

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
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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 MAINE MUNICIPAL EMPLOYEES HEALTH TRUST
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 01/01/1983
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) EMPLOYEES OF MUNICIPAL AND OTHER PUBLIC EMPLOYERS OF MAINE HEALTH TR MAINE MUNICIPAL EMPLOYEES HEALTH TRUST MELISSA FLAYHAN, BOARD CHAIRMAN 60 COMMUNITY DRIVE AUGUSTA, ME 04330-8008
2b	Employer Identification Number (EIN) 01-0382676
2c	Plan Sponsor's telephone number 207-623-8428
2d	Business code (see instructions) 525100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/03/2025	KRISTY GOULD
	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 MAINE MUNICIPAL ASSOCIATION CATHERINE CONLOW, EXECUTIVE DIRECTOR 60 COMMUNITY DR AUGUSTA, ME 04330-8008	3b Administrator's EIN 01-6001159 3c Administrator's telephone number 207-623-8428																						
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 9901																						
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.....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td style="width: 15%;">6a(1)</td><td style="text-align: right;">9376</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">9548</td></tr> <tr><td>6b</td><td style="text-align: right;">489</td></tr> <tr><td>6c</td><td style="text-align: right;">0</td></tr> <tr><td>6d</td><td style="text-align: right;">10037</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>			6a(1)	9376	6a(2)	9548	6b	489	6c	0	6d	10037	6e		6f		6g(1)		6g(2)		6h	
6a(1)	9376																						
6a(2)	9548																						
6b	489																						
6c	0																						
6d	10037																						
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 4F 4H 4E

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 3
- (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 159593571

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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan MAINE MUNICIPAL EMPLOYEES HEALTH TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYEES OF MUNICIPAL AND OTHER PUBLIC EMPLOYERS OF MAINE HEALTH TR	D Employer Identification Number (EIN) 01-0382676	

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

(a) Name of insurance carrier
STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	648982	12359	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
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(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	2689967
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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan MAINE MUNICIPAL EMPLOYEES HEALTH TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYEES OF MUNICIPAL AND OTHER PUBLIC EMPLOYERS OF MAINE HEALTH TR	D Employer Identification Number (EIN) 01-0382676	

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

(a) Name of insurance carrier
VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1227840	39616	30016232	5859	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

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(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
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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
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:

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

(4) Other (specify below)

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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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	673096
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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan MAINE MUNICIPAL EMPLOYEES HEALTH TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYEES OF MUNICIPAL AND OTHER PUBLIC EMPLOYERS OF MAINE HEALTH TR	D Employer Identification Number (EIN) 01-0382676	

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

(a) Name of insurance carrier UNUM LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0278678	62235	588949/588982	198	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
--

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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
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier	7e(1)		
	7e(2)		
	7e(3)		
	7e(4)		

(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	67480
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 MAINE MUNICIPAL EMPLOYEES HEALTH TRUST	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYEES OF MUNICIPAL AND OTHER PUBLIC EMPLOYERS OF MAINE HEALTH TR	D Employer Identification Number (EIN) 01-0382676

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

X

YesNo
- 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	
AMERICAN ENTERPRISE INVESTMENT SERV	901 3RD AVE S MINNEAPOLIS, MN 55402
41-1667086	

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

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

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

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)

MAINE MUNICIPAL ASSOCIATION

60 COMMUNITY DRIVE
AUGUSTA, ME 04330

01-6001159

(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 13	PLAN ADMINISTRAT	3823184	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANTHEM BLUE CROSS BLUE SHIELD OF ME

2 GANNETT DRIVE
SOUTH PORTLAND, ME 04106

31-1705652

(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	BENEFITS ADMINISTRATOR	2755715	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BUSINESSSOLVER INC

1025 ASHWORTH ROAD
WEST DES MOINES, IA 50265

42-1503807

(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	BENEFITS ADMINISTRATOR	637650	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)

UNUM LIFE INSURANCE CO OF AMERICA

P.O. BOX 406834
ATLANTA, GA 30384-6834

01-0278678

(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	BENEFITS ADMINISTRATOR	550049	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHEIRON, INC

1750 TYSONS BOULEVARD, SUITE 1100
MCLEAN, VA 22102

13-4215617

(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	ACTUARY	494164	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHEAST DELTA DENTAL

ONE DELTA DRIVE
PO BOX 2002
CONCORD, NH 03302-2002

01-0286541

(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	BENEFITS ADMINISTRATOR	354474	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)

VERRILL DANA LLP

ONE PORTLAND SQUARE, 10TH FLOOR
PORTLAND, ME 04101

01-0176171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	LEGAL SERVICES	235042	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER HEALTH BENEFITS

PO BOX 13793
NEWARK, NJ 07188-0793

34-2015463

(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	BROKER	50000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CROSS BENEFIT SOLUTIONS

DBA CROSS INSURANCE
PO BOX 1388
BANGOR, ME 04402

01-0508976

(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	CONSULTANT - BENEFITS	47020	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 MAINE MUNICIPAL EMPLOYEES HEALTH TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYEES OF MUNICIPAL AND OTHER PUBLIC EMPLOYERS OF MAINE HEALTH TR	D Employer Identification Number (EIN) 01-0382676	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2588710	1371513
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	607647	15795300
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	27496407	24190910
(2) U.S. Government securities	1c(2)	83179957	78977233
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	134410	62229

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	114007131	120397185
Liabilities			
g Benefit claims payable	1g	18005952	17971357
h Operating payables	1h	4132027	4124891
i Acquisition indebtedness	1i		
j Other liabilities	1j	1034159	1941932
k Total liabilities (add all amounts in lines 1g through 1j)	1k	23172138	24038180
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	90834993	96359005

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)	170345391	
(B) Participants	2a(1)(B)	39455076	
(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)		209800467
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3562309	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3562309
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:	2b(5)(A)		
(B) Other	2b(5)(B)	120557	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		213483333

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	214134913	
(2) To insurance carriers for the provision of benefits	2e(2)	-8264193	
(3) Other	2e(3)	-7021779	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		198848941
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	8084896	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	13596	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	501421	
(8) Legal fees	2i(8)	235042	
(9) Valuation/appraisal fees	2i(9)	14951	
(10) Other trustee fees and expenses	2i(10)	110358	
(11) Other expenses	2i(11)	150116	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		9110380
j Total expenses. Add all expense amounts in column (b) and enter total	2j		207959321

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5524012
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: **RUNYON KERSTEEN OUELLETTE**

(2) EIN: **01-0440155**

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 _____.



Financial Statements

For the Years Ended December 31, 2024 and 2023

MAINE MUNICIPAL EMPLOYEES HEALTH TRUST
Financial Statements
For the Years Ended December 31, 2024 and 2023

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Independent Auditor's Report

To the Board of Trustees
Maine Municipal Employees Health Trust

Opinion

We have audited the accompanying financial statements of Maine Municipal Employees Health Trust (the Trust), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Maine Municipal Employees Health Trust as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the year ended December 31, 2024, 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 Audit of the Financial Statements section of our report. We are required to be independent of the Trust and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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 plan instrument, including all plan amendments, administering the plan, 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 Audit 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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 generally accepted auditing standards.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is 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 schedule 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.

A handwritten signature in black ink, reading "Raymond Kurtan Ouellette". The signature is written in a cursive, flowing style.

June 25, 2025

South Portland, Maine

MAINE MUNICIPAL EMPLOYEES HEALTH TRUST
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	2024	2023
Assets:		
Investments at fair value:		
CDARS & ICS	\$ 5,096,299	8,311,230
U.S. Government and agency securities	78,977,233	83,179,957
Total investments at fair value	84,073,532	91,491,187
Receivables:		
Accounts receivable	1,371,513	2,112,117
Accrued interest receivable	523,472	607,647
Rebates receivables	15,271,828	8,768,881
Reinsurance recoverable	-	476,593
Total receivables	17,166,813	11,965,238
Other assets:		
Prepaid expenses	24,852	82,082
Office equipment, net	37,377	52,328
Cash and cash equivalents	19,094,611	19,185,177
Total other assets	19,156,840	19,319,587
Total assets	120,397,185	122,776,012
Liabilities:		
Accounts and claims payable	4,124,891	4,132,027
Advance premiums received	1,100,072	120,066
Claims and administrative service reserve	841,860	914,093
Total liabilities	6,066,823	5,166,186
Net assets available for benefits, prior to IBNR (*)	\$ 114,330,362	117,609,826

See independent auditor's report and accompanying notes to financial statements.

* - see claims incurred but not reported (IBNR) disclosure on page 10

MAINE MUNICIPAL EMPLOYEES HEALTH TRUST
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2024

Additions to net assets attributed to:

Contributions:

Employer:

Health (medical, pharmacy)	\$ 164,565,336
Income protection plan	2,294,625
Dental	2,642,080
Life (basic, supplemental, dependent)	633,387
Vision	170,695
Long term disability	39,268

Participant:

Health (medical, pharmacy)	29,474,304
Income protection plan	4,404,993
Dental	4,293,042
Life (basic, supplemental, dependent)	720,949
Vision	533,020
Long term disability	28,768

Total contributions	209,800,467
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Net investment income:

Interest income	3,562,309
Net appreciation in fair value of investments	120,557

Total net investment income	3,682,866
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Total additions	213,483,333
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Deductions from net assets attributed to:

Claims paid:

Health	209,172,804
Income Protection Plan, net of recoveries	4,174,501
Dental	6,407,086

Total claims paid	219,754,391
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Less recoveries:

Subrogation	674,596
Reinsurance	4,910,287

Total recoveries	5,584,883
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Net claims expense	214,169,508
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See independent auditor's report and accompanying notes to financial statements.

MAINE MUNICIPAL EMPLOYEES HEALTH TRUST
Statement of Changes in Net Assets Available for Benefits, Continued

Claims related expense:	
Reinsurance:	
Specific	\$ 3,416,267
State of Maine assessments (childhood vaccine)	583,925
MGARA fees	916,736
Federal assessments (PCORI, provider fees)	62,735
Premiums remitted - life (basic, supplemental, dependent)	2,682,936
Premiums remitted - ltd	68,585
Premiums remitted - vision	672,124
Network access fees (rebates)	(16,072,174)
Network fees - program integrity	968,069
Health promotion	183,706
Total claims related expense	(6,517,091)
Claims service expense:	
Income Protection Plan	637,608
Health	3,247,376
Dental	370,346
Life	43,585
Other	22,073
Claim service reserve adjustments	(34,341)
Total claims service expense	4,286,647
Administrative expense:	
Management fee	3,811,845
Professional services:	
Legal	235,042
Actuarial	404,401
Consultants	97,020
Trustee expenses:	
Insurance	39,597
Meetings	70,761
Administrative expense reserve adjustments	(37,892)
Data initiatives	188,008
Other expenses	14,951
Total administrative expense	4,823,733
Total deductions	216,762,797
Changes in net assets available for benefits, prior to IBNR	(3,279,464)
Net assets available for benefits, prior to IBNR, beginning of year	117,609,826
Net assets available for benefits, prior to IBNR, end of year	\$ 114,330,362
<i>See independent auditor's report and accompanying notes to financial statements.</i>	

MAINE MUNICIPAL EMPLOYEES HEALTH TRUST
Notes to Financial Statements
For the Years Ended December 31, 2024 and 2023

DESCRIPTION OF TRUST

The following description of the Maine Municipal Employees Health Trust (the Trust) provides only general information. Participants should refer to the Trust agreement for a complete description of the Trust's provisions.

General - The Trust was established in 1982 as a multiple-employer Voluntary Employees' Beneficiary Association for the purpose of providing hospital, physician, major medical, short-term disability, long-term disability, dental, vision, and life benefits. The Trust began offering services on January 1, 1983. The Trust contracts with the Maine Municipal Association to serve as Plan Administrator and pays Maine Municipal Association a management fee.

The Trust was drafted with the intent to comply with the Employee Retirement Income Security Act of 1974 (ERISA), as amended, and it is the opinion of management and legal counsel that it has operated in compliance with ERISA since its establishment. This status, however, was challenged by a Federal District Court decision in March of 2000. The Trustees requested an Advisory Opinion from the Department of Labor in June of 2000 to confirm the Trust's ERISA status, but the Department of Labor never responded to that request. The Trust will continue to be operated in accordance with ERISA until its status is resolved.

The Trust has also entered into a Consent Agreement with the State of Maine Bureau of Insurance agreeing to comply with the applicable provisions of Maine law relating to Multiple Employer Welfare Arrangements (MEWA) as of January 1, 2003.

Benefits - The Trust provides health, prescription drugs, dental, vision, short-term disability, basic life, supplemental life, dependent life, and long-term disability benefits to participants in accordance with the contractual agreement entered into by each participating employer. The Trust also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Insured Benefits - The Trust fully insures the life insurance benefits (basic, supplemental, and dependent), vision, and long-term disability benefits. The Trust purchases annual insurance contracts for these insured benefits. Premiums for basic life insurance offered in conjunction with the health plan are paid to the insurance company from the general assets of the Trust.

Self-Insured Benefits - All other Trust benefits are self-insured. The claims for self-insured benefits are processed by the Trust's third-party claims processors under administrative services only (ASO) arrangements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the Trust. Despite the Trust's utilization of third-party claims processors, ultimate responsibility for payments to providers, and participants is retained by the Trust.

Stop Loss Coverage - The Trust has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual member claims over a specific dollar amount).

Contributions - Contribution levels are determined annually by the Trust's Board of Trustees and are paid in accordance with the contractual agreement entered into by each participating employer. Contributions to the Trust are made by participating employers, their employees, and certain former employees. Participants of the Trust pay the full cost of basic life offered without medical coverage, supplemental and dependent life, vision, and long-term disability insurance programs based on the current group rate premium cost. The Trust pays the full cost of basic life insurance offered in conjunction with the health plan, and stop loss insurance.

MAINE MUNICIPAL EMPLOYEES HEALTH TRUST
Notes to Financial Statements, Continued
For the Years Ended December 31, 2024 and 2023

DESCRIPTION OF TRUST, CONTINUED

The portion of postretirement benefits expected to be funded by retiree contributions (net retiree contributions as a percentage of gross total benefit costs) reported at 2024 for fiscal year ending 2025 is 46.0% and reported at 2023 for fiscal year ending 2024 is 47.0%.

An employer group must be a member (either municipal or associate member) of the Maine Municipal Association to participate in the Trust programs and its employees must meet certain eligibility guidelines described in the Trust agreement. At December 31, 2024, there were 478 employer groups in the health plan; 425 employer groups in the dental plan; 378 employer groups in the short-term disability plan; 233 employer groups in the supplemental life programs; 372 employer groups in the vision plan; and 16 employer groups in the long-term disability program. At December 31, 2023, there were 471 employer groups in the health plan; 411 employer groups in the dental plan; 376 employer groups in the short-term disability plan; 213 employer groups in the supplemental life programs; 353 employer groups in the vision plan; and 16 employer groups in the long-term disability program.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - In accordance with accounting principles generally accepted in the United States of America, the Trust follows the accrual basis of accounting, and certain pronouncements applicable to employee benefit plans.

Cash and Cash Equivalents - The Trust considers all cash on deposit or held in money market funds to be cash and cash equivalents.

Investments - The Trust invests in a number of financial instruments, including certificates of deposit and U.S. government and agency securities, none of which are held for trading purposes. The Trust estimates that the fair value of all financial instruments at December 31, 2024 and 2023 does not differ materially from the aggregate carrying values of its financial instruments recorded in the accompanying statements of net assets available for benefits. The fair value of the investments has been determined by quoted market prices in active markets.

Accounts Receivable - Accounts receivable are adjusted for any known uncollectible accounts. No adjustments were considered necessary at December 31, 2024 and 2023, as all balances have been deemed by management to be fully collectible.

Allowance for Credit Losses for Accounts Receivables - When multiple attempts to collect an outstanding receivable have been made and the balance still remains outstanding, the account balance is considered uncollectible and is written off against an allowance for credit losses. At December 31, 2024 and 2023, the Trust did not consider an allowance for credit losses to be necessary, as all amounts were considered fully collectible and the estimated credit loss was not considered to be material to the financial statements.

The Trust's policy is to measure its allowance for credit losses based on an evaluation of historical internal and external information and past experience of the receivable aging, adjusted for current economic conditions, and reasonable and supportable forecast about future events that affects the collectibility of receivables. Specific factors considered in measuring the expected amount of accounts receivable collected include the current customer-specific risk characteristics, current and forecasted future financial condition, the customer's past payment history and forecasted payment ability, and other factors, such as changes in the economy due to interest, inflation, and unemployment levels.

MAINE MUNICIPAL EMPLOYEES HEALTH TRUST
Notes to Financial Statements, Continued
For the Years Ended December 31, 2024 and 2023

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

In measuring expected credit losses for accounts receivable, the Trust considers the entire population of accounts receivable to be a single pool because the assets have similar risk characteristics in terms of customer creditworthiness, customer industry and geographic location, and the impact of the current and forecasted direction of the economic and business environment on collectibility of such receivables. In situations in which customers have risk characteristics that are outside those of the customer pool as a whole, those customers are evaluated for credit losses using criteria independent of the remainder of the accounts receivable pool.

From time to time, there may be changes in current economic conditions, such as rates of interest, inflation, unemployment, and borrower forecasted ability to make payments, among others, that may impact the overall economic outlook and change the forecast of the expected amounts to be collected for accounts receivable. In those situations, the Trust factors in those changes into its computation of expected losses.

During the years ended December 31, 2024 and 2023, there were no changes in the Trust's accounting policies or methodology, in measuring credit losses related to its accounts receivable. There were no significant changes in the amount of accounts written off during the years ended December 31, 2024 and 2023.

Advance Premiums Received - Advance premiums received represents deferred revenue from contributions and premiums that have been received by the Trust but which relate to the next year.

Claims Incurred But Not Reported (IBNR) - Reserves for health, dental and short-term disability claims incurred but not reported are estimated by an independent actuary based upon historical claims experience. Management believes that the reserves are adequate, but the ultimate net cost of settling these liabilities may vary from the estimated amount. Accordingly, this estimate is reviewed annually. Any adjustments resulting from the settlement of losses will be reflected in the statements of changes in net assets available for benefits at the time the adjustments are determined.

Postretirement Benefits - The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Trust to employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current retirees, and current active participants when they retire. To be eligible for postretirement benefits, the employee must meet the minimum requirement of age 55 with at least 5 years of service at retirement; or be withdrawing from an employer-sponsored retirement account.

Postretirement benefits include future benefits expected to be paid to or for (1) currently retired employees and their spouses and (2) active employees and their spouses after retirement from service with their participating employer. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Trust's participating employers, after deducting projected contributions by retirees. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

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

MAINE MUNICIPAL EMPLOYEES HEALTH TRUST
Notes to Financial Statements, Continued
For the Years Ended December 31, 2024 and 2023

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

For measurement purposes, the assumed rates of increase in per capita costs of covered healthcare benefits from 2023 to 2024 are:

Medical – 6.50%/6.25% for pre-65 retirees and 9.65%/9.00% for post-65 retirees
RX – 11.82%/11.00% for pre-65 retirees and 11.15%/10.00% for post-65 retirees

These rates decrease over time, grading over 20 years to 4.39% per annum for both populations in 2045.

The following significant assumptions continue to be used in the valuation as of December 31, 2024 and 2023.

- *Weighted-average discount rate: 5.52% for 2024 and 4.8% for 2023.*
- *Average retirement age: varies, based upon the December 2021 plan census as well as actuarial judgment.*
- *Rates of mortality are based on 112.1% and 118.5% of the 2010 Public Plan General Benefits-Weighted Health Retiree Mortality Table, respectively for males and females. The proposed rates are projected generationally using the RPEC_2020 model, with an ultimate rate of 1.00% for ages 80 and under, grading down to 0.05% at age 95, and further grading down to 0.00% at age 115, along with the convergence to the ultimate rates in the year 2027. All other parameters used in RPEC_2020 model are those included in the published MP-2020 scale. As prescribed by the Trust; mortality rates were taken from assumptions for the Maine State Retirement Consolidated plan for Participating Local Districts at June 30, 2021.*

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

Claims and Administrative Service Reserves - These reserves are for the cost to process and administer claims incurred but not reported and are estimated by an independent actuary based upon historical expense experience. Management believes that the reserves are adequate, but the ultimate net cost of settling this liability may vary from the estimated amount. Accordingly, this estimate is reviewed annually.

Reinsurance and Life Insurance - The Trust uses reinsurance agreements to reduce its exposure to large losses on all types of insured events. Reinsurance permits recovery of a portion of losses from reinsurers, although it does not discharge the primary liability of the Trust as a direct insurer of the risks reinsured. The Trust does not report reinsured losses as liabilities unless it is probable that those losses will not be covered by reinsurers. Premiums ceded to reinsurers during 2024 were \$3,416,267. In 2024 specific reinsurance in excess of \$650,000 per claim was provided by Anthem Health Plans of Maine, Inc rated A (Excellent) XV by AM Best and 2023 specific reinsurance in excess of \$650,000 per claim was provided by Sun Life Assurance Company of Canada rated A+ (Superior) XV by AM Best.

Life insurance is provided by the Trust on a fully insured basis by The Standard Insurance Company rated A (Excellent) XV by AM Best.

Management Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, benefit obligations and changes therein, IBNR, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period.

MAINE MUNICIPAL EMPLOYEES HEALTH TRUST
Notes to Financial Statements, Continued
For the Years Ended December 31, 2024 and 2023

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Actual results could differ from those estimates. The significant estimates utilized in the preparation of the financial statements relate to claims incurred but not reported, claims and administrative service reserves, and the post-retirement benefits liability.

New Accounting Pronouncements - In December, 2023, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2023-09 *Income Taxes (Topic 740)*. This ASU eliminates or modifies certain requirements currently in place, and establishes new income tax disclosure requirements. Application of this ASU must be applied for fiscal years ending on or after December 15, 2025. In addition, during December, 2023, the FASB issued ASU No. 2023-08 *Intangibles - Goodwill and Other – Crypto Assets (Subtopic 350-60)*. This ASU requires additional disclosures as well as measuring cryptoassets at fair value on the balance sheet and recognizing re-measurement changes, as needed, in net income for each reporting period. Topic 820, Fair Value, guidance is also applicable under this new ASU. Application of this ASU must be applied for fiscal years beginning after December 15, 2024. The Trust is currently evaluating the impact of these ASUs on the financial statements.

Prior Period Restatement - During the year ended December 31, 2024, the Trust changed the manner in which the accrual for health insurance rebates was calculated. This calculated an estimate accrual of \$15,271,828 for rebates receivables as of December 31, 2024. In order to present the balances as of December 31, 2023 in a consistent manner, the total rebates receivables as of December 31, 2023 was restated to present a balance of \$8,768,881. Accordingly, net assets for the year ended December 31, 2023, have also been restated from \$108,840,945 to \$117,609,826 to account for this correction.

TAX EXEMPT STATUS

The Trust is exempt from income taxes under Section 501(c)(9) of the Internal Revenue Code as stated in a determination letter from the Internal Revenue Service dated August 20, 1982. Since that date, the Trust has been amended. However, the Trust administrator and the Trust's tax counsel believe that the Trust is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Trust's financial statements.

Accounting principles generally accepted in the United States of America requires management to evaluate tax positions taken by the Trust and recognize a tax liability if the Trust has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service and state taxing authorities. The Trust is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

CASH AND CASH EQUIVALENTS

Cash and cash equivalents are comprised of cash management accounts (CMA) and money market instruments and consisted of the following at December 31:

	<u>2024</u>	<u>2023</u>
CMA - deposit and interest bearing sweep	\$ 5,929,561	2,121,139
ICS depository account	2,484,059	1,296,128
Money market funds	10,679,902	15,767,642
Money market account – CDARS PT	1,089	268
Totals	\$ 19,094,611	19,185,177

MAINE MUNICIPAL EMPLOYEES HEALTH TRUST
Notes to Financial Statements, Continued
For the Years Ended December 31, 2024 and 2023

CASH AND CASH EQUIVALENTS, CONTINUED

The Interest-Bearing Sweep account is backed by a Federal Home Loan Bank Letter of Credit with \$11,500,000 security coverage providing a minimum .1% rate of return. The ICS Depository Account is through Promontory and is backed by bank CD's. The terms of the account allow for up to six transfers out and unlimited transfers into the account each month. Bangor Savings Bank guarantees a minimum of .2% rate of return.

The money market mutual funds are mutual funds outside the bank, invested in short term government securities. These funds are uninsured and uncollateralized, and subject to credit risk. The money market mutual CDARS-PT is a pass-through account used for the purchase of CDARS fully insured Certificates of Deposit. The account is a combined account for all funds including MMA, the Property and Casualty Fund, the Workers Compensation Fund, Unemployment Compensation Fund, and Maine Municipal Employees Health Trust Fund.

ASSETS MEASURED AT FAIR VALUE ON A RECURRING BASIS

In accordance with FASB ASC 820-10 *Fair Value Measurements*, the Trust is required to disclose, for its assets and liabilities measured at fair value on a recurring basis, the inputs used to determine those fair value measurements. The guidance provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy are as follows:

- *Level 1:* Level 1 inputs are quoted prices in active markets for identical assets and liabilities that an entity has the ability to access at a measurement date.
- *Level 2:* Level 2 inputs are inputs other than quoted prices that are observable for the specific asset or liability, either directly or indirectly.
- *Level 3:* Level 3 inputs are unobservable inputs for the asset or liability in which little or no market activity is available for the asset or liability at the measurement date.

The valuation methodologies used may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although Trust management believes its valuation methods are 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. There have been no changes in the methodologies used as of December 31, 2024 and 2023.

MAINE MUNICIPAL EMPLOYEES HEALTH TRUST
Notes to Financial Statements, Continued
For the Years Ended December 31, 2024 and 2023

ASSETS MEASURED AT FAIR VALUE ON A RECURRING BASIS, CONTINUED

The reported values of assets measured at fair value on a recurring basis are classified as follows at December 31, 2024 and 2023:

Fair value measurements at 12/31/24 using:

	<u>Total</u>	<u>Level 1</u>
Certificates of Deposit*	\$ 5,096,299	5,096,299
Subtotal Certificates of Deposit	5,096,299	5,096,299
Debt Securities:		
U.S. Government Securities	78,977,233	78,977,233
Subtotal Debt Securities	78,977,233	78,977,233
Totals	\$ 84,073,532	84,073,532

Fair value measurements at 12/31/23 using:

	<u>Total</u>	<u>Level 1</u>
Certificates of Deposit*	\$ 8,311,230	8,311,230
Subtotal Certificates of Deposit	8,311,230	8,311,230
Debt Securities:		
U.S. Government Securities	83,179,957	83,179,957
Subtotal Debt Securities	83,179,957	83,179,957
Totals	\$ 91,491,187	91,491,187

Gains and losses (realized and unrealized) included in the change in net assets available for benefits for the year ended December 31, 2024 and 2023 are reported as net appreciation in fair value of investments in the statement of changes in net assets available for benefits.

The 2024 securities mature in various amounts during 2025 through 2034. The 2023 securities mature in various amounts during 2024 through 2033.

* The certificates of deposit include certificates purchased through the Certificates of Deposit Account Registry Service (CDARS), and Insured Cash Sweep (ICS). On December 31, 2024 and 2023, \$5,096,299 and \$8,311,230, respectively, were covered by federal depository insurance.

MAINE MUNICIPAL EMPLOYEES HEALTH TRUST
Notes to Financial Statements, Continued
For the Years Ended December 31, 2024 and 2023

BENEFIT OBLIGATIONS

The Trust is self-insured for hospital, physician, major medical, dental, and short-term disability benefits. Liabilities for claims incurred but not reported at December 31 have been estimated by the Trust's independent actuary, using standard actuarial assumptions based upon actual experience. The actuarially-determined postretirement benefit obligation calculation was performed as of December 31, 2024 and 2023. Benefit obligations as of December 31, 2024 and 2023 and changes in benefit obligations are disclosed in the following tables.

Statement of Benefit Obligations

	<u>2024</u>	<u>2023</u>
Claims incurred but not reported, net of amounts currently payable:		
Health	\$ 16,681,748	16,731,683
Income protection plan	1,112,118	1,103,597
Dental	177,491	170,672
Total claims incurred but not reported	\$ 17,971,357	18,005,952
Postretirement benefit obligations, net of amounts currently payable:		
Medical:		
Retired participants	\$ 90,643,000	90,016,000
Other participants fully eligible for benefits	59,176,000	57,896,000
Participants not yet fully eligible for benefits	65,394,000	65,097,000
Life insurance	2,803,000	3,002,000
Total postretirement benefit obligations	218,016,000	216,011,000
Total benefit obligations	\$ 235,987,357	234,016,952

Statement of Changes in Benefit Obligations

	<u>2024</u>	<u>2023</u>
Claims incurred but not reported, beginning of year:	\$ 18,005,952	17,201,060
Claims reported and approved for payment, including benefits reclassified from benefit obligations	219,719,796	191,698,991
Claims paid	(219,754,391)	(190,894,099)
Claims incurred but not reported, end of year	17,971,357	18,005,952
Postretirement benefit obligations, net of amounts currently payable:		
Balance at end of year	218,016,000	216,011,000
Total benefit obligations at end of year	\$ 235,987,357	234,016,952

The health care cost-trend rate assumption has a significant effect on the amounts reported. If the assumed rates increased by one percentage point each year, that would increase the obligation as of December 31, 2024 by \$32,375,000 or 15.04%; and the obligation as of December 31, 2023 by \$32,605,000 or 15.31%.

MAINE MUNICIPAL EMPLOYEES HEALTH TRUST
Notes to Financial Statements, Continued
For the Years Ended December 31, 2024 and 2023

UNPAID CLAIMS LIABILITIES

The schedule below presents the changes in claims liabilities for the years ended December 31:

	<u>2024</u>	<u>2023</u>
Unpaid claims and claims service reserved at beginning of year	\$ 18,920,045	18,123,184
Incurring claims and claims service reserve expense:		
Provision for incurred events of the current year	218,394,026	195,984,749
Change in provision for insured events of prior fiscal years	1,253,537	(4,293,789)
Total incurred claims and claims service reserve expenses	219,647,563	191,690,960
Payments:		
Claims attributable to insured events of the current year	206,115,808	178,712,338
Claims attributable to insured events of the prior fiscal years	13,638,583	12,181,761
Total payments	219,754,391	190,894,099
Total unpaid claims and claims service reserved at end of year	\$ 18,813,217	18,920,045

TRANSACTIONS WITH PARTIES IN INTEREST

To participate in the Trust, an employer must be a member (either municipal or associate member) of the Maine Municipal Association and its employees must meet certain eligibility guidelines described in the Trust agreement. The Trust also contracts with the Maine Municipal Association to serve as plan administrator and pays Maine Municipal Association a management fee for the services it provides. Total management fees paid by the Trust to Maine Municipal Association during 2024 and 2023 amounted to \$3,811,845 and \$3,675,916, respectively.

TERMINATION OF THE TRUST

Under certain conditions, the Trust may be terminated. Upon termination, the assets then remaining shall be subject to applicable provisions of the Trust then in effect and shall be used until exhausted to pay benefits to employees.

RISKS AND UNCERTAINTIES

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, claims data, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

MAINE MUNICIPAL EMPLOYEES HEALTH TRUST
Notes to Financial Statements, Continued
For the Years Ended December 31, 2024 and 2023

REVENUE RECOGNITION

During the years ended December 31, 2024 and 2023, the Trust had contract revenue consisting of the following:

	<u>2024</u>	<u>2023</u>
Employer and Participant contributions:		
Health	\$ 194,039,640	180,696,523
Income Protection Plan	6,699,618	6,215,287
Dental	6,935,122	6,543,959
Life	1,354,336	1,049,304
Vision	703,715	651,160
Long term disability	68,036	60,883
Total contract revenue	<u>\$ 209,800,467</u>	<u>195,217,116</u>

During the years ended December 31, 2024 and 2023, the Trust had contract assets consisting of accounts receivable related to premiums in the amount of \$1,371,513 and \$2,112,117, respectively. The Trust also had contract liabilities related to advanced premiums received in the amount of \$1,100,072 and \$120,066, respectively. Of the \$120,066 in contract liabilities at December 31, 2023, the entire amount was recognized as revenue during the year ended December 31, 2024. Of the \$794,367 in contract liabilities at December 31, 2022, the entire amount was recognized as revenue during the year ended December 31, 2023. For each of the years ended December 31, 2024 and 2023, goods and services provided to customers included access to insurance coverage.

To best match the timing of the transfer of goods or services, the Trust recognizes revenue from contracts with customers when performance obligations are satisfied, which is over the specific term for the coverage. All prices are fixed and there are no financing terms. There are no significant warranties of return, refund, or discount obligations related to any contracts with customers. For the years ended December 31, 2024 and 2023, the greatest economic factor effecting contract revenue was the cost of health care and related claims.

Contract transaction prices include management's judgment of variable consideration, which includes incentives, and rebates. Based on available information, management must include an estimate of any variable consideration, if applicable, when determining the contract transaction price. There were no such variable considerations in determining contract transaction prices.

MAINE MUNICIPAL EMPLOYEES HEALTH TRUST
Notes to Financial Statements, Continued
For the Years Ended December 31, 2024 and 2023

RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The Form 5500 is prepared on the cash basis, which is a different method of accounting than is used to prepare the financial statements. The resulting differences are shown in the following reconciliation of net assets available for benefits from the financial statements to Form 5500 at December 31:

	<u>2024</u>	<u>2023</u> <u>(Restated)</u>
Net assets available for benefits prior to IBNR, per the financial statements	\$ 114,330,362	117,609,826
Benefits claim payable	(17,971,357)	(18,005,952)
Prior year restatement of rebates receivables	-	(8,768,881)
<u>Net assets available for benefits per Form 5500</u>	<u>\$ 96,359,005</u>	<u>90,834,993</u>

The resulting differences are shown in the following reconciliation of the changes in net assets available for benefits from the financial statements to Form 5500 at December 31:

	<u>2024</u>	<u>2023</u> <u>(Restated)</u>
Changes in net assets available for benefits per the financial statements	\$ (3,279,464)	4,954,663
Claims reserve adjustments	34,595	(804,892)
<u>Changes in net assets available for benefits per Form 5500</u>	<u>\$ (3,244,869)</u>	<u>4,149,771</u>

SUBSEQUENT EVENTS

In accordance with FASB ASC 855-10 *Subsequent Events*, management has evaluated subsequent events for possible recognition or disclosure through June 25, 2025, which is the date these financial statements were available to be issued.

MAINE MUNICIPAL EMPLOYEES HEALTH TRUST
Plan Number: 501, EIN: 01-0382676
Schedule to Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identification of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity values	(d) Cost	(e) Current value
	Androscoggin CDARS	Certificate of Deposit, 6/7/25, 4.4%	\$ 1,101,836	1,101,836
	Androscoggin CDARS	Certificate of Deposit, 12/14/25, 4.21%	548,633	548,633
	Androscoggin CDARS	Certificate of Deposit, 6/26/26, 4.05%	541,356	541,356
	Androscoggin CDARS	Certificate of Deposit, 6/26/26, 4.05%	538,942	538,942
	Androscoggin CDARS	Certificate of Deposit, 6/24/27, 3.92%	541,279	541,279
	Androscoggin CDARS	Certificate of Deposit, 6/24/27, 3.92%	226,280	226,280
	Androscoggin CDARS	Certificate of Deposit, 6/22/28, 3.8%	540,644	540,644
	Androscoggin CDARS	Certificate of Deposit, 2/28/29, 3.8%	1,057,329	1,057,329
	FFCB	U.S. Gov't Securities, 2/6/25, 2.16%	510,955	498,875
	FFCB	U.S. Gov't Securities, 3/12/25, 2.85%	264,497	249,293
	FFCB	U.S. Gov't Securities, 4/1/25, 2.37%	249,625	248,670
	FFCB	U.S. Gov't Securities, 4/28/25, 4.25%	250,608	249,903
	FFCB	U.S. Gov't Securities, 6/17/25, 3%	384,850	347,764
	FFCB	U.S. Gov't Securities, 9/30/25, 4.25%	249,930	249,938
	FFCB	U.S. Gov't Securities, 11/25/25, 2.7%	251,533	246,438
	FFCB	U.S. Gov't Securities, 12/29/25, 5.7%	122,600	101,435
	FFCB	U.S. Gov't Securities, 3/23/26, 2.68%	253,125	244,923
	FFCB	U.S. Gov't Securities, 7/27/26, 4.5%	249,988	250,865
	FFCB	U.S. Gov't Securities, 8/3/26, 2.63%	542,625	486,880
	FFCB	U.S. Gov't Securities, 9/4/26, 1.4%	508,360	476,310
	FFCB	U.S. Gov't Securities, 11/12/26, 1.8%	1,028,860	954,030
	FFCB	U.S. Gov't Securities, 12/9/26, 1.78%	212,798	195,137
	FFCB	U.S. Gov't Securities, 1/5/27, 5.77%	1,362,387	1,087,719
	FFCB	U.S. Gov't Securities, 2/9/27, 3.05%	555,195	487,895
	FFCB	U.S. Gov't Securities, 3/30/27, 1.3%	500,000	465,690
	FFCB	U.S. Gov't Securities, 4/28/27, 1.2%	250,000	233,115
	FFCB	U.S. Gov't Securities, 4/28/27, 1.2%	500,000	466,230
	FFCB	U.S. Gov't Securities, 9/29/27, 4%	249,203	247,917
	FFCB	U.S. Gov't Securities, 12/13/27, 2.53%	243,165	237,093
	FFCB	U.S. Gov't Securities, 1/3/28, 2.3%	484,070	470,105
	FFCB	U.S. Gov't Securities, 2/25/28, 1.12%	493,250	450,315
	FFCB	U.S. Gov't Securities, 3/7/28, 3.17%	244,525	241,290
	FFCB	U.S. Gov't Securities, 3/30/28, 1.5%	500,000	454,560
	FFCB	U.S. Gov't Securities, 4/4/28, 2.69%	248,220	236,565
	FFCB	U.S. Gov't Securities, 5/10/28, 1.18%	250,000	224,540
	FFCB	U.S. Gov't Securities, 5/17/28, 4.25%	254,490	248,935
	FFCB	U.S. Gov't Securities, 6/12/28, 3.65%	200,000	194,446
	FFCB	U.S. Gov't Securities, 7/12/28, 3.2%	250,000	240,115
	FFCB	U.S. Gov't Securities, 7/13/28, 1.23%	500,000	446,355
	FFCB	U.S. Gov't Securities, 9/29/28, 4.125%	492,525	495,285
	FFCB	U.S. Gov't Securities, 9/29/28, 4.13%	250,060	247,643
	FFCB	U.S. Gov't Securities, 11/13/28, 1.94%	489,440	454,800
	FFCB	U.S. Gov't Securities, 12/18/28, 2%	223,500	227,823
	FFCB	U.S. Gov't Securities, 1/23/29, 2.05%	457,625	454,790
	FFCB	U.S. Gov't Securities, 2/14/29, 1.85%	256,042	225,252
	FFCB	U.S. Gov't Securities, 3/1/29, 1.2%	492,315	437,030
	FFCB	U.S. Gov't Securities, 4/11/29, 3.38%	500,000	476,945
	FFCB	U.S. Gov't Securities, 4/27/29, 3.14%	253,950	237,533
	FFCB	U.S. Gov't Securities, 6/1/29, 1.58%	250,000	220,525
	FFCB	U.S. Gov't Securities, 6/14/29, 1.59%	500,000	439,720
	FFCB	U.S. Gov't Securities, 6/14/29, 1.59%	248,487	219,860
	FFCB	U.S. Gov't Securities, 6/14/29, 3.98%	250,375	242,997
	FFCB	U.S. Gov't Securities, 7/6/29, 1.61%	500,000	440,125
	FFCB	U.S. Gov't Securities, 9/27/29, 4%	482,000	490,765
	FFCB	U.S. Gov't Securities, 10/24/29, 4.375%	498,298	499,040

MAINE MUNICIPAL EMPLOYEES HEALTH TRUST
Plan Number: 501, EIN: 01-0382676
Schedule to Form 5500, Continued
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identification of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity values	(d) Cost	(e) Current value
	FFCB	U.S. Gov't Securities, 11/21/29, 4.38%	\$ 503,270	498,265
	FFCB	U.S. Gov't Securities, 12/18/29, 2.25%	500,000	448,720
	FFCB	U.S. Gov't Securities, 3/15/30, 4.375%	254,697	249,362
	FFCB	U.S. Gov't Securities, 4/11/30, 3.6%	491,250	473,185
	FFCB	U.S. Gov't Securities, 4/25/30, 4%	252,097	244,017
	FFCB	U.S. Gov't Securities, 4/26/30, 3.125%	506,520	469,510
	FFCB	U.S. Gov't Securities, 6/3/30, 1.74%	500,125	431,625
	FFCB	U.S. Gov't Securities, 6/3/30, 1.74%	248,417	215,812
	FFCB	U.S. Gov't Securities, 7/15/30, 1.6%	500,000	426,445
	FFCB	U.S. Gov't Securities, 7/15/30, 1.6%	501,050	426,445
	FFCB	U.S. Gov't Securities, 9/23/30, 1.57%	493,235	423,090
	FFCB	U.S. Gov't Securities, 9/30/30, 4.25%	491,190	492,680
	FFCB	U.S. Gov't Securities, 10/10/30, 4.75%	246,110	252,120
	FFCB	U.S. Gov't Securities, 10/24/30, 3.05%	478,125	462,680
	FFCB	U.S. Gov't Securities, 12/2/30, 2.08%	495,500	433,135
	FFCB	U.S. Gov't Securities, 1/14/31, 1.9%	241,448	214,235
	FFCB	U.S. Gov't Securities, 3/3/31, 2.21%	494,420	435,450
	FFCB	U.S. Gov't Securities, 3/26/31, 3.22%	472,920	461,230
	FFCB	U.S. Gov't Securities, 4/14/31, 1.69%	438,420	422,025
	FFCB	U.S. Gov't Securities, 6/2/31, 4.33%	1,000,000	965,760
	FFCB	U.S. Gov't Securities, 6/16/31, 1.55%	226,088	207,315
	FFCB	U.S. Gov't Securities, 7/21/31, 1.44%	493,870	409,285
	FFCB	U.S. Gov't Securities, 10/27/31, 1.98%	499,365	420,645
	FFCB	U.S. Gov't Securities, 12/1/31, 1.81%	447,805	414,250
	FFCB	U.S. Gov't Securities, 4/23/32, 3.48%	241,300	231,603
	FFCB	U.S. Gov't Securities, 5/3/32, 4.09%	247,500	234,440
	FFCB	U.S. Gov't Securities, 5/20/32, 3.28%	759,292	685,012
	FFCB	U.S. Gov't Securities, 5/20/32, 3.28%	466,730	456,675
	FFCB	U.S. Gov't Securities, 7/28/32, 3.25%	230,285	227,210
	FFCB	U.S. Gov't Securities, 7/28/32, 3.25%	464,560	454,420
	FFCB	U.S. Gov't Securities, 12/15/32, 4.125%	461,925	481,995
	FFCB	U.S. Gov't Securities, 1/19/33, 3.13%	220,402	222,397
	FFCB	U.S. Gov't Securities, 7/25/33, 4.25%	239,685	241,205
	FFCB	U.S. Gov't Securities, 8/8/33, 4.5%	493,525	487,625
	FFCB	U.S. Gov't Securities, 8/7/34, 4.25%	505,155	476,800
	FHLB	U.S. Gov't Securities, 3/14/25, 2.38%	245,973	248,977
	FHLB	U.S. Gov't Securities, 3/14/25, 4.63%	500,415	500,300
	FHLB	U.S. Gov't Securities, 6/13/25, 3.125%	504,450	497,275
	FHLB	U.S. Gov't Securities, 12/10/25, 0.65%	250,000	241,597
	FHLB	U.S. Gov't Securities, 12/12/25, 3.125%	398,400	395,856
	FHLB	U.S. Gov't Securities, 2/24/26, 1.13%	500,000	487,845
	FHLB	U.S. Gov't Securities, 2/26/26, 0.6%	500,000	479,405
	FHLB	U.S. Gov't Securities, 6/12/26, 5.75%	186,908	152,984
	FHLB	U.S. Gov't Securities, 7/27/26, 0.65%	250,000	236,252
	FHLB	U.S. Gov't Securities, 2/19/27, 0.75%	250,000	231,897
	FHLB	U.S. Gov't Securities, 2/24/27, 1.25%	250,000	240,600
	FHLB	U.S. Gov't Securities, 3/12/27, 3.25%	350,000	342,269
	FHLB	U.S. Gov't Securities, 6/17/27, 1%	500,000	461,145
	FHLB	U.S. Gov't Securities, 9/14/27, 4%	500,000	493,900
	FHLB	U.S. Gov't Securities, 3/10/28, 3%	250,000	239,623
	FHLB	U.S. Gov't Securities, 4/6/28, 3.75%	251,447	245,007
	FHLB	U.S. Gov't Securities, 6/9/28, 3.25%	249,500	240,683
	FHLB	U.S. Gov't Securities, 6/9/28, 3.25%	1,020,370	962,730
	FHLB	U.S. Gov't Securities, 6/16/28, 1.5%	250,000	226,300
	FHLB	U.S. Gov't Securities, 8/11/28, 1.22%	250,000	222,965

MAINE MUNICIPAL EMPLOYEES HEALTH TRUST
Plan Number: 501, EIN: 01-0382676
Schedule to Form 5500, Continued
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identification of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity values	(d) Cost	(e) Current value
	FHLB	U.S. Gov't Securities, 8/23/28, 1.25%	\$ 500,000	445,780
	FHLB	U.S. Gov't Securities, 9/28/28, 1.625%	510,165	451,390
	FHLB	U.S. Gov't Securities, 9/29/28, 1.33%	500,000	445,655
	FHLB	U.S. Gov't Securities, 11/16/28, 3.25%	569,905	482,450
	FHLB	U.S. Gov't Securities, 12/8/28, 4%	512,165	492,510
	FHLB	U.S. Gov't Securities, 5/9/29, 3.15%	250,000	236,478
	FHLB	U.S. Gov't Securities, 9/14/29, 4.5%	250,972	250,527
	FHLB	U.S. Gov't Securities, 10/18/29, 2.35%	500,000	451,800
	FHLB	U.S. Gov't Securities, 3/8/30, 4.75%	497,875	507,170
	FHLB	U.S. Gov't Securities, 9/13/30, 4.75%	245,692	253,778
	FHLB	U.S. Gov't Securities, 9/12/31, 4.88%	246,355	253,733
	FHLB	U.S. Gov't Securities, 12/12/31, 1.63%	410,280	409,740
	FHLB	U.S. Gov't Securities, 1/27/32, 1.5%	1,000,000	889,760
	FHLB	U.S. Gov't Securities, 3/12/32, 2.75%	244,470	219,385
	FHLB	U.S. Gov't Securities, 9/10/32, 4.25%	507,170	505,165
	FHLB	U.S. Gov't Securities, 9/10/32, 4.88%	509,400	485,155
	FHLB	U.S. Gov't Securities, 12/10/32, 4.75%	505,115	501,145
	FHLB	U.S. Gov't Securities, 3/11/33, 4.375%	247,950	243,755
	FHLB	U.S. Gov't Securities, 6/10/33, 4%	246,400	235,973
	FNMA	U.S. Gov't Securities, 6/24/25, 0.5%	250,000	245,503
	FNMA	U.S. Gov't Securities, 8/19/25, 0.5%	249,688	244,038
	FNMA	U.S. Gov't Securities, 12/23/25, 0.6%	250,000	241,168
	FNMA	U.S. Gov't Securities, 4/24/26, 2.125%	244,095	243,098
	FNMA	U.S. Gov't Securities, 4/24/26, 2.125%	235,637	243,097
	FNMA	U.S. Gov't Securities, 4/24/26, 2.125%	1,045,050	972,390
	FNMA	U.S. Gov't Securities, 7/30/26, 0.75%	250,000	236,305
	FNMA	U.S. Gov't Securities, 9/24/26, 1.875%	142,650	144,160
	FNMA	U.S. Gov't Securities, 9/24/26, 1.875%	551,310	576,642
	FNMA	U.S. Gov't Securities, 10/29/26, 0.73%	250,000	234,252
	FNMA	U.S. Gov't Securities, 10/8/27, 0.75%	484,920	453,775
	FNMA	U.S. Gov't Securities, 8/5/30, 0.875%	240,700	206,427
	FNMA	U.S. Gov't Securities, 11/15/30, 6.625%	356,760	277,565
	FNMA	U.S. Gov't Securities, 11/15/30, 6.625%	301,653	277,565
	FNMA	U.S. Gov't Securities, 11/15/30, 6.625%	288,655	277,565
	US Treasury	U.S. Gov't Securities, 4/30/25, 2.875%	249,255	248,835
	US Treasury	U.S. Gov't Securities, 6/30/25, 0.25%	486,850	490,435
	US Treasury	U.S. Gov't Securities, 7/31/25, 2.875%	530,425	496,110
	US Treasury	U.S. Gov't Securities, 8/15/25, 2%	98,553	98,612
	US Treasury	U.S. Gov't Securities, 8/15/25, 3.13%	243,098	248,265
	US Treasury	U.S. Gov't Securities, 9/30/25, 3%	536,655	495,445
	US Treasury	U.S. Gov't Securities, 10/15/25, 4.25%	253,170	250,062
	US Treasury	U.S. Gov't Securities, 10/31/25, 3%	505,335	494,925
	US Treasury	U.S. Gov't Securities, 11/15/25, 2.25%	241,238	245,723
	US Treasury	U.S. Gov't Securities, 1/15/26, 3.88%	252,920	249,167
	US Treasury	U.S. Gov't Securities, 1/31/26, 0.375%	490,535	479,755
	US Treasury	U.S. Gov't Securities, 1/31/26, 0.38%	239,278	239,878
	US Treasury	U.S. Gov't Securities, 3/31/26, 2.25%	535,420	487,925
	US Treasury	U.S. Gov't Securities, 3/31/26, 2.25%	501,930	487,925
	US Treasury	U.S. Gov't Securities, 5/15/26, 1.625%	235,213	241,297
	US Treasury	U.S. Gov't Securities, 6/30/26, 1.875%	258,020	241,515
	US Treasury	U.S. Gov't Securities, 6/30/26, 1.88%	247,333	241,515
	US Treasury	U.S. Gov't Securities, 11/15/26, 2%	484,680	479,880
	US Treasury	U.S. Gov't Securities, 12/31/26, 1.75%	260,932	238,212
	US Treasury	U.S. Gov't Securities, 4/30/27, 0.5%	484,330	458,640
	US Treasury	U.S. Gov't Securities, 5/15/27, 2.375%	143,940	143,650

MAINE MUNICIPAL EMPLOYEES HEALTH TRUST
Plan Number: 501, EIN: 01-0382676
Schedule to Form 5500, Continued
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identification of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity values	(d) Cost	(e) Current value
	US Treasury	U.S. Gov't Securities, 5/31/27, 0.5%	\$ 235,665	228,587
	US Treasury	U.S. Gov't Securities, 6/30/27, 3.25%	505,825	488,275
	US Treasury	U.S. Gov't Securities, 7/31/27, 0.375%	478,875	452,845
	US Treasury	U.S. Gov't Securities, 8/15/27, 2.25%	244,245	237,635
	US Treasury	U.S. Gov't Securities, 8/15/27, 2.25%	730,763	712,905
	US Treasury	U.S. Gov't Securities, 8/31/27, 0.5%	238,920	226,500
	US Treasury	U.S. Gov't Securities, 9/30/27, 0.375%	478,395	449,935
	US Treasury	U.S. Gov't Securities, 10/31/27, 0.5%	481,395	450,055
	US Treasury	U.S. Gov't Securities, 11/30/27, 0.625%	483,000	450,330
	US Treasury	U.S. Gov't Securities, 12/31/27, 0.625%	245,427	224,502
	US Treasury	U.S. Gov't Securities, 12/31/27, 0.63%	231,450	224,503
	US Treasury	U.S. Gov't Securities, 12/31/27, 0.625%	219,942	224,502
	US Treasury	U.S. Gov't Securities, 1/31/28, 0.75%	241,548	224,630
	US Treasury	U.S. Gov't Securities, 1/31/28, 0.75%	236,485	224,630
	US Treasury	U.S. Gov't Securities, 1/31/28, 3.5%	491,170	488,540
	US Treasury	U.S. Gov't Securities, 2/15/28, 2.75%	244,825	238,712
	US Treasury	U.S. Gov't Securities, 4/30/28, 1.25%	499,895	452,970
	US Treasury	U.S. Gov't Securities, 4/30/28, 1.25%	247,983	226,485
	US Treasury	U.S. Gov't Securities, 5/15/28, 2.88%	242,588	238,800
	US Treasury	U.S. Gov't Securities, 7/31/28, 4.13%	247,800	248,275
	US Treasury	U.S. Gov't Securities, 10/31/28, 1.375%	496,505	447,835
	US Treasury	U.S. Gov't Securities, 11/15/28, 3.125%	281,830	239,223
	US Treasury	U.S. Gov't Securities, 11/15/28, 3.13%	491,220	478,445
	US Treasury	U.S. Gov't Securities, 11/30/28, 1.5%	241,830	224,533
	US Treasury	U.S. Gov't Securities, 12/31/28, 1.38%	243,810	222,930
	US Treasury	U.S. Gov't Securities, 1/31/29, 1.75%	245,932	225,752
	US Treasury	U.S. Gov't Securities, 2/15/29, 2.625%	277,812	233,732
	US Treasury	U.S. Gov't Securities, 3/31/29, 2.375%	487,090	461,450
	US Treasury	U.S. Gov't Securities, 6/30/29, 3.25%	506,470	477,115
	US Treasury	U.S. Gov't Securities, 8/15/29, 1.625%	255,215	221,885
	US Treasury	U.S. Gov't Securities, 8/15/29, 1.625%	510,209	443,770
	US Treasury	U.S. Gov't Securities, 8/31/29, 3.125%	244,995	236,798
	US Treasury	U.S. Gov't Securities, 8/31/29, 3.13%	245,205	236,798
	US Treasury	U.S. Gov't Securities, 8/31/29, 3.13%	247,152	236,797
	US Treasury	U.S. Gov't Securities, 9/30/29, 3.88%	482,210	489,125
	US Treasury	U.S. Gov't Securities, 10/31/29, 4%	252,305	245,793
	US Treasury	U.S. Gov't Securities, 11/15/29, 1.75%	516,540	443,420
	US Treasury	U.S. Gov't Securities, 11/30/29, 3.88%	507,920	488,770
	US Treasury	U.S. Gov't Securities, 12/31/29, 3.88%	510,155	488,480
	US Treasury	U.S. Gov't Securities, 1/31/30, 3.5%	478,485	479,690
	US Treasury	U.S. Gov't Securities, 2/15/30, 1.5%	505,285	434,160
	US Treasury	U.S. Gov't Securities, 2/28/30, 4%	521,755	490,745
	US Treasury	U.S. Gov't Securities, 2/28/30, 4%	242,688	245,372
	US Treasury	U.S. Gov't Securities, 3/31/30, 3.625%	486,935	481,875
	US Treasury	U.S. Gov't Securities, 5/15/30, 0.625%	468,210	410,270
	US Treasury	U.S. Gov't Securities, 5/31/30, 3.75%	248,795	241,973
	US Treasury	U.S. Gov't Securities, 5/31/30, 3.75%	240,730	241,973
	US Treasury	U.S. Gov't Securities, 6/30/30, 3.75%	238,969	241,845
	US Treasury	U.S. Gov't Securities, 8/31/30, 4.125%	245,857	246,152
	US Treasury	U.S. Gov't Securities, 2/28/31, 4.25%	499,555	494,325
	US Treasury	U.S. Gov't Securities, 5/15/31, 1.625%	251,960	210,910
	US Treasury	U.S. Gov't Securities, 8/31/31, 3.75%	246,830	239,520
	US Treasury	U.S. Gov't Securities, 2/15/32, 1.88%	446,355	420,545
	US Treasury	U.S. Gov't Securities, 8/15/32, 2.75%	238,480	221,708
	US Treasury	U.S. Gov't Securities, 11/15/32, 4.125%	258,985	243,830

MAINE MUNICIPAL EMPLOYEES HEALTH TRUST
Plan Number: 501, EIN: 01-0382676
Schedule to Form 5500, Continued
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identification of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity values	(d) Cost	(e) Current value
	US Treasury	U.S. Gov't Securities, 11/15/32, 4.125%	\$ 514,805	487,660
	US Treasury	U.S. Gov't Securities, 2/15/33, 3.5%	506,405	465,145
	US Treasury	U.S. Gov't Securities, 2/15/33, 3.5%	245,353	232,573
	US Treasury	U.S. Gov't Securities, 5/15/33, 3.375%	242,598	229,745
	US Treasury	U.S. Gov't Securities, 11/15/33, 4.5%	252,816	248,867
	US Treasury	U.S. Gov't Securities, 2/15/34, 4%	248,908	239,340
	US Treasury	U.S. Gov't Securities, 5/15/34, 4.375%	256,148	246,158
	US Treasury	U.S. Gov't Securities, 5/15/34, 4.38%	250,391	246,158
			\$ 88,851,560	84,073,532
<i>See independent auditor's report.</i>				

MAINE MUNICIPAL EMPLOYEE HEALTH TRUST
FORM 5500 MEWA Participating Employer Information
YEAR ENDED DECEMBER 31, 2024

FED ID# 01-0382676

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Three-digit plan number			501
Employer Identification (EIN)			01-0382676
For the plan year beginning /ending			1/1/24-12/31/24
Member Group	EIN #	2024	
ACTON,TOWN OF	016000040	199,386.47	0.09778%
ADDISON,TOWN OF	010330975	35,624.04	0.01747%
ALEXANDER ,TOWN OF	016000043	26,563.14	0.01303%
ALFRED,TOWN OF	016000044	175,580.26	0.08611%
ALNA,TOWN OF	010365703	974.16	0.00048%
ANDOVER,TOWN OF	016000049	16,136.13	0.00791%
ANDROSCOGGIN COUNTY	016000002	3,173,511.73	1.55635%
ANSON,TOWN OF	016000050	165,354.54	0.08109%
ANSON MADISON AMBULANCE SERVICE	010445163	110,229.71	0.05406%
ANSON MADISON SANITARY DISTRICT	010321454	125,469.84	0.06153%
APPLETON,TOWN OF	016000051	28,399.92	0.01393%
AROOSTOOK AREA AGENCY ON AGING	010322531	491,573.60	0.24108%
AROOSTOOK COUNTY	016000003	2,541,476.32	1.24639%
AROOSTOOK COUNTY ACTION PROGRAM	010315849	1,301,098.62	0.63808%
AROOSTOOK MENTAL HEALTH SERVICES	010276859	2,909,515.58	1.42688%
AROOSTOOK REGIONAL TRANSPORTATION SYSTEM	010365398	252,628.08	0.12389%
AROOSTOOK VALLEY SOLID WASTE DISPOSAL DISTRICT	010483389	14,915.16	0.00731%
AROOSTOOK WASTE SOLUTIONS	010369603	177,263.25	0.08693%
ARUNDEL,TOWN OF	016000300	394,857.75	0.19365%
ASHLAND,TOWN OF	016000053	289,877.51	0.14216%
ASHLAND WATER & SEWER DISTRICT	010267727	14,915.16	0.00731%
AUBURN,CITY OF	016000018	4,091,817.61	2.00670%
AUBURN HOUSING AUTHORITY	010278319	426,665.40	0.20924%
AUBURN HOUSING DEVELOPMENT CORPORATION	202188815	27,619.79	0.01355%
AUBURN LEWISTON AIRPORT	010365409	45,997.30	0.02256%
AUBURN PUBLIC LIBRARY	016000784	185,934.37	0.09119%
AUBURN SEWER DIST	016000850	7,757.77	0.00380%
AUBURN WATER DIST	016000815	23,089.94	0.01132%
AUGUSTA,CITY OF	016000019	5,001,424.93	2.45279%
AUGUSTA HOUSING AUTHORITY	010377962	5,599.14	0.00275%
BAILEYVILLE	016000058	11,938.18	0.00585%
BALDWIN,TOWN OF	016000059	92,656.92	0.04544%
BANGOR AREA COMPREHENSIVE TRANSPORTATION SYSTEM	460902612	55,842.17	0.02739%
BANGOR WATER DISTRICT	006005004	471,071.56	0.23102%
BAR HARBOR,TOWN OF	016000061	1,176,184.00	0.57682%
BAR HARBOR HOUSING AUTHORITY	010319670	7,759.18	0.00381%
BATH,CITY OF	016000021	1,519,343.95	0.74511%
BATH HOUSING AUTHORITY	010314025	225,348.05	0.11051%
BATH WATER DISTRICT	016000817	203,874.68	0.09998%
BELFAST, TOWN OF	016000022	1,308,543.13	0.64173%
BELFAST WATER DISTRICT	016000818	209,963.90	0.10297%
BELGRADE,TOWN OF	016000064	182,685.14	0.08959%
BELMONT,TOWN OF	016059046	34,565.25	0.01695%
BENTON,TOWN OF	016000067	15,568.64	0.00764%
BERWICK,TOWN OF	016000068	590,624.41	0.28965%
BERWICK SEWER DISTRICT	010321977	183,010.49	0.08975%
BETHEL,TOWN OF	016000069	316,279.66	0.15511%
BETHEL WATER DISTRICT	010281255	71,861.28	0.03524%
BIDDEFORD,TOWN OF	016000023	1,886,483.94	0.92517%
BIDDEFORD-SACO-OOB TRANS	010373095	23,122.90	0.01134%
BINGHAM,TOWN OF	016000070	17,929.93	0.00879%
BLAINE,TOWN OF	016000071	20,892.34	0.01025%

MAINE MUNICIPAL EMPLOYEE HEALTH TRUST
FORM 5500 MEWA Participating Employer Information
YEAR ENDED DECEMBER 31, 2024

FED ID# 01-0382676

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Three-digit plan number		501	
Employer Identification (EIN)		01-0382676	
For the plan year beginning /ending		1/1/24-12/31/24	
Member Group	EIN #	2024	
BLUE HILL,TOWN OF	016000073	116,691.08	0.05723%
BLUE HILL PUBLIC LIBRARY	010212602	84,080.40	0.04123%
BOOTHBAY,TOWN OF	016000074	226,989.61	0.11132%
BOOTHBAY HARBOR, TOWN OF	016000075	13,562.13	0.00665%
BOOTHBAY HARBOR SEWER DISTRICT	010269722	111,189.44	0.05453%
BOOTHBAY REGION AMBULANCE	010345660	123,798.90	0.06071%
BOOTHBAY REGION REFUSE DISPOSAL DISTRICT	010415530	323,673.98	0.15874%
BOOTHBAY REGION WATER DISTRICT	010546077	71,950.99	0.03529%
BOWDOINHAM, TOWN OF	016000077	5,981.27	0.00293%
BOWDOINHAM WATER DISTRICT	016005966	33,554.82	0.01646%
BRADFORD,TOWN OF	016000078	13,771.89	0.00675%
BRADLEY,TOWN OF	016000079	56,623.24	0.02777%
BREMEN,TOWN OF	016000080	12,751.78	0.00625%
BREWER,CITY OF	016000024	1,815,159.22	0.89019%
BREWER HOUSING AUTHORITY	010353357	144,147.47	0.07069%
BRIDGEWATER,TOWN OF	016000081	33,146.99	0.01626%
BRIDGTON,TOWN OF	016000082	749,433.38	0.36754%
BRIDGTON WATER DISTRICT	016005690	101,399.76	0.04973%
BRISTOL,TOWN OF	016000083	141,123.68	0.06921%
BRISTOL SO BRISTOL TRANSFER FACILITY	010453224	50,234.97	0.02464%
BROOKSVILLE,TOWN OF	016000086	12,329.88	0.00605%
BROWNFIELD,TOWN OF	016000087	46,418.04	0.02276%
BROWNVILLE,TOWN OF	016000088	120,533.38	0.05911%
BRUNSWICK,TOWN OF	016000089	3,455,101.38	1.69444%
BRUNSWICK HOUSING AUTHORITY	010279013	397,732.75	0.19506%
BRUNSWICK PUBLIC LIBRARY	016000787	331,294.74	0.16247%
BRUNSWICK SEWER DISTRICT	016000851	556,556.38	0.27295%
BUCKFIELD,TOWN OF	016000090	56,652.12	0.02778%
BUCKSPORT,TOWN OF	016000091	376,325.12	0.18456%
BUXTON,TOWN OF	016000094	897,895.99	0.44034%
CALAIS, CITY OF	016000025	28,830.56	0.01414%
CALAIS SCHOOL DEPT	016000025	12,830.72	0.00629%
CAMDEN,TOWN OF	016000097	1,413,508.24	0.69321%
CANAAN,TOWN OF	016000098	38,607.22	0.01893%
CANTON,TOWN OF	016000099	53,184.44	0.02608%
CAPE ELIZABETH,TOWN OF	016000100	1,495,596.39	0.73347%
CARIBOU,CITY OF	016000101	1,375,368.28	0.67451%
CARIBOU UTILITIES DISTRICT	016004023	84,757.87	0.04157%
CARMEL,TOWN OF	016000102	52,688.03	0.02584%
CARRABASSETT,TOWN OF	010325267	169,344.76	0.08305%
CARRABASSETT VALLEY SANITARY	010483138	30,881.19	0.01514%
CASCO,TOWN OF	016000104	642,265.15	0.31498%
CASTINE,TOWN OF	016000105	126,554.79	0.06206%
CENTRAL PENOBSCOT SOLID WASTE	010478290	906.10	0.00044%
CENTRAL/WEST ME WIB	651192940	16,428.61	0.00806%
CHARLES M. BAILEY PUBLIC LIBRARY	010475251	83,653.32	0.04103%
CHEBEAGUE ISLAND,TOWN OF	208781272	104,201.84	0.05110%
CHELSEA,TOWN OF	016000111	22,752.56	0.01116%
CHERRYFIELD,TOWN OF	016000112	30,355.80	0.01489%
CHESTERVILLE,TOWN OF	010347724	12,778.32	0.00627%
CHINA,TOWN OF	016000115	353,296.51	0.17326%
CLIFTON,TOWN OF	010480547	15,303.24	0.00750%

MAINE MUNICIPAL EMPLOYEE HEALTH TRUST
FORM 5500 MEWA Participating Employer Information
YEAR ENDED DECEMBER 31, 2024

FED ID# 01-0382676

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Three-digit plan number			501
Employer Identification (EIN)			01-0382676
For the plan year beginning /ending			1/1/24-12/31/24
Member Group	EIN #	2024	
CLINTON,TOWN OF	016000117	185,462.09	0.09095%
CLINTON WATER DISTRICT	016000823	52,929.46	0.02596%
COASTAL COUNTIES WORKFORCE INC	760702022	45,099.24	0.02212%
COBBOSSEE WATERSHED	010322649	8,635.03	0.00423%
COMMUNITY HEALTH AND COUNSELING SERVICES	010211483	3,865,759.11	1.89584%
COMMUNITY LIBRARY OF LYMAN	010494252	12,666.84	0.00621%
CORINNATOWN OF	016000121	68,199.87	0.03345%
CORINTH,TOWN OF	016000122	56,488.87	0.02770%
CRANBERRY ISLES,TOWN OF	016000125	28,515.12	0.01398%
CUMBERLAND, TOWN OF	016000128	33,822.67	0.01659%
COUNTY OF CUMBERLAND	016000004	5,167,951.64	2.53446%
CUSHING,TOWN OF	016000129	39,520.68	0.01938%
CUTLER,TOWN OF	010313188	24,542.40	0.01204%
D. A. HURD LIBRARY	010221132	16,566.62	0.00812%
D.E.H. OPERATING CO	010331180	47,379.87	0.02324%
DALLAS PLANTATION,TOWN OF	016000463	116.40	0.00006%
DAMARISCOTTA,TOWN OF	016000131	241,701.17	0.11853%
DANFORTH,TOWN OF	016000132	28,023.84	0.01374%
DAYTON,TOWN OF	016000133	109,253.56	0.05358%
DEDHAM,TOWN OF	016000135	145,127.61	0.07117%
DEER ISLE,TOWN OF	016000136	56,799.84	0.02786%
DENMARK,TOWN OF	016000137	126,692.35	0.06213%
DEXTER,TOWN OF	016000140	211,351.95	0.10365%
DEXTER UTILITY DISTRICT	010314635	65,110.76	0.03193%
DIXFIELD, TOWN OF	016000141	8,505.47	0.00417%
DOVER FOXCROFT,TOWN OF	016000143	783,127.34	0.38406%
DOVER FOXCROFT WATER DISTRICT	016000825	84,849.95	0.04161%
DOWNEAST TRANSPORTATION , INC	010371992	182,990.50	0.08974%
DRESDEN,TOWN OF	016000144	14,923.71	0.00732%
DURHAM,TOWN OF	016000145	152,867.28	0.07497%
DYER LIBRARY	016000144	82,334.46	0.04038%
EAGLE LAKE,TOWN OF	016000147	40,279.66	0.01975%
EAGLE LAKE WATER SEWER	010287455	75,721.20	0.03714%
EAST MACHIAS,TOWN OF	016000148	449.28	0.00022%
EAST MILLINOCKET,TOWN OF	016000149	369,369.73	0.18115%
EASTON,TOWN OF	016000151	120,597.65	0.05914%
EASTPORT,TOWN OF	016000026	163,630.90	0.08025%
EASTPORT PORT AUTHORITY	010368414	14,881.16	0.00730%
ECOMAINE	205003826	1,687,371.89	0.82752%
EDDINGTON,TOWN OF	016000152	116,576.16	0.05717%
ELIOT,TOWN OF	016000154	467,069.16	0.22906%
ELLSWORTH,CITY OF	016000027	1,503,959.41	0.73757%
ENFIELD,TOWN OF	016000156	75,702.23	0.03713%
EUSTIS,TOWN OF	016000158	93,435.81	0.04582%
FAIRFIELD,TOWN OF	016000160	700,765.60	0.34367%
FALMOUTH,TOWN OF	016000161	2,067,336.69	1.01386%
FARMINGDALE,TOWN OF	016000162	58,643.40	0.02876%
FARMINGTON,TOWN OF	016000163	651,103.71	0.31931%
FAYETTE, TOWN OF	016000164	91,853.62	0.04505%
FORT FAIRFIELD,TOWN OF	016000165	470,709.57	0.23084%
FORT FAIRFIELD HOUSING	010310208	94,826.38	0.04650%
FORT FAIRFIELD UTILITIES	016001175	52,066.52	0.02553%

MAINE MUNICIPAL EMPLOYEE HEALTH TRUST
FORM 5500 MEWA Participating Employer Information
YEAR ENDED DECEMBER 31, 2024

FED ID# 01-0382676

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Three-digit plan number			501
Employer Identification (EIN)			01-0382676
For the plan year beginning /ending			1/1/24-12/31/24
Member Group	EIN #	2024	
FORT KENT,TOWN OF	016000166	491,851.27	0.24121%
FRANKLIN,TOWN OF	016000168	869.76	0.00043%
FRANKLIN COUNTY	016000005	998,831.56	0.48984%
FREEDOM,TOWN OF	016014937	39,548.62	0.01940%
FREEPORT,TOWN OF	016000170	1,316,250.07	0.64551%
FREEPORT SEWER DISTRICT	016000852	100,382.29	0.04923%
FRENCHVILLE,TOWN OF	016000171	71,278.56	0.03496%
FRIENDSHIP,TOWN OF	016000172	30,634.09	0.01502%
FRYE ISLAND,TOWN OF	010514678	51,934.95	0.02547%
FRYEBURG,TOWN OF	016000173	267,586.28	0.13123%
GARDINER,CITY OF	016000028	918,411.30	0.45041%
GARDINER WATER DISTRICT	016000826	233,482.51	0.11450%
GARLAND,TOWN OF	016000174	35,488.58	0.01740%
GEORGETOWN	016000175	61,785.96	0.03030%
GLENBURN,TOWN OF	016000177	232,928.90	0.11423%
GORHAM,TOWN OF	016000179	1,827,594.88	0.89629%
GOULDSBORO,TOWN OF	016000180	120,070.11	0.05888%
GRAND ISLE,TOWN OF	016000181	57,840.42	0.02837%
GRAY, TOWN OF	016000183	62,345.71	0.03058%
GRAY WATER DISTRICT	010356962	57,880.90	0.02839%
GREAT SALT BAY SANIT DIST	010403565	5,355.38	0.00263%
GREATER AUGUSTA UTILITY DISTRICT	450582217	828,441.85	0.40628%
GREATER FRANKLIN DEV CNCL	010524770	27,334.80	0.01341%
GREATER PORTLAND COG	010238864	16,740.28	0.00821%
GREATER PORTLAND TRANSIT	010318575	1,868,093.56	0.91615%
GREENBUSH,TOWN OF	016000184	97,796.35	0.04796%
GREENE,TOWN OF	016000185	148,746.76	0.07295%
GREENVILLE,TOWN OF	016000187	229,254.55	0.11243%
GUILFORD,TOWN OF	016000189	1,853.88	0.00091%
GUILFORD SANGERVILLE SANITARY	010409768	47,766.60	0.02343%
GUILFORD SANGERVILLE WATER	010357315	28,798.68	0.01412%
HALLOWELL,CITY OF	016000029	232,384.65	0.11397%
HALLOWELL WATER	016000824	32,751.06	0.01606%
HAMPDEN,TOWN OF	016000190	1,328,350.86	0.65145%
HAMPDEN WATER DIST	016000828	143,099.32	0.07018%
HANCOCK COUNTY PLANNING COMMISSION	010310087	21,594.44	0.01059%
HANCOCK,TOWN OF	016000191	30,240.66	0.01483%
HARBOR HOUSE COMMUNITY SERVICE CENTER	010272150	114,604.55	0.05620%
HARPSWELL,TOWN OF	016000193	459,094.23	0.22515%
HARRINGTON, TOWN OF	010476396	1,566.24	0.00077%
HARRISON,TOWN OF	016000195	295,656.70	0.14500%
HARTFORD,TOWN OF	010368058	15,507.60	0.00761%
HARTLAND,TOWN OF	016000197	128,704.59	0.06312%
HEALTHY ACADIA	270548057	884,356.96	0.43370%
HEBRON,TOWN OF	016000199	42,578.26	0.02088%
HERMON,TOWN OF	016000200	416,784.63	0.20440%
HIRAM,TOWN OF	016000203	33,207.00	0.01629%
HODGDON,TOWN OF	016000204	32,218.00	0.01580%
HOLDEN,TOWN OF	016000205	359,550.87	0.17633%
HOLLIS,TOWN OF	016000206	294,781.43	0.14457%
HOPE,TOWN OF	010363897	21,527.34	0.01056%
HOULTON,TOWN OF	016000208	971,557.39	0.47647%

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Employer Identification (EIN)			01-0382676
For the plan year beginning /ending			1/1/24-12/31/24
Member Group	EIN #	2024	
HOULTON WATER DISTRICT	016000829	549,379.89	0.26943%
HOWLAND, TOWN OF	016000209	7,016.85	0.00344%
HUDSON,TOWN OF	010325266	15,100.52	0.00741%
ISLAND FALLS,TOWN OF	016000212	17,654.20	0.00866%
ISLESBORO,TOWN OF	016000214	454,312.34	0.22280%
JACKMAN,TOWN OF	016000474	69,661.85	0.03416%
JAY,TOWN OF	016000216	148,952.63	0.07305%
JAY-NILE MEMORIAL LIBRARY	010229544	5,169.20	0.00254%
JEFFERSON,TOWN OF	016000217	31,806.60	0.01560%
JESUP MEMORIAL LIBRARY	010214017	73,854.72	0.03622%
K K & W W D	016000831	1,111,245.20	0.54497%
KENDUSKEAG,TOWN OF	016000220	13,752.36	0.00674%
KENNEBEC COUNTY	016000007	2,302,141.05	1.12901%
KENNEBEC REGIONAL DEVELOPMENT	010528543	16,935.80	0.00831%
KENNEBEC SANITARY DISTRICT	010318421	239,571.29	0.11749%
KENNEBEC VALLEY COUNCIL OF GOVTS	010488478	80,742.66	0.03960%
KENNEBEC WATER DISTRICT	016000830	539,352.35	0.26451%
KENNEBUNK,TOWN OF	016000221	2,188,483.10	1.07327%
KENNEBUNK FREE LIBRARY	010249983	134,298.07	0.06586%
KENNEBUNK LIGHT & POWER	016001123	346,736.29	0.17005%
KENNEBUNK SEWER DISTRICT	016005318	85,530.54	0.04195%
KENNEBUNKPORT,TOWN OF	016000222	1,003,281.99	0.49203%
KENNEBUNKPORT HERITAGE HOUSING TRUST	832830911	21,686.72	0.01064%
KITTERY,TOWN OF	016000224	682,584.28	0.33475%
KITTERY WATER DISTRICT	016000832	357,468.12	0.17531%
KNOX	016000225	16,623.93	0.00815%
KNOX COUNTY	016000008	2,001,066.79	0.98136%
LAKE STEWARDS OF MAINE	010502630	69,132.46	0.03390%
LAMOINE,TOWN OF	016000227	28,586.22	0.01402%
LAUDHOLM TRUST	010380763	93,886.50	0.04604%
LEBANON,TOWN OF	016000228	195,067.45	0.09566%
LEE,TOWN OF	016000229	47,173.56	0.02313%
LEEDS,TOWN OF	016000230	84,590.77	0.04148%
LEVANT, TOWN OF	016000231	2,322.51	0.00114%
LEWISTON AUBURN WATER POLLUTION CONTROL	010310658	263,457.26	0.12920%
LEWISTON,CITY OF	016000030	5,455,687.15	2.67557%
LEWISTON AUBURN 911	010489965	404,592.73	0.19842%
LEWISTON HOUSING AUTHORITY	010273274	653,519.43	0.32050%
LINCOLN / SAGADAHOC JAIL	371482654	1,251,610.98	0.61381%
LIMERICK, TOWN OF	016000233	27,890.42	0.01368%
LIMESTONE,TOWN OF	016000234	128,620.77	0.06308%
LIMESTONE WATER SEWER	016006402	83,181.34	0.04079%
LIMINGTON,TOWN OF	010476629	264,675.21	0.12980%
LINCOLN,TOWN OF	016000236	958,053.30	0.46985%
LINCOLN COUNTY	016000009	1,487,380.33	0.72944%
LINCOLN SANITARY	010323545	5,160.42	0.00253%
LINCOLN WATER DISTRICT	016001327	128,540.03	0.06304%
LINCOLNVILLE,TOWN OF	016000236	88,628.40	0.04346%
LISBON,TOWN OF	016000239	1,349,838.06	0.66198%
LISBON EMERGENCY INC.	510160349	4,484.10	0.00220%
LITCHFIELD,TOWN OF	016000240	103,462.87	0.05074%
LIVERMORE,TOWN OF	016000242	97,425.42	0.04778%

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Member Group	EIN #	2024	
LIVERMORE FALLS, TOWN OF	016000243	40,940.89	0.02008%
LIVERMORE FALLS WATER DISTRICT	016000833	172,228.34	0.08446%
LORING DEVELOPMENT AUTHORITY	010485138	15,493.17	0.00760%
LOVELL, TOWN OF	016000244	111,046.54	0.05446%
LUBEC, TOWN OF	016000246	195,251.02	0.09575%
LUBEC WATER DISTRICT	016000834	2,713.16	0.00133%
LUDLOW, TOWN OF	016000247	1,454.52	0.00071%
LYMAN, TOWN OF	016000248	93,411.57	0.04581%
MACHIAS, TOWN OF	016000249	338,954.92	0.16623%
MACHIASPORT, TOWN OF	016000250	31,172.34	0.01529%
MADAWASKA, TOWN OF	016000252	572,347.42	0.28069%
MADAWASKA WATER DIST	016000835	84,603.04	0.04149%
MADISON, TOWN OF	016000253	362,742.12	0.17790%
MAINE BOND BANK	010319072	748,120.01	0.36689%
MAINE COUNTY COMMISSIONERS ASSOC	010314022	15,913.92	0.00780%
MAINE DEVELOPMENT FOUNDATION	010355563	283,576.88	0.13907%
MAINE MARITIME ACADEMY	016000724	61,852.50	0.03033%
MAINE MUNICIPAL ASSOC	016001159	2,273,583.77	1.11501%
MAINE SCHOOL MANAGEMENT	010314849	507,683.69	0.24898%
MANCHESTER, TOWN OF	016000255	61,489.89	0.03016%
MAPLETON, TOWN OF	043827857	143,996.28	0.07062%
MARION TRANSFER STATION	010490407	31,348.68	0.01537%
MARS HILL, TOWN OF	016000258	137,725.84	0.06754%
MARS HILL UTILITY	010373459	102,774.33	0.05040%
MASARDIS, TOWN OF	016000260	54.00	0.00003%
MECHANIC FALLS	016000263	17,911.23	0.00878%
MECHANIC FALLS SANITARY	010371453	31,984.95	0.01569%
MEDWAY, TOWN OF	016000265	204,946.99	0.10051%
MERCER, TOWN OF	016000266	15,956.16	0.00783%
MEXICO, TOWN OF	016000268	376,677.90	0.18473%
MEXICO WATER DISTRICT	016000837	99,294.12	0.04870%
MID MAINE SOLID WASTE ASSOCIATION	010439940	59,250.72	0.02906%
MIDCOAST CNCL FOR GOVERNMENT	010542494	117,150.88	0.05745%
MIDCOAST REGIONAL REDEV AUTHORITY	142010196	139,154.15	0.06824%
MID-COAST SOLID WASTE CORP	521886687	131,060.09	0.06427%
MID-MAINE WASTE ACTION CORP	042979746	447,589.74	0.21951%
MILBRIDGE, TOWN OF	016000269	128,238.96	0.06289%
MILFORD, TOWN OF	016000270	118,704.53	0.05821%
MILLINOCKET, TOWN OF	016000271	682,936.00	0.33492%
MILO, TOWN OF	016000272	194,164.61	0.09522%
MILO WATER DISTRICT	016000838	98,242.49	0.04818%
MINOT, TOWN OF	016000273	191,249.71	0.09379%
MOBIUS INC.	010358732	345,041.46	0.16921%
MONMOUTH, TOWN OF	016000275	225,791.75	0.11073%
MONSON, TOWN OF	016000277	11,341.14	0.00556%
MONTICELLO, TOWN OF	010344046	38,734.81	0.01900%
MOUNT CHASE, TOWN OF	010391181	15,874.14	0.00778%
MOUNT DESERT, TOWN OF	016000282	1,187,753.88	0.58250%
MOUNT DESERT NURSING ASSOC	010211798	131,450.65	0.06447%
MOUNT DESERT WATER DISTRICT	043358685	145,853.70	0.07153%
MSAD #29	010269656	3,794.08	0.00186%
MUNICIPAL REVIEW COMMITTEE, INC.	010468832	34,005.84	0.01668%

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Member Group	EIN #	2024	
NAPLES, TOWN OF	016000284	1,021.01	0.00050%
NEW GLOUCESTER,TOWN OF	016000285	412,069.50	0.20209%
NEW LIMERICK,TOWN OF	016000286	15,651.67	0.00768%
NEW PORTLAND, TOWN OF	016000278	14,013.12	0.00687%
NEW SWEDEN,TOWN OF	016000289	36,694.53	0.01800%
NEWBURGH,TOWN OF	016000291	44,745.48	0.02194%
NEWCASTLE,TOWN OF	016000292	88,717.25	0.04351%
NEWFIELD, TOWN OF	016000293	24,302.52	0.01192%
NEWPORT,TOWN OF	016000294	580,547.07	0.28471%
NEWPORT SANITARY DISTRICT	010351138	58,475.93	0.02868%
NEWPORT WATER DISTRICT	010339661	105,397.54	0.05169%
NEWRY,TOWN OF	016000295	95,063.98	0.04662%
NORTHERN OXFORD REG SOLID WASTE BOARD	010366211	77,724.52	0.03812%
NOBLEBORO,TOWN OF	016000296	35,627.88	0.01747%
NORRIDGEWOCK,TOWN OF	016000297	112,641.51	0.05524%
NORTH BERWICK,TOWN OF	016000298	561,226.20	0.27524%
NORTH BERWICK RESCUE SQUAD INC	222507296	25,869.00	0.01269%
NORTH BERWICK SANITARY	010401907	103,507.28	0.05076%
NORTH HAVEN,TOWN OF	016000299	216,559.74	0.10620%
NORTH YARMOUTH,TOWN OF	016000301	362,704.03	0.17788%
NORTHEAST HARBOR LIBRARY	010220091	64,634.04	0.03170%
NORTHER MAINE DEVELOPMENT	222635303	286,877.98	0.14069%
NORTHPORT,TOWN OF	016000303	28,992.36	0.01422%
NORTHPORT VILLAGE CORP	010349638	2,718.52	0.00133%
NORWAY,TOWN OF	016000304	22,315.34	0.01094%
NORWAY PARIS COMMUNITY TV	010544638	15,057.00	0.00738%
NORWAY WATER DISTRICT	016000840	63,769.15	0.03127%
NORWAY-PARIS SOLID WASTE	010381861	56,266.81	0.02759%
OAKFIELD,TOWN OF	016000305	97,479.84	0.04781%
OAKLAND,TOWN OF	016000306	721,023.53	0.35360%
OGUNQUIT,TOWN OF	016001017	385,765.21	0.18919%
OGUNQUIT SEWER DISTRICT	010271308	15,285.00	0.00750%
OLD ORCHARD BEACH,TOWN OF	016000307	2,016,106.09	0.98873%
OLD ORCHARD BEACH LIBRARY	010219828	47,540.32	0.02331%
OLD TOWN,CITY OF	016000031	1,240,357.36	0.60829%
OLD TOWN HOUSING AUTH	010353503	211,028.64	0.10349%
OLD TOWN RESIDENTIAL SERVICES	110025004	31,955.90	0.01567%
OLD TOWN WATER DISTRICT	016000841	236,166.66	0.11582%
ORLAND,TOWN OF	016000309	40,504.90	0.01986%
ORONO,TOWN OF	016000310	1,256,204.95	0.61607%
ORONO/VEAZIE WATER DISTRICT	010345413	161,594.53	0.07925%
ORRINGTON,TOWN OF	016000311	266,775.35	0.13083%
OTIS,TOWN OF	010474927	15,209.64	0.00746%
OTISFIELD,TOWN OF	010364002	184,225.28	0.09035%
OWL'S HEAD,TOWN OF	016000315	44,948.04	0.02204%
OXFORD,TOWN OF	016000316	444,013.17	0.21775%
OXFORD COUNTY	016000010	2,002,678.80	0.98215%
PALMYRA,TOWN OF	010338726	14,529.84	0.00713%
PARIS,TOWN OF	016000319	464,340.03	0.22772%
PARIS UTILITY DISTRICT	010281552	132,672.44	0.06506%
PARSONSFIELD,TOWN OF	016000321	89,191.55	0.04374%
PASSAMAQUODDY WATER DISTRICT	010390001	85,711.26	0.04203%

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Member Group	EIN #	2024	
PATTEN,TOWN OF	016000323	43,893.47	0.02153%
PATTEN FREE LIBRARY	010211539	54,966.56	0.02696%
PEOPLE PLUS	010349949	73,874.29	0.03623%
PERRY,TOWN OF	016000327	45,981.84	0.02255%
PERU,TOWN OF	016000328	43,701.01	0.02143%
PHILLIPS,TOWN OF	016000329	42,680.66	0.02093%
PHIPPSBURG,TOWN OF	016000330	108,732.46	0.05332%
PISCATAQUIS CTY ECONOMIC DEVELOPMENT COUNCIL	010521521	25,024.32	0.01227%
PITTSFIELD,TOWN OF	016000331	390,465.19	0.19149%
PITTSTON,TOWN OF	016000332	12,923.00	0.00634%
PLEASANT POINT HOUSING	010315145	120,214.05	0.05896%
PLEASANT POINT RESERVATION	010338717	90,576.51	0.04442%
POLAND,TOWN OF	016000334	505,875.79	0.24809%
PORTAGE LAKE,TOWN OF	016000335	40,225.84	0.01973%
PORTER,TOWN OF	016000336	33,101.36	0.01623%
PORTLAND, CITY OF	016000332	873,079.70	0.42817%
PORTLAND HOUSING AUTHORITY	016001034	1,679,867.97	0.82384%
PORTLAND PUBLIC LIBRARY	016000802	15,083.87	0.00740%
POWNAI,TOWN OF	016000337	99,866.40	0.04898%
PRESQUE ISLE,CITY OF	016000033	1,685,002.49	0.82636%
PRESQUE ISLE HOUS AUTHORITY	016001039	233,586.86	0.11456%
PRESQUE ISLE INDUSTRIAL COUNCIL	010265319	40,040.56	0.01964%
PRESQUE ISLE UTILITIES DISTRICT	464126669	243,870.15	0.11960%
RANDOLPH,TOWN OF	016000340	34,556.92	0.01695%
RANGELEY,TOWN OF	016000341	150,293.63	0.07371%
RANGELEY PLANTATION	016000492	59,097.24	0.02898%
RANGELEY WATER DISTRICT	010472642	71,313.00	0.03497%
READFIELD,TOWN OF	016000343	102,527.93	0.05028%
REGIONAL TRANSPORTATION PROGRAM	010339851	242,779.58	0.11906%
RICHMOND,TOWN OF	010459447	178,764.59	0.08767%
RICHMOND UTILITIES DISTRICT	010272761	54,124.41	0.02654%
ROBBINSTON	016000346	4,923.72	0.00241%
ROCKLAND,CITY OF	016000034	1,245,892.31	0.61101%
ROCKPORT,TOWN OF	016000347	812,064.55	0.39825%
RSU #25 (BUCKSPORT, ORLAND, VERONA ISLAND, PROSPECT)	010332751	18,404.60	0.00903%
RSU #34 (ALTON, BRADLEY, OLD TOWN)	016000031	41,437.60	0.02032%
RSU #5 (FREEPORT, POWNAL, DURHAM)	264626804	66,486.08	0.03261%
RUMFORD,TOWN OF	016000351	1,155,407.34	0.56663%
RUMFORD WATER DISTRICT	016000844	111,206.81	0.05454%
RUMFORD-MEXICO SEWERAGE	010325437	146,446.95	0.07182%
SABATTUS,TOWN OF	016000425	281,054.51	0.13783%
SABATTUS SANITARY	010355836	108,068.21	0.05300%
SACO,CITY OF	016000035	2,794,658.43	1.37055%
SACO RIVER COMMUNITY TV	010537426	15,440.64	0.00757%
SACOPEE RESCUE UNIT, INC.	010345195	47,607.28	0.02335%
SAGADAHOC COUNTY	016000013	52,253.32	0.02563%
SAINT AGATHA,TOWN OF	016000352	20,534.59	0.01007%
SAINT ALBANS,TOWN OF	016000353	75,563.17	0.03706%
SAINT GEORGE,TOWN OF	016000354	276,028.08	0.13537%
SANDY RIVER PLANTATION	010339216	15,440.64	0.00757%
SANFORD,CITY OF	016000355	4,097,172.24	2.00933%
SANFORD HOUSING AUTHORITY	010286904	27,803.81	0.01364%

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SANFORD LIBRARY ASSOCIATION	010216657	74,758.08	0.03666%
SANFORD SEWER DISTRICT	016000854	358,308.48	0.17572%
SANFORD WATER DISTRICT	016000845	416,090.55	0.20406%
SANGERVILLE,TOWN OF	016000356	37,511.12	0.01840%
SCARBOROUGH,TOWN OF	016000357	3,534,644.13	1.73345%
SCARBOROUGH PUBLIC LIBRARY	016010284	153,174.55	0.07512%
SCARBOROUGH SANITARY DISTRICT	010314083	401,364.94	0.19684%
SEARSMONT,TOWN OF	010390148	29,275.35	0.01436%
SEARSPORT,TOWN OF	016000359	361,191.12	0.17713%
SEARSPORT WATER DISTRICT	016001176	141,002.04	0.06915%
SEBAGO,TOWN OF	016000360	62,464.06	0.03063%
SHAPLEIGH,TOWN OF	016000363	124,743.48	0.06118%
SHERMAN,TOWN OF	016000364	771.57	0.00038%
SIDNEY,TOWN OF	016000366	110,541.90	0.05421%
SKIDOMPHA LIBRARY ASSOC	010228297	25,859.16	0.01268%
SKOWHEGAN,TOWN OF	016000367	1,109,066.71	0.54391%
SMITHFIELD,TOWN OF	016000368	29,962.62	0.01469%
SMYRNA AND MERRILL,TOWN OF	016000369	17,761.04	0.00871%
SOMERSET COUNTY	016000014	1,415,525.87	0.69420%
SORRENTO,TOWN OF	016000371	12,713.88	0.00624%
SOUTH BERWICK, TOWN OF	016000372	80,631.89	0.03954%
SOUTH BERWICK SEWER DISTRICT	016086293	152,523.44	0.07480%
SOUTH BERWICK WATER DISTRICT	016006457	170,173.53	0.08346%
SOUTH PORTLAND,CITY OF	016000036	5,432,837.43	2.66436%
SOUTH PORTLAND HOUS AUTH	010327100	60,186.44	0.02952%
SOUTH THOMASTON,TOWN OF	016000374	47,118.24	0.02311%
SOUTHERN AROOSTOOK EMS AUTHORITY	016000164	117,253.11	0.05750%
SOUTHERN MAINE AGENCY ON AGING	010360259	15,988.31	0.00784%
SOUTHERN MAINE PLANNING AND DEVELOPMENT COMMISSION	010378246	227,201.57	0.11142%
SOUTHPORT,TOWN OF	016000375	67,167.12	0.03294%
SOUTHWEST HARBOR,TOWN OF	016000376	305,443.49	0.14979%
SOUTHWEST HARBOR PUBLIC LIBRARY	010241528	44,700.42	0.02192%
SOUTHWEST HARBOR WATER & SEWER DISTRICT	810714882	150,298.16	0.07371%
SPECIAL CHILDREN'S FRIENDS	010360872	220,007.96	0.10790%
SPRINGVALE PUBLIC LIBRARY	010231382	29,976.36	0.01470%
STACYVILLE,TOWN OF	016000499	49,220.50	0.02414%
STEUBEN,TOWN OF	016000381	20,063.91	0.00984%
STOCKTON SPRINGS,TOWN OF	016000383	164,940.23	0.08089%
STONEHAM, TOWN OF	016000384	1,432.68	0.00070%
STONINGTON,TOWN OF	016000385	145,795.80	0.07150%
STRONG,TOWN OF	016000387	61,746.69	0.03028%
SULLIVAN,TOWN OF	016000388	24,272.10	0.01190%
SUMNER,TOWN OF	016000389	7,448.44	0.00365%
SUNRISE COUNTY ECONOMIC COUNCIL	010493897	633,266.61	0.31057%
SURRY, TOWN OF	016000390	22,001.12	0.01079%
THOMASTON,TOWN OF	016000396	529,431.08	0.25964%
THOMPSON FREE LIBRARY	016000806	58,982.16	0.02893%
TOPSHAM,TOWN OF	016000398	968,940.84	0.47519%
TOPSHAM PUBLIC LIBRARY	010268926	92,887.81	0.04555%
TOPSHAM SEWER DISTRICT	010352738	30,148.94	0.01479%
TREMONT,TOWN OF	016000399	199,663.82	0.09792%
TRENTON,TOWN OF	010476121	31,820.78	0.01561%

MAINE MUNICIPAL EMPLOYEE HEALTH TRUST
FORM 5500 MEWA Participating Employer Information
YEAR ENDED DECEMBER 31, 2024

FED ID# 01-0382676

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Three-digit plan number			501
Employer Identification (EIN)			01-0382676
For the plan year beginning /ending			1/1/24-12/31/24
Member Group	EIN #	2024	
TRI-COUNTY SOLID WASTE	010458235	15,613.27	0.00766%
TURNER, TOWN OF	016000402	17,370.96	0.00852%
UNION,TOWN OF	016000403	172,005.17	0.08435%
UNITY,TOWN OF	016000404	24,426.68	0.01198%
VALLEY RECYCLING FACILITY	010401784	69,242.00	0.03396%
VAN BUREN,TOWN OF	016000406	211,851.56	0.10390%
VAN BUREN HOUSING AUTHORITY	016001314	166,323.13	0.08157%
VAN BUREN LIGHT & POWER	016000809	136,471.39	0.06693%
VAN BUREN WATER DISTRICT	016000846	68,070.16	0.03338%
VASSALBORO,TOWN OF	016000408	129,541.97	0.06353%
VEAZIE,TOWN OF	016000409	202,848.06	0.09948%
VEAZIE SEWER DISTRICT	010351402	29,832.53	0.01463%
VINALHAVEN,TOWN OF	016000412	209,183.76	0.10259%
WALDO COMMUNITY ACTION PARTNERS	016020566	834,841.98	0.40942%
WALDOBORO,TOWN OF	016000416	786,563.43	0.38574%
WALLAGRASS, TOWN OF	010280163	13,797.12	0.00677%
WARREN,TOWN OF	016000419	121,831.58	0.05975%
WARREN SANITARY DISTRICT	010435568	129,785.71	0.06365%
WASHBURN,TOWN OF	016000420	195,190.04	0.09572%
WASHBURN WATER & SEWER DISTRICT	261860882	51,341.87	0.02518%
WASHINGTON COUNTY	016000016	2,207,975.84	1.08283%
WASHINGTON COUNTY EMSA	010541892	59,971.98	0.02941%
WASHINGTON,TOWN OF	016000421	61,018.49	0.02992%
WATERBORO,TOWN OF	016000422	559,931.97	0.27460%
WATERFORD,TOWN OF	016000423	52,552.71	0.02577%
WATERTVILLE,CITY OF	016000037	2,803,350.19	1.37481%
WATERTVILLE HOUSING AUTHORITY	010284307	367,312.99	0.18014%
WATERTVILLE PUBLIC LIBRARY	010228705	113,178.66	0.05550%
WATERTVILLE SEWER DISTRICT	016001224	312,645.16	0.15333%
WAYNE,TOWN OF	016000424	43,900.64	0.02153%
WELD, TOWN OF	016000426	67,591.03	0.03315%
WELLS,TOWN OF	016000428	1,511,233.18	0.74114%
WELLS EMERGENCY MEDICAL SERVICES	223087390	15,440.64	0.00757%
WELLS RESERVE	010459976	189,275.20	0.09282%
WELLS SANITARY DISTRICT	010319672	9,141.67	0.00448%
WEST BATH,TOWN OF	016000430	84,457.54	0.04142%
WEST GARDINER,TOWN OF	016000431	113,682.40	0.05575%
WEST PARIS,TOWN OF	016005245	126,627.21	0.06210%
WESTBROOK,CITY OF	016000038	3,318,309.89	1.62736%
WESTERN MAINE TRANSPORTATION	010342356	703,947.52	0.34523%
WESTMANLAND, TOWN OF	016044398	15.75	0.00001%
WESTON,TOWN OF	010357369	34,606.71	0.01697%
WESTPORT ISLAND	016000434	95,410.74	0.04679%
WHITEFIELD,TOWN OF	016000435	42,803.01	0.02099%
WILLIAM FOGG PUBLIC LIBRARY	010227281	14,325.48	0.00703%
WILTON, TOWN OF	016000439	19,610.42	0.00962%
WINDHAM,TOWN OF	016000440	2,185,950.26	1.07203%
WINDSOR,TOWN OF	016000441	121,394.41	0.05953%
WINSLOW,TOWN OF	016000443	946,339.88	0.46410%
WINTER HARBOR,TOWN OF	016000444	84,155.82	0.04127%
WINTERPORT,TOWN OF	016000445	118,236.79	0.05799%
WINTHROP,TOWN OF	016000446	730,250.92	0.35813%

Three-digit plan number			501
Employer Identification (EIN)			01-0382676
For the plan year beginning /ending			1/1/24-12/31/24
Member Group	EIN #	2024	
WINTHROP UTILITITES DISTRICT	016000847	89,727.90	0.04400%
WISCASSET,TOWN OF	016000447	730,458.00	0.35823%
WISCASSET WATER DISTRICT	010401805	75,460.92	0.03701%
WOODLAND,TOWN OF	016000448	53,318.33	0.02615%
WOODSTOCK,TOWN OF	016000449	1,006.80	0.00049%
WOOLWICH,TOWN OF	016000451	9,059.79	0.00444%
YARMOUTH,TOWN OF	016000452	1,652,143.42	0.81024%
YARMOUTH SCHOOL DEPT	016000452	14,382.73	0.00705%
YARMOUTH WATER DIST	016000848	231,384.30	0.11347%
YORK,TOWN OF	016000453	2,438,494.83	1.19588%
YORK AMBULANCE ASSOC INC	237175669	106,284.63	0.05212%
YORK COUNTY	016000017	1,353,580.43	0.66382%

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

Name of Plan:▶	Maine Municipal Employees Health Trust		
Employer Identification Number:▶	01-0382676		
For plan year (beginning/ending):▶	01/01/24 to 12/31/24	Plan number:▶	501

Identity of issue, borrower, lessor, or similar party	Description	Maturity Date	Rate	Maturity Value	Cost	Current value
Androscoggin CDARS	Certificate of Deposit	06/07/25	4.400%	1,101,835.91	1,101,836	1,101,836
Androscoggin CDARS	Certificate of Deposit	12/14/25	4.210%	548,633.45	548,633	548,633
Androscoggin CDARS	Certificate of Deposit	06/26/26	4.050%	541,356.17	541,356	541,356
Androscoggin CDARS	Certificate of Deposit	06/26/26	4.050%	538,941.51	538,942	538,942
Androscoggin CDARS	Certificate of Deposit	06/24/27	3.920%	541,279.12	541,279	541,279
Androscoggin CDARS	Certificate of Deposit	06/24/27	3.920%	226,279.91	226,280	226,280
Androscoggin CDARS	Certificate of Deposit	06/22/28	3.800%	540,643.88	540,644	540,644
Androscoggin CDARS	Certificate of Deposit	02/28/29	3.800%	1,057,329.47	1,057,329	1,057,329
FFCB	US Government Security	02/06/25	2.160%	500,000.00	510,955	498,875
FFCB	US Government Security	03/12/25	2.850%	250,000.00	264,497	249,293
FFCB	US Government Security	04/01/25	2.370%	250,000.00	249,625	248,670
FFCB	US Government Security	04/28/25	4.250%	250,000.00	250,608	249,903
FFCB	US Government Security	06/17/25	3.000%	350,000.00	384,850	347,764
FFCB	US Government Security	09/30/25	4.250%	250,000.00	249,930	249,938
FFCB	US Government Security	11/25/25	2.700%	250,000.00	251,533	246,438
FFCB	US Government Security	12/29/25	5.700%	100,000.00	122,600	101,435
FFCB	US Government Security	03/23/26	2.680%	250,000.00	253,125	244,923
FFCB	US Government Security	07/27/26	4.500%	250,000.00	249,988	250,865
FFCB	US Government Security	08/03/26	2.630%	500,000.00	542,625	486,880
FFCB	US Government Security	09/04/26	1.400%	500,000.00	508,360	476,310
FFCB	US Government Security	11/12/26	1.800%	1,000,000.00	1,028,860	954,030
FFCB	US Government Security	12/09/26	1.780%	205,000.00	212,798	195,137
FFCB	US Government Security	01/05/27	5.770%	1,058,000.00	1,362,387	1,087,719
FFCB	US Government Security	02/09/27	3.050%	500,000.00	555,195	487,895
FFCB	US Government Security	03/30/27	1.300%	500,000.00	500,000	465,690
FFCB	US Government Security	04/28/27	1.200%	250,000.00	250,000	233,115
FFCB	US Government Security	04/28/27	1.200%	500,000.00	500,000	466,230
FFCB	US Government Security	09/29/27	4.00%	250,000.00	249,203	247,917
FFCB	US Government Security	12/13/27	2.53%	250,000.00	243,165	237,093
FFCB	US Government Security	01/03/28	2.300%	500,000.00	484,070	470,105
FFCB	US Government Security	02/25/28	1.120%	500,000.00	493,250	450,315
FFCB	US Government Security	03/07/28	3.170%	250,000.00	244,525	241,290
FFCB	US Government Security	03/30/28	1.500%	500,000.00	500,000	454,560
FFCB	US Government Security	04/04/28	2.690%	250,000.00	248,220	236,565
FFCB	US Government Security	05/10/28	1.180%	250,000.00	250,000	224,540
FFCB	US Government Security	05/17/28	4.250%	250,000.00	254,490	248,935
FFCB	US Government Security	06/12/28	3.650%	200,000.00	200,000	194,446
FFCB	US Government Security	07/12/28	3.200%	250,000.00	250,000	240,115
FFCB	US Government Security	07/13/28	1.230%	500,000.00	500,000	446,355
FFCB	US Government Security	09/29/28	4.125%	500,000.00	492,525	495,285
FFCB	US Government Security	09/29/28	4.130%	250,000.00	250,060	247,643
FFCB	US Government Security	11/13/28	1.940%	500,000.00	489,440	454,800
FFCB	US Government Security	12/18/28	2.000%	250,000.00	223,500	227,822
FFCB	US Government Security	01/23/29	2.05%	500,000.00	457,625	454,790
FFCB	US Government Security	02/14/29	1.85%	250,000.00	256,043	225,252
FFCB	US Government Security	03/01/29	1.200%	500,000.00	492,315	437,030
FFCB	US Government Security	04/11/29	3.380%	500,000.00	500,000	476,945
FFCB	US Government Security	04/27/29	3.140%	250,000.00	253,950	237,533
FFCB	US Government Security	06/01/29	1.58%	250,000.00	250,000	220,525
FFCB	US Government Security	06/14/29	1.590%	500,000.00	500,000	439,720
FFCB	US Government Security	06/14/29	1.590%	250,000.00	248,488	219,860
FFCB	US Government Security	06/14/29	3.98%	250,000.00	250,375	242,997
FFCB	US Government Security	07/06/29	1.61%	500,000.00	500,000	440,125

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

Name of Plan:► Maine Municipal Employees Health Trust
Employer Identification Number:► 01-0382676
For plan year (beginning/ending):► 01/01/24 to 12/31/24

Plan number:► 501

FFCB	US Government Security	09/27/29	4.000%	500,000.00	482,000	490,765
FFCB	US Government Security	10/24/29	4.375%	500,000.00	498,298	499,040
FFCB	US Government Security	11/21/29	4.380%	500,000.00	503,270	498,265
FFCB	US Government Security	12/18/29	2.250%	500,000.00	500,000	448,720
FFCB	US Government Security	03/15/30	4.38%	250,000.00	254,698	249,362
FFCB	US Government Security	04/11/30	3.600%	500,000.00	491,250	473,185
FFCB	US Government Security	04/25/30	4.000%	250,000.00	252,098	244,017
FFCB	US Government Security	04/26/30	3.125%	500,000.00	506,520	469,510
FFCB	US Government Security	06/03/30	1.740%	500,000.00	500,125	431,625
FFCB	US Government Security	06/03/30	1.740%	250,000.00	248,418	215,812
FFCB	US Government Security	07/15/30	1.60%	500,000.00	500,000	426,445
FFCB	US Government Security	07/15/30	1.600%	500,000.00	501,050	426,445
FFCB	US Government Security	09/23/30	1.57%	500,000.00	493,235	423,090
FFCB	US Government Security	09/30/30	4.250%	500,000.00	491,190	492,680
FFCB	US Government Security	10/10/30	4.750%	250,000.00	246,110	252,120
FFCB	US Government Security	10/24/30	3.05%	500,000.00	478,125	462,680
FFCB	US Government Security	12/02/30	2.080%	500,000.00	495,500	433,135
FFCB	US Government Security	01/14/31	1.900%	250,000.00	241,448	214,235
FFCB	US Government Security	03/03/31	2.210%	500,000.00	494,420	435,450
FFCB	US Government Security	03/26/31	3.220%	500,000.00	472,920	461,230
FFCB	US Government Security	04/14/31	1.690%	500,000.00	438,420	422,025
FFCB	US Government Security	06/02/31	4.330%	1,000,000.00	1,000,000	965,760
FFCB	US Government Security	06/16/31	1.550%	250,000.00	226,088	207,315
FFCB	US Government Security	07/21/31	1.440%	500,000.00	493,870	409,285
FFCB	US Government Security	10/27/31	1.980%	500,000.00	499,365	420,645
FFCB	US Government Security	12/01/31	1.810%	500,000.00	447,805	414,250
FFCB	US Government Security	04/23/32	3.48%	250,000.00	241,300	231,603
FFCB	US Government Security	05/03/32	4.09%	250,000.00	247,500	234,440
FFCB	US Government Security	05/20/32	3.28%	750,000.00	759,293	685,012
FFCB	US Government Security	05/20/32	3.28%	500,000.00	466,730	456,675
FFCB	US Government Security	07/28/32	3.25%	250,000.00	230,285	227,210
FFCB	US Government Security	07/28/32	3.25%	500,000.00	464,560	454,420
FFCB	US Government Security	12/15/32	4.13%	500,000.00	461,925	481,995
FFCB	US Government Security	01/19/33	3.13%	250,000.00	220,403	222,397
FFCB	US Government Security	07/25/33	4.25%	250,000.00	239,685	241,205
FFCB	US Government Security	08/08/33	4.50%	500,000.00	493,525	487,625
FFCB	US Government Security	08/07/34	4.25%	500,000.00	505,155	476,800
FHLB	US Government Security	03/14/25	2.38%	250,000.00	245,973	248,977
FHLB	US Government Security	03/14/25	4.63%	500,000.00	500,415	500,300
FHLB	US Government Security	06/13/25	3.13%	500,000.00	504,450	497,275
FHLB	US Government Security	12/10/25	0.65%	250,000.00	250,000	241,597
FHLB	US Government Security	12/12/25	3.125%	400,000.00	398,400	395,856
FHLB	US Government Security	02/24/26	1.130%	500,000.00	500,000	487,845
FHLB	US Government Security	02/26/26	0.600%	500,000.00	500,000	479,405
FHLB	US Government Security	06/12/26	5.75%	150,000.00	186,908	152,984
FHLB	US Government Security	07/27/26	0.65%	250,000.00	250,000	236,252
FHLB	US Government Security	02/19/27	0.75%	250,000.00	250,000	231,897
FHLB	US Government Security	02/24/27	1.250%	250,000.00	250,000	240,600
FHLB	US Government Security	03/12/27	3.25%	350,000.00	350,000	342,269
FHLB	US Government Security	06/17/27	1.000%	500,000.00	500,000	461,145
FHLB	US Government Security	09/14/27	4.000%	500,000.00	500,000	493,900
FHLB	US Government Security	03/10/28	3.000%	250,000.00	250,000	239,623
FHLB	US Government Security	04/06/28	3.750%	250,000.00	251,448	245,007
FHLB	US Government Security	06/09/28	3.250%	250,000.00	249,500	240,683
FHLB	US Government Security	06/09/28	3.250%	1,000,000.00	1,020,370	962,730

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

Name of Plan:▶		Maine Municipal Employees Health Trust					
Employer Identification Number:▶		01-0382676					
For plan year (beginning/ending):▶		01/01/24 to 12/31/24				Plan number:▶	501
	FHLB	US Government Security	06/16/28	1.500%	250,000.00	250,000	226,300
	FHLB	US Government Security	08/11/28	1.220%	250,000.00	250,000	222,965
	FHLB	US Government Security	08/23/28	1.250%	500,000.00	500,000	445,780
	FHLB	US Government Security	09/28/28	1.625%	500,000.00	510,165	451,390
	FHLB	US Government Security	09/29/28	1.330%	500,000.00	500,000	445,655
	FHLB	US Government Security	11/16/28	3.250%	500,000.00	569,905	482,450
	FHLB	US Government Security	12/08/28	4.000%	500,000.00	512,165	492,510
	FHLB	US Government Security	05/09/29	3.150%	250,000.00	250,000	236,478
	FHLB	US Government Security	09/14/29	4.50%	250,000.00	250,973	250,527
	FHLB	US Government Security	10/18/29	2.35%	500,000.00	500,000	451,800
	FHLB	US Government Security	03/08/30	4.75%	500,000.00	497,875	507,170
	FHLB	US Government Security	09/13/30	4.750%	250,000.00	245,693	253,778
	FHLB	US Government Security	09/12/31	4.88%	250,000.00	246,355	253,733
	FHLB	US Government Security	12/12/31	1.630%	500,000.00	410,280	409,740
	FHLB	US Government Security	01/27/32	1.500%	1,000,000.00	1,000,000	889,760
	FHLB	US Government Security	03/12/32	2.75%	250,000.00	244,470	219,385
	FHLB	US Government Security	09/10/32	4.250%	500,000.00	507,170	505,165
	FHLB	US Government Security	09/10/32	4.880%	500,000.00	509,400	485,155
	FHLB	US Government Security	12/10/32	4.750%	500,000.00	505,115	501,145
	FHLB	US Government Security	03/11/33	4.38%	250,000.00	247,950	243,755
	FHLB	US Government Security	06/10/33	4.00%	250,000.00	246,400	235,973
	FNMA	US Government Security	06/24/25	0.500%	250,000.00	250,000	245,503
	FNMA	US Government Security	08/19/25	0.500%	250,000.00	249,688	244,038
	FNMA	US Government Security	12/23/25	0.60%	250,000.00	250,000	241,168
	FNMA	US Government Security	04/24/26	2.13%	250,000.00	244,095	243,098
	FNMA	US Government Security	04/24/26	2.13%	250,000.00	235,638	243,097
	FNMA	US Government Security	04/24/26	2.13%	1,000,000.00	1,045,050	972,390
	FNMA	US Government Security	07/30/26	0.75%	250,000.00	250,000	236,305
	FNMA	US Government Security	09/24/26	1.88%	150,000.00	142,650	144,160
	FNMA	US Government Security	09/24/26	1.88%	600,000.00	551,310	576,642
	FNMA	US Government Security	10/29/26	0.73%	250,000.00	250,000	234,252
	FNMA	US Government Security	10/08/27	0.75%	500,000.00	484,920	453,775
	FNMA	US Government Security	08/05/30	0.875%	250,000.00	240,700	206,427
	FNMA	US Government Security	11/15/30	6.625%	250,000.00	356,760	277,565
	FNMA	US Government Security	11/15/30	6.625%	250,000.00	301,653	277,565
	FNMA	US Government Security	11/15/30	6.625%	250,000.00	288,655	277,565
	US Treasury	US Government Security	04/30/25	2.875%	250,000.00	249,255	248,835
	US Treasury	US Government Security	06/30/25	0.250%	500,000.00	486,850	490,435
	US Treasury	US Government Security	07/31/25	2.875%	500,000.00	530,425	496,110
	US Treasury	US Government Security	08/15/25	2.000%	100,000.00	98,553	98,612
	US Treasury	US Government Security	08/15/25	3.130%	250,000.00	243,098	248,265
	US Treasury	US Government Security	09/30/25	3.000%	500,000.00	536,655	495,445
	US Treasury	US Government Security	10/15/25	4.25%	250,000.00	253,170	250,062
	US Treasury	US Government Security	10/31/25	3.000%	500,000.00	505,335	494,925
	US Treasury	US Government Security	11/15/25	2.250%	250,000.00	241,238	245,723
	US Treasury	US Government Security	01/15/26	3.880%	250,000.00	252,920	249,167
	US Treasury	US Government Security	01/31/26	0.375%	500,000.00	490,535	479,755
	US Treasury	US Government Security	01/31/26	0.38%	250,000.00	239,278	239,878
	US Treasury	US Government Security	03/31/26	2.250%	500,000.00	535,420	487,925
	US Treasury	US Government Security	03/31/26	2.250%	500,000.00	501,930	487,925
	US Treasury	US Government Security	05/15/26	1.63%	250,000.00	235,214	241,297
	US Treasury	US Government Security	06/30/26	1.88%	250,000.00	258,020	241,515
	US Treasury	US Government Security	06/30/26	1.880%	250,000.00	247,333	241,515
	US Treasury	US Government Security	11/15/26	2.000%	500,000.00	484,680	479,880
	US Treasury	US Government Security	12/31/26	1.750%	250,000.00	260,933	238,212

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

Name of Plan:► Maine Municipal Employees Health Trust
Employer Identification Number:► 01-0382676
For plan year (beginning/ending):► 01/01/24 to 12/31/24

Plan number:► 501

US Treasury	US Government Security	04/30/27	0.500%	500,000.00	484,330	458,640
US Treasury	US Government Security	05/15/27	2.375%	150,000.00	143,940	143,650
US Treasury	US Government Security	05/31/27	0.500%	250,000.00	235,665	228,587
US Treasury	US Government Security	06/30/27	3.250%	500,000.00	505,825	488,275
US Treasury	US Government Security	07/31/27	0.375%	500,000.00	478,875	452,845
US Treasury	US Government Security	08/15/27	2.250%	250,000.00	244,245	237,635
US Treasury	US Government Security	08/15/27	2.250%	750,000.00	730,763	712,905
US Treasury	US Government Security	08/31/27	0.500%	250,000.00	238,920	226,500
US Treasury	US Government Security	09/30/27	0.375%	500,000.00	478,395	449,935
US Treasury	US Government Security	10/31/27	0.500%	500,000.00	481,395	450,055
US Treasury	US Government Security	11/30/27	0.625%	500,000.00	483,000	450,330
US Treasury	US Government Security	12/31/27	0.625%	250,000.00	245,428	224,502
US Treasury	US Government Security	12/31/27	0.630%	250,000.00	231,450	224,503
US Treasury	US Government Security	12/31/27	0.625%	250,000.00	219,943	224,502
US Treasury	US Government Security	01/31/28	0.750%	250,000.00	241,548	224,630
US Treasury	US Government Security	01/31/28	0.750%	250,000.00	236,485	224,630
US Treasury	US Government Security	01/31/28	3.500%	500,000.00	491,170	488,540
US Treasury	US Government Security	02/15/28	2.75%	250,000.00	244,825	238,712
US Treasury	US Government Security	04/30/28	1.250%	500,000.00	499,895	452,970
US Treasury	US Government Security	04/30/28	1.250%	250,000.00	247,983	226,485
US Treasury	US Government Security	05/15/28	2.880%	250,000.00	242,588	238,800
US Treasury	US Government Security	07/31/28	4.130%	250,000.00	247,800	248,275
US Treasury	US Government Security	10/31/28	1.375%	500,000.00	496,505	447,835
US Treasury	US Government Security	11/15/28	3.125%	250,000.00	281,830	239,223
US Treasury	US Government Security	11/15/28	3.130%	500,000.00	491,220	478,445
US Treasury	US Government Security	11/30/28	1.500%	250,000.00	241,830	224,533
US Treasury	US Government Security	12/31/28	1.380%	250,000.00	243,810	222,930
US Treasury	US Government Security	01/31/29	1.75%	250,000.00	245,933	225,752
US Treasury	US Government Security	02/15/29	2.625%	250,000.00	277,813	233,732
US Treasury	US Government Security	03/31/29	2.375%	500,000.00	487,090	461,450
US Treasury	US Government Security	06/30/29	3.250%	500,000.00	506,470	477,115
US Treasury	US Government Security	08/15/29	1.625%	250,000.00	255,215	221,885
US Treasury	US Government Security	08/15/29	1.625%	500,000.00	510,209	443,770
US Treasury	US Government Security	08/31/29	3.125%	250,000.00	244,995	236,798
US Treasury	US Government Security	08/31/29	3.130%	250,000.00	245,205	236,798
US Treasury	US Government Security	08/31/29	3.130%	250,000.00	247,153	236,798
US Treasury	US Government Security	09/30/29	3.880%	500,000.00	482,210	489,125
US Treasury	US Government Security	10/31/29	4.000%	250,000.00	252,305	245,793
US Treasury	US Government Security	11/15/29	1.750%	500,000.00	516,540	443,420
US Treasury	US Government Security	11/30/29	3.880%	500,000.00	507,920	488,770
US Treasury	US Government Security	12/31/29	3.880%	500,000.00	510,155	488,480
US Treasury	US Government Security	01/31/30	3.500%	500,000.00	478,485	479,690
US Treasury	US Government Security	02/15/30	1.500%	500,000.00	505,285	434,160
US Treasury	US Government Security	02/28/30	4.00%	500,000.00	521,755	490,745
US Treasury	US Government Security	02/28/30	4.000%	250,000.00	242,689	245,372
US Treasury	US Government Security	03/31/30	3.63%	500,000.00	486,935	481,875
US Treasury	US Government Security	05/15/30	0.625%	500,000.00	468,210	410,270
US Treasury	US Government Security	05/31/30	3.750%	250,000.00	248,795	241,973
US Treasury	US Government Security	05/31/30	3.750%	250,000.00	240,730	241,973
US Treasury	US Government Security	06/30/30	3.750%	250,000.00	238,969	241,845
US Treasury	US Government Security	08/31/30	4.125%	250,000.00	245,858	246,152
US Treasury	US Government Security	02/28/31	4.250%	500,000.00	499,555	494,325
US Treasury	US Government Security	05/15/31	1.625%	250,000.00	251,960	210,910
US Treasury	US Government Security	08/31/31	3.750%	250,000.00	246,830	239,520
US Treasury	US Government Security	02/15/32	1.880%	500,000.00	446,355	420,545

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

Name of Plan:► Maine Municipal Employees Health Trust
Employer Identification Number:► 01-0382676
For plan year (beginning/ending):► 01/01/24 to 12/31/24

Plan number:► 501

US Treasury	US Government Security	08/15/32	2.75%	250,000.00	238,480	221,708
US Treasury	US Government Security	11/15/32	4.125%	250,000.00	258,985	243,830
US Treasury	US Government Security	11/15/32	4.125%	500,000.00	514,805	487,660
US Treasury	US Government Security	02/15/33	3.500%	500,000.00	506,405	465,145
US Treasury	US Government Security	02/15/33	3.500%	250,000.00	245,353	232,573
US Treasury	US Government Security	05/15/33	3.38%	250,000.00	242,598	229,745
US Treasury	US Government Security	11/15/33	4.500%	250,000.00	252,816	248,867
US Treasury	US Government Security	02/15/34	4.00%	250,000.00	248,908	239,340
US Treasury	US Government Security	05/15/34	4.375%	250,000.00	256,148	246,158
US Treasury	US Government Security	05/15/34	4.380%	250,000.00	250,391	246,158
				88,909,299.42	88,851,560	84,073,532