	1,323,166
<b>Total Deductions</b>	<b>35,017,541</b>	<b>32,835,706</b>
Net increase (decrease) in net assets available for benefits	29,672,447	(26,969,102)
<b>Net Assets Available for Benefits, Beginning of Year</b>	<b>747,828,991</b>	<b>774,798,093</b>
<b>Net Assets Available for Benefits, End of Year</b>	<b>\$ 777,501,438</b>	<b>\$ 747,828,991</b>

*See accompanying notes to financial statements.*

# New Jersey Manufacturers Insurance Company Retirement Plan

## Statements of Accumulated Plan Benefits

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<i>August 1,</i>	2023	2022
<b>Actuarial Present Value of Accumulated Plan Benefits</b>		
Vested benefits:		
Participants and beneficiaries currently receiving payments	\$ 318,150,198	\$ 322,648,311
Active and terminated participants not presently receiving payments	283,029,729	293,619,683
<b>Total Vested Benefits</b>	<b>601,179,927</b>	<b>616,267,994</b>
Nonvested benefits	4,763,730	5,868,559
<b>Total Actuarial Present Value of Accumulated Plan Benefits</b>	<b>\$ 605,943,657</b>	<b>\$ 622,136,553</b>

*See accompanying notes to financial statements.*

# New Jersey Manufacturers Insurance Company Retirement Plan

## Statement of Changes in Accumulated Plan Benefits

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<i>August 1,</i>	2023
<b>Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year</b>	<b>\$ 622,136,553</b>
Increase (decrease) during the year attributable to:	
Increase in interest due to the decrease in the discount period	37,913,692
Benefits accumulated	14,568,734
Benefits paid	(31,512,540)
Change in actuarial assumptions	(37,162,782)
<b>Net decrease</b>	<b>(16,192,896)</b>
<b>Actuarial Present Value of Accumulated Plan Benefits at End of Year</b>	<b>\$ 605,943,657</b>

*See accompanying notes to financial statements.*

# New Jersey Manufacturers Insurance Company Retirement Plan

## Notes to Financial Statements

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### 1. Description of Plan

The following brief description of the New Jersey Manufacturers Insurance Company Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

#### *General*

The Plan was established in 1934 and amended thereafter several times. The Plan is a noncontributory defined benefit pension plan.

Eligibility for participation in the Plan is the completion of one year of qualifying service and be hired on or prior to December 31, 2014 as no employee hired on or after January 1, 2014 is eligible for the Plan. Participants are 100% vested after five years of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan is administered by the New Jersey Manufacturers Insurance Company's (the "Company") Administrative Committee ("Committee"). The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Compensation and Benefits Committee, which is a committee of the Board of Directors of the Company.

#### *Pension Benefits*

The Plan provides an accrued retirement benefit for eligible participants based upon either the Career Retirement Benefit, as defined in the Plan document, or the Minimum Retirement Benefit, as defined in the Plan document, the greater of which is payable upon retirement. The Plan permits early retirement at any time within ten years of the employee's normal retirement age that varies from age 60 to the later of age 65 or five years of credited service, depending upon the applicable Plan provisions. A participant's rights under the Plan are fully vested as to accrued retirement benefits upon the attainment of early retirement or normal retirement, death or disability, or completion of five years of credited service. If employees terminate before rendering five years of credited service, they forfeit the right to receive benefits unless they are re-employed before incurring a one-year break in service. The benefit amount at retirement is affected by the participant's credited years of service, age at retirement, benefit options and accumulations, all as defined by the Plan document. If fully vested at time of termination of employment, the Plan requires payments to be made in a single lump sum equal to the actuarial equivalent computed value of such retirement income if such computed value does not exceed \$5,000. At retirement, benefits are paid in the form of a Single or Joint and Survivor Lifetime annuity, unless the accrued value is \$5,000 or less in which case the benefit is paid in a lump sum.

#### *Death Benefits*

If an active employee who has been married for at least one year dies on or before the annuity starting date, a monthly income benefit will be paid to the surviving spouse.

# New Jersey Manufacturers Insurance Company Retirement Plan

## Notes to Financial Statements

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### *Administrative Costs*

The Company provides accounting and other administrative services to the Plan. These services were at no charge. Such activities are exempt from the Prohibited Transactions Rules of ERISA.

### *Investment Fees*

Net investment returns reflect certain fees paid to investment managers, transfer agents, and others as further described in each fund prospectus. These fees are deducted prior to allocation of the Plan's investment earnings activity and, thus, not separately identifiable as an expense and are included in net depreciation in fair value of investments.

## **2. Summary of Accounting Policies**

### *Basis of Accounting*

The financial statements of the Plan are prepared in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") under the accrual basis of accounting.

### *Use of Estimates*

The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results may differ from those estimates.

### *Investment Valuation and Income Recognition*

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Committee determines the Plan's valuation policies utilizing information provided by its investment advisers, custodians, and insurance company. See Note 7 for a discussion of fair value measurements.

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

### *Actuarial Present Value of Accumulated Plan Benefits*

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) surviving spouses of employees who have died, and (c) present employees or their beneficiaries.

# New Jersey Manufacturers Insurance Company Retirement Plan

## Notes to Financial Statements

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Benefits under the plan are accumulated based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date.

Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to participant service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the Accumulated Plan Benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuations as of August 1, 2023 and 2022 were:

	2023	2022
Life expectancy of participants - mortality tables	Fully Generational Pri-2012 Mortality Table projected from 2012 using scale MP-2021	Fully Generational Pri-2012 Mortality Table projected from 2012 using scale MP-2021
Retirement age assumptions	Probability of Retirement Tables - Tabular Format	Probability of Retirement Tables - Tabular Format
Interest rate	6.75%	6.25%

The change to actuarial assumptions relates to the generational projection in the improvement scales.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits were made as of August 1, 2023 and 2022. Had the valuations been performed as of July 31, there would be no material differences.

### ***Payment of Benefits***

Benefit payments to participants are recorded when paid.

### ***Administrative Expenses***

The Plan's expenses are paid by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. In addition, certain investment related expenses are included in net depreciation of fair value of investments presented in the accompanying of Statements of Changes in Net Assets Available for Benefits.

# New Jersey Manufacturers Insurance Company Retirement Plan

## Notes to Financial Statements

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### 3. Risk and Uncertainties

Investment securities are subject to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

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

### 4. Funding Policy

The funding policy is to make annual contributions to the Plan as determined by the Plan's independent actuary in amounts necessary to provide the Plan with assets sufficient to fund participants' benefits by the time they retire. No participant contributions are permitted. The minimum funding requirements of ERISA were met for 2024 and 2023.

Although it has not expressed any intention to do so, the Company have the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

### 5. Related Party and Parties in Interest Transactions

Certain Plan investments are managed by Metropolitan Life Insurance Company ("MetLife"). MetLife is a custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions which are exempt from the prohibited transactions rules of ERISA.

Administrative expenses of MetLife are paid by the Plan. Additionally, certain administrative functions of the Plan are or were performed by officers or employees of the Company. No such officer or employee receives or received compensation from the Plan.

### 6. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") up to the applicable limitations discussed subsequently.

# New Jersey Manufacturers Insurance Company Retirement Plan

## Notes to Financial Statements

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- c. All other vested benefits (that is, vested benefits not insured by PBGC).
- d. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, a statutory ceiling exists, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Company and the level of benefits guaranteed by the PBGC.

### 7. Fair Value Measurements

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
  - quoted prices for similar assets or liabilities in active markets;
  - quoted prices for identical or similar assets or liabilities in inactive markets;
  - inputs other than quoted prices that are observable for the asset or liability;
  - inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

- Level 3 Inputs to the valuation methodology are unobservable inputs and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

# New Jersey Manufacturers Insurance Company Retirement Plan

## Notes to Financial Statements

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Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used during the years ended July 31, 2024 and 2023.

1. Investments in registered investment companies was based on quoted net asset values of the shares held by the Plan at year-end or the active market on which the individual fund was traded.
2. The investment in the cash equivalent is valued at cost plus accrued interest.
3. The Plan's Group Annuity separate accounts are invested in separate account funds, which are managed by Metropolitan Life Insurance Company. The Plan is also invested in common/collective trusts and limited partnerships. These investments are valued at the unit net asset value ("NAV") based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of units outstanding. The NAV's unit prices are not quoted on any market; however, the unit prices are based on the underlying investments which are traded in an active market (with limited exceptions) and are priced by independent providers. The limited partnerships may be subject to future capital calls.
4. The Plan's Group Annuity Contract is stated at fair value. The value represents contributions made under the Contract, plus interest at the contract rate, less funds used to pay retirement benefits and to pay for the Insurer's administrative expenses as applicable. The Group Annuity Contract valued based on unobservable inputs using valuation methodologies to determine fair value to include discounted cash flows based on current yields of similar instruments with comparable durations with consideration of the credit-worthiness of the issuer.

The Plan has evaluated its valuation methodologies used to develop the fair values in order to determine whether such valuations are representative of an exit price in their principal markets. There are no significant restrictions on the Plan's ability to sell any of the investments.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan's management believes the valuation methodologies are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain investments could result in a different fair value measurement at the reporting date.

# New Jersey Manufacturers Insurance Company Retirement Plan

## Notes to Financial Statements

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

	Assets at Fair Value as of July 31, 2024			
	Level 1	Level 2	Level 3	Total
Registered Investment Company	\$ 9,263,376	\$ -	\$ -	\$ 9,263,376
Cash Equivalent	-	6,681,230	-	6,681,230
<b>Total Investment at fair value</b>	<b>9,263,376</b>	<b>6,681,230</b>	<b>-</b>	<b>15,944,606</b>
Group Annuity Separate Accounts*	-	-	-	492,611,868
Common/Collective Trusts*	-	-	-	164,859,389
Limited Partnerships*	-	-	-	90,885,575
<b>Total Investments at NAV</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>748,356,832</b>
<b>Total Investments</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 764,301,438</b>

	Assets at Fair Value as of July 31, 2023			
	Level 1	Level 2	Level 3	Total
Registered Investment Company	\$ 9,032,052	\$ -	\$ -	\$ 9,032,052
Cash Equivalent	4,117,024	10,770,090	-	14,887,114
<b>Total Investment at fair value</b>	<b>13,149,076</b>	<b>10,770,090</b>	<b>-</b>	<b>23,919,166</b>
Group Annuity Separate Accounts*	-	-	-	473,438,816
Common/Collective Trusts*	-	-	-	156,486,933
Limited Partnerships*	-	-	-	80,284,076
<b>Total Investments at NAV</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>710,209,825</b>
<b>Total Investments</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 734,128,991</b>

\* Certain investments for which fair value is measured using the unit NAV per share as the practical expedient have not been categorized within the fair value hierarchy. The fair value amounts presented in the tables are intended to reconcile the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

# New Jersey Manufacturers Insurance Company Retirement Plan

## Notes to Financial Statements

### *Fair Value of Investments in Entities that Use Net Asset Value (NAV)*

The following table summarizes investments measured at fair value based on NAV per share as of July 31, 2024 and 2023, respectively.

<i>Description</i>	2024 Fair Value	2023 Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
<b><u>Group Annuity Separate Accounts</u></b>					
MetLife Bloomberg Barclays US Strip 20+ Year Index	\$ 119,645,623	\$ 142,649,774	N/A	Daily	Daily
Metropolitan Index Fun MI	92,886,121	90,439,664	N/A	Daily	Daily
Commingled REIT Fund	-	-			
Bloomberg Barclays US Long Credit Bond Index	205,857,371	158,713,145	N/A	Daily	Daily
Broad Market Bond Fund	-	428,298	N/A	Daily	Daily
BlackRock MSCI ACWI Ex-US Index Non-lendable	74,222,753	81,207,935	N/A	Daily	T +/- 2
<b><u>Common/Collective Trusts</u></b>					
AON High Yield Plus CL I	1,705,808	1,544,229	N/A	N/A	N/A
AON Small Cap Equity Index	20,848,397	21,252,106	N/A	N/A	N/A
AON Large Cap Equity Index	24,429,242	23,546,617	N/A	N/A	N/A
Long CR BD	63,082,505	55,762,524	N/A	N/A	N/A
AON Multi Asset Credit Fund	22,924,154	22,588,042	N/A	N/A	N/A
AON Enhanced Liability Driven Investment Fund	27,520,273	31,793,415	N/A	N/A	N/A
<b><u>Limited Partnerships</u></b>					
Townsend RE Fund-E LP	19,690,682	21,519,243	N/A	N/A	N/A
Townsend Real Estate Alpha III	13,300,556	10,938,828	N/A	N/A	N/A
Blackrock Private Opportunity Fund IV					
Cayman LP	36,365,222	34,952,083	N/A	N/A	N/A
KKR Div Core Infra FD (A) SCSP	5,468,938	4,895,900	N/A	N/A	N/A
IFM Global Infra Offshore LP	5,676,524	5,478,258	N/A	N/A	N/A
ISQ Global Infra FD III	2,650,229	1,449,764	N/A	N/A	N/A
Blackrock Priv Opp V	7,733,424	1,050,000	N/A	N/A	N/A
<b>Total</b>	<b>\$ 744,007,822</b>	<b>\$ 710,209,825</b>			

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net depreciation in fair value of investments in the Statements of Changes in Net Assets Available for Benefits.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

# New Jersey Manufacturers Insurance Company Retirement Plan

## Notes to Financial Statements

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### 8. Certified Investment Information

The Plan Administrator has elected the method of annual reporting compliance permitted by 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. Accordingly, MetLife and The Bank of New York Mellon/BNY Mellon, N.A., qualified institutions, have certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental schedules is complete and accurate:

Investments as shown in the Statements of Net Assets Available for Benefits as of July 31, 2024, and 2023, exclusive of amounts related to Limited Partnerships totaling \$90,885,575 and \$80,284,076, respectively.

- Investment income (loss) as shown in the Statement of Changes in Net Assets Available for Benefits for the years ended July 31, 2024, and 2023, exclusive of amounts related to Limited Partnerships totaling \$7,686,425 and (\$3,299,057), respectively.
- Investment information included in the supplemental Schedule H-Line 4i - Schedule of Assets (Held at End of Year) as of July 31, 2024, exclusive of amounts related to Limited Partnerships totaling \$71,133,159 (cost) and \$90,885,575 (current value), and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended July 31, 2024 as shown on the ERISA-required supplemental schedules.

At the request of the Plan Administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information in the financial statements, including reading the disclosures related to the investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP, and in the ERISA-required supplemental schedules, including assessing whether the supplemental schedules are in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

### 9. Tax Status

The Plan has received a determination letter from the Internal Revenue Service ("IRS") dated February 23, 2017, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan has been amended since receiving the determination letter. The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### 10. Subsequent Events

The Plan has evaluated subsequent events for recognition and disclosure through May 15, 2025, the date the financial statements were available to be issued.

## **ERISA-Required Supplemental Schedules**

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# New Jersey Manufacturers Insurance Company Retirement Plan

## Schedule H, Line 4(i) - Schedule of Asset (Held at End of Year)

EIN: 21-0524225  
Plan Number: 333

July 31, 2024,

(a)	Identity of Issue (b)	Description of Investment (c)**	Cost (d)	Current Value (e)
*	MetLife Unallocated insurance contract	Cash Equivalent	\$ 6,681,230	\$ 6,681,230
	EB Temp Investment Fund	Cash Equivalent	4,329,023	4,349,010
	Brookfield GLBL LSTD INFR-Y	Registered Inv Company	5,092,916	4,960,407
	Clearbridg Gbl Infr Inc - IS	Registered Inv Company	4,686,502	4,302,969
*	MetLife Bloomberg Barclays US Strip 20+ Year Index	Separate Account	136,974,718	119,645,623
*	Metropolitan Index Fund MI	Separate Account	206,188,636	92,886,121
*	Bloomberg Barclays US Long Credit Bond Index	Separate Account	223,361,318	205,857,371
*	BlackRock MSCI ACWI Ex-US Index Non-lendable	Separate Account	62,589,052	74,222,753
	AON High Yield Plus CL I	Common/Collective Trust	1,587,201	1,705,808
	AON Small Cap Equity Index	Common/Collective Trust	14,458,433	20,848,397
	AON Large Cap Equity Index	Common/Collective Trust	14,031,730	24,429,242
	Long CR BD	Common/Collective Trust	67,251,970	63,082,505
	AON Multi Asset Credit Fund	Common/Collective Trust	20,299,723	22,924,154
	AON Enhanced Liability Driven Investment Fund	Common/Collective Trust	29,854,909	27,520,273
	Townsend RE Fund-E LP	Limited Partnership	17,500,000	19,690,682
	Townsend Real Estate Alpha III	Limited Partnership	8,635,662	13,300,556
	Blackrock Private Opportunity Fund IV Cayman LP	Limited Partnership	26,033,699	36,365,222
	KKR Div Core Infra FD (A) SCSP	Limited Partnership	5,295,417	5,468,938
	IFM Global Infra Offshore LP	Limited Partnership	5,024,678	5,676,524
	ISQ Global Infra FD III	Limited Partnership	2,382,208	2,650,229
	Blackrock Priv Opp V	Limited Partnership	6,261,495	7,733,424
<b>Total</b>			<b>\$ 868,520,520</b>	<b>\$ 764,301,438</b>

\* A party-in-interest as defined by ERISA.

\*\* There is no maturity date, rate of interest, collateral, par or maturity value of the investments in this Plan, unless otherwise noted.

# New Jersey Manufacturers Insurance Company Retirement Plan

## Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 21-0524225  
Plan Number: 333

*Year Ended July 31, 2024*

### Series Transactions in Excess of Five Percent of Plan Assets

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE:	36,706,450						
27	996115960	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	25,068,215	25,068,215	0.00	0.00	0.00
10	996115960	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	24,838,240	0.00	24,838,240	24,838,240	0.00
8	99VVB2J95	METLIFE GAC CONTRACT #173 A BEN ACCT	37,929,825	37,929,825	0.00	0.00	0.00
13	99VVB2J95	METLIFE GAC CONTRACT #173 A BEN ACCT	42,018,686	0.00	42,018,686	42,018,686	0.00

Schedule SB Attachment (Form 5500)—August 1, 2023 Plan Year  
 New Jersey Manufacturers Insurance Company Retirement Plan  
 EIN: 21-0524225 PN: 333

Schedule SB, line 26a—Schedule of Active Participant Data as of August 1, 2023

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34			9	25 \$82,536	1					
35-39			4	92 \$81,311	58 \$83,933	2				
40-44				52 \$86,620	96 \$88,959	84 \$88,469	1			
45-49			1	36 \$113,770	42 \$119,275	91 \$97,332	42 \$99,366	5		
50-54			5	37 \$113,132	35 \$124,903	51 \$90,380	78 \$105,107	54 \$100,980	4	
55-59			4	34 \$103,143	40 \$111,754	42 \$103,227	35 \$99,906	57 \$120,999	23 \$88,019	3
60-64			1	27 \$86,705	22 \$97,066	26 \$97,877	22 \$90,478	20 \$110,827	16	7
65-69			1	6	5	12	7	1	1	3
70+				1		1		2		3

N-1.327

Schedule SB Attachment (Form 5500)—August 1, 2023 Plan Year  
 New Jersey Manufacturers Insurance Company Retirement Plan  
 EIN: 21-0524225 PN: 333

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of August 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.75%
2nd Segment Rate	5.00%
3rd Segment Rate	5.74%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of August 2023), without regard to interest rate stabilization
1st Segment Rate	3.42%
2nd Segment Rate	4.33%
3rd Segment Rate	4.43%
Salary Increases	
Minimum Funding Target Normal Cost	See Table 1
Maximum Tax Expected Benefit Increase	See Table 1
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 2.50% per year.
Social Security COLA Increases	2.00%
Over Salary Maximum (OSM) Increases	2.50%
Optional Payment Form Election Percentage	60% Single Life Annuity 10% Joint and 100% Survivor Annuity 5% Joint and 75% Survivor Annuity 20% Joint and 50% Survivor Annuity 5% Joint and 25% Survivor Annuity
Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	Unreduced Retirement Age
Mortality Rates	
Healthy and Disabled	2023 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2022-22
Withdrawal Rates	See Table 3

Schedule SB Attachment (Form 5500)—August 1, 2023 Plan Year  
 New Jersey Manufacturers Insurance Company Retirement Plan  
 EIN: 21-0524225 PN: 333

Disability Rates	None
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 80% of males and 60% of females have an eligible spouse, and that males are two years older than their spouses.
Valuation Compensation	2023 Pay Rate
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$265,000 and the IRC section 401(a)(17) compensation limit of \$330,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2021 Plan Year	6.00%
2022 Plan Year	6.25%
2023 Plan Year	6.75%
Trust Expenses Included in Target Normal Cost	None
Actuarial Method	Standard unit credit cost method
Valuation Date	August 1, 2023

Schedule SB Attachment (Form 5500)—August 1, 2023 Plan Year  
New Jersey Manufacturers Insurance Company Retirement Plan  
EIN: 21-0524225 PN: 333

Changes in ERISA Methods/Assumptions Since the Prior Year

**Method Changes**

There have been no method changes in the funding valuation since the prior year.

**Assumption Changes**

The funding valuation reflects the following assumption changes:

- A change in the interest rate assumption from segment rates with no lookback as of August 2022 to segment rates with no lookback as of August 2023, each adjusted as needed to fall within the 25-year interest rate stabilization corridor under ARPA.
- A change in the mortality assumption from 2022 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2020-85 to the 2023 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2022-22.

Schedule SB Attachment (Form 5500)—August 1, 2023 Plan Year  
 New Jersey Manufacturers Insurance Company Retirement Plan  
 EIN: 21-0524225 PN: 333

## Actuarial Assumptions and Methods

### Salary Increase Rates

Service	Rate	Service	Rate
0	12.00%	25	3.10%
1	10.65%	26	2.96%
2	9.30%	27	2.82%
3	7.95%	28	2.68%
4	6.60%	29	2.54%
5	5.25%	30+	2.60%
6	5.05%		
7	4.85%		
8	4.65%		
9	4.45%		
10	4.25%		
11	4.12%		
12	3.99%		
13	3.86%		
14	3.73%		
15	3.60%		
16	3.58%		
17	3.56%		
18	3.54%		
19	3.52%		
20	3.10%		
21	3.06%		
22	3.02%		
23	2.98%		
24	2.94%		

Schedule SB Attachment (Form 5500)—August 1, 2023 Plan Year  
New Jersey Manufacturers Insurance Company Retirement Plan  
EIN: 21-0524225 PN: 333

Table 2

**Retirement Rates**

<b>Age</b>	<b>Rate</b>
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	7.50%
60	10.00%
61	20.00%
62	25.00%
63	20.00%
64	25.00%
65	45.00%
66	35.00%
67	35.00%
68	35.00%
69	35.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—August 1, 2023 Plan Year  
 New Jersey Manufacturers Insurance Company Retirement Plan  
 EIN: 21-0524225 PN: 333

Table 3—Page 1 of 2

**Termination Rates - Male**

<b>Age</b>	<b>Rate</b>	<b>Age</b>	<b>Rate</b>
15	12.00%	45	2.50%
16	12.00%	46	2.50%
17	12.00%	47	2.50%
18	12.00%	48	2.50%
19	12.00%	49	2.50%
20	12.00%	50	2.50%
21	10.90%	51	2.60%
22	9.80%	52	3.10%
23	8.70%	53	3.60%
24	7.60%	54	4.10%
25	6.50%	55+	5.00%
26	6.10%		
27	5.70%		
28	5.30%		
29	4.90%		
30	4.80%		
31	4.50%		
32	4.20%		
33	3.90%		
34	3.60%		
35	3.00%		
36	2.92%		
37	2.84%		
38	2.76%		
39	2.68%		
40	2.35%		
41	2.33%		
42	2.31%		
43	2.29%		
44	2.27%		

Schedule SB Attachment (Form 5500)—August 1, 2023 Plan Year  
 New Jersey Manufacturers Insurance Company Retirement Plan  
 EIN: 21-0524225 PN: 333

Table 3—Page 2 of 2

**Termination Rates - Female**

<b>Age</b>	<b>Rate</b>	<b>Age</b>	<b>Rate</b>
15	10.00%	45	2.70%
16	10.00%	46	2.60%
17	10.00%	47	2.50%
18	10.00%	48	2.40%
19	10.00%	49	2.30%
20	10.00%	50	2.30%
21	10.20%	51	2.30%
22	10.40%	52	2.30%
23	10.60%	53	2.30%
24	10.80%	54	2.30%
25	11.00%	55+	5.00%
26	10.60%		
27	10.20%		
28	9.80%		
29	9.40%		
30	8.70%		
31	7.70%		
32	6.70%		
33	5.70%		
34	4.70%		
35	5.00%		
36	4.80%		
37	4.60%		
38	4.40%		
39	4.20%		
40	3.00%		
41	2.94%		
42	2.88%		
43	2.82%		
44	2.76%		

# New Jersey Manufacturers Insurance Company Retirement Plan

## Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 21-0524225  
Plan Number: 333

*Year Ended July 31, 2024*

### Series Transactions in Excess of Five Percent of Plan Assets

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE:	36,706,450						
27	996115960	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	25,068,215	25,068,215	0.00	0.00	0.00
10	996115960	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	24,838,240	0.00	24,838,240	24,838,240	0.00
8	99VVB2J95	METLIFE GAC CONTRACT #173 A BEN ACCT	37,929,825	37,929,825	0.00	0.00	0.00
13	99VVB2J95	METLIFE GAC CONTRACT #173 A BEN ACCT	42,018,686	0.00	42,018,686	42,018,686	0.00

<b>SCHEDULE SB</b> <b>(Form 5500)</b> <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110 <hr/> <b>2023</b> <hr/> <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan NEW JERSEY MANUFACTURERS INSURANCE COMPANY RETIREMENT PLAN	<b>B</b> Three-digit plan number (PN) ▶	333
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NEW JERSEY MANUFACTURERS INSURANCE COMPANY	<b>D</b> Employer Identification Number (EIN) 21-0524225	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date:	Month <u>08</u> Day <u>01</u> Year <u>2023</u>		
<b>2</b> Assets:			
<b>a</b> Market value.....		<b>2a</b>	750,109,352
<b>b</b> Actuarial value.....		<b>2b</b>	825,120,287
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment.....	1,418	363,931,061	363,931,061
<b>b</b> For terminated vested participants.....	650	62,532,890	62,532,890
<b>c</b> For active participants.....	1,327	287,180,981	292,748,912
<b>d</b> Total.....	3,395	713,644,932	719,212,863
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions.....		<b>4a</b>	
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....		<b>4b</b>	
<b>5</b> Effective interest rate.....		<b>5</b>	5.35%
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals.....		<b>6a</b>	17,087,877
<b>b</b> Expected plan-related expenses.....		<b>6b</b>	0
<b>c</b> Target normal cost.....		<b>6c</b>	17,087,877

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>		
	Signature of actuary	04/24/2025
		Date
AXAY A. PATEL	Type or print name of actuary	2307879
		Most recent enrollment number
Aon Consulting, Inc.	Firm name	732-668-8485
		Telephone number (including area code)
MSC# 17457 P.O. Box 6718 SOMERSET NJ 08875	Address of the firm	

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



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

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 62
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>26</b> Demographic and benefit information		
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....	<b>27</b>	

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

<b>28</b> Unpaid minimum required contributions for all prior years.....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) .....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	17,087,877	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	17,087,877	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	0	0	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	0	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	0	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	12,125,195	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	12,125,195	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years.....	<b>40</b>	0	

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

<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
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Schedule SB Attachment (Form 5500)—August 1, 2023 Plan Year  
 New Jersey Manufacturers Insurance Company Retirement Plan  
 EIN: 21-0524225 PN: 333

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2023

<b>Date</b>	<b>Amount</b>	<b>Days to Discount to 8/1/2023 at 5.35%</b>	<b>Interest Adjusted Contribution</b>
February 20, 2025	\$ 3,800,000	569	\$ 3,503,971
March 13, 2025	3,800,000	590	3,493,480
April 10, 2025	<u>5,600,000</u>	618	<u>5,127,744</u>
Total Contribution	\$ 13,200,000		\$ 12,125,195

Schedule SB Attachment (Form 5500)—August 1, 2023 Plan Year  
 New Jersey Manufacturers Insurance Company Retirement Plan  
 EIN: 21-0524225 PN: 333

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

<b>(a)</b> <b>Age</b>	<b>(b)</b> <b>Rate</b>	<b>(c)</b> <b>Weight</b>	<b>(d)</b> <b>Product</b> <b>(a) × (b) × (c)</b>
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	7.50%	0.8145	3.63
60.5	10.00%	0.7534	4.56
61.5	20.00%	0.6781	8.34
62.5	25.00%	0.5425	8.48
63.5	20.00%	0.4068	5.17
64.5	25.00%	0.3255	5.25
65.5	45.00%	0.2441	7.20
66.5	35.00%	0.1343	3.12
67.5	35.00%	0.0873	2.06
68.5	35.00%	0.0567	1.36
69.5	35.00%	0.0369	0.90
70	100.00%	0.0240	1.68
	Weighted Average		62.31

Schedule SB Attachment (Form 5500)—August 1, 2023 Plan Year  
 New Jersey Manufacturers Insurance Company Retirement Plan  
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Schedule SB, line 26b—Schedule Projection of Expected Benefit Payments

<b>Plan Year</b>	<b>Active Participants</b>	<b>Terminated Vested Participants</b>	<b>Retired Participants and Beneficiaries Receiving Payments</b>	<b>Total</b>
2023	1,358,430	137,796	32,452,933	33,949,159
2024	3,376,151	347,341	31,929,183	35,652,675
2025	5,306,814	711,824	31,363,874	37,382,513
2026	7,151,630	1,040,937	30,755,516	38,948,082
2027	9,008,491	1,866,948	30,102,559	40,977,998
2028	10,878,364	2,297,999	29,403,455	42,579,818
2029	12,630,584	2,635,694	28,656,769	43,923,047
2030	14,292,751	3,161,161	27,861,344	45,315,256
2031	15,908,743	3,414,451	27,016,418	46,339,612
2032	17,458,047	3,807,956	26,121,723	47,387,727
2033	18,908,033	4,172,510	25,177,600	48,258,144
2034	20,240,657	4,326,049	24,185,134	48,751,840
2035	21,468,287	4,459,477	23,146,294	49,074,059
2036	22,681,583	4,660,611	22,063,930	49,406,123
2037	23,754,544	4,767,969	20,941,774	49,464,286
2038	24,638,732	5,031,600	19,784,444	49,454,777
2039	25,434,084	5,152,340	18,597,428	49,183,852
2040	26,135,911	5,399,222	17,387,126	48,922,259
2041	26,811,807	5,577,533	16,160,851	48,550,191
2042	27,373,023	5,854,949	14,926,626	48,154,598
2043	27,806,160	6,015,889	13,693,069	47,515,118
2044	28,229,218	6,084,195	12,469,436	46,782,850
2045	28,428,811	6,104,157	11,265,536	45,798,503
2046	28,509,720	6,180,723	10,091,540	44,781,983
2047	28,415,738	6,314,342	8,957,838	43,687,917
2048	28,180,098	6,323,335	7,874,668	42,378,101
2049	27,806,729	6,356,485	6,851,509	41,014,722
2050	27,381,672	6,391,719	5,896,687	39,670,078
2051	26,707,861	6,297,616	5,017,109	38,022,586
2052	25,919,170	6,113,309	4,217,906	36,250,385
2053	24,980,607	5,931,150	3,502,207	34,413,964
2054	23,965,984	5,740,359	2,870,971	32,577,314
2055	22,868,756	5,485,180	2,322,915	30,676,851
2056	21,655,349	5,217,356	1,854,657	28,727,362
2057	20,404,131	4,922,751	1,461,090	26,787,972
2058	19,124,107	4,625,478	1,135,846	24,885,432
2059	17,837,445	4,328,290	871,608	23,037,342
2060	16,555,308	4,033,767	660,552	21,249,627
2061	15,288,349	3,744,167	494,835	19,527,350
2062	14,047,877	3,461,408	366,896	17,876,181
2063	12,842,658	3,187,078	269,727	16,299,463
2064	11,680,426	2,922,384	197,088	14,799,899
2065	10,567,455	2,668,211	143,583	13,379,249
2066	9,508,699	2,425,180	104,690	12,038,570

Schedule SB Attachment (Form 5500)—August 1, 2023 Plan Year  
 New Jersey Manufacturers Insurance Company Retirement Plan  
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<b>Plan Year</b>	<b>Active Participants</b>	<b>Terminated Vested Participants</b>	<b>Retired Participants and Beneficiaries Receiving Payments</b>	<b>Total</b>
2067	8,507,786	2,193,696	76,736	10,778,218
2068	7,567,173	1,974,038	56,817	9,598,027
2069	6,688,412	1,766,403	42,693	8,497,507
2070	5,872,317	1,570,929	32,678	7,475,923
2071	5,119,107	1,387,727	25,532	6,532,366
2072	4,428,486	1,216,875	20,359	5,665,720

Schedule SB Attachment (Form 5500)—August 1, 2023 Plan Year  
New Jersey Manufacturers Insurance Company Retirement Plan  
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Schedule SB, Part V—Summary of Plan Provisions

Provisions

<b>Effective Date</b>	August 1, 1976, as amended through December 1, 2017.
<b>Eligibility for Participation</b>	All regular employees scheduled to work 1,000 hours or more per year, upon completion of one year and were hired prior to December 31, 2013.
<b>Eligibility for Benefits</b>	
Normal Retirement	<p>For an employee hired before January 1, 1995 who as of May 1, 1992 had not reached the August 1 nearest his or her 62nd birthday, the August 1 nearest age 62 and five years of service. For every other employee hired before January 1, 1995, the August 1 nearest age 62.</p> <p>For an employee hired on or after January 1, 1995, the first day of the month on or following age 65 and five years of service.</p>
Early Retirement	<p>For an employee hired before January 1, 1995, the August 1 nearest age 52.</p> <p>For an employee hired on or after January 1, 1995, the first day of the month on or following age 55 and ten years of service.</p>
Preretirement Spouse	Five years of vested service.
Vesting	Five years of vested service.
<b>Amount of Benefits</b>	
Normal Retirement	<p>The greater of [(1) and (2)] plus (3):</p> <p>(1) Accumulated benefit as of August 1, 1976 plus for each year thereafter a benefit equal to 1.5% of the first \$3,000 of annual earnings plus 2.0% of the next \$1,200 plus 2.5% of the excess over \$4,200.</p> <p>(2) The sum of (a) and (b) below:</p> <p>(a) The excess of 2% of Final Average Earnings multiplied by Credited Service (not in excess of 30 years) over 50% of the Primary Insurance Amount.</p> <p>(b) 1% of (a) above multiplied by Credited Service in Excess</p>

Schedule SB Attachment (Form 5500)—August 1, 2023 Plan Year  
New Jersey Manufacturers Insurance Company Retirement Plan  
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of 30 years.

Normal Retirement (continued)	Benefit attributable to Appendix E and F.
Early Retirement	Accrued normal retirement benefit reduced by 5% for each year retirement precedes normal retirement date.
Preretirement Spouse	<p>An annual benefit equal to 50% of the participant's accrued benefit (but not less than \$600), adjusted if the spouse's birthday is more than 60 months later than that of the participant.</p> <p>For the first five years after the participant's death, the benefit described above will be offset (not below zero) by the annual surviving spouse benefit payable in accordance with the group insurance plan.</p>
Vesting	Accrued normal retirement benefit.
Normal Form of Annuity	Life annuity for unmarried participants; actuarially reduced joint and 50% survivor annuity for married participants.
<b>Definition of Final Average Pay</b>	Average of pay in the 36 highest consecutive months in the 72 months preceding retirement, death, disability, or other termination. Earnings equal the annual rate of compensation excluding overtime pay, bonuses, commissions, and other forms of extra compensation.
<b>Employee Contributions</b>	None required.

### Plan Changes Since the Prior Year

The funding and plan reporting valuations do not reflect any plan changes:

### Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

# New Jersey Manufacturers Insurance Company Retirement Plan

## Schedule H, Line 4(i) - Schedule of Asset (Held at End of Year)

EIN: 21-0524225  
Plan Number: 333

July 31, 2024,

(a)	Identity of Issue (b)	Description of Investment (c)**	Cost (d)	Current Value (e)
*	MetLife Unallocated insurance contract	Cash Equivalent	\$ 6,681,230	\$ 6,681,230
	EB Temp Investment Fund	Cash Equivalent	4,329,023	4,349,010
	Brookfield GBL LSTD INFR-Y	Registered Inv Company	5,092,916	4,960,407
	Clearbridg Gbl Infr Inc - IS	Registered Inv Company	4,686,502	4,302,969
*	MetLife Bloomberg Barclays US Strip 20+ Year Index	Separate Account	136,974,718	119,645,623
*	Metropolitan Index Fund MI	Separate Account	206,188,636	92,886,121
*	Bloomberg Barclays US Long Credit Bond Index	Separate Account	223,361,318	205,857,371
*	BlackRock MSCI ACWI Ex-US Index Non-lendable	Separate Account	62,589,052	74,222,753
	AON High Yield Plus CL I	Common/Collective Trust	1,587,201	1,705,808
	AON Small Cap Equity Index	Common/Collective Trust	14,458,433	20,848,397
	AON Large Cap Equity Index	Common/Collective Trust	14,031,730	24,429,242
	Long CR BD	Common/Collective Trust	67,251,970	63,082,505
	AON Multi Asset Credit Fund	Common/Collective Trust	20,299,723	22,924,154
	AON Enhanced Liability Driven Investment Fund	Common/Collective Trust	29,854,909	27,520,273
	Townsend RE Fund-E LP	Limited Partnership	17,500,000	19,690,682
	Townsend Real Estate Alpha III	Limited Partnership	8,635,662	13,300,556
	Blackrock Private Opportunity Fund IV Cayman LP	Limited Partnership	26,033,699	36,365,222
	KKR Div Core Infra FD (A) SCSP	Limited Partnership	5,295,417	5,468,938
	IFM Global Infra Offshore LP	Limited Partnership	5,024,678	5,676,524
	ISQ Global Infra FD III	Limited Partnership	2,382,208	2,650,229
	Blackrock Priv Opp V	Limited Partnership	6,261,495	7,733,424
<b>Total</b>			<b>\$ 868,520,520</b>	<b>\$ 764,301,438</b>

\* A party-in-interest as defined by ERISA.

\*\* There is no maturity date, rate of interest, collateral, par or maturity value of the investments in this Plan, unless otherwise noted.