

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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
1a	Name of plan GROUP INSURANCE TRUST OF THE CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 12/04/1959
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS 500 CAPITOL MALL, SUITE 2350 SACRAMENTO, CA 95814
2b	Employer Identification Number (EIN) 94-1056137
2c	Plan Sponsor's telephone number 800-922-5272
2d	Business code (see instructions) 813000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	06/10/2025	MAYU KOZUKA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor BOARD OF TRUSTEES OF THE GROUP INSURANCE TRUST OF THE CALCPAS 1800 GATEWAY DR., SUITE 130 SAN MATEO, CA 94404	3b Administrator's EIN 94-2767563
	3c Administrator's telephone number 800-556-5771
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN
	4d PN
5 Total number of participants at the beginning of the plan year	5 5853
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 5793
	6a(2) 5809
	6b 58
	6c 0
	6d 5867
	6e
	6f
	6g(1)
	6g(2)
6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
--	--

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 5
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 165196852

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 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan GROUP INSURANCE TRUST OF THE CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	D Employer Identification Number (EIN) 94-1056137	

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
ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-4331852	62825	C19434	6935	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	2671436
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan GROUP INSURANCE TRUST OF THE CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	D Employer Identification Number (EIN) 94-1056137	

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
DELTA CARE USA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-2641865	52566	1553-0001,2,3,4	8	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	2576
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

INSURANCE DOES NOT PROVIDE INFORMATION IF LESS THAN 100 PERSONS COVERED UNDER THE CONTRACT.

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 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan GROUP INSURANCE TRUST OF THE CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	D Employer Identification Number (EIN) 94-1056137	

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
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	10131053	437	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 30680	(b) Total amount of fees paid 10227
---	--

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
CENTERSTONE INS & FNCL SVCS
2111 E HIGHLAND AVE
SUITE B210
PHOENIX, AZ 85016

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
30680	10227	OVERRIDES	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	0
--	-----------	---

c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)		
	7c(4)		
	7c(5)		

(5) Other (specify below)

(6) Total additions	7c(6)	0
---------------------------	--------------	---

d Total of balance and additions (add lines 7b and 7c(6))	7d	0
---	-----------	---

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	7e(2)		
	7e(3)		
	7e(4)		

(2) Administration charge made by carrier

(3) Transferred to separate account

(4) Other (specify below)

(5) Total deductions	7e(5)	0
----------------------------	--------------	---

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
---	-----------	---

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	208085
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan GROUP INSURANCE TRUST OF THE CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	D Employer Identification Number (EIN) 94-1056137	

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
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	10131052	490	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 9722	(b) Total amount of fees paid 3241
--	---------------------------------------

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
CENTERSTONE INS & FNCL SVCS
2111 E HIGHLAND AVE
SUITE B210
PHOENIX, AZ 85016

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9722	3241	OVERRIDES	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	0
--	-----------	---

c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits.....	7c(2)		
(3) Interest credited during the year.....	7c(3)		
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)..... ▶	7c(5)		

(6) Total additions	7c(6)	0
---------------------------	--------------	---

d Total of balance and additions (add lines 7b and 7c(6))	7d	0
---	-----------	---

e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier.....	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)..... ▶	7e(4)		

(5) Total deductions	7e(5)	0
----------------------------	--------------	---

f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0
--	-----------	---

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	62362
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan GROUP INSURANCE TRUST OF THE CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	D Employer Identification Number (EIN) 94-1056137	

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
BLUE CROSS OF CALIFORNIA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-3760980	00000	C19434	276	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	2536432
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan GROUP INSURANCE TRUST OF THE CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	D Employer Identification Number (EIN) 94-1056137	

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
THE VANGUARD GROUP, INC.
23-1945930

(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

(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

(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

(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

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)

ANTHEM BLUE CROSS

95-4331852

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 62 99	NONE	2033161	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WORD & BROWN

95-3161239

(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?
22 53	NONE	973158	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLARITY BENEFIT SOLUTIONS, INC.

22-3205534

(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?
14 15	NONE	694697	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EXPRESS SCRIPTS, INC.

43-1420563

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	258154	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEQUOIA BENEFITS AND INSURANCE SERV

94-3397213

(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?
22 53	NONE	230356	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELOITTE CONSULTING LLP

13-5133500

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16	NONE	189527	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMERSON ROGERS LLC

13-3938007

(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?
22 53	NONE	146476	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HUB INTERNATIONAL INSURANCE SERVICE

33-0315047

(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?
22 53	NONE	145493	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARSH USA

36-1436000

(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?
22 53	NONE	136206	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DELTA DENTAL

94-1461312

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	112693	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHRISTINE SIMMONS

PO BOX 8052
NEWPORT BEACH, CA 92658

(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?
22	NONE	98589	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROGERS BENEFIT GROUP, INC.

41-1596522

(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?
22 53	NONE	90117	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ARMANINO LLP

94-6214841

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	88202	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SYMPHONY RISK SOLUTIONS INSURANCE S

94-2632373

(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?
22 53	NONE	75696	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PARTNERS INSURANCE SERVICES, INC.

20-4374993

(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?
22 53	NONE	75039	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CRAIG TOMPKINS

969-G EDGEWATER BLVD #762
FOSTER CITY, CA 94404

(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?
22 53	NONE	71552	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PES BENEFITS

83-2850400

(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?
14 15	NONE	69601	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GI GEORGE PARENT LP

87-2917800

(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?
22 53	NONE	67440	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ALLIANT INSURANCE SERVICES, INC.

47-9723395

(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?
22 53	NONE	66110	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INTERWEST INSURANCE SERVICES, LLC

68-0266090

(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?
22 53	NONE	64962	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HAAS PRINTING

23-2004040

(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?
49	NONE	55480	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

VISION SERVICE PLAN

94-1632821

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	49295	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMWINS CONNECT INSURANCE SERVICES,

94-2757978

(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?
22 53	NONE	47436	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KEVIN A. ROBERTS

3658 MOSSWOOD DRIVE
LAFAYETTE, CA 94549

(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?
22	NONE	46500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ONEDIGITAL TOPCO LLC

85-3439612

(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?
22 53	NONE	44949	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STRATEGIC ASSET ALLIANCE

91-1629027

(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?
27	NONE	43906	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JAMES G. PARKER INSURANCE ASSOCIATE

94-2494444

(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?
22 53	NONE	39150	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CALIFORNIA SOCIETY OF CERTIFIED PUB

94-1056137

(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?
49	NONE	38191	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIS TOWERS WATSON NORTHEAST, INC

13-2695427

(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?
22 53	NONE	37142	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HOVER INSURANCE SERVICES, INC.

77-0096773

(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?
22 53	NONE	36593	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MCLERAN MARKETING, LLC

47-1793819

(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?
49	NONE	36120	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SUN LIFE CAPITAL MANAGEMENT (U.S.)

04-3401283

(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?
27 28 51	NONE	34977	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EBIX, INC.

77-0021975

(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?
99	NONE	33850	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LASKY TRADE PRINTING

26-1881127

(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?
49	NONE	33195	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

USI INSURANCE SERVICES LLC

13-3771734

(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?
22 53	NONE	31235	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JAFFE-SCHLOSSBERG, INC.

94-2187558

(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?
22 53	NONE	29858	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PIGOTT FINANCIAL CORPORATION

47-2791334

(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?
22 53	NONE	25679	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VISORY, INC.

45-4084048

(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?
49	NONE	25153	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RELATION INSURANCE SERVICES, INC.

26-1441725

(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?
22 53	NONE	24925	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ALLIED WEALTH MANAGEMENT LLC

47-4837341

(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?
22 53	NONE	23790	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEAVITT CENTRAL COAST INSURANCE SER

26-3895931

(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?
22 53	NONE	22492	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

A.M. BEST

47-5271514

(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?
49	NONE	22300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

GALLAGHER BENEFIT SERVICES, INC.

36-4291971

(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?
22 53 70	NONE	21429	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEQUOIA EMPLOYEE BENEFITS & INSURAN

47-3456034

(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?
22 53	NONE	20596	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ACRISURE OF CALIFORNIA LLC

38-3942950

(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?
22 53	NONE	20484	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

VITA INSURANCE ASSOCIATES, INC.

94-2595918

(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?
22 53	NONE	20127	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

J.D. OSTDIK INSURANCE SERVICES, IN

82-3218905

(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?
22 53	NONE	18983	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VENBROOK INSURANCE SERVICES

01-0709538

(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?
22 53	NONE	18153	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

UNITEDAG (CASEHP-CA SMALL EMPLOYER

33-0835612

(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?
16	NONE	18024	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JWCIB, INC.

33-0515081

(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?
22 53	NONE	17122	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KAREN PREISSER

PO BOX 98
SHASTA, CA 96087

(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?
22 53	NONE	17096	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MICHAEL B. KELLY INSURANCE SERVICES

30-0540100

(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?
22 53	NONE	15848	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JPMORGAN CHASE NA

13-4994650

(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?
65	NONE	12566	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE DOT PRINTER, INC.

95-3483415

(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?
49	NONE	12500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CENTERSTONE INSURANCE & FINANCIAL S

95-4018229

(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?
22 53	NONE	12245	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VET ONCE, LLC

93-4959772

(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?
49	NONE	11464	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EATON VANCE MANAGEMENT

04-3101341

(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?
52	NONE	10595	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MATT DAVIS INSURANCE AGENCY, INC.

46-4321195

(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?
22 53	NONE	10172	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASSUREDPARTNERS CAPITAL, INC.

45-2712335

(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?
22 53	NONE	9763	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OLSON DUNCAN INSURANCE SERVICE, INC

95-3789951

(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?
22 53	NONE	9713	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

KEVIN SALTZMAN INC.

20-0142443

(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?
22 53	NONE	9651	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HALL, MAHAR & ASSOCIATES INSURANCE

33-0409844

(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?
22 53	NONE	9087	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GRANITE PROFESSIONAL INSURANCE BROK

94-3292432

(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?
22 53	NONE	8858	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ANDERSON ROBINSON STARKEY, INC.

68-0423843

(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?
22 53	NONE	8704	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEATH WITHROW

81-1885817

(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?
22 53	NONE	7858	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JS DOWNEY INSURANCE SERVICE

95-2919656

(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?
22 53	NONE	7697	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THE ENTERPRISE TEAM, INC.

90-0110477

(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?
22 53	NONE	7689	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEALTH BROKER PUBLISHING, LLC

88-2811889

(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?
49	NONE	7500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEALTHQUITY, INC.

52-2383166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	6920	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

GEORGE PETERSON INSURANCE AGENCY

94-2674185

(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?
22 53	NONE	6576	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

U.S. BANK NA

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 65	NONE	6490	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BARBARA OBERMAN

PO BOX 966
WOODLAND HILLS, CA 91365

(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?
22 53	NONE	6397	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JOLIE TUCHSCHER

19791 VENECIA LANE
YORBA LINDA, CA 92886

(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?
22 53	NONE	6301	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHN T. MENOLD

60 W ALISAL ST
STE 16
SALINAS, CA 93901

(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?
22 53	NONE	6259	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNITY ONE INSURANCE SERVICES, INC.

33-0874764

(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?
22 53	NONE	6250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CBA PREMIER INSURANCE SOLUTIONS, IN

46-1097216

(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?
22 53	NONE	6147	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BALANCING LIFE'S ISSUES, INC.

13-4186996

(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?
49	NONE	5850	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANEES A. AKHUND

2902 W MAIN ST
VISALIA, CA 93291

(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?
22 53	NONE	5542	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

RISK STRATEGIES CONSULTING, INC.

92-0904333

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	5400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBERT M. GALLIGAN & ASSOCIATES, IN

94-1744446

(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?
22 53	NONE	5319	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NFP CA INSURANCE SERVICES, INC.

94-2741175

(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?
22 53	NONE	5276	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

TRIAD FINANCIAL INSURANCE MARKETING

95-3966335

(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?
22 53	NONE	5130	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DOHRMANN, AN ALERA GROUP INSURANCE

83-3302808

(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?
22 53	NONE	5081	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROGERS VENTURES, INC.

46-1988419

(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?
22 53	NONE	5078	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ROBERT OWEN MACKLER

1955 JACKSON ST
SAN FRANCISCO, CA 94109

(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?
22 53	NONE	5022	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	ARMANINO LLP	b EIN:	94-6214841
c Position:	AUDITOR		
d Address:	15950 N. DALLAS PARKWAY, SUITE 600 DALLAS, TX 75248	e Telephone:	972-661-1843

Explanation: RELATING TO CHANGE IN EIN FOR ARMANINO LLP

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
	For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
	A Name of plan GROUP INSURANCE TRUST OF THE CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	D Employer Identification Number (EIN) 94-1056137	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1891411	1221919
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)	287113	92970
(3) Other	1b(3)	2131480	2920263
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	442604	288801
(2) U.S. Government securities	1c(2)	10231238	11029536
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	6536192	6462678
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	11660246	8118017
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	421981	688018

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	33602265	30822202
Liabilities			
g Benefit claims payable	1g	6816292	6257057
h Operating payables	1h	986744	902761
i Acquisition indebtedness	1i		
j Other liabilities	1j	1661601	1990548
k Total liabilities (add all amounts in lines 1g through 1j)	1k	9464637	9150366
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	24137628	21671836

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	56839551	
(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)		56839551
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	36012	
(B) U.S. Government securities	2b(1)(B)	373511	
(C) Corporate debt instruments	2b(1)(C)	203415	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		612938
(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)	422739	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		422739
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	40327	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		685031
c Other income	2c		50706
d Total income. Add all income amounts in column (b) and enter total	2d		58651292

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	45950819	
(2) To insurance carriers for the provision of benefits	2e(2)	5581987	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		51532806
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	2090783	
(2) Contract administrator fees	2i(2)	3254301	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	88832	
(5) Investment advisory and investment management fees	2i(5)	78383	
(6) Bank or trust company trustee/custodial fees	2i(6)	18443	
(7) Actuarial fees	2i(7)	142322	
(8) Legal fees	2i(8)	3583	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	3907631	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		9584278
j Total expenses. Add all expense amounts in column (b) and enter total	2j		61117084

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2465792
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **ARMANINO, LLP**

(2) EIN: **33-2514127**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

**The Group Insurance Trust of the California
Society of Certified Public Accountants**

Financial Statements and Supplementary Information

December 31, 2024 and 2023



TABLE OF CONTENTS

	<u>Page No.</u>
Independent Auditor's Report	1 - 2
Statements of Benefit Obligations and Net Assets Available for Benefits	3
Statements of Changes in Benefit Obligations and Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 14
Supplementary Information	
Independent Auditor's Report on Supplementary Information	16
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	17 – 18
Schedule H, Line 4i – Schedule of Assets (Acquired and Disposed of Within Year)	19
Schedule H, Line 4j - Schedule of Reportable Transactions	20



INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
The Group Insurance Trust of the California Society
of Certified Public Accountants

Opinion

We have audited the accompanying financial statements of The Group Insurance Trust of the California Society of Certified Public Accountants (the "Trust"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of benefit obligations and net assets available for benefits as of December 31, 2024, and 2023, and the related statements of changes in benefit obligations and net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the benefit obligations and net assets available for benefits of the Trust as of December 31, 2024, and 2023, and the changes in benefit obligations and net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of the Trust and 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 audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 Trust's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current Trust instrument, including all Trust amendments, administering the Trust, and determining that the Trust's transactions that are presented and disclosed in the financial statements are in conformity with the Trust'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 Audits of the Financial Statements

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 auditing standards generally accepted in the United States of America 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 audits in accordance with auditing standards generally accepted in the United States of America, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits 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 Trust'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 Trust's ability to continue as a going concern for a reasonable period of time.

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

Armanino LLP

Dallas, Texas

May 14, 2025

THE GROUP INSURANCE TRUST OF THE
CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
Statements of Benefit Obligations and Net Assets Available for Benefits
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<u>BENEFIT OBLIGATIONS</u>		
Reported claims currently payable to or for participants, beneficiaries and dependents	\$ 1,392,057	\$ 364,292
Actuarial reserve for self-funded claims incurred but unreported	<u>4,865,000</u>	<u>6,452,000</u>
TOTAL BENEFIT OBLIGATIONS	<u>6,257,057</u>	<u>6,816,292</u>
<u>ASSETS</u>		
Cash and cash equivalents	<u>1,510,720</u>	<u>2,334,015</u>
Investments, at fair value		
Registered investment companies	8,118,017	11,660,246
U.S. Government securities	7,820,893	7,343,997
U.S. Agency securities	1,127,509	622,600
Municipal obligations	2,081,134	2,264,641
Corporate obligations	<u>6,462,678</u>	<u>6,536,192</u>
Total investments at fair value	<u>25,610,231</u>	<u>28,427,676</u>
Receivables		
Employer contributions receivable	92,971	287,113
Prescription program rebates receivable	2,508,025	2,020,000
Stop-loss insurance policy recoveries receivable	78,194	-
Other receivables	<u>334,044</u>	<u>111,480</u>
Total receivables	<u>3,013,234</u>	<u>2,418,593</u>
Prepaid expense	470,230	74,598
Right-of-use assets, net	214,458	330,733
Capitalized software, net	<u>3,330</u>	<u>16,650</u>
TOTAL ASSETS	<u>30,822,203</u>	<u>33,602,265</u>
<u>LIABILITIES</u>		
Deferred employer contributions	1,990,548	1,661,601
Accounts payable	156,550	45,953
Accrued expenses	506,677	576,648
Lease liabilities, current	129,569	124,608
Lease liabilities, non-current	<u>109,966</u>	<u>239,535</u>
TOTAL LIABILITIES	<u>2,893,310</u>	<u>2,648,345</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>27,928,893</u>	<u>30,953,920</u>
NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS	<u>\$21,671,836</u>	<u>\$ 24,137,628</u>

The accompanying notes are an integral part of these financial statements.

THE GROUP INSURANCE TRUST OF THE
CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
Statements of Changes in Benefit Obligations and Net Assets Available for Benefits
For the Years Ended December 31, 2024 and 2023

	2024	2023
<u>Net Change in Benefit Obligations</u>		
Self-funded claims reported and approved for payment	\$ 46,978,584	\$ 41,687,901
Self-funded claims paid, net rebates and recoveries	(45,950,819)	(41,653,996)
Net change in actuarial reserve for self-funded claims incurred but unreported	(1,587,000)	845,000
Net Change in Benefit Obligations	(559,235)	878,905
<u>Net Change in Net Assets Available for Benefits</u>		
Additions to net assets attributable to		
Employer contributions		
Insured plans	3,221,406	2,645,168
Self-funded plans	53,618,145	51,433,962
Total employer contributions	56,839,551	54,079,130
Investment income		
Interest and dividends	1,035,677	915,927
Net change in fair value of investments	725,358	1,327,042
Total investment income	1,761,035	2,242,969
Other income	50,706	58,582
Total additions	58,651,292	56,380,681
Deductions from net assets attributable to		
Benefits paid		
Insurance premiums paid for insured benefit plans	2,888,126	2,434,832
Insurance premiums paid for stop-loss coverage	2,693,861	2,251,232
Self-funded plan claims paid	53,453,942	45,641,641
Prescription program rebates	(4,431,252)	(3,678,711)
Stop-loss insurance policy recoveries	(2,512,636)	(1,187,839)
Net benefits paid	52,092,041	45,461,155
Administrative expenses		
Contract administrative expenses	3,254,301	3,108,066
Other administrative expenses	6,329,977	6,517,050
Total administrative expenses	9,584,278	9,625,116
Total deductions	61,676,319	55,086,271
Net change in net assets available for benefits	(3,025,027)	1,294,410
 NET CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS	 (2,465,792)	 415,505
Net assets available for benefits over benefit obligations		
Beginning of period	24,137,628	23,722,123
End of period	\$ 21,671,836	\$ 24,137,628

The accompanying notes are an integral part of these financial statements.

THE GROUP INSURANCE TRUST OF THE
CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
Notes to Financial Statements
December 31, 2024 and 2023

1. Plan Description

General

The Group Insurance Trust of the California Society of Certified Public Accountants (the "Trust") operates as a Multiple Employer Welfare Arrangement ("MEWA") to provide benefits at group rates to employees and dependents of eligible employer-members of the California Society of Certified Public Accountants ("CalCPA"). Formed in 1959, the Trust is maintained pursuant to an agreement and declaration of trust (the "Trust Agreement"), as most recently amended and restated on July 29, 2022. The Trust is an employee welfare benefit plan as defined in Section 3(1) of the Employee Retirement Income Security Act of 1974 ("ERISA") and is therefore subject to ERISA's provisions governing employee benefits plans. Employers eligible to participate ("employers") include CalCPA and its affiliated organizations, and companies whose majority ownership interest is held by members of CalCPA. A Board of Trustees is vested with authority to control and manage the operation and administration of the Trust and the Trust's assets. Election of a rotating one-third of the up to twelve-member Board of Trustees is conducted annually by vote of participating employers of the Trust.

Benefit programs

The Trust was awarded a Certificate of Compliance by the California Department of Insurance on March 10, 1997, allowing it to offer self-funded health care coverage to eligible firms under regulations governing MEWAs. Under the MEWA program, the Trust offers self-funded preferred provider medical plans through an administrative service agreement with Anthem Blue Cross ("Anthem"), see Note 3. For the self-funded medical plans, the Trust obtains specific and aggregate stop-loss insurance coverage from Anthem.

Other MEWA self-funded programs include dental care and vision care through Delta Dental Plan of California ("Delta Dental") and Vision Service Plan ("VSP"), respectively. Prescription plan coverage is offered through Express Scripts. Delta Dental, VSP and Express Scripts operate through administrative service agreements.

Other programs offered by the Trust include group life insurance and long-term disability coverage under fully-insured contracts with Lincoln Financial Group. In addition, fully insured HMO programs for medical care through Anthem and dental care through Delta Dental are provided by the Trust.

Contributions

Under the provisions of the Trust agreements, employers make contributions to the Trust at rates expected to be sufficient to pay group insurance premiums, self-funded medical, dental and vision claims and expenses of the Trust for the year. Such contributions are calculated based on underlying data by an actuary and rates approved by the Trustees.

THE GROUP INSURANCE TRUST OF THE
CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
Notes to Financial Statements
December 31, 2024 and 2023

1. Plan Description (continued)

Termination

In the event of termination of the Trust, the trust assets would be distributed first to satisfy all liabilities of the Trust. The remainder would be distributed in a manner consistent with the requirements of ERISA.

2. Summary of Significant Accounting Policies

Basis of accounting

The accounts of the Trust are maintained, and the accompanying statements are prepared, on an accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("US GAAP").

Estimates

The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates. Significant estimates include the Actuarial reserve for self-funded claims incurred but unreported and the Prescription program rebates receivable presented on the Statements of Benefit Obligations and Net Assets Available for Benefits, and the Net change in actuarial reserve for self-funded claims incurred but unreported and Prescription program rebates on the Statements of Changes in Benefit Obligations and Net Assets Available for Benefits.

Risks and uncertainties

The Trust invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market fluctuation and credit risks. Due to the level of risk associated with certain investment securities, it is 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 Trust's financial statements.

The Actuarial reserve for self-funded claims incurred but unreported is reported based on actuarial present value and criteria assumptions pertaining to completion factors, interest rates, health care inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

Cash and cash equivalents

The Trust considers all investments in money market funds or other financial instruments with original maturity dates of three months or less to be cash equivalents.

THE GROUP INSURANCE TRUST OF THE
CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
Notes to Financial Statements
December 31, 2024 and 2023

2. Summary of Significant Accounting Policies (continued)

Investments

The Trust's investments consist of registered investment companies valued at fair value as determined by quoted market prices and investments in government and corporate debt securities valued using observable inputs for similar securities. 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 (Note 8).

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

Reserve for self-funded claims incurred but unreported

Obligations for health claims incurred by participants but not reported as of the end of a reporting period are estimated by the Trust's actuary in accordance with accepted actuarial principles and based on claims data provided by the Trust and third-party claims administrators. Such estimated amounts, which include a provision for claim settlement expense, are reported in the accompanying financial statements. In addition, COBRA benefit obligations are estimated by the Trust's actuary in accordance with accepted actuarial principles. The COBRA benefit obligations, which management has deemed immaterial, are included in the Actuarial reserve for self-funded claims incurred but unreported in the Statements of Benefit Obligations and Net Assets Available for Benefits.

The Actuarial reserve for self-funded claims incurred but unreported is reported based on actuarial present value and certain assumptions pertaining to completion factors, interest rates, health care inflation rates and participant demographics, all of which are subject to change. Such estimates and assumptions could change in the future as more information becomes known, which could impact the amounts reported and disclosed herein.

Contributions

Employer contributions are reported on the Statements of Changes in Benefit Obligations and Net Assets Available for Benefits on an accrual basis. Contributions from employers, and related receivables, are recorded based on the month or period of coverage. Contributions receivable is estimated based on billed premiums. It is the Trust's policy to terminate coverage if payment is not received after the 30-day grace period. No allowance is provided for estimated uncollectible accounts, as management considers all amounts fully collectible.

Claims

Self-funded claims are recorded based on the date the claim is paid by the claims processor—Anthem, Delta Dental, VSP or Express Scripts.

THE GROUP INSURANCE TRUST OF THE
CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
Notes to Financial Statements
December 31, 2024 and 2023

2. Summary of Significant Accounting Policies (continued)

Capitalized software

Capitalized software is stated at cost, less accumulated amortization calculated using the straight-line method over an estimated useful life of three years.

Stop-loss insurance

Indemnification by Anthem for medical and prescription claims in excess of stop-loss limits is recognized at the time the related claim accrues. For 2024 and 2023, specific stop-loss provisions indemnified individual medical and prescription claims in excess of \$600,000 (a higher limit in 2023 for one specific covered member), and aggregate stop-loss provisions indemnified the Trust for losses in excess of \$53,674,772 and \$52,104,675, respectively.

Income taxes

The Trust is a "welfare benefit fund" as defined in Section 419(e) of the Internal Revenue Code which is a 10 or more employer plan as defined in Section 419A(f)(6) and is considered a taxable trust. Employer contributions to welfare benefit funds such as the Trust are not taken into account in determining income taxable to the Trust. However, Trust net investment income is taxable to the Trust and distributions to beneficiaries are deductible to the extent of Trust income. No federal or state income taxes have been recorded for the years ended December 31, 2024 or 2023, as the allowable expenses exceeded net investment income for the Trust.

Leases

The Trust leases certain facilities under non-cancelable operating leases with terms from two to four years. At December 31, 2024, the weighted-average discount rate and weighted-average remaining lease term in years were 1.37% and 1.74, respectively. Lease expenses incurred for the years ended December 31, 2024 and 2023, amounted to \$120,342 each year, and are included in Other administrative expenses on the Statements of Changes in Benefit Obligations and Net Assets Available for Benefits. The following tables display the undiscounted cash flows due related to the operating leases, along with a reconciliation of the discounted amount recorded in the Statements of Benefit Obligations and Net Assets Available for Benefits, as of December 31, 2024:

	2025	\$ 131,892
	2026	<u>110,536</u>
Total Undiscounted Cash Flows		242,428
Present Value Discount		<u>(2,893)</u>
Total Lease Liability		<u>\$ 239,535</u>

THE GROUP INSURANCE TRUST OF THE
CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
Notes to Financial Statements
December 31, 2024 and 2023

2. Summary of Significant Accounting Policies (continued)

Reconciliation to Statements of Benefit Obligations and Net Assets Available for Benefits:

	<u>Right-of-use assets</u>	<u>Lease liabilities</u>
Balance at January 1, 2024	\$ 330,733	\$ 364,143
Amortization charges	(116,275)	
Accretion of interest		4,068
Lease payments (principal)		(124,608)
Lease payments (interest)		(4,068)
Balance as of December 31, 2024	\$ 214,458	\$ 239,535
Current (short term)		\$ 129,569
Non-current (long term)	\$ 214,458	\$ 109,966
Total	\$ 214,458	\$ 239,535

3. Administrative Agreements

Administrative service organizations (ASO)

The Trust has entered into administrative services agreements with Anthem, Delta Dental, VSP and Express Scripts for self-funded plans. Services are provided on a fee basis and generally include use of the ASO provider network, claims administration, cost containment services, data reporting, eligibility maintenance and other supporting services. Contract administrative expenses incurred by the Trust during 2024 and 2023, in connection with administrative service agreements, amounted to \$2,415,961 and \$2,291,303, respectively.

Banyan Administrators

Benefit administrative services are provided by Banyan Administrators ("Banyan"), a division of PES Benefits ("PES"), under an administrative agreement effective November 14, 2024, when PES acquired Banyan from Clarity Benefit Solutions ("Clarity"). Under the agreement, Banyan receives and accounts for employer contributions, maintains records of eligible participants and performs various other services. Contract administrative expenses incurred by the Trust for services provided by Banyan during 2024 and 2023 amounted to \$799,942 and \$777,682, respectively.

Clarity provides COBRA administrative services under an administrative agreement effective October 1, 2022. Under the agreement, Clarity receives and accounts for COBRA participant contributions, maintains records of eligible participants, and performs various other services. Contract administrative expenses incurred by the Trust for COBRA services provided by Clarity during 2024 and 2023 amounted to \$38,398 and \$39,081, respectively.

THE GROUP INSURANCE TRUST OF THE
CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
Notes to Financial Statements
December 31, 2024 and 2023

4. Maintenance Trust

Employers in the self-funded medical, dental and vision programs are billed directly to provide for the payment of certain indirect administrative costs incurred. Enrollee fees are deposited into the Maintenance Trust, which is independent of the Trust. The Maintenance Trust reimburses CalCPA monthly for indirect expenses it incurs on behalf of the Trust and reimburses Trustee employers for compensatory time spent on Trust matters.

5. Related Party and Party-in-Interest Transactions

ERISA defines parties-in-interest similarly to FASB ASC 850, Related Party Disclosures, except that ERISA's definition is broader and includes all entities and individuals that provide services to the Trust, any fiduciary of the Trust, the participating employers, and certain others; however, these entities may not necessarily be related parties. The Trust did not identify any related parties to the Trust that were not also considered to be parties-in-interest. The Trust did not enter into any material related party transactions during the Trust year related to compensation arrangements, expense allowances, or similar items.

As discussed in Note 3, the Trust has several arrangements with insurance carriers and third-party claims processors. Cash and investments are held in various banks and financial institutions. These transactions qualify as exempt party-in-interest transactions.

6. Trust Investments

Trust investments, including investments bought, sold, and held during 2024 and 2023, appreciated by \$725,358 and \$1,327,042, respectively. The individual investments of the Trust, stated at fair value as of December 31, 2024 and 2023, are as follows:

	<u>2024</u>	<u>2023</u>
Fixed Income Investment Bonds, 18,202,556 and 17,459,322 shares at December 31, 2024 and 2023, respectively	\$17,492,214	\$16,767,430
Vanguard Short-Term Investment-Grade Fund, 2,614 and 282,631 Admiral shares at December 31, 2024 and 2023, respectively	26,947	2,891,320
Vanguard Developed Markets Index Fund, 88,433 and 93,668 Admiral shares at December 31, 2024 and 2023, respectively	1,358,330	1,442,481

THE GROUP INSURANCE TRUST OF THE
CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
Notes to Financial Statements
December 31, 2024 and 2023

6. Trust Investments (continued)

	<u>2024</u>	<u>2023</u>
Vanguard High Dividend Yield Index Fund, 35,157 and 42,856 Admiral shares at December 31, 2024 and 2023, respectively	\$1,352,499	\$1,442,097
Vanguard Mid-Cap Index Fund, 4,059 and 4,995 Admiral shares at December 31, 2024 and 2023, respectively	1,326,687	1,438,983
Vanguard Real Estate Index Fund, 10,502 and 11,481 Admiral shares at December 31, 2024 and 2023, respectively	1,326,531	1,436,833
Vanguard Small-Cap Index Fund, 11,459 and 13,965 Admiral shares at December 31, 2024 and 2023, respectively	1,319,657	1,427,108
Eaton Vance Floating Rate Fund Class R6, 167,743 and 187,595 shares at December 31, 2024 and 2023, respectively	<u>1,407,366</u>	<u>1,581,424</u>
Total Funds	<u>\$25,610,231</u>	<u>\$28,427,676</u>

7. Concentration

The Trust maintains cash balances and money market accounts at several financial institutions. Periodically, such balances may be in excess of federally insured limits.

8. Fair Value Measurements

The Trust has characterized the fair value of their investments measured at fair value on a recurring basis, based on the priority of the inputs used to value the investments, into a three-level fair value hierarchy, as required under US GAAP. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1), and the lowest priority to unobservable inputs (Level 3). If the inputs used to measure the investments fall within different levels of the hierarchy, the categorization is based on the lowest level input that is significant to the fair value measurement of the investments.

THE GROUP INSURANCE TRUST OF THE
CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
Notes to Financial Statements
December 31, 2024 and 2023

8. Fair Value Measurements (continued)

Investments measured at fair value on a recurring basis in the statements are categorized based on the inputs to valuation techniques as follows:

Level 1. These consist of investments where values are based on unadjusted quoted prices for identical assets in an active market that the Trust has the ability to access.

Level 2. These consist of investments where values are based on quoted prices in markets that are not active or model inputs that are observable either directly or indirectly for substantially the full term of the investments.

Level 3. These consist of investments where values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement. These inputs reflect assumptions of management about assumptions market participants would use in pricing the investments.

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodology used for assets measured at fair value on a recurring basis. There have been no changes in the methodology used at December 31, 2024 and 2023.

Registered investment companies (Mutual funds or funds): Valued at the daily closing price as reported by the funds. Funds held by the Trust are open-end funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The funds held by the Trust are deemed to be actively traded and classified as Level 1 within the fair value hierarchy.

U.S. Government securities: Valued using quoted market prices in active markets. These securities are classified as Level 1 within the fair value hierarchy.

U.S. Agency securities: Valued using pricing models maximizing the use of observable inputs for similar securities. These securities are classified as Level 2 within the fair value hierarchy.

Municipal obligations: Valued based on quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data. These securities are classified as Level 2 within the fair value hierarchy.

Corporate obligations: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit. Corporate obligations are classified as Level 2 within the fair value hierarchy.

THE GROUP INSURANCE TRUST OF THE
CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
Notes to Financial Statements
December 31, 2024 and 2023

8. Fair Value Measurements (continued)

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, although the Trust believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table summarizes the Trust's assets measured at fair value on a recurring basis, as of December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Level 1: Quoted Prices in Active Markets For Identical Assets		
Registered investment companies	\$ 8,118,017	\$ 11,660,246
U.S. Government securities	7,820,893	7,343,997
Level 2: Significant Other Observable Inputs		
U.S. Agency securities	1,127,509	622,600
Municipal obligations	2,081,134	2,264,641
Corporate obligations	<u>6,462,678</u>	<u>6,536,192</u>
	<u>\$ 25,610,231</u>	<u>\$ 28,427,676</u>

9. Certain Regulatory Requirements

California Insurance Code Section 742.245 ("Section 742.245") imposes investment requirements on MEWAs, such as the Trust. The requirements stipulate investment grade levels, and generally, formulate maintaining a minimum level of specified investments, such as cash, and a maximum level of investments in equity holdings. The investments held by the Trust during 2024 and 2023 comply with the regulations imposed by Section 742.245.

10. Retirement Plan

The Trust sponsors a retirement plan for its employees authorized by section 401(k) of the Internal Revenue Code. Total retirement plan contribution expenses incurred for 2024 and 2023 amounted to \$103,152 and \$93,954, respectively, and are included in Other administrative expenses on the Statements of Changes in Benefit Obligations and Net Assets Available for Benefits.

THE GROUP INSURANCE TRUST OF THE
CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
Notes to Financial Statements
December 31, 2024 and 2023

11. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the accompanying 2024 and 2023 financial statements to the Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits, per Statements of Benefit Obligations and Net Assets Available for Benefits	\$27,928,893	\$30,953,920
Benefit obligations at the end of year	<u>(6,257,057)</u>	<u>(6,816,292)</u>
Net assets available for benefits, per Form 5500	<u>\$21,671,836</u>	<u>\$24,137,628</u>

The following is a reconciliation of payments to provide benefits to participants per the financial statements to the Form 5500 for 2024:

	<u>2024</u>
Benefits provided directly to participants, per Statements of Changes in Benefit Obligations and Net Assets Available for Benefits (Self-funded claims paid)	\$53,453,942
Benefit obligations at December 31, 2024	6,257,057
Benefit obligations at December 31, 2023	(6,816,292)
Prescription program rebates	(4,431,252)
Stop-loss insurance policy recoveries	<u>(2,512,636)</u>
Benefits provided directly to participants, per Form 5500	<u>\$45,950,819</u>

12. Subsequent Events

The Trust has evaluated subsequent events through May 14, 2025, the date the financial statements were available to be issued. No subsequent events have occurred requiring recognition or additional disclosure in the financial statements.

SUPPLEMENTARY INFORMATION



INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTARY INFORMATION

To the Board of Trustees
The Group Insurance Trust of the California Society
of Certified Public Accountants

Supplementary Information Required by the Employee Retirement Income Security Act of 1974 (ERISA)

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2024, schedule of assets (acquired and disposed of within year) for the year ended December 31, 2024, and of reportable transactions for the year ended December 31, 2024, of The Group Insurance Trust of the California Society of Certified Public Accountants are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (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 has been subjected to the 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 auditing standards generally accepted in the United States of America.

In forming our opinion on the supplementary information, we evaluated whether the supplementary information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Armanino LLP

Dallas, Texas

May 14, 2025

THE GROUP INSURANCE TRUST OF THE
CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
EIN: 94-1056137; Plan No. 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Investment Description	Cost	Current Value
	U.S. Treasury	Note due 05/31/2026, 2.13%, \$250,000 par	\$ 252,949	\$ 242,734
	U.S. Treasury	Note due 08/31/2026, 1.38%, \$150,000 par	143,221	143,145
	U.S. Treasury	Note due 01/31/2028, 0.75%, \$270,000 par	262,238	242,557
	U.S. Treasury	Note due 06/30/2026, 0.88%, \$200,000 par	200,008	190,305
	U.S. Treasury	Note due 08/31/2028, 1.13%, \$490,000 par	421,151	436,942
	U.S. Treasury	Note due 09/30/2026, 0.88%, \$550,000 par	546,369	518,997
	U.S. Treasury	Note due 11/30/2026, 1.25%, \$400,000 par	400,203	378,172
	U.S. Treasury	Note due 05/15/2032, 2.88%, \$500,000 par	483,574	449,063
	U.S. Treasury	Note due 08/15/2032, 2.75%, \$250,000 par	223,057	221,719
	U.S. Treasury	Note due 09/30/2027, 4.13%, \$500,000 par	503,594	498,047
	U.S. Treasury	Note due 10/31/2029, 4.00%, \$250,000 par	246,191	245,801
	U.S. Treasury	Note due 11/15/2032, 4.13%, \$320,000 par	335,700	312,150
	U.S. Treasury	Note due 11/30/2027, 3.88%, \$400,000 par	401,703	395,468
	U.S. Treasury	Note due 02/15/2033, 3.50%, \$120,000 par	115,392	111,656
	U.S. Treasury	Note due 02/28/2030, 4.00%, \$700,000 par	697,598	687,039
	U.S. Treasury	Note due 08/15/2033, 3.88%, \$350,000 par	338,475	333,211
	U.S. Treasury	Note due 08/31/2030, 4.13%, \$500,000 par	483,477	492,266
	U.S. Treasury	Note due 09/30/2028, 4.63%, \$500,000 par	498,887	504,688
	U.S. Treasury	Note due 01/31/2029, 4.00%, \$500,000 par	493,164	493,125
	U.S. Treasury	Note due 02/15/2034, 4.00%, \$500,000 par	488,770	478,906
	U.S. Treasury	Note due 02/28/2031, 4.25%, \$450,000 par	451,336	444,902
	Federal Home Loan Mortgage Corp	Note due 03/01/2039, 4.00%, \$36,019 par	37,227	34,268
	Federal Home Loan Mortgage Corp	Note due 08/01/2027, 2.50%, \$39,027 par	38,618	38,174
	Federal Home Loan Mortgage Corp	Note due 10/01/2053, 6.00%, \$155,046 par	156,839	156,827
	Federal Home Loan Mortgage Corp	Note due 02/01/2052, 3.50%, \$209,146 par	187,970	186,682
	Federal National Mortgage Association	Note due 07/01/2049, 3.00%, \$18,772 par	19,138	16,222
	Federal National Mortgage Association	Note due 01/01/2052, 2.00%, \$176,717 par	137,066	139,279
	Federal National Mortgage Association	Note due 04/01/2048, 3.00%, \$214,401 par	197,249	189,972
	Federal National Mortgage Association	Note due 05/01/2027, 2.50%, \$22,617 par	22,377	22,143
	Federal National Mortgage Association	Note due 10/01/2027, 2.50%, \$35,385 par	35,011	34,572
	Federal National Mortgage Association	Note due 07/01/2033, 3.50%, \$36,283 par	36,725	34,850
	Federal National Mortgage Association	Note due 06/01/2034, 3.50%, \$42,255 par	43,381	40,474
	Federal National Mortgage Association	Note due 07/01/2029, 3.00%, \$32,299 par	33,041	31,398
	Federal National Mortgage Association	Note due 08/01/2029, 3.00%, \$37,006 par	37,826	35,943
	Federal National Mortgage Association	Note due 01/01/2030, 3.00%, \$34,689 par	35,691	33,640
	Federal National Mortgage Association	Note due 02/01/2030, 3.00%, \$62,551 par	64,614	60,593
	Federal National Mortgage Association	Note due 03/01/2030, 3.00%, \$74,824 par	77,314	72,472
	California State	Note due 09/01/2034, 5.15%, \$250,000 par	251,218	250,304
	California State University	Note due 11/01/2025, 2.44%, \$250,000 par	250,000	246,045
	Greater Orlando Florida Aviation Authority	Note due 10/01/2030, 2.70%, \$260,000 par	231,046	233,219
	New York City Transitional Financial Authority	Note due 02/01/2032, 4.64%, \$250,000 par	242,690	244,953
	Oregon Department of Administrative Services	Note due 04/01/2031, 5.02%, \$250,000 par	250,000	253,267
	Phoenix Arizona	Note due 07/01/2030, 4.51%, \$250,000 par	250,000	248,348
	Port of Morrow Oregon Transmission Facilities	Note due 09/01/2032, 4.89%, \$250,000 par	252,843	250,293
	University of Colorado Enterprise System	Note due 06/01/2025, 2.35%, \$45,000 par	45,000	44,581
	University of Colorado Enterprise System	Note due 06/01/2025, 2.35%, \$105,000 par	105,000	104,071
	University of Oklahoma	Note due 07/01/2033, 2.41%, \$250,000 par	200,700	206,053
	American Express Credit Account Master Trust	Corporate Note due 09/15/2030, 5.15%, \$200,000 par	203,094	203,582
	Carvana Auto Receivables Trust	Corporate Note due 06/10/2027, 1.03%, \$125,000 par	124,977	120,744

THE GROUP INSURANCE TRUST OF THE
CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
EIN: 94-1056137; Plan No. 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Investment Description	Cost	Current Value
	Carvana Auto Receivables Trust	Corporate Note due 12/10/2027, 1.64%, \$225,000 par	\$ 224,988	\$ 217,524
	Chase Issuance Trust	Corporate Note due 01/15/2031, 4.63%, \$150,000 par	150,000	149,803
	Citibank Credit Card Issuance Trust	Corporate Note due 10/13/2030, 3.96%, \$80,000 par	77,219	78,028
	CHN Equipment Trust	Corporate Note due 03/15/2032, 4.12%, \$150,000 par	147,246	146,743
	GM Financial Consumer Automobile Receivables Trust	Corporate Note due 11/16/2029, 5.09%, \$200,000 par	204,516	202,273
	Honda Auto Receivables Owner Trust	Corporate Note due 07/18/2030, 5.21%, \$70,000 par	72,062	71,004
	Toyota Auto Receivables Owner Trust	Corporate Note due 10/15/2026, 0.53%, \$130,518 par	129,901	128,656
	World Financial Network Credit Card Master Trust	Corporate Note due 05/15/2031, 4.62%, \$150,000 par	151,605	149,672
	World Omni Auto Receivables Trust	Corporate Note due 09/15/2027, 0.64%, \$175,000 par	174,960	170,812
	AT&T Inc	Corporate Note due 07/15/2026, 2.95%, \$200,000 par	217,848	194,947
	Alexandria Real Estate Equities Inc	Corporate Note due 05/18/2032, 2.00%, \$150,000 par	121,655	119,575
	American Express Co	Corporate Note due 11/05/2027, 5.85%, \$130,000 par	129,906	133,946
	American Honda Finance Corp	Corporate Note due 09/10/2025, 1.00%, \$225,000 par	224,989	219,377
	Bank of America Corp	Corporate Note due 04/23/2027, 3.56%, \$200,000 par	193,966	196,710
	Bank of NY Mellon Corp	Corporate Note due 01/29/2028, 3.40%, \$150,000 par	141,288	144,494
	Bank of Nova Scotia	Corporate Note due 08/03/2026, 2.70%, \$250,000 par	249,403	242,579
	CF Industries Inc	Corporate Note due 03/15/2034, 5.15%, \$100,000 par	94,027	96,909
	Capital One Financial	Corporate Note due 07/28/2026, 3.75%, \$200,000 par	210,550	196,371
	Citigroup Inc	Corporate Note due 05/24/2028, 4.66%, \$200,000 par	200,000	198,637
	Clorox Co	Corporate Note due 10/01/2027, 3.10%, \$200,000 par	224,496	191,660
	Comcast Corp	Corporate Note due 02/15/2028, 3.15%, \$150,000 par	144,653	142,813
	Duke Energy Carolinas	Corporate Note due 01/15/2033, 4.95%, \$150,000 par	148,371	147,398
	Emerson Electric Co	Corporate Note due 10/15/2026, 0.88%, \$200,000 par	199,344	187,840
	Florida Power & Light Co	Corporate Note due 02/03/2032, 2.45%, \$150,000 par	130,127	126,556
	Goldman Sachs Group Inc	Corporate Note due 02/24/2028, 2.64%, \$100,000 par	92,147	95,331
	JPMorgan Chase & Co	Corporate Note due 01/23/2030, 5.01%, \$200,000 par	200,000	199,710
	Lockheed Martin Corp	Corporate Note due 02/15/2029, 4.50%, \$200,000 par	197,980	197,669
	Metlife Inc	Corporate Note due 07/15/2033, 5.38%, \$150,000 par	156,233	151,626
	Morgan Stanley	Corporate Note due 07/21/2034, 5.42%, \$100,000 par	96,680	99,367
	Northern Trust Co	Corporate Note due 05/10/2027, 4.00%, \$100,000 par	99,838	98,647
	PNC Financial Services	Corporate Note due 12/02/2028, 5.35%, \$150,000 par	150,282	151,936
	Charles Schwab Corp	Corporate Note due 01/25/2028, 3.20%, \$150,000 par	145,152	143,532
	Southern Power Company	Corporate Note due 01/15/2026, 0.90%, \$200,000 par	199,510	192,074
	Toronto-Dominion Bank	Corporate Note due 09/11/2025, 0.75%, \$175,000 par	174,512	170,348
	Toyota Motor Credit Corp	Corporate Note due 03/22/2027, 3.05%, \$200,000 par	193,652	193,545
	Truist Financial Corp	Corporate Note due 06/06/2028, 4.12%, \$150,000 par	144,459	147,188
	US Bancorp	Corporate Note due 01/27/2028, 2.21%, \$150,000 par	135,920	142,094
	UnitedHealth Group Inc	Corporate Note due 06/15/2028, 3.85%, \$80,000 par	78,191	77,725
	Verizon Communications Inc	Corporate Note due 03/22/2028, 2.10%, \$100,000 par	99,955	91,930
	Wells Fargo & Company	Corporate Note due 03/02/2033, 3.35%, \$150,000 par	134,600	131,303
	The Vanguard Group	88,433 shares - Developed Markets Index Fund Admiral shares	1,221,188	1,358,330
	The Vanguard Group	35,157 shares - High Dividend Yield Index Fund Admiral shares	1,133,665	1,352,499
	The Vanguard Group	4,059 shares - Mid-Cap Index Fund Admiral shares	854,929	1,326,687
	The Vanguard Group	10,502 shares - Real Estate Index Fund Admiral shares	1,136,088	1,326,531
	The Vanguard Group	11,459 shares - Small-Cap Index Fund Admiral shares	722,968	1,319,657
	The Vanguard Group	2,614 shares - Short-Term Investment-Grade Fund Admiral shares	26,973	26,947
	Eaton Vance	167,743 shares - Floating Rate Fund R6 shares	1,473,919	1,407,366
		Total	<u>\$ 24,385,673</u>	<u>\$ 25,610,231</u>

THE GROUP INSURANCE TRUST OF THE
CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
EIN: 94-1056137; Plan No. 501
Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within Year)
December 31, 2024

(a)	(b)	(c)	(d)
Identity of Issue	Investment Description	Cost of Acquisition	Proceeds of Disposition
T-Mobile USA Inc	Corporate Note due 04/15/2029, 3.375%, \$200,000 par	\$ 187,935	\$ 190,789

THE GROUP INSURANCE TRUST OF THE
CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
EIN: 94-1056137; Plan No. 501
Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value on Transaction Date	Net Gain or (Loss)
Investments Acquired and Sold								
The Vanguard Group	Vanguard Short-Term Investment-Grade Fund	1,743,960	-	-	-	1,743,960	1,743,960	-
The Vanguard Group	Vanguard Short-Term Investment-Grade Fund	-	4,650,000	-	-	4,624,160	4,650,000	25,840

Group Insurance Trust of the California Society of Certified Public Accountants

EIN: 94-1056137; PN: 501

Plan Year ended: December 31, 2024

Multiple-Employer Plan Participating Employer Information

Employer	EIN	Address	%GT Net Premium
Frank Rimerman	94-1341042		10.00%
TRI HoldCo, Inc	83-1643898		3.01%
Payroll Express LLC	45-3517823		2.50%
Duffy Kruspodin LLP	95-4244393		2.31%
Eisner Advisory Group LLC	87-1353108		2.13%
Mirastar Federal Credit Union	94-1509091		1.94%
Symphony Risk Solutions Insurance Services	94-2632373		1.88%
Pinion LLC	48-0567703		1.82%
CALIFORNIA SOCIETY OF CPAS	94-1056137		1.71%
SOAProjects Inc	20-0802044		1.62%
CAMICO	77-0105482		1.59%
Redwitz Inc	33-0850406		1.53%
Ray Stone Inc	94-1736828		1.24%
Merced School Employees Federal Credit Union	94-1284984		1.16%
Nasif Hicks Harris and CO LLP	77-0181453		1.10%
M. Green and Company LLP	94-1683129		0.98%
HEMMING MORSE, LLC	30-0702322		0.88%
Golden Valley Bank	20-4148098		0.88%
BOOS & ASSOCIATES, A Professional Corporation	20-4243780		0.84%
Wright Ford Young & Co, CPAs	95-3288054		0.76%
Cornerstone Community Bank	20-5260109		0.75%
Realize CPA, LLP	94-3145806		0.74%
Bianchi, Kasavan, & Pope	94-1541507		0.67%
NIMAN AND ASSOCIATES, INC	33-0568559		0.63%
Tiret & Company, CPAS	94-2824205		0.58%
Milam, Knecht & Warner, LLP	95-4538174		0.58%
ADAIR AND EVANS, AN ACCOUNTANCY CORPORATION	77-0042051		0.57%
JRG Attorneys at Law	45-4073451		0.55%
BROWN ARMSTRONG ACCOUNTANCY CORPORATION	95-3109182		0.53%
MCGILLOWAY, RAY, BROWN AND KAUFMAN, AC	77-0460195		0.52%
BROTEMARKLE DAVIS AND CO, LLP	68-0219846		0.52%
Johanson & Yau Accountancy Corporation	94-2702860		0.50%
DEMERA DEMERA CAMERON, LLP	20-3942205		0.47%
Moore Grider and Company LLP	94-2191284		0.47%
Jones, Schiller & Littman LLP	94-1420282		0.46%
C&D LLP	77-0418724		0.46%
Law Offices of Stephen Moskowitz DBA Moskowitz LLP	20-2071948		0.46%
AMI ASSET MANAGEMENT CORPORATION	95-4446454		0.45%
HMI Capital Management LP	26-3669288		0.45%
DRITSAS GROOM MCCORMICK, LLP	94-2782187		0.44%
Galgas Russell LLP	95-3535236		0.43%
Thomas Doll	94-3076665		0.43%
DH Scott and Company	68-0397834		0.42%
MHTB Accountancy Group of Silicon Valley	94-2188070		0.42%
AGT CPAs & Advisors	68-0146027		0.42%
MOSS, LEVY AND HARTZHEIM	75-3194011		0.42%
SOREN MCADAM, LLP	77-0549163		0.41%
Luttrell Wegis LLP	82-4836394		0.41%
Alliant Communities LLC	85-0695775		0.40%
Intelligence Driven Advisors, LLC	27-0909398		0.37%
Offereins Janda Roe and McCahan	77-0164567		0.36%
SOARES, SANDALL, BERNACCHI AND PETROVICH	95-1888001		0.36%
Hedman Partners LLP	85-4036357		0.34%
POLLY, SCATENA, VASHERESSE & MAY	94-1246445		0.31%

Group Insurance Trust of the California Society of Certified Public Accountants

EIN: 94-1056137; PN: 501

Plan Year ended: December 31, 2024

Multiple-Employer Plan Participating Employer Information

Employer	EIN	Address	%GT Net Premium
COHN HANDLER STURM	95-4067292		0.31%
PATRICK SCHEUFLE, ACCY CORP	77-0356441		0.31%
SITKOFF, O NEIL ACCOUNTANCY CORP	95-3437527		0.31%
Freedman Broder & Company	95-4338170		0.30%
Greenstein, Rogoff, Olsen and CO LLP	94-2231697		0.29%
FINN AND COHEN CPAS	77-0296692		0.29%
Given & Company, Inc.	95-3416914		0.29%
Bidwell Consulting Services, Inc	20-3039384		0.28%
Edwards and Barber CPAs	87-2820304		0.26%
SCHWARTZ, KALES AAC	95-3131555		0.25%
David L Moonie and Co, LLP	94-1056328		0.25%
Lindquist, Von Husen & Joyce LLC	94-1250261		0.25%
Milani & Associates	77-0491567		0.25%
PKC Kuebler, APC	46-1483607		0.25%
Vollmer, Daniel, Gaebe & Grove LLP	94-1553366		0.24%
Iacopi, Lenz & Company	94-2517281		0.24%
Group Insurance Trust	94-2767563		0.23%
WIEGEL, SZEKEL AND FRISBY	95-3042596		0.23%
Bell Investment Advisors	94-3129063		0.23%
Palm Drive Associates, LLC	95-4648547		0.22%
Central Coast Federal Credit Union	94-1521509		0.22%
CLUMECK STERN SCHENKELBERG AND GETZOFF	95-4120221		0.22%
Filipovitch and Company	33-0541559		0.22%
GILBERT CPAs	68-0037990		0.21%
Chiorini Platt & Jacobs CPAs LLP	85-2838626		0.21%
Goehner Accountancy Corporation	95-4835865		0.21%
Fenton & Ross	42-1608837		0.21%
GARY ISKOWITZ AND COMPANY, LLP	95-3610412		0.21%
Simens & Polo, LLP	27-1356243		0.21%
ANDREWS, LUCIA AND COMPANY LLP	94-2872595		0.20%
Halle, Porter, Newland & Rickett	46-4418219		0.20%
BENTSON, VUONA & WESTERSTEN, LLP	33-0683633		0.20%
Wahl, Willemse & Wilson, LLP	77-0458134		0.20%
Anthony & Associates, CPAs	33-0146112		0.20%
BRHE Group	30-0394947		0.19%
Shapiro Villalobos & Associates	95-3996047		0.19%
Parkside CPAs and Consultants	82-1996772		0.19%
ALLEGENT GROUP, LLP	20-3339942		0.19%
WMB2, LLP	26-3789391		0.19%
Allmon DiBernardo & Associates CPAs	84-4584430		0.19%
KRIKORIAN AND COMPANY ACCOUNTANCY CORP	20-8558361		0.19%
Hunter, Hunter & Hunt, LLP	68-0166671		0.19%
Bastrire Montgomery CPAs	87-2226366		0.19%
RIDGEWAY AND WARNER	77-0029884		0.19%
SALLMANN, YANG AND ALAMEDA	94-2484789		0.18%
Barnett & Company, Inc.	58-2684716		0.18%
Ward Accountancy, Inc	20-2799045		0.18%
Porter Romine and Heck LLP	85-1809799		0.18%
TITTLE AND COMPANY, LLP	20-0223640		0.17%
Boroda Holm, APC, CPA's	95-2848059		0.17%
CASKEY MANDELL KARP AND BLOCK, LLP	26-2758982		0.17%
MAXSON AND ASSOCIATES ACCOUNTING CORPORATION	95-3513228		0.17%
Ghirardo CPA	68-0232047		0.17%
BEAN HUNT HARRIS & COMPANY	26-3649876		0.17%

Group Insurance Trust of the California Society of Certified Public Accountants

EIN: 94-1056137; PN: 501

Plan Year ended: December 31, 2024

Multiple-Employer Plan Participating Employer Information

Employer	EIN	Address	%GT Net Premium
JENKINS, BOWLER, LLP	95-2131722		0.17%
Bryant Jolley CPA	94-2706107		0.17%
Lieb, Cody & Co., CPAS, Inc.	33-0526464		0.16%
Linkenheimer LLP	94-1354985		0.16%
Berliner & Co.	95-3051519		0.16%
Krueger Canzonieri Herzog, LLP	81-4229985		0.16%
Perotti & Carrade, CPAs, A Prof Corp	68-0095377		0.16%
Tax Law Offices of David W. Klasing, P.C.	46-4394667		0.15%
PAPILE ACCOUNTANCY, INC	95-4818579		0.15%
Jones, Schiller & Company	80-0101870		0.15%
Allison & Gibb, LLP	47-5278347		0.14%
Shogren & Associates	47-4546668		0.14%
ISAAC BLUMBERG, CPAS	95-4081192		0.14%
Morey CPA & Associates, Inc.	46-3562990		0.14%
Strand Boyce O'Shaughnessy CPAs, Inc.	68-0485584		0.14%
Thompson Tax LLC	20-1342577		0.14%
Perry Hay LLP	46-2290413		0.14%
McCrimlisk DiTullio & Company	20-1657655		0.14%
California Mutual Insurance Company	94-0467460		0.14%
Premier Financial Search	87-0761841		0.14%
Exit Strategies Group, Inc	80-0551274		0.14%
Sousa and Company	77-0499596		0.14%
ELKINS AND ELKINS	95-3094351		0.14%
GOODRICH THOMAS CANNON AND REEDS LLP	95-2982890		0.13%
NOMI TAKAICHI, CPAS	77-0356600		0.13%
Robert M. Galligan & Associates, Inc.	94-1744446		0.13%
Avondale International LLC	77-0479509		0.13%
Apollo Accountancy Solutions	83-1542842		0.13%
Robert A Hawks Jr CPA	20-4843460		0.13%
HOAG AND ROBI, INC	56-2345716		0.13%
Simantob & Associates, INC. CPA	45-4521238		0.13%
Stephen T. Fineman, CPA, A Professional Corp	46-4209147		0.13%
Steinbruner Hill, Inc.	46-2638405		0.13%
Holmquist Liewald, LLP	82-3703069		0.13%
CAL Accounting, P.C.	37-1852224		0.13%
Toplitzky & Co., LLP	87-4193262		0.13%
Scott B. Price and Company LLP	81-4732366		0.12%
John W Weldon CPA & Co Inc	20-5851218		0.12%
SCOTT JEFFERS, CPA	20-8260955		0.12%
EDWIN L BAUER, CPA, INC	94-3021203		0.12%
Butterfield + Co. CPAs, Inc.	47-2108239		0.12%
RONALD S LITVAK AND CO	95-4288446		0.12%
Blockhus & Associates	77-0419258		0.12%
Capital Alliance, LLC	01-0888442		0.12%
Folkers & Associates, an Accountancy Corporation	20-1564366		0.12%
Hing Accountancy Corporation	94-2685323		0.12%
D C Peek & Associates Inc	68-0262932		0.11%
McClintock Accountancy Corporation	94-2617724		0.11%
Spiegel Accountancy Corp	26-4802175		0.11%
Latino Tax Professionals Association, LLC	26-3311095		0.11%
CROPPER ACCOUNTANCY CORP	68-0372583		0.11%
Baerg & Associates, LLP	81-4772345		0.11%
TERRIE Y. PROD HON, CPA	94-2904901		0.11%
Hamilton & Associates, CPA Inc.	33-0843497		0.11%

Group Insurance Trust of the California Society of Certified Public Accountants

EIN: 94-1056137; PN: 501

Plan Year ended: December 31, 2024

Multiple-Employer Plan Participating Employer Information

Employer	EIN	Address	%GT Net Premium
Silverman, Krantz & Porter An Accy Corp	94-2917555		0.11%
HACKER, DOUGLAS AND COMPANY	95-4768199		0.11%
Alvarez & Shelley, Professional Corporation	43-2020880		0.11%
Tolliver & Associates Inc	27-1200761		0.10%
Launch Search Partners LLC	73-1662405		0.10%
STEVE CALLAS AND ASSOCIATES	95-4273917		0.10%
BEST BOOKKEEPING SERVICES, INC	95-4234789		0.10%
UDAY R SAWHNEY, CPA	95-3654544		0.10%
CUMMINS AND REGENHARDT, INC, CPAS	33-0742304		0.10%
GRAY, PROCTOR AND MCMANNIS, CPAS,LLP	33-0540999		0.10%
Varshawsky Huber LLP	85-0780601		0.10%
ABG, LLC	46-1848623		0.10%
WADE R KAWAKAMI, CPA	77-0386530		0.10%
Linger, Peterson and Shrum	81-1342570		0.10%
Evanhoe, Kellogg & Company, Inc.	94-2725066		0.10%
JARIBU W NELSON CPA INC	27-3006038		0.10%
HAMMILL CONSULTING	94-2519701		0.10%
Janowicz & Bjorklund, LLP	93-4805712		0.10%
MAEMURA & COMPANY	77-0264780		0.10%
Aquilo Capital Management LLC	27-2448001		0.10%
SPERRY BAUER AND ASSOCIATES, LLP	20-5938941		0.09%
Frazin and Co CPA	95-4545665		0.09%
YUDA, LANG AND ASSOCIATES, LLP	33-0989652		0.09%
Mendes and Haney, LLP.	47-2098466		0.09%
Stevens, Sloan & Shah CPAs	77-0385418		0.09%
Debt Acquisition Company of America	27-2543624		0.09%
LAWRENCE M STERNSHEIN, CPA	95-4560072		0.09%
Savage & Lucido	46-0894701		0.09%
Lauren Be CPA Accountancy Co	85-3040379		0.09%
Khoo & Company, Inc	94-3400562		0.09%
Lopez Tax Service, Inc.	77-0513889		0.09%
ROBERT A CHINSKEY, CPA	95-4514003		0.09%
Taylor & Galyan, CPAs LLP	45-3623581		0.09%
George W Teats Jr, CPA	26-1557474		0.09%
Withrow & Baggett, LLP	45-4105639		0.09%
OGDEN WEALTH MANAGEMENT	77-0130032		0.09%
Curry & Associates, Inc	83-2466922		0.09%
Scholl and Arensdorf LLP	92-1473755		0.09%
Sandys + Company, Inc	47-5015963		0.09%
Nichols, Rick & Company, CPAS	77-0454740		0.09%
Storm-Larsen & Company, Inc.	95-3121257		0.09%
Higgins & Associates, CPA Inc	20-1288893		0.09%
Laurel Larson, CPA	26-4704115		0.09%
DENNIS ITO AND ASSOCIATES, INC.	59-3828729		0.09%
Gray Salt & Associates LLP	45-0606931		0.09%
SF Sentry Securities, Inc.	94-3123636		0.08%
CALIBER AUDIT AND ATTEST, LLP	26-2350873		0.08%
Kevin Saltzman Inc	20-0142443		0.08%
Miles Consulting Group, Inc.	02-0570135		0.08%
Downs & Tsuruda, Inc	68-0328737		0.08%
Anderson Accountancy Corporation	94-2753654		0.08%
FANUCCHI AND SIRABIAN	94-6402524		0.08%
DAHLERBRUCH ACCY CORP	95-4302683		0.08%
Sentry Advisors LLC	47-1476985		0.08%

Group Insurance Trust of the California Society of Certified Public Accountants

EIN: 94-1056137; PN: 501

Plan Year ended: December 31, 2024

Multiple-Employer Plan Participating Employer Information

Employer	EIN	Address	%GT Net Premium
HINRICHER, & COUSINO, LLP	77-0291466		0.08%
MORTON ASSOC INC	77-0483462		0.08%
Pruneyard Financial Group Inc	77-0445521		0.08%
Brickley Wealth Management	46-3484707		0.08%
RSIS APC	93-3614912		0.08%
Jaech and Associates Inc	87-1674891		0.08%
POSIVAK AND JOFFE, LLP	26-3679892		0.08%
Hards & Wright, CPAs	95-4838744		0.08%
C. McHugh Insurance Agency, Inc.	68-0453308		0.08%
KINSMAN AND KINSMAN, CPAS	94-6329544		0.08%
Cothran & Johnson Accy Corp	94-2493890		0.08%
Opdahl & Rachamony LLP	84-2424013		0.08%
Carlson CPA, Inc.	82-3129888		0.08%
TAMIYASU, SMITH, HORN AND BRAUN,	20-8231003		0.08%
GREEN AND GREEN, LLP	94-3377278		0.08%
Hoffman Accountancy Corporation	26-4119424		0.07%
R. Raymond Montero, CPA, A Prof. Corp.	20-0352193		0.07%
Daines Inc	94-3405984		0.07%
ROESER ACCY CORP	77-0412784		0.07%
Vuoso, Pielago, Spranza & Associates	54-2071255		0.07%
Seltzer Business Management Inc	20-8138958		0.07%
Siino & Associates, LLC	45-5619501		0.07%
MARK CASTELLUCCI	68-0139664		0.07%
Alvarez Tax & Accounting, LLP	47-1854853		0.07%
Moncrief and Hart PC	20-3623881		0.07%
Wren Capital, LLC	36-4670718		0.07%
ELLIS, BRISTOL, HARMON AND MARSH	95-2114482		0.07%
Raleigh Inc	87-1723396		0.07%
LeWinter Tax Associates, Inc	33-0549077		0.07%
Burkart & Associates	77-0526608		0.07%
La Presa Partners LLC	92-0305613		0.07%
VAN TASSELL AND PAEGEL CPAS	95-2794347		0.07%
The Anderson Group CPA	81-0892067		0.07%
Jeffrey H. Klein CPA, INC, APC	20-5324960		0.07%
Condie, Thomas & Harbo CPAs APC	95-4506547		0.07%
Irvin, Abrahamson & Company, CPAs	77-0327584		0.07%
E3 Coastal Advisors LLP	85-2985459		0.07%
MINE AND ARAO, LLP	77-0196989		0.07%
R A Bradford & Co, Inc	27-1483617		0.07%
DANIEL TOWLE AND WARKENTINE	94-2220296		0.07%
KEVIN S HATCH	94-3315251		0.07%
Benny and Donna M. Van Rijn	20-3433039		0.07%
SNORTLAND, FERNANDEZ, BROWN	94-1521621		0.07%
Fink & Company, LLP	95-3803304		0.07%
Hal Brand CPA Accy Corp	33-0294508		0.07%
SAMPSON, SAMPSON & PATTERSON LLP	20-8912423		0.07%
Volkoff Manyak Wade & Company, LLP	27-3171600		0.07%
BIZVALPLUS, INC	20-2487115		0.07%
Fident Capital	20-3138109		0.07%
Accountix, Inc	47-3569428		0.07%
STEPHEN R WRIGHT, AAC	26-3063167		0.07%
Steven M Spector CPA	26-3267382		0.07%
Geoffrey L Lamb, CPA	81-0968775		0.07%
Whitaker & Associates Inc	80-0334011		0.07%

Group Insurance Trust of the California Society of Certified Public Accountants

EIN: 94-1056137; PN: 501

Plan Year ended: December 31, 2024

Multiple-Employer Plan Participating Employer Information

Employer	EIN	Address	%GT Net Premium
KELFER AND ASSOCIATES, LLP	20-5487559		0.07%
Frisbey Carter and Associates	33-0105935		0.07%
Brent Meyer, CPA & Associates	47-4508027		0.07%
JOHNSON AND JOHNSON, CPAS	77-0081022		0.07%
SWAIN AND KENNERSON, AAC	33-0179701		0.07%
O RAY SHEETS ACCY CORP	94-2218957		0.07%
Burgess & Company CPAs, Inc	94-3045739		0.06%
Harshwal and Company LLP	27-0741376		0.06%
Numberwise Accounting	47-4978094		0.06%
Peter A Anastasi CPA	45-4352695		0.06%
David C Papotta, CPA	27-4440848		0.06%
Richard W. Shelton Insurance Marketing, Inc.	03-0376795		0.06%
John R Dues, CPA, Inc	27-2627042		0.06%
Joseph E Gordillo CPA, A Professional Corp	94-3161603		0.06%
BRATTON, MCMORROW & ASSOCIATES, LLP	77-0223250		0.06%
James Pirkle	77-0311241		0.06%
MICHAEL JOHN KLEIN	95-4011937		0.06%
L2 Financial, Inc.	33-0825615		0.06%
MB Accounting & Consulting	47-2697002		0.06%
Michael D. Weinstein CPA PC	95-4832833		0.06%
Hysell & Quist Accountancy Corporation	82-2662602		0.06%
Litton, Williams & Strain LLP	77-0281632		0.06%
Miller & Associates CPA's, Inc.	27-1540658		0.06%
BICKER AND COMPANY CPAS, INC.	77-0416516		0.06%
Stafford & Warren, LLP	33-0783651		0.06%
ALAN T PLISKA, CPA	95-3082171		0.06%
DMA Accountancy Corporation	82-4311141		0.06%
ROBERT J FOGELMAN, CPA	41-2119150		0.06%
Nakahara Accountancy Corporation	94-3257923		0.06%
MMRS Accountancy Corporation	93-4797806		0.06%
Bernotas Accountancy Corp	95-2931404		0.06%
MY-BUSINESS-ADVISOR LLP	94-3382823		0.06%
Fenster and Fenster CPAs LLP	33-0388991		0.06%
JOHN S HILL, CPA	20-0919098		0.06%
TCA Partners	20-2707086		0.06%
SHENOUDA AND ASSOCIATES, LLP	04-3586948		0.06%
Ingraham & Contreras	82-4229909		0.06%
Ryan & McDonald	77-0583407		0.06%
Montage Tax PC	81-1087389		0.06%
Wardell & Rall Accountancy Corporation	20-2335225		0.06%
Theorem LLP	20-5947643		0.06%
Ross Carreiro Brown CPAs, P.C.	87-3744513		0.06%
Shaw Accountancy Co	85-1813430		0.06%
Berg & Chatfield CPAs Inc	83-2357618		0.06%
Scott Corporation, APAC	61-1546245		0.06%
G Scott Haislet	94-3349395		0.06%
Smith and James	68-0321108		0.06%
KFK CPA, Inc.	84-3475091		0.06%
Goldstein Weiss, CPAs	84-2325318		0.06%
Robert K Eulau		7403 Hillside Drive, La Jolla, CA 92037	0.06%
Norman W. Marcoux, CPA, Inc.	68-0083968		0.06%
O'Dell Cross, A Professional Corp	77-0568243		0.05%
TIM D BREWER, CPA	77-0269044		0.05%
Merrell Irwin & Associates	83-2219812		0.05%

Group Insurance Trust of the California Society of Certified Public Accountants

EIN: 94-1056137; PN: 501

Plan Year ended: December 31, 2024

Multiple-Employer Plan Participating Employer Information

Employer	EIN	Address	%GT Net Premium
JEFFREY A KAPLAN		10877 Wilshire Blvd Ste 1520, Los Angeles, CA 90024	0.05%
Westside CPAs LLP	92-3083031		0.05%
HAMILL AND KAPLAN, LLP	20-1874095		0.05%
Schaim, Hyde & Company, Inc	20-1348207		0.05%
Loeb & London, LLP	02-0544860		0.05%
Andrea R. Hill, CPA, AAC	84-2966863		0.05%
Patrick F. Fetzer, CPA	35-2349969		0.05%
Knight & Company, CPAs, Inc	26-3742864		0.05%
Clay S Leong CPA	82-4350121		0.05%
Johnson, Hankins, MacDonald, Kimball & Co	94-1689737		0.05%
Peter D. Weir, CPA	81-4324960		0.05%
RUSSELL D MARTIN, CPA	77-0426659		0.05%
JACK B MURAD, CPA, MBT	35-2223431		0.05%
Marrick Wealth	45-5627349		0.05%
MC Small Oak Professional Corporation	93-2101955		0.05%
Barrad & Shilling Accountancy Corporation	95-3438897		0.05%
CAESAR C PERALES, CPA	03-0412070		0.05%
Praetorian Wealth Management Inc	26-2799717		0.05%
MCMAHAN AND COMPANY ACCOUNTANCY CORPORATION	94-2473502		0.05%
Getty Strategic Consulting LLC	83-3022725		0.05%
Major Accountancy Group	92-3731805		0.05%
Data5D LLC	46-2833871		0.05%
David A Goldfarb, CPA	27-1379650		0.05%
AYCOCK AND EDGMON, CPA	68-0402428		0.05%
Bowers, O'Connor & Associates	81-3385673		0.05%
Denise M Zwieg CPA		24091 Nuthatch Ln, Laguna Niguel, CA 92677	0.05%
Chuah Puentes LLP	27-1795561		0.05%
Kerry Bradford	20-1866864		0.05%
Mark D. Reader CPA An Accountancy Corporation	20-1504969		0.05%
CANGELOSI AND HOLMES, INC	95-3063453		0.05%
MARK R OLHOEFT CPA	32-0285866		0.05%
Peak Wealth Advisors	26-4694452		0.05%
Strategic Claims Resolution	87-2642363		0.05%
Hewitt, Jones & Fitch	94-2944035		0.05%
Joel Knight Inc	24-4610136		0.05%
Anthony Arne, CPA An Accountancy Corp	20-3306873		0.05%
Katayoon Ebrahim-Nehoray	95-4863920		0.05%
John W. Brooker & Co, CPAs	94-2238065		0.05%
CORBY AND CORBY, AAC	95-3899635		0.05%
GARY L NEMETZ, A PROFESSIONAL CORPORATION	77-0015041		0.05%
Rickey L. Liu, CPA	54-2160448		0.05%
Cathy Castillo, CPA	42-1650532		0.05%
Signet Mortgage Corporation	26-0070787		0.05%
Amanda C Barrett dba Perkins and Associates	93-4819942		0.05%
MOORE ACCOUNTANCY CORPORATION	77-0414958		0.05%
Kornfeld and Levy, CPA	33-0578280		0.05%
PILCH AND PILCH ACCY CORP	94-2500851		0.05%
Levihim Tax and Accounting , APC	92-1105933		0.05%
Howard P Watkins CPA	30-0290064		0.05%
Pampanito Corporation dba Cannell Capital Corp	26-1998805		0.05%
Precision CPA	92-1485388		0.05%
Zweig and Associates, LLP	82-1759301		0.05%
Barbara Pearsall Sabo, CPA ABV CFF	77-0124566		0.05%
C J MALLEY ACCOUNTANCY CORP	95-3511670		0.05%

Group Insurance Trust of the California Society of Certified Public Accountants

EIN: 94-1056137; PN: 501

Plan Year ended: December 31, 2024

Multiple-Employer Plan Participating Employer Information

Employer	EIN	Address	%GT Net Premium
Streamline CPA	81-4534135		0.05%
SHERYL ILES-BRUNK, CPA	77-0339312		0.05%
JACKSON AND COMPANY	88-0519719		0.04%
Blumax Partners LLC	81-1693538		0.04%
PRINCIPE AND ASSOCIATES, CPAS	77-0420390		0.04%
Robert C. Province, CPA	46-3718639		0.04%
Colby Sellman CPA a Professional Corporation	08-4295575		0.04%
Temen Kaiser Farros Co CPAs	85-3304783		0.04%
CHARLES MCDONOUGH, AAC	95-2820500		0.04%
Gregory Herrman	26-2667341		0.04%
Tostevin Accountancy Corporation	94-2147667		0.04%
MICHELLE KALIAN WILCOX, CPA	20-3098415		0.04%
Colby Keil & Gaydos Inc	45-4060889		0.04%
Dougherty & Company	95-3871065		0.04%
Christopher E. Vossman, CPA, APC	30-0139267		0.04%
David M Reff	36-4888162		0.04%
J.D. Mason & Associates	27-0008903		0.04%
David R Flamer, An Accountancy Corporation	95-4325284		0.04%
Michael G Hines, AC	95-4610629		0.04%
RONNETTE M COLEMAN, CPA	42-1635995		0.04%
Julia Gussett, CPA, PC	72-1597925		0.04%
Tebo & Shea	20-5118864		0.04%
David E Stokes, CPA, A Prof Corp	77-0473234		0.04%
POMERANTZ, KAVINOKY & CO CPAS INC	95-3943187		0.04%
Morris Wealth Management	68-0477281		0.04%
David Kreizinger		PO Box 63667, Irvine, CA 92602	0.04%
Hurt & Hurt, LLP	20-3080366		0.04%
Anthony M. Espiritu	81-0594427		0.04%
DARYL B GOLEMB, CPA, AAC	33-0233933		0.04%
Brickley & Company CPA Inc.	94-3146951		0.04%
Blythe Global Advisors, LLC	27-0604961		0.04%
Law Offices of Natalya Attestatova CPA, a Professional Corporation	88-2566091		0.04%
Frey & Associates	47-0909513		0.04%
MCKINNON AND ASSOCIATES, INC	26-4397908		0.04%
JERREL G JOHN CPA	77-0467217		0.04%
WEISZ AND ASSOCIATES, INC	33-0424371		0.04%
Livingston Group Incorporated	95-4305432		0.04%
Lichter, Yu and Associates, Inc	26-2785996		0.04%
Grossberg & Associates Inc.	26-1649882		0.04%
FALGE AND WILSEY, CPAS	77-0600733		0.04%
Red Seven	45-2380801		0.04%
Gluskin & Friedman CPAs, Inc	47-5387749		0.04%
Vanni & Humphrey CPAs	01-0718645		0.04%
Brumm & Associates, Inc.	46-4169426		0.04%
Gellert, Simonsen & Co., LLP	81-0912299		0.04%
Gunning & Gunning, CPAs, LLP.	47-2062277		0.04%
WILSON AND COMPANY, LLP	34-2000396		0.04%
Nadiene N. Kuhn, CPA	27-3639936		0.04%
DIANA G LESGART, CPA	77-0538347		0.04%
Cote & Company, APC	94-3216001		0.04%
MICHAEL J VEGA CPA	95-4295358		0.04%
Oatie and Fam Insurance Agency Inc	08-8343681		0.04%
Thomas and Co, CPA, LLP	82-1726365		0.04%
Certified Strategies, Inc.	43-3975777		0.04%

Group Insurance Trust of the California Society of Certified Public Accountants

EIN: 94-1056137; PN: 501

Plan Year ended: December 31, 2024

Multiple-Employer Plan Participating Employer Information

Employer	EIN	Address	%GT Net Premium
Pretlove Law, PC	83-2717933		0.04%
Harris, Gray & Co, CPAs	82-3811138		0.04%
Daniel P Gutierrez CPA A Professional Corporation	81-5227732		0.04%
THOMAS AND THOMAS	93-0950765		0.04%
Bergland & Zhang CPAs	83-3344089		0.04%
Winkleblack CPAs	82-1517137		0.04%
Dedekian, George, Small & Markarian	77-0000369		0.04%
ALBERT AND ASSOCIATES, LLP	77-0475161		0.04%
NGP and Associates	84-3868636		0.04%
Maciel Tax & Business Advisors, CPAs Inc.	84-3817008		0.04%
MINOWCPA CORPORATION	90-0875452		0.04%
KING, KING, ALLEMAN AND JENSEN ACCY CORP	95-3927758		0.04%
MCCARTHY ASSET MANAGEMENT, INC	72-1589298		0.04%
Elder Focus, LLC	77-0547638		0.04%
Gordon Saito Co. CPA's LLP	46-1687280		0.04%
Paul Gonzalez CPA	87-3061518		0.04%
Lindsay and Nesbit, An Accy Corp	95-2808827		0.04%
HERBERT GOLDEN, CPA		765 TOURNAMENT DR, HILLSBOROUGH, CA 94010	0.04%
Gina L. DeRosa, CPA, PC	01-0550696		0.04%
Lee Ann Horton	26-4340938		0.04%
Q Accountancy Co	27-1921250		0.04%
Karen Bergman		179 Sunny Cove Dr, Santa Cruz, CA 95062	0.04%
Griesmer and Fereira CPA	83-2046694		0.04%
KATZ, CASSIDY, AAC	95-4046751		0.04%
Matthews, Hutton & Warren, CPAs	68-0141500		0.04%
YORK HUANG, CPA	20-2804940		0.04%
LAV Consulting Group LLC	83-3258608		0.04%
Wei-Lin Wu	47-4460952		0.04%
Kim J Eckenweiler CPA Inc	83-3181020		0.04%
EUGENE A KORNEY, CPA	95-3199595		0.04%
CARMODY, MEACH AND CHOO, LLP	95-4799564		0.04%
Legal Thrive Inc	83-3120417		0.03%
Crystal Hirose CPA Inc.	95-4717812		0.03%
Geller & Company CPAs	33-0545934		0.03%
Lawrence Johnson & Associates	95-3013170		0.03%
ROBERT M RENAUD AND ASSOCIATES	77-0383243		0.03%
Blankstein & Company, An Accountancy Corp	95-3992058		0.03%
ART JAEGER CONSULTING DBA SANTA FE LAVANDERIA	41-2153641		0.03%
DAVID G JUNOD, CPA	77-0471690		0.03%
A & P Accountancy Corporation	82-1729485		0.03%
MICHELLE PIMENTEL-MONTEZ, CPA	90-0130731		0.03%
SPECTER STREETER AND COMPANY	95-4663348		0.03%
JOHN R WHEELER JR, CPA	84-3119165		0.03%
Steve Roth CPA Corp	92-0480082		0.03%
FROMSON AND SCISSORS AAC	95-3381585		0.03%
Tax Pros	81-5015130		0.03%
Virani, Uy & Aranda Accountancy Corporation	95-3695224		0.03%
Hay & Associates, An Accountancy Corporation	82-1953340		0.03%
Fox Accountancy Corp	95-4511766		0.03%
Henningfield & Associates, Inc	54-2189926		0.03%
Miller & McGilvray CPAs	87-0962518		0.03%
Carol J Vernaci, EA	94-3064072		0.03%
SWART FELICIANI AN ACCY CORP	33-0756817		0.03%
POTESHMAN EXECUTIVE SOLUTIONS, INC	95-4792122		0.03%

Group Insurance Trust of the California Society of Certified Public Accountants

EIN: 94-1056137; PN: 501

Plan Year ended: December 31, 2024

Multiple-Employer Plan Participating Employer Information

Employer	EIN	Address	%GT Net Premium
Frankeberger Vausher & Company	20-8073103		0.03%
Diane C Savoian CPA APC	27-2930705		0.03%
Patricia A. Wintroath, CPA	20-3976651		0.03%
Grace & Associates, CPAS	77-0219278		0.03%
Anne Liang, CPA	94-3216300		0.03%
Ariniello & Associates	33-0642598		0.03%
Hidden Valley Consulting Inc	33-0812866		0.03%
Grant Bennett Associates, APC	94-2692073		0.03%
MICHAEL R DONER	95-4560679		0.03%
Allman and Scheff CPAs	93-4321229		0.03%
Van Lant & Fankhanel, LLP	46-1814856		0.03%
INTEGRATED MANAGEMENT SYSTEMS, INC	33-0933793		0.03%
Sharmayne Sikora CPA	77-0329546		0.03%
STEVEN DEGRAFF ACCT CORP	94-2527421		0.03%
Lawrence J Lococo & Company	68-0169535		0.03%
Philip V Taluban CPA Consulting and Accounting Solutions		215 Reservation Rd Suite O, # 141, Marina, CA 93933	0.03%
SJK Global, Inc	26-0835928		0.03%
JR Accountancy	87-3404138		0.03%
Nan McCaffrey CPA		1395 McKenzie Avenue, Los Altos, CA 94024	0.03%
HOWARD J ABRAMS, AN ACCOUNTANCY CORPORATION	98-4664718		0.03%
Vindasius Consulting	80-0135268		0.03%
TIM ALLEN, CPA	26-3702562		0.03%
WILLIAMS AND COMPANY, CPAs INC	95-4587444		0.03%
STUART D JAEGER, CPA A PROFESSIONAL CORP	05-0550052		0.03%
Pillsbury Lake Capital LLC	93-2940000		0.03%
MARK A SOMMER, CPA	94-3027878		0.03%
Elena Wendell, CPA		1120 Westcreek Ln, West Lake Village, CA 91362	0.03%
Grasshopper Accounting LLC	92-2928112		0.03%
Pors & Associates	45-4319763		0.03%
Ronald S. Richard, CPA, Inc.	20-4394255		0.03%
Kevin D. Curry, CPA	27-3115193		0.03%
Giuntoli Accountancy Corporation	93-3194509		0.03%
CRISELL AND ASSOCIATES	95-2642922		0.03%
Dawn Rogers, CPA	48-1291875		0.03%
Thomas J Webdell Accountancy Corporation	27-4412875		0.03%
MEDIA FINANCE STRUCTURES LLC	01-0635941		0.03%
Stanley J Mroz CPA	86-1202142		0.03%
Mann & Associates, APC	46-4553740		0.03%
Brian D. King, CPA, Inc.	95-4405338		0.03%
STANLEY HAUSNER ACCOUNTANCY CORPORATION	95-4019848		0.03%
MICHAEL D MCGOWAN, CPA	91-1848062		0.03%
Linda J Hamilton CPA Accountancy Corporation	27-3990090		0.03%
Miller CPA Group PC	93-1474593		0.03%
Denise M. Taylor, CPA	27-4640509		0.03%
Joanne Goddard-Hackett, CPA APC	26-1085527		0.03%
Likes Accounting Company	82-2528049		0.03%
Hicks, Williams, Crawford & Lynch, LLP	27-1809119		0.03%
ANTELL AND ASSOCIATES CPAS, INC	26-1507567		0.03%
Kimberly Barry CPA	47-0859831		0.03%
QUIROZ AND COMPANY	94-3313709		0.03%
Stephens and Brugato, CPAs, LLP	94-2793595		0.03%
B&G Accounting Services and Consulting Inc	27-1496362		0.03%
Heather J Blake	94-3211805		0.03%
Thomas A. Lucas and Associates	71-0972027		0.03%

Group Insurance Trust of the California Society of Certified Public Accountants

EIN: 94-1056137; PN: 501

Plan Year ended: December 31, 2024

Multiple-Employer Plan Participating Employer Information

Employer	EIN	Address	%GT Net Premium
Falchini & Assoc Inc	95-3150482		0.03%
Nathan B Anulo CPA	83-1946557		0.03%
DJW & Associates	35-2507987		0.03%
Cheryl L Miskiel CPA	81-2965201		0.03%
Mary K Pagel CPA	20-8316104		0.03%
Matthews Wallace & Co CPA	20-4952668		0.03%
Shirley A Kenson, CPA	83-0447411		0.03%
STEPHEN P MARSHALL, CPA	33-0643153		0.03%
Doctor Law Group PC	82-0658836		0.03%
Viola Chisholm, CPA A Prof Corp	33-0793697		0.03%
Seth Gibeaut CPA, A Professional Corporation	81-5212362		0.03%
CHARLES E STRAND, CPA	77-0007436		0.03%
Spafford & Landry, Inc.	46-3131594		0.03%
Christina Gibford, CPA	93-2536105		0.02%
EDWARD T IKEHARA	95-4288881		0.02%
KENNETH E POPE, CPA	20-2251792		0.02%
LEUNG, KUNG, CHEN AND COMPANY	95-4388443		0.02%
MCCULLOUGH AND BRYAN	95-3132228		0.02%
ARTHUR HILTON ANTOLICK, CPA	95-4133231		0.02%
Stuart and Suh LLP	46-1712565		0.02%
BOYD AND ASSOC TAFT UNIVERSITY	95-3752635		0.02%
BankOnEntrepreneurs,LLC	46-2857439		0.02%
CORBIN, LLP	33-0971213		0.02%
MCSWEENEY AND ASSOCIATES, APC	27-0412395		0.02%
Lisa R Finch CPA	81-0967464		0.02%
Adrian R Lopez Inc	82-4310704		0.02%
David Dick, CPA	33-0647437		0.02%
Klein & Company Management, Inc.	47-3458272		0.02%
Jamie L Walling, CPA	47-4004914		0.02%
Passion 4 People California LLC	85-3571625		0.02%
Schopp & Co, An Accountancy Corporation	46-4076946		0.02%
McCord & Moore Accy Corp	81-1402952		0.02%
Lopez & Jackson CPA	95-3988136		0.02%
C.A. Bull & Associates, Inc	26-3689596		0.02%
SMECK AND SMECK, CPAS	77-0391293		0.02%
HARVEY A ARMAS, CPA	94-2362880		0.02%
Mota Insurance Agency Corp	84-4241751		0.02%
Terry J Ward CPA		27362 Calle Arroyo, San Juan Capistrano, CA 92675	0.02%
MTX Certified Public Accountant, A PC	82-0779601		0.02%
Lynda Chang, CPA, A Prof. Corp.	94-3195974		0.02%
BARTMASSER AND CO, CPAS	95-3563732		0.02%
ENRICO AND ASSOCIATES	77-0554168		0.02%
Carr Tax, Inc.	47-2759271		0.02%
HARABEDIAN, HALL AND COMPANY	95-3169005		0.02%
Larry M. Jordan	95-3773586		0.02%
DELTA CPA MBA, INC.	84-3988213		0.02%
Del Cerro Tax, LLP	82-3573183		0.02%
Michele Martin & Associates, AAC	81-4193236		0.02%
Schoenfelder & Shaw, Inc.	82-1566199		0.02%
KUPERSTEIN ONG, LLP	20-1914766		0.02%
STEPHEN DEMAINE CPA	33-0509446		0.02%
STRATTON AND ASSOCIATES ACCOUNTANCY CORP	80-0018523		0.02%
PRICE, PAIGE & CO	77-0203007		0.02%
MELTON KAHYAI AND COMPANY	33-0221091		0.02%

Group Insurance Trust of the California Society of Certified Public Accountants

EIN: 94-1056137; PN: 501

Plan Year ended: December 31, 2024

Multiple-Employer Plan Participating Employer Information

Employer	EIN	Address	%GT Net Premium
Ara D Kassabian CPA A Professional Corp.	45-4437825		0.02%
Shusko and Associates	47-2888461		0.02%
Clark & Cassidy, Inc.	46-4215183		0.02%
Osterberg & Associates, Inc.	95-4777610		0.02%
Nicole D. Feldman, CPA, An Accounting Corp	47-2700622		0.02%
GOFORTH MANAGEMENT CO	20-5361410		0.02%
Schneyer Financial Services	33-0593377		0.02%
IARUSSI, GELHAUS AND HAUSKENS, INC	68-0204072		0.02%
Ellen Price EA CPA	46-1170049		0.02%
Herr Pedersen and Berglund LLP	77-0466967		0.02%
Heather F Austin, CPA	45-4158251		0.02%
Carl P Johnson, CPA	27-4160264		0.02%
MAVERICK SECURITY, INC	02-0599975		0.02%
The Guardian CPA	85-2895718		0.02%
Tone, Walling & Meador, LLP	27-1562171		0.02%
Schreiber & Associates	95-4352371		0.02%
Alice Ramos, CPA	83-1717008		0.02%
Edward W. Kinney, CPA	27-0453333		0.02%
Benefits Matrix, LLC	01-0749661		0.02%
PAUL K GREEN, CPA, INC	77-0418223		0.02%
Chaney Financial Services	77-0709371		0.02%
GRODSKY AND ASSOC ACCOUNTANCY	33-0112701		0.02%
SEBASTIAN ACCOUNTANCY CORP	68-0399599		0.02%
Travis J Wilson CPA CFP		PO Box 22807, Santa Barbara, CA 93121	0.02%
PHILLIPS AND COMPANY	95-3461096		0.02%
HOCHMAN TORRES, LLP	33-0664240		0.02%
Lori Rigsbee CPA	47-4932066		0.02%
Miracle Mile CPA An Accountancy Corporation	46-1587174		0.02%
PCH Benefits and Insurance Solutions	45-2974661		0.02%
Maral S Parseghian, CPA	20-5913182		0.02%
Lopez & Company	33-0573772		0.02%
BACHECKI CROM AND CO, LLP	94-2985268		0.02%
Stephen A Schlesinger, Acct APC	95-3290814		0.02%
MICHAEL D SCHWARTZ CPA	01-0734673		0.02%
PRAETORIAN ADVISORS, LLP	33-0982760		0.02%
Douglas R Bigler, CPA, Inc	20-4007254		0.02%
Chuchian and Chuchian CPAs	95-4614942		0.02%
Robert A Craig, CPA	77-0357629		0.02%
Julie Schoepp CPA		1415 Pacific Ave, Santa Rosa, CA 95404	0.02%
Baker, Chi & Parkey, An Accy Corp	94-2259577		0.02%
Holly B Pladson CPA	27-1102219		0.02%
Quin Oaks Investment Group LLC	93-3576131		0.02%
WAYNE A LEPOFF	91-1760049		0.02%
HERSH, GOLAND & GREEN, CPAS	95-4275662		0.02%
WS Law APC	92-2406826		0.02%
PEJSA AND SHEPHERD, AAC	95-3128817		0.02%
Vander Spek Howerzyl, CPAs & Consultants	95-2770263		0.02%
Galloway Uhlenberg Accountants, Inc.	87-3649181		0.02%
Chien & Smith-Fricke, Inc.	81-4154185		0.02%
Willoughby & Associates, PC	04-3802913		0.02%
Kawana & Gong, LLC	27-0427747		0.02%
DAVID SCHNAID ACCOUNTANCY CORP	95-3867241		0.02%
Alvarez & Company, LLP	82-3867171		0.02%
BENSON, BENSON AND CO	94-2673690		0.02%

Group Insurance Trust of the California Society of Certified Public Accountants

EIN: 94-1056137; PN: 501

Plan Year ended: December 31, 2024

Multiple-Employer Plan Participating Employer Information

Employer	EIN	Address	%GT Net Premium
Mary P Korn		1199 Britton Ave, San Jose, CA 95125	0.02%
ELSENER AND ELSENER, LLP	68-0038828		0.02%
NN and Company LLP	87-2218796		0.01%
Utility Cost Management LLC	46-3330385		0.01%
Beach Cities Tax and Accounting Corp	46-2248343		0.01%
Massey Wehr and Company LLP	33-0886231		0.01%
Stuart L Mar		342 Oakview Dr, San Carlos, CA 94070	0.01%
Mitchell S Daks CPA An Accountancy Corp	95-4025219		0.01%
CCI Insurance Services, Inc.	80-0862191		0.01%
DEMPSTER AND DIETLER	94-3170248		0.01%
Elliott J Fils, CPA	46-0541747		0.01%
Jon A. Christensen, CPA	47-5610327		0.01%
DELUCCHI, HAWN AND COMPANY LLP	94-2847272		0.01%
CHAN ACCOUNTANCY CORP	33-0801891		0.01%
KRUSE MENNILLO, LLP	95-4876591		0.01%
DAVID C CHI, CPA	95-4071855		0.01%
Cheryl A Fox, CPA & Associates		9725 PASO ROBLES AVE, NORTHRIDGE, CA 91325	0.01%
Partnership Capital Growth Investors Management LLC	45-2678350		0.01%
Capital Financial CPAs A Professional Corporation	82-2327741		0.01%
PAI ACCY, LLP	77-0473191		0.01%
ENGILIS, PAYNE, KMETZ AND COMPANY	68-0166866		0.01%
BODEN KLEIN AND SNEESBY, A PROFESSIONAL CORP	68-0465737		0.01%
Klontz & Hurtt, CPAs	95-4213342		0.01%
Parthenon Patients	83-3725695		0.01%
Chin Webb DBA Cathy Webb, CPA	20-8332244		0.01%
Tribble & Ayala, CPAs	94-3411614		0.01%
Choice Business Management	83-2225473		0.01%
ROSSMANN, MACDONALD AND BENETTI, INC	68-0202491		0.01%
Charles Morris, CPA	20-1360628		0.01%
Leung, Louie, Ip & Co LLP	27-1571682		0.01%
CARLSON & ASSOCIATES CPA's, Inc.	94-2673387		0.01%
WAYNE E LONG, CPA	77-0155213		0.01%
MORRE AND COMPANY, LLP	68-0391337		0.01%
J M LEIBOWITZ AND ASSOCIATES	95-4587016		0.01%
ENTOUS NEYMARK & LISI INC	95-2906806		0.01%
Stinnett Wealth Planning LLC	99-0590502		0.01%
Hilderbrand Accountancy	88-4370059		0.01%
TIMPSON GARCIA, LLP	94-3384475		0.01%
LAVORATO AND DARLING, INC	94-2557084		0.01%
MANTON CPA ACCOUNTANCY CORP	95-2834048		0.01%
ROBERT C DAVIS ACCY CORP	94-2761481		0.01%
CHAIM AARON LEVIN, CPA	95-4187444		0.01%
Wheeler & Egger CPAs LLP	90-0673920		0.01%
SWEENEY KOVAR, LLP	94-2921824		0.01%
Michael J Pomerleau CPA Inc	87-0748313		0.01%
Lester & Associates	46-4349682		0.01%
CALEGARI AND MORRIS A PROFESSIONAL CORP	94-2186350		0.01%
JAMES F. PERKINS, CPA	27-1154884		0.01%
McKinney and Company CPA A Prof Corp	27-1415589		0.01%
JOHN EALY AND ASSOCIATES		9069 SOQUEL DRIVE, APTOS, CA 95003	0.01%
C.D. Giedt	33-0408380		0.01%
David A Kalunian	88-4305099		0.01%
GREENS ACCOUNTING	41-2108480		0.01%
Steven M Frankiel	95-4203670		0.01%

Group Insurance Trust of the California Society of Certified Public Accountants

EIN: 94-1056137; PN: 501

Plan Year ended: December 31, 2024

Multiple-Employer Plan Participating Employer Information

Employer	EIN	Address	%GT Net Premium
Kallman & Company, LLP	95-4610626		0.01%
Sutton & Evans	20-1575776		0.01%
STANLEY B GITLIN AN ACCOUNTANCY CORPORATION	30-0017846		0.01%
Rudisill Accountancy	85-2691514		0.01%
Mozzetti, Inc, An Accountancy Corporation	77-0453296		0.01%
DOUCETT AND SILFIES CPAS INC	33-0643891		0.01%
W DOUGLAS MILLSAP, CPA	26-4414200		0.01%
Lindsay and Company, LLP	80-0630202		0.01%
KELMAN AND CHAN	95-4194379		0.01%
KC Richards Bookkeeping	88-4318983		0.01%
ESMOND AND ASSOCIATES, INC	20-3250475		0.01%
Ralene M Cavataio CPA		9234 Caladinm Ave, Fountain Valley, CA 92708	0.01%
MCMAHON ACCOUNTANCY CORP	95-4476976		0.01%
Triggs and Reese Inc CPAs	33-0184761		0.01%
Heather Maire CPA	46-1923270		0.01%
JOHN WADDELL CO CPAS	94-2329070		0.01%
OWEN AND DESALVO COMPANY	95-4201256		0.01%
JAMES O FOURR, CPA	95-4721658		0.01%
OWEN D ROGERS, CPA	95-3738432		0.01%
Cleveland Farley, LLP.	46-4506553		0.01%
MELVIN S RAY, CPA	88-0156601		0.01%
DANIEL C MORENO, CPA	94-2917748		0.01%
Campbell Tersolo & Clyman APC	82-3679311		0.01%
MANDEL AND KING, LLP	94-3238635		0.01%
JACKSON AND ARSHAGOUNI	95-4159714		0.01%
Enspire Wealth Management LLC	92-3293509		0.01%
BERKINS & TAKAMI	68-0535081		0.01%
PEASLEY ALDINGER AND O'BYMACHOW	33-0055440		0.01%
Karen A Hahn CPA, Inc	13-4352272		0.01%
SCOTT, MAINORD, LANGLEY, & SIMMONS INC	77-0429357		0.01%
SingletonAuman PC		1740 MAIN ST STE A, SUSANVILLE, CA 96130	0.01%
Maria Serafica, CPA		100 Wilshire Blvd Suite 700, Santa Monica, CA 90401	0.01%
RONALD J RUBIN CPA		6129 Bluebell Avenue, Valley Glen, CA 91606	0.01%
CHU AND WATERS LLP		595 Market Street Ste 2350, San Francisco, CA 94105	0.01%
MARC M ASHEGHIAN, CPA		3430 ALANA DRIVE, SHERMAN OAKS, CA 91403	0.01%
MICHAEL WERSHOW, CPA		16633 Ventura Blvd Suite 711, Encino, CA 91436	0.01%
Keathley, Maxwell & Antongiovanni, LLP	77-0344660		0.01%
Ling & Bouman, CPA's , LLP	33-0558553		0.01%
Austin Rice CPA		61 Mallorn Dr, Aliso Viejo, CA 92656	0.01%
Gibeson & Company, CPAs	47-1772399		0.01%
SANDRA H. BAIRD, CPA ACCOUNTANCY CORPORATION	27-1529918		0.01%
Watson Integrated Management	92-0513294		0.01%
John R Jacobson CPA APC	33-0646914		0.01%
Mark Schaefer Associates Inc.	95-4720219		0.01%
JEANNE M. BERRY DBA JMS FINANCIAL SERVICES	71-0932391		0.01%
Jennifer Alden CPA	27-5465837		0.01%
NEUMAN STEINHAUSER SAENZ AND ARDITO, LLP	51-0439360		0.01%
MONTAGNA AND ASSOCIATES, INCORPORATED	33-0269071		0.01%
Geoffrey W. Phillips, A Law Corporation	94-2194018		0.01%
SMALDINO LUTZ CURTIS AND ASSOCIATES INC	95-4674735		0.01%
MISTRETTA ASSOCIATES	57-1163458		0.01%
THERESA M ZAPATA		1610 VIRGINIA AVENUE, GLENDALE, CA 91202	0.00%
Main Street Tax Advisory, LLC	45-2997839		0.00%
WILKINSON, HADLEY & CO., LLP	52-2354566		0.00%

Group Insurance Trust of the California Society of Certified Public Accountants

EIN: 94-1056137; PN: 501

Plan Year ended: December 31, 2024

Multiple-Employer Plan Participating Employer Information

Employer	EIN	Address	%GT Net Premium
Tatyana C Ward CPA dba Ward Tax Services	73-3206544		0.00%
Harshad Kothari CPA Inc	95-4248153		0.00%
DANIEL HUTNICKI, AN ACCOUNTANCY CORP	95-4735389		0.00%
BEESON, HOFFMAN & SIDDALL, INC.	95-3654092		0.00%
M Wentworth, Inc	45-2237499		0.00%
STARCARE INTERNATIONAL, INC	94-2839695		0.00%
THE WERNER GROUP	94-3395172		0.00%
J E MCDONALD ACCOUNTANCY CORP	95-3624371		0.00%
GARY S KLEINMAN, ACCY CORP	95-3706919		0.00%
DALTON AND MATHIAS, CPAS	95-4414333		0.00%
PROFESSIONAL TAX SERVICES	95-3780968		0.00%
BALDWIN, MCGAUGHEY & COMPANY LLP	20-5794102		0.00%
Robin S. Rieger CPA	27-4753715		0.00%
KENNETH J MOGLOVKIN, CPA	95-4269027		0.00%
Goldstein & McIntosh, CPAs AAC	95-4578327		0.00%
GREG SHADDIX, CPA	68-0370505		0.00%
Pine, Pedroncelli & Aguilar, Inc.	77-0051886		0.00%
M Kathleen Klein	77-0653635		0.00%
CAMERON AND ROLLINGS LLP	68-0442816		0.00%
M R Grant CPA	57-1207593		0.00%
JW Partners	27-3707055		0.00%
Verne Sanders Accountancy Corporation	68-0026668		0.00%
ALLEN L WENGER, CPA	03-2030246		0.00%
James W. Chu & Company	27-1291528		0.00%
JOSE PALMA ACCOUNTANCY CORPORATION	72-1557137		0.00%
Taylor Benefits Insurance Agency Inc	46-3090065		0.00%
Briana & Company	82-5452422		0.00%
ROBERT A MATTIMOE, CPA		7303 GREBE DRIVE, CARLSBAD, CA 92011	0.00%
WILLIAM M SIVICK, ACCY CORP	94-2861987		0.00%
PATRICK F COLLINS, CPA		567 San Nicolas Dr Suite 320, NEWPORT BEACH, CA 92660	0.00%
Barlow, Camara & Rowland, CPAs	26-4097517		0.00%
CAPITANI AND COMPANY, CPAs	94-2625939		0.00%
LAWRENCE K JOHNSON	95-2846021		0.00%
MARK H GILDER, CPA	45-4169138		0.00%
Tyrell Smith CPA APC	99-3606323		0.00%
BLUM AND CLARK, CPAS, LLP	33-0579648		0.00%
HAYNIE AND COMPANY	33-0541034		0.00%
MAGNOLIA GROUP LLP	20-2880537		0.00%
Upmeier & McNeil CPAs LLP	84-3946778		0.00%
IZUMI AND COMPANY ACCOUNTANCY CORP	33-0904900		0.00%
MARVIN S ABRAMS, AAC CORP	95-3444590		0.00%
Cynthia Steffen CPA		802 Alston Lane, Santa Barbara, CA 93108	0.00%
Gregory N Lippe Accountancy Corporation	95-3563427		0.00%
LF HODGE AND ASSOCIATES, INC	20-1803637		0.00%
Cederborg & Bret LLP	20-4969554		0.00%
BOLER AND ASSOCIATES, PROF ACCY CORP	68-0114177		0.00%
Shindler & Lynn, CPA	68-0644430		0.00%
CREED COOLEY MCDONALD ACCOUNTANTS	94-3191656		0.00%
DAVID L NADEL, CPA PROFESSIONAL CORP	95-4610330		0.00%
SPH Incorporated	95-3712287		0.00%
Notti and Company LLP	20-0523479		0.00%
MURPHY AND KRESS, CPAS	95-3908952		0.00%
ROY E FISCHMAN, CPA	95-2969992		0.00%
JOHN E BENNETT, CPA	26-1816480		0.00%

Group Insurance Trust of the California Society of Certified Public Accountants

EIN: 94-1056137; PN: 501

Plan Year ended: December 31, 2024

Multiple-Employer Plan Participating Employer Information

Employer	EIN	Address	%GT Net Premium
Alexander Korniaikov CPA	20-5286843		0.00%
CINDY R SHAFFIER, CPA		5564 EAGLE POINT CCL, WESTLAKE VILLAG, CA 91362	0.00%
EDWARD J SEIDLINGER, CPA		6196 LAMBDA DRIVE, SAN DIEGO, CA 92120	0.00%
EDWARD L JEW, CPA		4286 NOTTINGHAM DRIVE, DANVILLE, CA 94506	0.00%
EMIL ESTAFANOUS, CPA		2230 CIELO PL, ARCADIA, CA 91006	0.00%
JEFFREY D LIGERMAN, CPA		19528 VENTURA BLVD STE 622, Tarzana, CA 91356	0.00%
JOELYN K CARR-FINGERLE, CPA		2519 BISHOP AVE, FREMONT, CA 94536	0.00%
MARION B ILES		33 Comistas Court, Walnut Creek, CA 94598	0.00%
RANDALL YAMAMOTO, CPA		PO Box 470, Cupertino, CA 95015	0.00%
ROBERT A PETERSEN, CPA		13039 PALERMO COURT, SARATOGA, CA 95070	0.00%
ROBERT H ENG, CPA		240 3rd St #302, LOS ALTOS, CA 94022	0.00%
KISINGER ACCOUNTANCY CORPORATION	20-1732004		0.00%
DIVORCE MEDIATION GROUP	20-2736773		0.00%
Roland Fink & Co, Inc	26-3963214		0.00%
BARNES CONSULTING	26-4034259		0.00%
INSIGHT ADVISORS, INC	33-0645913		0.00%
Michael S Lambrakis, CPA	33-0739912		0.00%
THOMAS L LIVINGSTON, CPA	68-0212484		0.00%
HAROLD KERN CPA INC	68-0537839		0.00%
LEE ADAMS, CPA	72-1591828		0.00%
LAJALA AND ASSOCIATES	77-0249001		0.00%
DENNIS L FRANDSEN, CPA	77-0529441		0.00%
Boros & Joseph, CPAs, APC	81-0768841		0.00%
THERESA CASSIDY, CPA	94-2184044		0.00%
ARTH AND ASSOCIATES, CPAS	94-2322714		0.00%
MARIO R SALZANO, CPA	94-2583010		0.00%
R STANLEY GOLDMAN, CPA	94-2857347		0.00%
DAVID B BENNETT, CPA	94-2894769		0.00%
ROBERT T YOSHIOKA, CPA, INC	94-2961087		0.00%
STEPHEN M COATS, CPA	94-3073854		0.00%
SCHUYLER SYLVERS, AAC	95-2844975		0.00%
FRED M KAPLAN CPA AN ACCTY CORP	95-4139980		0.00%
Steven F Diamond, CPA A Prof Corp	95-4402227		0.00%
LINDA L HEINEMAN, CPA	95-4269600		0.00%
GRANT AND SMITH, LLP	94-3169649		0.00%
BOOKER ACCOUNTANCY COMPANY	94-3413397		0.00%
ARDING ACCOUNTANCY CORP	09-4273905		0.00%
Integrated Financial Strategies Inc.	20-0697248		0.00%
CW FINANCIAL SERVICES	27-0040281		0.00%
ANDREW G MAFFUCCI, CPA		1882 St. John Rd Unit 31C, Seal Beach, CA 90740	0.00%
ARDEN FINKELSTEIN, CPA		6557 LASAINE AVE, VAN NUYS, CA 91406	0.00%
CLEMENT C CARINALLI		1275 Fourth St #284, Santa Rosa, CA 95404	0.00%
CREIGHTON L LEE CPA		13051 PARKHURST DRIVE, OAKLAND, CA 94619	0.00%
David Burger CPA		2159 Angus Drive, Walnut Creek, CA 94598	0.00%
DAVID D POWDRELL, CPA		5503 CALLE ARENA, CARPINTERIA, CA 93013	0.00%
DON R CASTLEMAN, CPA		10940 Wilshire Blvd Fl 6, Los Angeles, CA 90024	0.00%
HENRICH ACCOUNTANCY CORPORATION		164 THARP DRIVE, MORAGA, CA 94556	0.00%
LARRY REYNOLDS, CPA		21201 VICTORY BLVD STE 225, CANOGA PARK, CA 91303	0.00%
MARIO F VELTRI, CPA		1719 SPUMANTE PLACE, PLEASANTON, CA 94566	0.00%
Mark R. Overeem CPA		10 Wake Forest Court, Rancho Mirage, CA 92270	0.00%
MASSIMINO AND ASSOCIATES		987 KIRKTON PLACE, GLENDALE, CA 91207	0.00%
MICHAEL A LENHART, CPA		2255 WATT AVE STE 130, SACRAMENTO, CA 95825	0.00%
MICHAEL FERGUSON, CPA		27903 Tenda Drive, Canyon Country, CA 91351	0.00%
MICHAEL M EISENBERG, CPA		5106 Vesper Ave, Sherman Oaks, CA 91403	0.00%

Group Insurance Trust of the California Society of Certified Public Accountants

EIN: 94-1056137; PN: 501

Plan Year ended: December 31, 2024

Multiple-Employer Plan Participating Employer Information

Employer	EIN	Address	%GT Net Premium
RICHARD SPITALNICK, CPA		1258 Klee Court, SUNNYVALE, CA 94087	0.00%
RONALD J CONSIGLIO		1705 EMERALD ISLE WAY, OXNARD, CA 93035	0.00%
RONALD T OLIVER, CPA		4551 NEW YORK STREET, SAN DIEGO, CA 92116	0.00%
ROY D ATKINS, CPA		4000 MacArthur Blvd East Suite 600, Newport Beach, CA 92660	0.00%
SANDRA E WONG, CPA		1305 FRANKLIN ST STE 500, OAKLAND, CA 94612	0.00%
SHELDON L LAZAR		17083 KNAPP ST., NORTHRIDGE, CA 91324	0.00%
STEVEN GRYCZMAN, CPA		407 E 9TH ST, LOS ANGELES, CA 90015	0.00%
W MICHAEL CORSON AND COMPANY		1547 Lorraine Dr, Encinitas, CA 92024	0.00%
WEN-YING CHEN KAO, CPA		1848 Lincoln Bl Ste #200, Santa Monica, CA 90404	0.00%
WHITE AND ASSOCIATES		9978 BOURBON CT, SAN DIEGO, CA 92131	0.00%
GENE GLASER, CPA	05-5268860		0.00%
HECOX AND ASSOCIATES, AN ACCOUNTANCY CORP	20-5066413		0.00%
MELVILLE J DACOSTA, CPA, APC	27-0015724		0.00%
CLAUDIO A HAUG, CPA, APC	33-0333155		0.00%
EMMA KRESSER, CPA, A PROF CORP	33-0784649		0.00%
TREWIN AND ASSOCIATES	43-2019641		0.00%
FLORENCE K SOLOMON, CPA	51-0510770		0.00%
THOMAS W SHUMATE, CPA	68-0037802		0.00%
RICHARD A GULLOTTA	68-0080881		0.00%
SHIFFMAN ACCOUNTANCY CORPORATION	68-0484840		0.00%
WILLIAM H HEFTER, CPA	94-2398606		0.00%
TOMASO, DEPRY AND DELCAMPO	95-3886159		0.00%
HAHN AND FLORES, AAC	95-3928218		0.00%
GERALD DEUTSCH, CPA	95-4071425		0.00%
BARBARA C MAXWELL, CPA	95-4426919		0.00%
JEFFREY B STOLL, CPA, A PROF CORP	95-6593724		0.00%
CLARIDAD AND CROWE, CPAS	94-2832921		0.00%
WORLEY ACCY CORP	33-0587197		0.00%
Bruce Hatton, CPA	95-4775774		0.00%
Robert W Hayes CPA Accountancy Corp	81-3480049		0.00%
GARY R. ENGLER AND COMPANY		10940 Wilshire Bl Ste 600, Los Angeles, CA 90024	0.00%
ALLEN AND ASSOCIATES	34-0490620		0.00%
DOROTHY J. HAMILTON, CPA		314 EAST CHAPEL, SANTA MARIA, CA 93454	0.00%
JOHN P MANGAN, CPA		2712 VERDE VISTA DR, SANTA BARBARA, CA 93105	0.00%
KATHY S LEUNG, CPA	33-0199151		0.00%
David Reinus, CPA, INC	47-4323187		0.00%
DATTANI AND CO		834 5th Ave STE 1, SAN RAFAEL, CA 94901	0.00%
Stephen A Schlesinger, Acct APC	95-3290814		0.00%
HELEN C KRESS	95-4633633		0.00%
JOHN F LAUBACHER, CPA	20-3987224		0.00%
Michael F Ward, CPA	68-0450421		0.00%
RICHARD P KROL, CPA	77-0298528		0.00%
VIESSELMAN, BYRNE AND RICH	20-1712398		0.00%
PAUL B SHANE, CPA, APC	77-0119867		0.00%
GEKAKIS AND COMPANY	94-3242397		0.00%
DONALD MINK AAC	95-4028496		0.00%
Jennifer E Kreml, CPA, APC	46-1777267		0.00%
ALLEN W STEPHENSON, CPA		829 WAWONA AVE, OAKLAND, CA 94610	0.00%
C A WHITE ACCY		7780 KANIHAN CT, FAIR OAKS, CA 95628	0.00%
CHARLES LAU, CPA		2815 CUTLER AVENUE, FREMONT, CA 94536	0.00%
David G. Piccardo, CPA		11986 De Paul Circle, San Martin, CA 95046	0.00%
DAVID P JONES, CPA		1820 S El Camino Real #103, Encinitas, CA 92024	0.00%
DON R FURLONG		3430 TWIN OAKS DR, NAPA, CA 94558	0.00%
James McElwee		PO Box 7630, Menlo Park, CA 94026	0.00%

Group Insurance Trust of the California Society of Certified Public Accountants

EIN: 94-1056137; PN: 501

Plan Year ended: December 31, 2024

Multiple-Employer Plan Participating Employer Information

Employer	EIN	Address	%GT Net Premium
LEVIN, JOAN B		24 Professional Center Parkway Suite 240, San Rafael, CA 94903	0.00%
MATTHEW W WOLFSON		P O BOX 56418, SHERMAN OAKS, CA 91403	0.00%
R E HOLLANDER AND COMPANY		P O BOX 763, WOODLAND HILLS, CA 91365	0.00%
REUBEN E LEVY		2138 ANTHONY DRIVE, CAMPBELL, CA 95008	0.00%
ROBIN BURK		1102 COUNTRY HILLS DR, SANTA ANA, CA 92705	0.00%
ROY J CORDER, CPA		3447 MERCER LANE, SAN DIEGO, CA 92122	0.00%
Ruth C Argust, CPA		2010 West Ave K # 666, Lancaster, CA 93536	0.00%
Sarah H Elder, CPA		435 Ocean Dr, Oxnard, CA 93035	0.00%
STEPHEN C KOLAKOWSKI		2944O CAMBRIDGE COURT, AGOURA HILLS, CA 91301	0.00%
STEVEN E MEADOWS, CPA		710 N Spurgeon Street, Santa Ana, CA 92701	0.00%
TOBY KAUFMAN CPA		37235 MOJAVE SAGE STREET, PALM DESERT, CA 92211	0.00%
WALT ORDEMANN, CPA		108 KINGS CT., SAN CARLOS, CA 94070	0.00%
DAVID I STEIN, CPA	33-0695389		0.00%
GALE O'CONNOR CPA, A PROFESSIONAL CORPORATION	33-0732690		0.00%
Rasmuson & Ward, An Accountancy Corp.	33-0772108		0.00%
Judith Kahn Quan, CPA	37-1990006		0.00%
CHARLES W YEAGLEY, CPA	62-1655032		0.00%
MARK S HALL, CPA	77-0165746		0.00%
PURDY AND CO	77-0384306		0.00%
NEAL E LEWIS, CPA	88-0174586		0.00%
MICHAEL FRANKLIN, CPA	94-2380729		0.00%
Arthur L Magnus	94-2606512		0.00%
RAYMOND YEN, CPA A PROFESSIONAL CORP	94-2975966		0.00%
PATRICK L SULLIVAN CPA	94-3194565		0.00%
FRANK G RAPPAPORT, AAC	95-2830073		0.00%
HERBERT S BELINKY ACCOUNTANCY CORP	95-3315195		0.00%
ALLAN S FEINBERG, AAC	95-3634687		0.00%
WOLF AND ASSOCIATES	95-3883982		0.00%
KARAM A REZAIE, CPA	95-4383449		0.00%
CORALIE S CROSS, CPA	68-0258400		0.00%
MARY J MANSI, CPA	68-0465474		0.00%
BOYDSTUN AND KLINGNER, CPAS	94-1082297		0.00%
PHILIP J HERRERA, CPA	95-4051395		0.00%
CRUSER ACCOUNTANCY CORP	77-0009804		0.00%
BANDY AND ASSOCIATES ACCOUNTANCY CORP.	20-3185765		0.00%
WEIR AND FECHT		31225 LA BAYA DRIVE SUITE 200, WESTLAKE, CA 91362	0.00%
KING & LEE, CPA	68-0082178		0.00%
Gregory W Beck, CPA, A Prof Corp	26-2546462		0.00%
Eiges Accountancy Corporation	95-4837641		0.00%
Vasona CPA & Associates	43-2028514		0.00%
TIMOTHY J FOOTE, CPA	94-6394085		0.00%
RICHARD H O'HARA AND CO		503 WEST PALM DRIVE, PLACENTIA, CA 92870	0.00%
RACHEL C CHOI, CPA	94-3208598		0.00%
Sapphire CFO Solutions		5211 Warm Springs Rd, Glen Ellen, CA 95442	0.00%
EDWARD M LEE JR, CPA	95-4890070		0.00%
MARTIN L SHALLON, CPA	95-3548944		0.00%
DAVID P JORDAN, CPA PC	77-0533204		0.00%
HENRY KURTZ, CPA	77-0406809		0.00%
ZIGMOND, SNOW AND LANG, AAC	95-4298574		0.00%
Brenner & Associates	20-4122655		0.00%
HAROLD B KUDLER, CPA		21243 VENTURA BLVD STE 108, WOODLAND HILLS, CA 91364	0.00%
BRUCE A MADDOX, CPA		341 VISITACION AVENUE, BRISBANE, CA 94005	0.00%
CAROLE SINAY, CPA		2815 KENSINGTON RD, REDWOOD CITY, CA 94061	0.00%
CHARLES H GIELOW, JR, CPA		5756 Saudlewood Way, Roseville, CA 95747	0.00%

Group Insurance Trust of the California Society of Certified Public Accountants

EIN: 94-1056137; PN: 501

Plan Year ended: December 31, 2024

Multiple-Employer Plan Participating Employer Information

Employer	EIN	Address	%GT Net Premium
KATHLEEN F MCGUIRE, CPA		2705 PIEDMONT AVENUE, BERKELEY, CA 94705	0.00%
PAUL M DANIS, CPA		147 CHANDON, LAGUNA NIGUEL, CA 92677	0.00%
RICH ABRUSCATO FINANCIAL CONSULTANT		950 Sunset Garden Lane Apt #230, Simi Valley, CA 93605	0.00%
ROBERT ERIC BICKERTON		1106 SECOND ST STE 345, ENCINITAS, CA 92024	0.00%
RICHARD T BROCKWAY II, CPA	20-3219702		0.00%
Peter J Tansill, CPA	27-4482180		0.00%
DOMBROWSKI AND ASSOCIATES, CPAS LLP	30-0035824		0.00%
BONNIE L HERMAN, CPA	33-0496043		0.00%
Thomas & Thomas, An Accountancy Corporation	45-0992449		0.00%
ACCURATE ASSETS	65-1265636		0.00%
Bay Area CFO Consultants	76-0713926		0.00%
James G Cooper	77-0092928		0.00%
Celine Lau, CPA	77-0184185		0.00%
Dragonfly Accounting	88-1760139		0.00%
JOE GALLARDO CPA	91-2151217		0.00%
EDWARD A ROBINSON, CPA	94-2666056		0.00%
Joyce S Chen, CPA	94-3131640		0.00%
HAROLD W CHIASSON, CPA	95-3259230		0.00%
H ROY MATLEN ASSOCIATES	95-3925263		0.00%
ELLYN S CARLSON, AN ACCOUNTANCY CORPORATION	95-4839146		0.00%
ROBERT M FRUMKIN CPA, INC	95-4872588		0.00%
James C Chambers CPA PC	20-2793012		0.00%
L DAVID GOMEZ, CPA		482 N Rosemead Blvd Ste 203, Pasadena, CA 91107	0.00%
MARTIN GLATT, CPA	95-2982001		0.00%
CATHY RAVANO, CPA		14 VAL MAR PL, SAN CARLOS, CA 94070	0.00%
CERVUS GROUP		121 29TH STREET, NEWPORT BEACH, CA 92663	0.00%
CRAIG A LORENZ, CPA		322 MIDIRON WAY, SANTA ROSA, CA 95403	0.00%
DOUGLAS O HAIGH JR, CPA		4455 MORENA BLVD STE 103, SAN DIEGO, CA 92117	0.00%
GABRIEL M BENDANA, CPA		27623 HYSSOP LANE, SANTA CLARITA, CA 91350	0.00%
GARY S OLIVER, CPA		375 BULLARD AVE STE 1, CLOVIS, CA 93612	0.00%
GLORIA S KING , CPA		7760 Rosestone Lane, Roseville, CA 95747	0.00%
REGINA M GONNELLA CPA		241 SAN LUIS AVE STE 6, SAN BRUNO, CA 94066	0.00%
SHANNON R MARQUARDT, CPA		3980 BLUE GUM DRIVE, SAN JOSE, CA 95127	0.00%
VALARIE KOOS, CPA	20-5829219		0.00%
MICHAEL J BENNETT, CPA	20-8202932		0.00%
Christina A Bahr CPA	33-0323524		0.00%
ARTHUR R GETZ, CPA	33-0490815		0.00%
Richard L Handler	46-3974037		0.00%
Carl Campbell CPA, PC	47-4338577		0.00%
Suzanne Cloutier, PHD, CPA dba Cloutier and Associates	47-4495281		0.00%
D A Kale Accountancy Corp	68-0579457		0.00%
FRANCES L FISHER, CPA	94-2420641		0.00%
BARRY B LOCKWOOD, CPA	94-3146450		0.00%
ELEANOR S HANSEN, CPA	94-3149318		0.00%
LEIBA AND BOWERS, CPAS	95-2695134		0.00%
Martin S. Freedman, CPA, A Professional Corporation	95-4174869		0.00%
G Scott Haislet		3445 Mt Diablod Blvd, Lafayette, CA 94549	0.00%
RICHARD A DELEUZE, CPA		1661 BOTELHO DRIVE STE 230, WALNUT CREEK, CA 94596	0.00%
HOWARD G FLASHBERG CPA APC	95-2853318		0.00%
ANDERSON, LUCAS, SOMERVILLE AND BORGES	94-1167235		0.00%
ABEL, KRIEGER AND WILMETH, CPAS	33-0644600		0.00%
MUEGGE BALDI HARDCASTLE		747 - 5TH STREET, SANTA ROSA, CA 95404	0.00%
KOENKE AND ASSOCIATES, CPA		1651 VISTA DEL NORTE, CHINO HILLS, CA 91709	0.00%
M. FREEDMAN AND COMPANY, INC	45-2823016		0.00%

Group Insurance Trust of the California Society of Certified Public Accountants

EIN: 94-1056137; PN: 501

Plan Year ended: December 31, 2024

Multiple-Employer Plan Participating Employer Information

Employer	EIN	Address	%GT Net Premium
LAWRENCE ACCOUNTANCY CORP	56-2432646		0.00%
Debra D Hunt, CPA	77-0085936		0.00%
SANDLER, POWELL, JACOBS AND BERLIN, CPA'S		18801 VENTURA BLVD STE 304, TARZANA, CA 91356	0.00%
SUSAN M SODERSTON, CPA		1273 EL CAMINO REAL APT 3, BURLINGAME, CA 94904	0.00%
Diduck and McCrone CPAs	88-3336961		0.00%
WALLIS A WEAVER, CPA		P.O. BOX 180, WILLOW CREEK, CA 95573	0.00%
Dean A Smith, CPA	26-1748006		0.00%
ARMONDO MARSELLA		1680 N VINE ST STE 504, Los Angeles, CA 90028	0.00%
FERN B COHEN CPA AAC		615 Arcadia Place Apt 315, National City, CA 92950	0.00%
HARVEY H LAWRENCE AND ASSOCIATES,INC		122 Carmelina Ave, LOS ANGELES, CA 90049	0.00%
RICHARD B EISENROD, CPA		950 Sunset Garden Lane, #136, Simi Valley, CA 93065	0.00%
RICHARD N GREEN, CPA		11636 BOOM POINTER WY, GOLD RIVER, CA 95670	0.00%
ROGER KAUFFMANN, CPA		10496 HOLMAN AVE, LOS ANGELES, CA 90024	0.00%
SHARON J UDKOFF, CPA		4185 COLFAX AVE UNIT A, STUDIO CITY, CA 91604	0.00%
SUSAN R NOBLE, CPA		1854 RINGSTED DRIVE, SOLVANG, CA 93463	0.00%
THOMAS L CAMP, CPA		45 SUNSHINE AVENUE, SAUSALITO, CA 94965	0.00%
YOKO YAMAKAWA CPA	05-6929600		0.00%
Ann M McDonough CPA	20-2237775		0.00%
Kathy J. Scroggs, CPA	30-0610907		0.00%
Beth Regan CPA	33-0355893		0.00%
ROBINSON ACCTCY CORP	33-0636083		0.00%
VOGEL AND MCDONALD, CPAS	68-0340345		0.00%
MICHAEL T DOODY, CPA	68-0465576		0.00%
MAULDIN AND CO	77-0266401		0.00%
BETTY C MAYEN, CPA	94-2725189		0.00%
RUDY HANSEN, CPA	94-2857855		0.00%
Thomas E White, CPA	94-2896419		0.00%
JULES A ROTHMAN, AAC	95-3695895		0.00%
CLINTON GALLOWAY, CPA	95-4226361		0.00%
HARLAN LEVINSON, CPA	95-4153583		0.00%
FRANK F MOONEY, CPA	68-0006105		0.00%
IDA E YARBROUGH, CPA	95-4237538		0.00%
JAMES ELIADES JR, CPA, APC	33-0258788		0.00%
LUCOVE, SAY, AND CO	95-4448904		0.00%
Posada Adelman Inc.	20-1816369		0.00%
EBENHOCH ACCOUNTANCY CORPORATION	20-0703720		0.00%
MARY D HALL CPA	33-1068119		0.00%
BOSS DELLER & ASSOCIATES	94-2557013		0.00%
CLEMENT AND ASSOCIATES	95-4071144		0.00%
WALTERS AND KONDRASHEFF	77-0096938		0.00%
Airola CPA & Associates	20-5762516		0.00%
Stephenson Accountancy Corporation	95-3402211		0.00%
Fleischmann and Wada, Inc	94-3208549		0.00%
CANNON AND COMPANY		10850 WILSHIRE BLVD STE 1200, LOS ANGELES, CA 90024	0.00%
CHARLES RICHARD DAY, CPA		PO BOX 2572, RANCHO CUCAMONGA, CA 91729	0.00%
MICHAEL MARUCHEAU		7057 ARTISAN CIRCLE, ROSEVILLE, CA 95678	0.00%
SKIDMORE MARKELL AND COMPANY, INC	95-3553974		0.00%
MICHAEL FREEHLING, CPA		13472 BAYLISS RD, LOS ANGELES, CA 90049	0.00%
Gregory O. Smith, An Accountancy Corp.	95-3795853		0.00%
JOHNSON, HART AND DYSON		19742 MAC ARTHUR BLVD STE 240, IRVINE, CA 92612	0.00%
Wilcox, Hokokian, Bains & Dill LLP	20-3997371		0.00%
LEITNER, ZANDER, SNIDERMAN AND COMPANY		5550 Topanga Canyon Blvd Ste 155, Woodland Hills, CA 91367	0.00%
Nora Wu CPA	81-1251703		0.00%
LAMB, MEDINA AND MEYER, LLP		1761 HOTEL CIRCLE S STE 100, SAN DIEGO, CA 92108	0.00%

Group Insurance Trust of the California Society of Certified Public Accountants

EIN: 94-1056137; PN: 501

Plan Year ended: December 31, 2024

Multiple-Employer Plan Participating Employer Information

Employer	EIN	Address	%GT Net Premium
BRIGGS, KIM AND MARTINEZ, LLP	20-4048674		0.00%
ANTHONY PIGNATI, CPA	94-3141872		0.00%
BRIAN LEWIS AND COMPANY, CPAS, APC	95-3637387		0.00%
RJC ACCOUNTANCY CORP	33-0734936		0.00%
Jamie Corsetti, CPA APAC	46-2735752		0.00%
KOKJER, PIEROTTI, MAIOCCO AND DUCK, LLP		333 Pine St Fl 5, SAN FRANCISCO, CA 94104	0.00%
RAYMOND P HORSPOOL, JR CPA	33-0917269		0.00%
RONALD CHEIFER, AN ACCY CORP	95-3509869		0.00%
JAMES E GILL, CPA, LLP	95-4718653		0.00%
TAX PLUS FINANCIAL SERVICES	33-0870973		0.00%
Law Office of Joan C. Rodman	45-2429902		0.00%
Eric W Martin, CPA	27-4589892		0.00%
DOUGLAS R GAEBE, CPA	77-0268399		0.00%
KAUFMAN AND KABANI	95-3761877		0.00%
KUMPF AND LEIPPE, CPAS		1601 EXECUTIVE CT STE 3, SACRAMENTO, CA 95864	0.00%
MICHAEL L MEDKIFF, CPA		12424 Wilshire Blvd Suite 1130, Los Angeles, CA 90025	0.00%
KELLY & ASSOCIATES, LLP	05-0550239		0.00%
John Tounger CPA	68-0166029		0.00%
LOWELL D SMITH ACCOUNTANCY CORP	94-2533832		0.00%
JEANNE A SHANNON, APC	26-3873675		0.00%
DENNIS D DIVER CPA	94-3344356		0.00%
LUCYGNE O FFILL, CPA		245 CRAIG DRIVE, ORANGE, CA 92869	0.00%
ABE CARNOW, CPA		502 N CURSON AVE, LOS ANGELES, CA 90036	0.00%
ANTHONY SALZMAN, CPA		325 ROLLING OAKS DR STE 201, THOUSAND OAKS, CA 91361	0.00%
BARRY M MOSER, CPA		11182 WESTWOOD BLVD, CULVER CITY, CA 90230	0.00%
BRADLEY R HALL, CPA		12445 NONIE TERRACE, SAN DIEGO, CA 92129	0.00%
FRANK D BALOG, CPA		13562 JEMEI WAY, IRVINE, CA 92720	0.00%
LISA R LAMPE, CPA		1155 CUNEO COURT, CONCORD, CA 94518	0.00%
PERRY M HENDERSON, CPA		605 W SUNSET DR, REDLANDS, CA 92373	0.00%
WALTER T MARSHALL JR		8722 Larkhaven Ct Reno, Reno, NV 89523	0.00%
WASSERMAN ACCY CORP		17134 DEVONSHIRE ST SUITE 101, NORTHRIDGE, CA 91325	0.00%
ALAN MAZURSKY	02-1552827		0.00%
WOLFE AND WOLFE, CPAS	33-0412346		0.00%
MONEYFWD	61-1523410		0.00%
Gregory M. Burke, CPA, A Prof Accy Corp	81-4179121		0.00%
Robert M Riggs CPA	82-1745035		0.00%
TERRY VALLE, CPA	95-3779896		0.00%
STEPHEN L FRIEDMAN, CPA	95-3789047		0.00%
Gary A. Vogel, CPA	95-4649489		0.00%
PHILIP ROSS CPA, AN ACCOUNTANCY CORP	95-4829307		0.00%
DALE A HELTON, CERTIFIED PUBLIC ACCOUNTANT	68-0220192		0.00%
Morrison & Co., CPA		2726 5th St Apt 304, Davis, CA 95618	0.00%
JOHN M JANELLO, CPA		51 E Campbell Ave Ste 110A, CAMPBELL, CA 95008	0.00%
SHABAN ACCOUNTANCY		13871 MERCADO DRIVE, DEL MAR, CA 92014	0.00%
COLLURA ACCOUNTANCY CORPORATION	95-3528828		0.00%
DANIEL S VENNE, CPA	33-0449135		0.00%
GREGORY G THERRIEN, CPA, INC	33-0492681		0.00%
DENNIS L FRITZ, CPA	68-0291860		0.00%
CORNELIUS AND COMPANY	68-0404169		0.00%
ROLAND ROOS AND COMPANY	77-0527102		0.00%
JOHN J RHIND, CPA	95-6377277		0.00%
ROSS G LAJEUNESSE, CPA		1823 Sheridan Way, San Marcos, CA 92078	0.00%
MICHAEL J BORENSTEIN CPA, INC	11-3670074		0.00%
HIBDON AND PODSADECKI, CPA	95-3883052		0.00%

Group Insurance Trust of the California Society of Certified Public Accountants

EIN: 94-1056137; PN: 501

Plan Year ended: December 31, 2024

Multiple-Employer Plan Participating Employer Information

Employer	EIN	Address	%GT Net Premium
EADIE & PAYNE, LLP	95-1754234		0.00%
ALAN S BERCUIT, CPA		P.O BOX 5135, BEVERLY HILLS, CA 90209	0.00%
B JANE LOMMEL, CPA		PO Box 1444, Gardenville, NV 89410	0.00%
BLITZ, LEE AND BREIGHT		3838 CAMINO DEL RIO N STE 360, SAN DIEGO, CA 92108	0.00%
BOBBI URBANEC STRICKLAND, CPA		16201 BERTELLA DRIVE, ENCINO, CA 91436	0.00%
Bruce Breckner		4914 Lundblade Dr., Eureka, CA 95503	0.00%
BUNJE PACIFIC CONSULTING CORP		349 SAILFISH ISLE, FOSTER CITY, CA 94404	0.00%
GARY W NELSON		1108 Sartori Ave, Suite 200, TORRANCE, CA 90501	0.00%
GEORGE A GROSSO, CPA		1135 VICENTE ST, SAN FRANCISCO, CA 94116	0.00%
HOLLY C PAGET CPA		1551 Gold Hills Dr, Redding, CA 96003	0.00%
JERRY SEGAWA, CPA		11018 Fury Lane, La Mesa, CA 91841	0.00%
LARRY P ANGELI, CPA		2084 Hillside Cr, San Leandro, CA 94577	0.00%
LOIS M CAGGIANO, CPA		223 PANORAMA DRIVE, BENICIA, CA 94510	0.00%
MARGARET KAYSEN, CPA		30 Seascape Village, Aptos, CA 95003	0.00%
MARK D SWEDELSON, CPA		16530 VENTURA BLVD STE 401, ENCINO, CA 91436	0.00%
MICHAEL J GARTZKE, CPA		6414 CAMINO VIVIENTE, GOLETA, CA 93117	0.00%
NODAR AND CO		11300 W OLYMPIC BLVD STE 620, LOS ANGELES, CA 90064	0.00%
PAMELA A COOKE, CPA		13636 PASEO DE LA HUERTA, POWAY, CA 92064	0.00%
PAUL LAMAS		P O BOX 5028, PASO ROBLES, CA 93447	0.00%
RONALD J VOGEL, CPA		18814 ROSITA ST, TARZANA, CA 91356	0.00%
STEVEN A RICHARDS, CPA		2698 ASHCROFT AVENUE, CLOVIS, CA 93611	0.00%
STEVEN G BLOOM AAC		2466 Montecito Ave, Westlake Village, CA 91362	0.00%
Regina M. Levy, CPA	20-8333053		0.00%
CAREY AND HANNA, CPAS	52-2367819		0.00%
ENGELMAN ACCY CORP	94-2680666		0.00%
JEFFREY A NEWHOUSE	94-2851289		0.00%
DAVID E COLLIER, CPA	94-3379637		0.00%
HOLLDAY AND ASSOCIATES ACCOUNTANCY CORP	95-2707947		0.00%
PHILIP E GARDNER, CPA	95-3177283		0.00%
NEIL S HARMON, CPA	95-3355096		0.00%
ROY B GOLDBERG CPA INC	95-3766452		0.00%
GARY S OSHEROFF, CPA	95-3876473		0.00%
AMNON MIZRAHI, CPA	95-4064303		0.00%
THEODORE H ROSENQUIST, CPA	95-4291416		0.00%
ROBERT P MONTANIO, CPA	95-4402701		0.00%
STEVEN L SHAPIRO, CPA INC	95-4561360		0.00%
ULLMAN ACCOUNTANCY	20-2816072		0.00%
JEROLD P LOGOLUSO	77-0078645		0.00%
GARY A GILBREATH, CPA	77-0314555		0.00%
EDWARD J SCHNEIDER JR, CPA	94-2987098		0.00%
ROBERT A PETTERSON, CPA	95-3673745		0.00%
BURT R SHAPIRO, ACCOUNTACY CORP	95-3557925		0.00%
DEBRA A G WACKER, CPA		1345 BROAD STREET, SAN LUIS OBISPO, CA 93401	0.00%
NANCY R GIRE, CPA		3652 MAY ROAD, EL SOBRANTE, CA 94803	0.00%
GREG M LANG, CPA INC	20-2069154		0.00%
HOWARD H BROWNSTEIN, CPA	94-3233728		0.00%
ADVOCACY ANSWERS, INC	26-4309688		0.00%
Gary W Marx, CPA	20-5987539		0.00%
SOPHIA TSOI, CPA, A PROF CORP	95-4723432		0.00%
ALLEN J BUDZICHOWSKI, CPA		4215 WARNER BLVD., BURBANK, CA 91505	0.00%
BEAVER, MENKES AND HASS ACCY		PO Box 13230, Palm Desert, CA 92255	0.00%
DAVID M RICHARDSON, CPA		21550 Oxnard Street, Suite 300, Woodland Hills, CA 91367	0.00%
DENNIS H PARKER, CPA		68 LONG CT STE 1A, THOUSAND OAKS, CA 91360	0.00%
EDWARD I GOLDBERG AND COMPANY, CPAS		P.O. Box 75525, San Clemente, CA 92673	0.00%

Group Insurance Trust of the California Society of Certified Public Accountants
EIN: 94-1056137; PN: 501
Plan Year ended: December 31, 2024

Multiple-Employer Plan Participating Employer Information

Employer	EIN	Address	%GT Net Premium
James F. Poulos, CPA		578 houston Street Ste. C, Monterey, CA 93940	0.00%
MARK A LOES, CPA		2308 Firefly Court, Franklin, TN 37069	0.00%
PATRICIA A TOWNE, CPA		4948 North Arthur Avenue, Fresno, CA 93705	0.00%
Patricia Cochran, CPA		PO Box 295, McArthur, CA 96056	0.00%
REITER MANAGEMENT		2732 MC CONNELL DRIVE, LOS ANGELES, CA 90064	0.00%
ROBERT D STRAIN, CPA		545 DOBBINS DR, SAN GABRIEL, CA 91775	0.00%
ROY W SCARAZZO JR CPA		4200 BOISE ST UNIT 2-B, BAKERSFIELD, CA 93306	0.00%
STAN A DILIBERTO, CPA, CFP		12501 SEAL BEACH BLVD STE 200, SEAL BEACH, CA 90740	0.00%
WILLIAM L HABEEB		1445 Royalton Court, Modesto, CA 95350	0.00%
SERIOUS ACCOUNTING SOFTWARE, INC	33-0330225		0.00%
MARILYN J PAYNE CPA	33-0839463		0.00%
MICHAEL G SLATER, CPA	94-2470197		0.00%
DIANA R WEBER, CPA	95-3889540		0.00%
LAURA J VAHL, CPA	95-4149434		0.00%
FRED GOTHELF	95-3889915		0.00%
JACOBS BALMUTH ABRAMSON	95-1718784		0.00%

Applied filters:PLAN_YR is 2024

THE GROUP INSURANCE TRUST OF THE
CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
EIN: 94-1056137; Plan No. 501
Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value on Transaction Date	Net Gain or (Loss)
Investments Acquired and Sold								
The Vanguard Group	Vanguard Short-Term Investment-Grade Fund	1,743,960	-	-	-	1,743,960	1,743,960	-
The Vanguard Group	Vanguard Short-Term Investment-Grade Fund	-	4,650,000	-	-	4,624,160	4,650,000	25,840

THE GROUP INSURANCE TRUST OF THE
CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
EIN: 94-1056137; Plan No. 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Investment Description	Cost	Current Value
	U.S. Treasury	Note due 05/31/2026, 2.13%, \$250,000 par	\$ 252,949	\$ 242,734
	U.S. Treasury	Note due 08/31/2026, 1.38%, \$150,000 par	143,221	143,145
	U.S. Treasury	Note due 01/31/2028, 0.75%, \$270,000 par	262,238	242,557
	U.S. Treasury	Note due 06/30/2026, 0.88%, \$200,000 par	200,008	190,305
	U.S. Treasury	Note due 08/31/2028, 1.13%, \$490,000 par	421,151	436,942
	U.S. Treasury	Note due 09/30/2026, 0.88%, \$550,000 par	546,369	518,997
	U.S. Treasury	Note due 11/30/2026, 1.25%, \$400,000 par	400,203	378,172
	U.S. Treasury	Note due 05/15/2032, 2.88%, \$500,000 par	483,574	449,063
	U.S. Treasury	Note due 08/15/2032, 2.75%, \$250,000 par	223,057	221,719
	U.S. Treasury	Note due 09/30/2027, 4.13%, \$500,000 par	503,594	498,047
	U.S. Treasury	Note due 10/31/2029, 4.00%, \$250,000 par	246,191	245,801
	U.S. Treasury	Note due 11/15/2032, 4.13%, \$320,000 par	335,700	312,150
	U.S. Treasury	Note due 11/30/2027, 3.88%, \$400,000 par	401,703	395,468
	U.S. Treasury	Note due 02/15/2033, 3.50%, \$120,000 par	115,392	111,656
	U.S. Treasury	Note due 02/28/2030, 4.00%, \$700,000 par	697,598	687,039
	U.S. Treasury	Note due 08/15/2033, 3.88%, \$350,000 par	338,475	333,211
	U.S. Treasury	Note due 08/31/2030, 4.13%, \$500,000 par	483,477	492,266
	U.S. Treasury	Note due 09/30/2028, 4.63%, \$500,000 par	498,887	504,688
	U.S. Treasury	Note due 01/31/2029, 4.00%, \$500,000 par	493,164	493,125
	U.S. Treasury	Note due 02/15/2034, 4.00%, \$500,000 par	488,770	478,906
	U.S. Treasury	Note due 02/28/2031, 4.25%, \$450,000 par	451,336	444,902
	Federal Home Loan Mortgage Corp	Note due 03/01/2039, 4.00%, \$36,019 par	37,227	34,268
	Federal Home Loan Mortgage Corp	Note due 08/01/2027, 2.50%, \$39,027 par	38,618	38,174
	Federal Home Loan Mortgage Corp	Note due 10/01/2053, 6.00%, \$155,046 par	156,839	156,827
	Federal Home Loan Mortgage Corp	Note due 02/01/2052, 3.50%, \$209,146 par	187,970	186,682
	Federal National Mortgage Association	Note due 07/01/2049, 3.00%, \$18,772 par	19,138	16,222
	Federal National Mortgage Association	Note due 01/01/2052, 2.00%, \$176,717 par	137,066	139,279
	Federal National Mortgage Association	Note due 04/01/2048, 3.00%, \$214,401 par	197,249	189,972
	Federal National Mortgage Association	Note due 05/01/2027, 2.50%, \$22,617 par	22,377	22,143
	Federal National Mortgage Association	Note due 10/01/2027, 2.50%, \$35,385 par	35,011	34,572
	Federal National Mortgage Association	Note due 07/01/2033, 3.50%, \$36,283 par	36,725	34,850
	Federal National Mortgage Association	Note due 06/01/2034, 3.50%, \$42,255 par	43,381	40,474
	Federal National Mortgage Association	Note due 07/01/2029, 3.00%, \$32,299 par	33,041	31,398
	Federal National Mortgage Association	Note due 08/01/2029, 3.00%, \$37,006 par	37,826	35,943
	Federal National Mortgage Association	Note due 01/01/2030, 3.00%, \$34,689 par	35,691	33,640
	Federal National Mortgage Association	Note due 02/01/2030, 3.00%, \$62,551 par	64,614	60,593
	Federal National Mortgage Association	Note due 03/01/2030, 3.00%, \$74,824 par	77,314	72,472
	California State	Note due 09/01/2034, 5.15%, \$250,000 par	251,218	250,304
	California State University	Note due 11/01/2025, 2.44%, \$250,000 par	250,000	246,045
	Greater Orlando Florida Aviation Authority	Note due 10/01/2030, 2.70%, \$260,000 par	231,046	233,219
	New York City Transitional Financial Authority	Note due 02/01/2032, 4.64%, \$250,000 par	242,690	244,953
	Oregon Department of Administrative Services	Note due 04/01/2031, 5.02%, \$250,000 par	250,000	253,267
	Phoenix Arizona	Note due 07/01/2030, 4.51%, \$250,000 par	250,000	248,348
	Port of Morrow Oregon Transmission Facilities	Note due 09/01/2032, 4.89%, \$250,000 par	252,843	250,293
	University of Colorado Enterprise System	Note due 06/01/2025, 2.35%, \$45,000 par	45,000	44,581
	University of Colorado Enterprise System	Note due 06/01/2025, 2.35%, \$105,000 par	105,000	104,071
	University of Oklahoma	Note due 07/01/2033, 2.41%, \$250,000 par	200,700	206,053
	American Express Credit Account Master Trust	Corporate Note due 09/15/2030, 5.15%, \$200,000 par	203,094	203,582
	Carvana Auto Receivables Trust	Corporate Note due 06/10/2027, 1.03%, \$125,000 par	124,977	120,744

THE GROUP INSURANCE TRUST OF THE
CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
EIN: 94-1056137; Plan No. 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Investment Description	Cost	Current Value
	Carvana Auto Receivables Trust	Corporate Note due 12/10/2027, 1.64%, \$225,000 par	\$ 224,988	\$ 217,524
	Chase Issuance Trust	Corporate Note due 01/15/2031, 4.63%, \$150,000 par	150,000	149,803
	Citibank Credit Card Issuance Trust	Corporate Note due 10/13/2030, 3.96%, \$80,000 par	77,219	78,028
	CHN Equipment Trust	Corporate Note due 03/15/2032, 4.12%, \$150,000 par	147,246	146,743
	GM Financial Consumer Automobile Receivables Trust	Corporate Note due 11/16/2029, 5.09%, \$200,000 par	204,516	202,273
	Honda Auto Receivables Owner Trust	Corporate Note due 07/18/2030, 5.21%, \$70,000 par	72,062	71,004
	Toyota Auto Receivables Owner Trust	Corporate Note due 10/15/2026, 0.53%, \$130,518 par	129,901	128,656
	World Financial Network Credit Card Master Trust	Corporate Note due 05/15/2031, 4.62%, \$150,000 par	151,605	149,672
	World Omni Auto Receivables Trust	Corporate Note due 09/15/2027, 0.64%, \$175,000 par	174,960	170,812
	AT&T Inc	Corporate Note due 07/15/2026, 2.95%, \$200,000 par	217,848	194,947
	Alexandria Real Estate Equities Inc	Corporate Note due 05/18/2032, 2.00%, \$150,000 par	121,655	119,575
	American Express Co	Corporate Note due 11/05/2027, 5.85%, \$130,000 par	129,906	133,946
	American Honda Finance Corp	Corporate Note due 09/10/2025, 1.00%, \$225,000 par	224,989	219,377
	Bank of America Corp	Corporate Note due 04/23/2027, 3.56%, \$200,000 par	193,966	196,710
	Bank of NY Mellon Corp	Corporate Note due 01/29/2028, 3.40%, \$150,000 par	141,288	144,494
	Bank of Nova Scotia	Corporate Note due 08/03/2026, 2.70%, \$250,000 par	249,403	242,579
	CF Industries Inc	Corporate Note due 03/15/2034, 5.15%, \$100,000 par	94,027	96,909
	Capital One Financial	Corporate Note due 07/28/2026, 3.75%, \$200,000 par	210,550	196,371
	Citigroup Inc	Corporate Note due 05/24/2028, 4.66%, \$200,000 par	200,000	198,637
	Clorox Co	Corporate Note due 10/01/2027, 3.10%, \$200,000 par	224,496	191,660
	Comcast Corp	Corporate Note due 02/15/2028, 3.15%, \$150,000 par	144,653	142,813
	Duke Energy Carolinas	Corporate Note due 01/15/2033, 4.95%, \$150,000 par	148,371	147,398
	Emerson Electric Co	Corporate Note due 10/15/2026, 0.88%, \$200,000 par	199,344	187,840
	Florida Power & Light Co	Corporate Note due 02/03/2032, 2.45%, \$150,000 par	130,127	126,556
	Goldman Sachs Group Inc	Corporate Note due 02/24/2028, 2.64%, \$100,000 par	92,147	95,331
	JPMorgan Chase & Co	Corporate Note due 01/23/2030, 5.01%, \$200,000 par	200,000	199,710
	Lockheed Martin Corp	Corporate Note due 02/15/2029, 4.50%, \$200,000 par	197,980	197,669
	Metlife Inc	Corporate Note due 07/15/2033, 5.38%, \$150,000 par	156,233	151,626
	Morgan Stanley	Corporate Note due 07/21/2034, 5.42%, \$100,000 par	96,680	99,367
	Northern Trust Co	Corporate Note due 05/10/2027, 4.00%, \$100,000 par	99,838	98,647
	PNC Financial Services	Corporate Note due 12/02/2028, 5.35%, \$150,000 par	150,282	151,936
	Charles Schwab Corp	Corporate Note due 01/25/2028, 3.20%, \$150,000 par	145,152	143,532
	Southern Power Company	Corporate Note due 01/15/2026, 0.90%, \$200,000 par	199,510	192,074
	Toronto-Dominion Bank	Corporate Note due 09/11/2025, 0.75%, \$175,000 par	174,512	170,348
	Toyota Motor Credit Corp	Corporate Note due 03/22/2027, 3.05%, \$200,000 par	193,652	193,545
	Truist Financial Corp	Corporate Note due 06/06/2028, 4.12%, \$150,000 par	144,459	147,188
	US Bancorp	Corporate Note due 01/27/2028, 2.21%, \$150,000 par	135,920	142,094
	UnitedHealth Group Inc	Corporate Note due 06/15/2028, 3.85%, \$80,000 par	78,191	77,725
	Verizon Communications Inc	Corporate Note due 03/22/2028, 2.10%, \$100,000 par	99,955	91,930
	Wells Fargo & Company	Corporate Note due 03/02/2033, 3.35%, \$150,000 par	134,600	131,303
	The Vanguard Group	88,433 shares - Developed Markets Index Fund Admiral shares	1,221,188	1,358,330
	The Vanguard Group	35,157 shares - High Dividend Yield Index Fund Admiral shares	1,133,665	1,352,499
	The Vanguard Group	4,059 shares - Mid-Cap Index Fund Admiral shares	854,929	1,326,687
	The Vanguard Group	10,502 shares - Real Estate Index Fund Admiral shares	1,136,088	1,326,531
	The Vanguard Group	11,459 shares - Small-Cap Index Fund Admiral shares	722,968	1,319,657
	The Vanguard Group	2,614 shares - Short-Term Investment-Grade Fund Admiral shares	26,973	26,947
	Eaton Vance	167,743 shares - Floating Rate Fund R6 shares	1,473,919	1,407,366
		Total	<u>\$ 24,385,673</u>	<u>\$ 25,610,231</u>

THE GROUP INSURANCE TRUST OF THE
CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
EIN: 94-1056137; Plan No. 501
Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within Year)
December 31, 2024

(a)	(b)	(c)	(d)
Identity of Issue	Investment Description	Cost of Acquisition	Proceeds of Disposition
T-Mobile USA Inc	Corporate Note due 04/15/2029, 3.375%, \$200,000 par	\$ 187,935	\$ 190,789