

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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, a single-employer plan, a DFE, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program.
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: SAMBA BENEFIT PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 10/21/1948
2a Plan sponsor's name: SPECIAL AGENTS MUTUAL BENEFIT ASSOCIATION
2b Employer Identification Number (EIN): 52-1074154
2c Plan Sponsor's telephone number: 301-984-4109
2d Business code: 524290

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	104373
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	104373
	6a(2)	108563
	6b	0
	6c	0
	6d	108563
	6e	0
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4E 4F 4G 4H 4L

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

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

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>7</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan SAMBA BENEFIT PLAN		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 SPECIAL AGENTS MUTUAL BENEFIT ASSOCIATION		D Employer Identification Number (EIN) 52-1074154

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

1 Coverage Information:

(a) Name of insurance carrier
AETNA LIFE INSURANCE CO.

(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
06-6033492	60054	0810065	4474	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
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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)
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)
	(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)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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	1612139
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

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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 SAMBA BENEFIT PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 SPECIAL AGENTS MUTUAL BENEFIT ASSOCIATION	D Employer Identification Number (EIN) 52-1074154

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

1 Coverage Information:

(a) Name of insurance carrier
ARAG 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
42-1338303	34738	12581-0001-005	222	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 0	(b) Total amount of fees paid 2421
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

SAMBA

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	2421	ADMINISTRATION	0

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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) ▶ **LEGAL**

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)
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)
	(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)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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	24214
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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 SAMBA BENEFIT PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 SPECIAL AGENTS MUTUAL BENEFIT ASSOCIATION	D Employer Identification Number (EIN) 52-1074154

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

1 Coverage Information:

(a) Name of insurance carrier

ARAG SERVICES, LLC

(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
20-4632340	34738	12581-0001-006	126	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 0	(b) Total amount of fees paid 4592
--	--

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

SAMBA

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	4592	ADMINISTRATION	0

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

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

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

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)**

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

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) ▶ **LEGAL**

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)
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)
(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)
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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	8665
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. ▶

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan SAMBA BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SPECIAL AGENTS MUTUAL BENEFIT ASSOCIATION</p>	<p>D Employer Identification Number (EIN) 52-1074154</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	72117-1	95	09/01/2024	09/30/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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)
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)
	(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)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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	1378
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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 SAMBA BENEFIT PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 SPECIAL AGENTS MUTUAL BENEFIT ASSOCIATION	D Employer Identification Number (EIN) 52-1074154

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

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	72117-2	82396	09/01/2024	09/30/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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)		866271
	(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)	866271
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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan SAMBA BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SPECIAL AGENTS MUTUAL BENEFIT ASSOCIATION</p>	<p>D Employer Identification Number (EIN) 52-1074154</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
RELIASTAR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
41-0451140	67105	67740-0	82072	10/01/2023	08/31/2024

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
0	1046745

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
SAMBA

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	1046745	ADMINISTRATION FEE	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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)**

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

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)	5233725	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	0	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	0	
	(4) Earned ((1) + (2) - (3))	9a(4)		5233725
b	Benefit charges (1) Claims paid	9b(1)	3070834	
	(2) Increase (decrease) in claim reserves	9b(2)	-20683	
	(3) Incurred claims (add (1) and (2))	9b(3)		3050151
	(4) Claims charged	9b(4)		3050151
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)	0	
	(B) Administrative service or other fees	9c(1)(B)	1046745	
	(C) Other specific acquisition costs	9c(1)(C)	0	
	(D) Other expenses	9c(1)(D)	407119	
	(E) Taxes	9c(1)(E)	120236	
	(F) Charges for risks or other contingencies	9c(1)(F)	0	
	(G) Other retention charges	9c(1)(G)	0	
	(H) Total retention	9c(1)(H)		1574100
	(2) Dividends or retroactive rate refunds. (These amounts were <input checked="" type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)		609474
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		0
	(2) Claim reserves	9d(2)		428214
	(3) Other reserves	9d(3)		70000
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		0

10 Nonexperience-rated contracts:

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

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. ▶

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan SAMBA BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SPECIAL AGENTS MUTUAL BENEFIT ASSOCIATION</p>	<p>D Employer Identification Number (EIN) 52-1074154</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
RELIASTAR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
41-0451140	67105	67763-9	12732	10/01/2023	08/31/2024

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.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">1427947</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	1427947	ADMINISTRATION FEE	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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)**

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	7158134
	(2) Increase (decrease) in amount due but unpaid	9a(2)	0
	(3) Increase (decrease) in unearned premium reserve	9a(3)	0
	(4) Earned ((1) + (2) - (3))	9a(4)	7158134
b	Benefit charges (1) Claims paid	9b(1)	4129177
	(2) Increase (decrease) in claim reserves	9b(2)	55895
	(3) Incurred claims (add (1) and (2))	9b(3)	4185072
	(4) Claims charged	9b(4)	4185072
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	0
	(B) Administrative service or other fees	9c(1)(B)	1427947
	(C) Other specific acquisition costs	9c(1)(C)	0
	(D) Other expenses	9c(1)(D)	698892
	(E) Taxes	9c(1)(E)	164771
	(F) Charges for risks or other contingencies	9c(1)(F)	0
	(G) Other retention charges	9c(1)(G)	0
	(H) Total retention	9c(1)(H)	2291610
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)	681452
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	0
	(2) Claim reserves	9d(2)	585665
	(3) Other reserves	9d(3)	6250
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	0

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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 SAMBA BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 SPECIAL AGENTS MUTUAL BENEFIT ASSOCIATION	D Employer Identification Number (EIN) 52-1074154	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

(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)

SAMBA BENEFIT PLAN

52-1074154

(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?
30 50	EMPLOYEE	1997533	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AETNA LIFE INSURANCE COMPANY

06-6033492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	CONTRACT ADMINISTRATOR	691848	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RAM TECHNOLOGIES INC.

23-2221740

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50 99	NONE	561264	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

WITHUMSMITH+BROWN PC

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 16 50	NONE	480526	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COUNTERPOINT SOFTWARE INC

51-0300805

(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 49 50	NONE	438664	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PNC INSTITUTIONAL INVESTMENTS

25-1211909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	432244	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

ZELIS PAYMENTS HOLDINGS LLC

84-3069529

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	369326	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MAINLINE INFORMATION SYSTEMS

1700 SUMMIT LAKE DRIVE
TALLAHASSEE, FL 32317

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	242442	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

OPTUMINSIGHT, INC.

41-1858498

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	190774	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

BALMAR INC (HBP)

04-3725251

(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?
36 49 50	NONE	137969	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HOUSE OF PRINTING INC

52-0942907

(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?
36 49 50	NONE	137488	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HUBBARD RADIO WASHINGTON DC,LLC

27-4939278

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50 99	NONE	110000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

CAROUSEL INDUSTRIES OF NORTH AMERIC

06-1502254

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	95250	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EYEMED VISION CARE

80-0773195

(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 50	NONE	87775	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHANGE HEALTHCARE OPERATIONS LLC

20-5731067

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	83866	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

HYLAND SOFTWARE, INC

64-1699247

(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?
15 49 50	NONE	64286	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARY LIVINGSTON

1406 KNIGHTS BRIDGE TURN
CROFTON, MD 21114

(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 50	NONE	63875	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COMMONWEALTH DIGITAL OFFICE

21205 RIDGETOP CIRCLE
STERLING, VA 20166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	53083	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

JOHN MARTUCCI

405 NAUTICAL LANE
OCEAN CITY, MD 21842

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 16 50	NONE	49500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILLIAM P O'HANLON

2496 DURHAM PLACE
JEFFERSONTON, VA 22724

(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 49 50	PRESIDENT SAMBA BOD	46000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CIGNA

59-1031071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 31 38 49 50 56 62	NONE	45714	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

ZIXCORP SYSTEMS INC

PO BOX 650823
DALLAS, TX 75265

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	45301	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WINDSTREAM

PO BOX 9001013
LOUISVILLE, KY 40290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	43442	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DATABANK HOLDINGS

83-0409949

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	28858	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

CRAYON SOFTWARE EXPERTS LLC

47-2237420

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	27116	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ERMER & SUTER, PLLC

26-1616418

(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 50	DAVID ERMER-SECRETARY BOD	24610	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LYNN CHANG

114 BECKWITH STREET
GAITHERSBURG, MD 20878

(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 50	NONE	23081	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

NTIRETY, INC

26-4826233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	19782	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PROMOSANDLOGOS.COM INC

20-1951023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50 99	NONE	16387	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CARANGI & ASSOCIATES INC

20530 ROUTE 19
SUITE 4
CRANBERRY TOWNSHIP, PA 16066

(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 50	NONE	9400	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

FULFILLMENT SOLUTIONS INC

54-1899136

(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?
36 50	NONE	7223	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PAMELA CUMMINGS

12 CARRIAGE WALK CT.
GAITHERSBURG, MD 20879

(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 50	NONE	5500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VW BROWN INSURANCE SERVICE LLC

26-0274369

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	138684	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Part I Service Provider Information (continued)

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

(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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 SAMBA BENEFIT PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 SPECIAL AGENTS MUTUAL BENEFIT ASSOCIATION	D Employer Identification Number (EIN) 52-1074154

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	6419095	10920458
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	501374	561735
(3) Other	1b(3)	11112135	5979597
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	20470414	19558330
(2) U.S. Government securities	1c(2)	36491103	51440088
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	50141014	53837168
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	29528694	25300553
(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)	27485093	30994451
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	76730	75707

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	2165686	2067322
f Total assets (add all amounts in lines 1a through 1e).....	1f	184391338	200735409
Liabilities			
g Benefit claims payable.....	1g	3300957	2929160
h Operating payables.....	1h	6712847	5679568
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	10013804	8608728
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	174377534	192126681

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)		
(B) Participants.....	2a(1)(B)	23915065	
(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)		23915065
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1093570	
(B) U.S. Government securities.....	2b(1)(B)	1393079	
(C) Corporate debt instruments.....	2b(1)(C)	2083771	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	206357	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		4776777
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	386513	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	719321	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		1105834
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	92751282	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	85382785	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		7368497
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1564140	
(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		7523289
d Total income. Add all income amounts in column (b) and enter total	2d		46253602

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12165449	
(2) To insurance carriers for the provision of benefits	2e(2)	12602644	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		24768093
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)	2117194	
(2) Contract administrator fees	2i(2)	133517	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	80462	
(5) Investment advisory and investment management fees	2i(5)	432244	
(6) Bank or trust company trustee/custodial fees	2i(6)	659387	
(7) Actuarial fees	2i(7)	60100	
(8) Legal fees	2i(8)	26504	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	226954	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3736362
j Total expenses. Add all expense amounts in column (b) and enter total	2j		28504455

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		17749147
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: WITHUMSMITH+BROWN, P.C.

(2) EIN: 22-2027092

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
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.)		X	
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.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
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.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
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 _____.

SPECIAL AGENTS MUTUAL BENEFIT ASSOCIATION BENEFIT PLAN
Financial Statements
December 31, 2024 and 2023
With Independent Auditor's Reports

Special Agents Mutual Benefit Association Benefit Plan
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December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
Special Agents Mutual Benefit Association Benefit Plan:

Opinion

We have audited the financial statements of the Special Agents Mutual Benefit Association Benefit Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974, which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and of benefit obligations of the Special Agents Mutual Benefit Association Benefit Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and of benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Special Agents Mutual Benefit Association Benefit Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 Plan'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 Plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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.

Withum Smith & Brown, PC

April 28, 2025

Special Agents Mutual Benefit Association Benefit Plan
Statement of Net Assets Available for Benefits and of Benefit Obligations
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments - at fair value	\$ 181,206,297	\$ 164,193,048
Receivables		
Premiums	561,735	501,374
Accrued investment income	989,856	822,574
Due from Health Plan	411,604	1,570,747
Other	<u>580,270</u>	<u>1,075,009</u>
Total receivables	<u>2,543,465</u>	<u>3,969,704</u>
Other assets		
Cash	10,920,458	6,419,095
Prepaid expenses	926,640	987,083
Fixed assets - net	2,067,322	2,165,686
Funds in excess of premium stabilization reserve - VOYA	1,898,909	5,876,724
Provision for other postretirement benefits	<u>1,172,318</u>	<u>779,998</u>
Total other assets	<u>16,985,647</u>	<u>16,228,586</u>
 Total assets	 <u>200,735,409</u>	 <u>184,391,338</u>
Liabilities		
Accounts payable and accrued expenses	1,039,650	1,001,452
Accrued pension liability	500,919	1,440,333
Unearned Premiums	<u>3,219,506</u>	<u>3,242,184</u>
Total liabilities	<u>4,760,075</u>	<u>5,683,969</u>
Net assets available for benefits		
Board designated - OPM	20,000,000	20,000,000
Undesignated	<u>175,975,334</u>	<u>158,707,369</u>
Total net assets available for benefits	<u>195,975,334</u>	<u>178,707,369</u>
Benefit obligations		
Reserve for unpaid claims	2,929,160	3,300,957
Group insurance premiums payable	<u>919,493</u>	<u>1,028,878</u>
Total benefit obligations	<u>3,848,653</u>	<u>4,329,835</u>
Excess of net assets available for benefits over total benefit obligations	 <u>\$ 192,126,681</u>	 <u>\$ 174,377,534</u>

The Notes to Financial Statements are an integral part of these statements.

Special Agents Mutual Benefit Association Benefit Plan
Statement of Changes in Net Assets Available for Benefits and of Benefit Obligations
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions to net assets		
Net premiums	\$ 23,915,065	\$ 23,157,155
Administrative fees	4,154,540	3,996,693
Interest and dividends	5,882,611	4,608,031
Net appreciation in fair value of investments	8,932,637	11,052,126
Experience rating adjustments	1,592,487	3,233,983
Service charge	1,580,868	1,625,218
Rental income	64,858	55,682
Miscellaneous income	130,536	-
Total additions	<u>46,253,602</u>	<u>47,728,888</u>
Deductions from net assets		
Benefits		
Health, life and other benefits paid	12,537,246	11,582,935
Group insurance premiums paid	<u>12,734,707</u>	<u>11,109,779</u>
Total benefits	25,271,953	22,692,714
Administrative expenses	4,775,714	4,388,811
Net period pension and postretirement costs - service costs	<u>181,933</u>	<u>181,886</u>
Total deductions	<u>30,229,600</u>	<u>27,263,411</u>
Increase (decrease) in net assets available for benefits before postretirement benefit adjustments	16,024,002	20,465,477
Other components of net periodic pension and postretirement benefit costs	(21,397)	(149,077)
Employee pension and other postretirement-related changes other than periodic pension and postretirement benefit costs	<u>1,242,682</u>	<u>1,721,217</u>
Net change in net assets available for benefits	<u>17,245,287</u>	<u>22,037,617</u>
Changes in benefit obligations		
Health, life and other benefits cost	12,165,449	12,026,052
Group insurance premiums cost	12,602,644	11,959,006
Health, life and other benefits paid	(12,537,246)	(11,582,935)
Group insurance premiums paid	<u>(12,734,707)</u>	<u>(11,109,779)</u>
(Increase) decrease in benefit obligations	<u>(503,860)</u>	<u>1,292,344</u>
Change in excess of net assets available for benefits over total benefit obligations	17,749,147	20,745,273
Excess of net assets available for benefits over total benefit obligations		
Beginning of year	<u>174,377,534</u>	<u>153,632,261</u>
End of year	<u>\$ 192,126,681</u>	<u>\$ 174,377,534</u>

The Notes to Financial Statements are an integral part of these statements.

Special Agents Mutual Benefit Association Benefit Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. PLAN DESCRIPTION AND FUNDING

The following description of the Special Agents Mutual Benefit Association Benefit Plan (the “Plan”) provides only general information. Participants should refer to the Plan Agreement for a complete description of the Plan’s provisions.

The Plan is sponsored by the Special Agents Mutual Benefit Association (“SAMBA”), a not-for-profit corporation organized to provide insurance benefits for its members, principally United States federal government employees. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The Plan provides term life, accidental death, and dismemberment, disability income, personal accident, dental, vision and other insurance products. Some benefits are provided through group insurance contracts. SAMBA also provides health, term life, accidental death, disability, personal accident, dental and vision insurance coverage to its staff either through self-insurance or separate group insurance contracts.

The Plan is funded primarily by premiums charged to participants. Premiums are established by management in amounts deemed sufficient to meet current and future obligations and maintain the Plan on a sound financial basis.

Although it has not expressed any intention to do so, the Sponsor has the right under the Plan to modify the benefits provided or to terminate the Plan subject to provisions set forth in ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may revert to SAMBA or be used for purposes other than for the exclusive benefit of the Plan’s participants.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (“U.S. GAAP”).

SAMBA also operates the Special Agents Mutual Benefit Association Health Plan (the “Health Plan”) under a contract with the United States Office of Personnel Management (“OPM”). In accordance with the contract with OPM, the assets and liabilities of the Health Plan cannot be commingled with those of other plans, and the accounts of the Health Plan are not included in these financial statements.

Estimates

Preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and benefit obligations and changes therein, and the disclosure of contingencies at the date of the financial statements. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan’s management determines the Plan’s valuation policies utilizing information provided by its investment advisors and custodians. See Note 4 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan’s gains and losses on investments bought and sold as well as held during the year.

Special Agents Mutual Benefit Association Benefit Plan

Notes to Financial Statements

December 31, 2024 and 2023

Allowance for Credit Losses

An allowance for credit losses may be provided based on management's evaluation of the collectability of individual amounts. Management of the Plan evaluates all receivables periodically for potential uncollectible amounts based on the likelihood of collection. As of December 31, 2024, and 2023, there was no allowance for uncollectible amounts established.

Fixed Assets

The costs of fixed assets are capitalized and depreciated or amortized using the straight-line method over estimated useful lives of 3 to 5 years for computer systems and website, 3 to 10 years for furniture and equipment, 25 years for the office building, and 3 to 15 years for building improvements. Fixed assets are presented net of accumulated depreciation and amortization as of December 31, 2024 and 2023, respectively.

Reserve for Unpaid Claims

The reserve for unpaid claims includes reported amounts, plus a supplemental provision for incurred but not reported claims, calculated based upon loss projections utilizing certain actuarial assumptions and studies of the historical loss experience. To establish the reserve for long-term disability coverage, a discount rate of 4.00% was used for the both years ended December 31, 2024 and 2023. Management believes that the aggregate liability for unpaid claims at year-end represents the best estimate of the amount necessary to cover the ultimate cost of claims based upon an analysis prepared by a consulting actuary. However, projections of future claims payable are inherently uncertain due to variability in both the number and severity of claims. Thus, actual claim experience may not conform to the assumptions used in determining the estimated amounts for such liability at the dates of the statements of net assets available for benefits and of benefit obligations. Accordingly, the ultimate liability could be in excess of or less than the amount indicated in the financial statements. As adjustments to these estimates become necessary, such adjustments are reflected in current operations.

Net Assets Available for Benefits

In accordance with an agreement with the OPM, SAMBA's Board of Directors designated \$20,000,000 of the Plan's net assets to be used only to pay the Health Plan's claims and administrative expenses in the event that the Health Plan is terminated, and claims run-off exceeds estimated claims reserves, the special reserve and the Health Plan's contingency reserve. The Plan may not use these designated funds for any other purpose.

Net Premiums

Premium revenue, net of premiums ceded to reinsurers, is recognized as earned on a pro-rata basis over the terms of the underlying policies.

Premiums Receivable

Premium receivables represent the amount of revenue earned as of year-end but not yet received by the Plan.

Administrative Fees

Administrative fees are generally earned as related premiums are remitted to the issuing carriers. For premiums billed on a quarterly or annual basis but remitted ratably to the carrier throughout the policy period, administrative fees are recognized when collected. Policies are generally billed 35 days in advance of effective dates.

Experience Rating Adjustments

Experience rating adjustments reflect underwriting gains and losses on the various plans.

Special Agents Mutual Benefit Association Benefit Plan
Notes to Financial Statements
December 31, 2024 and 2023

Pension and Postretirement Benefits for Employees

Pension and postretirement benefit costs are recognized during employees' periods of service, rather than when contributions are made. Current period expense and the related liabilities are computed with the assistance of independent actuaries.

Subsequent Events

In preparing these financial statements, management has evaluated events and transactions that occurred after December 31, 2024 for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through April 28, 2025, the date that the financial statements were available to be issued, and no items have come to the attention of management that require recognition or disclosure.

3. RESERVE FOR UNPAID CLAIMS

As of December 31, 2024 and 2023, the reserve for unpaid claims consisted of the following:

	<u>2024</u>	<u>2023</u>
Amounts currently payable		
Claims payable and claims incurred but not reported	\$ 1,473,542	\$ 1,277,233
Present value of other claims obligations		
Long-term disability benefits	<u>1,455,618</u>	<u>2,023,724</u>
	<u>\$ 2,929,160</u>	<u>\$ 3,300,957</u>

4. FAIR VALUE MEASUREMENTS

The framework for measuring fair value 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 market prices in active markets for identical assets or liabilities (Level 1) and lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 - Inputs are unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

Level 2 - Inputs are quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

A financial instrument's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. For the years ended December 31, 2024 and 2023, there were no transfers in or out of Level 3.

Special Agents Mutual Benefit Association Benefit Plan
Notes to Financial Statements
December 31, 2024 and 2023

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

- *Registered Investment Companies and Corporate Stock:* Shares are valued based on quoted market prices.
- *U.S. Government Securities, Corporate Debt and Other Bonds:* Shares are valued using quoted prices of identical or like assets, in markets that are not active or inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- *Interest Bearing Cash:* Shares are presented at cost, which approximates fair value.

As of December 31, 2024 and 2023, assets measured at fair value on a recurring basis are summarized by level within the fair value hierarchy as follows:

	2024			
	Level 1	Level 2	Level 3	Total Fair Value
Registered investment companies	\$ 30,994,451	\$ -	\$ -	\$ 30,994,451
Corporate stock - common	25,300,553	-	-	25,300,553
U.S. government securities	-	51,440,088	-	51,440,088
Corporate debt	-	53,837,168	-	53,837,168
Other bonds	-	75,707	-	75,707
Interest bearing cash	-	19,558,330	-	19,558,330
	<u>\$ 56,295,004</u>	<u>\$ 124,911,293</u>	<u>\$ -</u>	<u>\$ 181,206,297</u>
	2023			
	Level 1	Level 2	Level 3	Total Fair Value
Registered investment companies	\$ 27,485,093	\$ -	\$ -	\$ 27,485,093
Corporate stock - common	29,528,694	-	-	29,528,694
U.S. government securities	-	36,491,103	-	36,491,103
Corporate debt	-	50,141,014	-	50,141,014
Other bonds	-	76,730	-	76,730
Interest bearing cash	-	20,470,414	-	20,470,414
	<u>\$ 57,013,787</u>	<u>\$ 107,179,261</u>	<u>\$ -</u>	<u>\$ 164,193,048</u>

5. PENSION PLAN

The Plan sponsors a noncontributory, defined benefit pension plan (the "Pension Plan") covering substantially all employees. The Pension Plan provides for payment based on salary and years of service. Annual contributions to the Pension Plan are based on amounts determined by consulting actuaries who also determine net periodic pension cost and the funded status of the Plan. The Plan's funding policy is to contribute annually at least the minimum required by ERISA. Contributions are intended to provide for benefits that are attributed to service to date and for those expected to be earned in the future.

In accordance with U.S. GAAP, the Plan recognizes an asset or liability based on the difference between the projected benefit obligation and the fair value of the Pension Plan's assets as of the date of the Plan's statement of net assets available for benefits and of benefit obligations.

Special Agents Mutual Benefit Association Benefit Plan
Notes to Financial Statements
December 31, 2024 and 2023

The computation of accrued pension liability as of December 31, 2024 and 2023 was as follows:

	<u>2024</u>	<u>2023</u>
Projected benefit obligation	\$ (21,397,557)	\$ (21,560,819)
Fair value of plan assets	<u>20,896,638</u>	<u>20,120,486</u>
Accrued pension liability	<u>\$ (500,919)</u>	<u>\$ (1,440,333)</u>

As of December 31, 2024 and 2023, the accumulated benefit obligation was \$19,027,040 and \$19,216,762, respectively.

The following is a summary of significant actuarial assumptions at December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Settlement rate	5.54%	4.83%
Expected long-term rate of return on assets	4.00%	4.00%
Annual rate of compensation increase	3.50%	3.50%

For the years ended December 31, 2024 and 2023, the actuarial cost method was Projected Unit Credit (prorated on service). Mortality was based on the SOA RP-2014 Generational mortality based on 2006 White Collar Mortality for males and females projected with Scale MP-2021 for the years ended December 31, 2024 and 2023. The rate of retirement for unreduced retirement at an earlier age with 32 years of service or age 55 with 30 years of service. Otherwise, according to the sample rates below, specific to SAMBA's experience at December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
55	50%	50%
56-59	0%	0%
60	50%	50%
61	0%	0%
62	20%	20%
63-64	0%	0%
65	40%	40%
66	50%	50%
67	60%	60%
68	70%	70%
69	80%	80%
70	90%	90%
71 and above	100%	100%

Special Agents Mutual Benefit Association Benefit Plan
Notes to Financial Statements
December 31, 2024 and 2023

The net periodic pension expense, before allocation to the Health Plan, was computed as follows:

	<u>2024</u>	<u>2023</u>
Service cost	\$ 606,243	\$ 568,320
Interest cost	1,022,636	951,397
Expected return on plan assets	(806,623)	(722,342)
Amortization of prior service cost and actuarial loss	<u>224,639</u>	<u>294,100</u>
	<u>\$ 1,046,895</u>	<u>\$ 1,091,475</u>

For the years ended December 31, 2024 and 2023, the amounts that would have been allocated to the Health Plan under GAAP for pension expense were \$802,968 and \$825,810, respectively.

For the years ended December 31, 2024 and 2023, actuarially computed net pension benefit costs of \$242,984 and \$265,665, respectively, are included on the statements of changes in net assets available for benefits and of obligations as net periodic pension benefit cost – service cost in the amount of \$140,709 and \$138,239 and other components of net periodic pension cost of \$102,275 and \$127,336, respectively.

Amounts actually allocated to the Health Plan are determined by federal government Cost Accounting Standards (“CAS”). For the years ended December 31, 2024 and 2023, the amounts determined under GAAP to be allocated to the Health Plan for pension expense exceeded the amount determined under CAS by \$189,368 and \$220,530, respectively. The differences in the amounts determined under GAAP and the amounts determined under CAS and charged to the Health Plan are recognized as either miscellaneous income or miscellaneous expense and are included on the statement of changes in net assets available for benefits and of benefit obligations.

As of December 31, 2024 and 2023, actuarial amounts that have not yet been recognized as components of net periodic benefit cost were:

	<u>2024</u>	<u>2023</u>
Net loss	\$ 2,526,273	\$ 3,708,450
Prior service cost	<u>246</u>	<u>4,378</u>
	<u>\$ 2,526,519</u>	<u>\$ 3,712,828</u>

Prior service cost and net loss not yet recognized as components of net periodic benefit cost are recognized in the computation of net unfunded pension liability and, consequently, annual changes in these amounts are recognized as adjustments to net assets. Changes in these amounts, to the extent not recognized as current expense, are reflected as pension-related changes other than net periodic pension cost on the statements of changes in net assets available for benefits and of benefit obligations. For the years ended December 31, 2024 and 2023, a decrease of \$1,186,309 and \$253,861, respectively, was recognized for these changes.

Special Agents Mutual Benefit Association Benefit Plan
Notes to Financial Statements
December 31, 2024 and 2023

Amounts expected to be recognized as components of net periodic benefit cost for the year ended December 31, 2025, are as follows:

Net loss	\$ 48,619
Prior service cost	<u>4,132</u>
	<u>\$ 52,751</u>

The assets of the Pension Plan are invested with the objective of being able to meet current and future benefit payment needs, while controlling pension cost volatility and future contributions. The assets are diversified among cash equivalents, mutual funds, equities, and fixed income securities. The allocation guidelines are:

Equity securities and mutual funds	0% to 40%
Cash equivalents and debt securities	60% to 100%

As of December 31, 2024 and 2023, the assets of the Pension Plan measured at fair value on a recurring basis are summarized by level within the fair value hierarchy as follows:

	2024			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total Fair Value</u>
Mutual funds	\$ 1,286,877	\$ -	\$ -	\$ 1,286,877
Equity securities	2,486,040	-	-	2,486,040
U.S. government securities	-	9,548,985	-	9,548,985
Corporate bonds	-	6,710,618	-	6,710,618
Cash equivalents	<u>-</u>	<u>864,118</u>	<u>-</u>	<u>864,118</u>
	<u>\$ 3,772,917</u>	<u>\$ 17,123,721</u>	<u>\$ -</u>	<u>\$ 20,896,638</u>
	2023			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total Fair Value</u>
Mutual funds	\$ 1,029,507	\$ -	\$ -	\$ 1,029,507
Equity securities	3,281,759	-	-	3,281,759
U.S. government securities	-	5,925,286	-	5,925,286
Corporate bonds	-	8,442,078	-	8,442,078
Cash equivalents	<u>-</u>	<u>1,441,856</u>	<u>-</u>	<u>1,441,856</u>
	<u>\$ 4,311,266</u>	<u>\$ 15,809,220</u>	<u>\$ -</u>	<u>\$ 20,120,486</u>

Special Agents Mutual Benefit Association Benefit Plan
Notes to Financial Statements
December 31, 2024 and 2023

The asset allocation by asset category at December 31, 2024 and 2023 was as follows:

	<u>2024</u>	<u>2023</u>
Equity securities and mutual funds	18%	22%
Cash equivalents	4%	7%
Debt securities	78%	71%
	<u>100%</u>	<u>100%</u>

No Pension Plan assets are expected to be returned to the Plan during 2025.

Management expects to make contributions of \$900,000 to the Pension plan for the year ending December 31, 2025.

During each of the years ended December 31, 2024 and 2023, the Plan contributed \$800,000 to the Pension Plan. During the years ended December 31, 2024 and 2023, the Pension Plan paid plan benefits of \$648,268 and \$424,928, respectively.

As of December 31, 2024, expected benefit payments for each of the next five years and for the following five-year period in aggregate are as follows:

2025	\$ 861,665
2026	965,863
2027	1,044,703
2028	1,139,161
2029	1,253,855
2030 - 2034	<u>7,700,111</u>
	<u>\$ 12,965,358</u>

6. OTHER POSTRETIREMENT BENEFIT PLAN

The Plan sponsors a defined benefit postretirement plan (the "Postretirement Plan") that provides health, dental and life insurance benefits and covers substantially all employees. The Postretirement Plan is contributory with retiree contributions adjusted annually and dependent upon the retirees' years of service.

In accordance with U.S. GAAP, the Plan recognizes an asset or liability based on the difference between the accumulated benefit obligation and the fair value of the Postretirement Plan's assets as of the date of the Plan's statement of net assets available for benefits and of benefit obligations.

Special Agents Mutual Benefit Association Benefit Plan
Notes to Financial Statements
December 31, 2024 and 2023

The computation of the accrued postretirement benefit obligation as of December 31, 2024 and 2023 was as follows:

	<u>2024</u>	<u>2023</u>
Accumulated postretirement benefit obligation		
Current retirees	\$ 2,995,474	\$ 2,554,389
Currently eligible active employees	2,738,746	2,551,641
Other active employees	<u>1,952,349</u>	<u>1,990,426</u>
	7,686,569	7,096,456
Plan assets at fair value	<u>8,858,887</u>	<u>7,876,454</u>
Accrued postretirement benefit obligation	<u>\$ 1,172,318</u>	<u>\$ 779,998</u>

The following is a summary of significant actuarial assumptions at December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Settlement rate	5.54%	4.83%
Expected long-term rate of return on assets	4.00%	4.00%
Consumer price index rate, compounded annually	3.00%	3.00%
Health care cost trend rate, increasing to a maximum of 5.69% in 2029, then falling of 4.55% in 2075	5.28%	5.20%

For the years ended December 31, 2024 and 2023, the actuarial cost method was Projected Unit Credit (prorated on service). For the years ended December 31, 2024 and 2023, mortality for retired lives was based on the SOA RP-2014 Adjusted to 2006 White Collar Mortality for males and females with Scale MP-2021. Participants in the Plan before January 1, 1999, are expected to retire upon attainment of age 53 with 32 years of service. Otherwise, according to the sample rates below, specific to SAMBA's experience at December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
55	50%	50%
56-59	0%	0%
60	50%	50%
61	0%	0%
62	20%	20%
63-64	0%	0%
65	40%	40%
66	50%	50%
67	60%	60%
68	70%	70%
69	80%	80%
70	90%	90%
71 and above	100%	100%

Special Agents Mutual Benefit Association Benefit Plan
Notes to Financial Statements
December 31, 2024 and 2023

Components of net periodic postretirement benefit cost, before allocation to the Health Plan, are as follows:

	<u>2024</u>	<u>2023</u>
Service cost	\$ 176,926	\$ 178,951
Interest cost	337,749	358,477
Expected return on plan assets	<u>(315,058)</u>	<u>(269,153)</u>
	<u>\$ 199,617</u>	<u>\$ 268,275</u>

For the year ended December 31, 2024, income that would have been allocated to the Health Plan under GAAP for postretirement benefits were \$130,536. For the year ended December 31, 2023, expenses that would have been allocated to the Health Plan under GAAP for postretirement costs were \$202,977.

For the years ended December 31, 2024, and 2023, actuarially computed net postretirement (benefit) costs of \$(39,654) and \$65,298, respectively, are included on the statements of changes in net assets available for benefits and of obligations as net periodic postretirement benefit cost - service cost in the amount of \$41,224 and \$43,557 and other components of net periodic postretirement (benefit) cost of \$(80,878) and \$21,741, respectively.

Amounts actually allocated to the Health Plan are subject to limitations under federal government Cost Accounting Standards ("CAS"). For the year ended December 31, 2024, the amounts determined under GAAP to be allocated to the health Plan for postretirement benefit costs were less the amounts determined under CAS by \$130,536. This difference charged to the Health Plan was recognized as miscellaneous income and included on the statements of changes in net assets available for benefits and of benefit obligations. For the year ended December 31, 2023, the amounts determined under GAAP to be allocated to the Health Plan for postretirement benefit costs exceed the amounts determined under CAS by \$129,897. This difference was recognized as miscellaneous expense and included in administrative expenses on the statements of changes in net assets available for benefits and of benefit obligations.

As of December 31, 2024 and 2023, actuarial amounts that have not yet been recognized as components of net periodic postretirement benefit cost were:

	<u>2024</u>	<u>2023</u>
Net gain	<u>\$ 2,171,627</u>	<u>\$ 2,115,254</u>

Net loss of \$315,058 is expected to be recognized as a component of net periodic benefit cost for the year ended December 31, 2025.

Net gains and losses not yet recognized as a component of net periodic benefit cost are recognized in the computation of accrued postretirement benefit obligation and, consequently, the annual change in this amount is recognized as an adjustment to net assets. The change in this amount, to the extent not recognized as current expense, is reflected in postretirement-related changes other than postretirement benefit cost on the statements of changes in net assets available for benefits and of benefit obligations. As a result of these changes, increases in net assets of \$56,373 and \$1,467,356 were not recognized for the years ended December 31, 2024 and 2023, respectively.

Special Agents Mutual Benefit Association Benefit Plan
Notes to Financial Statements
December 31, 2024 and 2023

The effect of a one-percentage point change in assumed health care cost trend rates for the years ended December 31, 2024 and 2023 are as follows:

	<u>2024</u>	<u>2023</u>
Effect on total service cost and interest cost components		
One-percentage point increase	\$ 642,109	\$ 664,906
One-percentage point decrease	\$ (431,658)	\$ (445,797)
Effect on year-end postretirement benefit obligation		
One-percentage point increase	\$ 8,934,099	\$ 8,300,015
One-percentage point decrease	\$ (6,601,994)	\$ (6,100,823)

The assets of the Postretirement Plan are invested with the objective of being able to meet current and future benefit payment needs, while controlling postretirement expense volatility and future contributions. The assets are diversified among cash equivalents, mutual funds, equities, and fixed income securities. The allocation guidelines are as follows:

Equity securities and mutual funds	0% to 50%
Cash equivalents and debt securities	50% to 100%

As of December 31, 2024 and 2023, the assets of the Postretirement Plan measured at fair value on a recurring basis are summarized by level within the fair value hierarchy as follows:

	<u>2024</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total Fair Value</u>
Mutual funds	\$ 1,501,357	\$ -	\$ -	\$ 1,501,357
Equity securities	2,906,031	-	-	2,906,031
U.S. government securities	-	2,542,285	-	2,542,285
Corporate bonds	-	1,395,017	-	1,395,017
Other bonds	-	142,208	-	142,208
Cash equivalents	-	371,989	-	371,989
	<u>\$ 4,407,388</u>	<u>\$ 4,451,499</u>	<u>\$ -</u>	<u>\$ 8,858,887</u>
	<u>2023</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total Fair Value</u>
Mutual funds	\$ 1,201,091	\$ -	\$ -	\$ 1,201,091
Equity securities	3,010,344	-	-	3,010,344
U.S. government securities	-	1,900,380	-	1,900,380
Corporate bonds	-	1,382,597	-	1,382,597
Other bonds	-	15,348	-	15,348
Cash equivalents	-	366,694	-	366,694
	<u>\$ 4,211,435</u>	<u>\$ 3,665,019</u>	<u>\$ -</u>	<u>\$ 7,876,454</u>

Special Agents Mutual Benefit Association Benefit Plan
Notes to Financial Statements
December 31, 2024 and 2023

The asset allocation by asset category at December 31, 2024 and 2023 was as follows:

	<u>2024</u>	<u>2023</u>
Equity securities and mutual funds	50%	54%
Cash equivalents	4%	5%
Debt securities	46%	42%
	<u>100%</u>	<u>100%</u>

No Postretirement Plan assets are expected to be returned to the Plan during 2025.

Management does not expect to make contributions to the Postretirement Plan for the year ending December 31, 2025.

During the years ended December 31, 2024 and 2023, the Plan contributed \$165,757 and \$140,234, respectively, to the Postretirement Plan. During the years ended December 31, 2024 and 2023, the Postretirement Plan paid benefits of \$257,660 and \$218,988, respectively.

As of December 31, 2024, expected benefit payments for each of the next five years and for the following five-year period in aggregate are as follows:

2025	\$ 457,088
2026	526,890
2027	590,125
2028	628,507
2029	691,447
2030 - 2034	<u>4,383,256</u>
	<u>\$ 7,277,313</u>

7. FIXED ASSETS

As of December 31, 2024 and 2023, fixed assets consisted of the following:

	<u>2024</u>	<u>2023</u>
Land	\$ 600,000	\$ 600,000
Building	3,617,174	3,617,174
Building improvements	2,188,534	2,185,243
Computer systems and website	7,031,248	6,578,676
Furniture and equipment	<u>625,324</u>	<u>625,324</u>
	14,062,280	13,606,417
Accumulated depreciation and amortization	<u>(11,994,958)</u>	<u>(11,440,731)</u>
	<u>\$ 2,067,322</u>	<u>\$ 2,165,686</u>

Special Agents Mutual Benefit Association Benefit Plan
Notes to Financial Statements
December 31, 2024 and 2023

Depreciation and amortization expense recognized by the Plan for the years ended December 31, 2024 and 2023, was \$239,295 and \$171,092, respectively. Additional depreciation and amortization expense for the years ended December 31, 2024 and 2023 of \$405,010 and \$289,575, respectively, was allocated to the Health Plan.

8. FUNDS IN EXCESS OF PREMIUM STABILIZATION RESERVE - VOYA

The Plan has contracted with Voya Financial, Inc. (Voya) to provide group term life insurance programs for Plan participants. Voya informed the Plan that they were terminating their affinity programs during 2024. Effective September 1, 2024, the Plan contracted with Prudential Insurance Company of America to provide group term life insurance. As of December 31, 2024 and 2023, the funds in excess of the required premium stabilization reserve totaling \$1,898,909 and \$5,876,724, respectively, were available to the Plan. These amounts are reflected in other assets on the statements of net assets available for benefits and of benefit obligations. These funds remain at Voya until the end of 2025, at which time they will be transferred to Prudential.

9. RISKS AND UNCERTAINTIES

Due to various risks (e.g., interest rate, market, credit) associated with certain investment securities and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported on the statements on net assets available for benefits and of benefit obligations.

Financial instruments that potentially subject that Plan to concentrations of credit risk include cash, accounts receivable, and investments. While management of the Plan attempts to limit any financial exposure by maintaining accounts at high quality financial institutions, cash, and investment balances regularly exceed the federally insured limit of \$250,000 and \$500,000, respectively. Any loss incurred or lack of access to such funds could have a significant adverse impact on the Plan's financial condition results of operations and cash flows. Credit risk associated with accounts receivable is considered limited due to the historically high collection rate of receivables.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

10. 401(K) DEFINED CONTRIBUTION PLAN

The Plan sponsors a defined contribution retirement plan established in accordance with Internal Revenue Code Section 401(k) that covers substantially all employees. Employees may elect to contribute up to 85% of their salary, up to the maximum allowable amount imposed by the Internal Revenue Service. The Plan provides a 1% of salary Qualified Non-Elective Contribution. For the years ended December 31, 2024 and 2023, the Plan also provided matching contributions equal to 50% of the first 4% of the employee's annual salary contributed to the plan. Contributions to the 401(k) plan totaled \$36,744 and \$36,383 in 2024 and 2023, respectively, and are included in administrative expenses in the statements of changes in net assets available for benefits and of benefit obligations.

Special Agents Mutual Benefit Association Benefit Plan
Notes to Financial Statements
December 31, 2024 and 2023

11. TAX STATUS

The Trust established under the Plan to hold the Plan's assets is qualified pursuant to Section 501(c)(9) of the Internal Revenue Code, and accordingly, the Trust is exempt from income taxes. SAMBA obtained a favorable tax determination letter from the IRS dated March 31, 1978, and a private letter ruling dated September 10, 2012, and believes that the Trust, as amended, continues to operate as designed and continues to qualify for income tax exemption.

U.S. GAAP requires management of a plan to evaluate tax positions taken and record a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or other taxing authorities. Management has evaluated tax positions taken by the Plan and concluded that as of December 31, 2024 and 2023 there are no uncertain positions taken or expected to be taken that would require recognition in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. In addition, there have been no tax related interest or penalties for periods presented in these financial statements.

12. TRANSACTIONS WITH THE HEALTH PLAN

The Health Plan, under a contract with OPM, is operated pursuant to the Federal Employees' Health Benefits Act of 1959, as amended, and regulations issued thereunder. In accordance with federal regulations, the assets of the Health Plan may not be commingled with or otherwise used to satisfy the obligations of other plans, but certain expenses disbursed for the benefit of the Health Plan are fully reimbursable by the Health Plan.

During the years ended December 31, 2024 and 2023, in addition to pension and other postretirement benefit costs, the Plan allocated allowable expenses of \$9,915,278 and \$8,977,487, respectively, to the Health Plan. The Plan also received service fees of \$1,580,868 and \$1,625,218 and rental income of \$64,858 and \$55,682 from the Health Plan for the years ended December 31, 2024 and 2023, respectively. As of December 31, 2024 and 2023, the amounts due from the Health Plan, reflected in the statements of net assets available for benefit obligations, were \$411,604 and \$1,570,747, respectively. As of December 31, 2024 and 2023, there were no amounts due to the Health Plan reflected in the statements of net assets available for benefit and of benefit obligations.

SUPPLEMENTARY INFORMATION

REPORT ON SUPPLEMENTARY INFORMATION REQUIRED BY THE DEPARTMENT OF LABOR'S RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Special Agents Mutual Benefit Association Benefit Plan:

We have audited the financial statements of the Special Agents Mutual Benefit Association Benefit Plan as of and for the years ended December 31, 2024 and 2023, and our report thereon, dated April 28, 2025, contained an unmodified opinion on those financial statements.

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplemental schedules of schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2024 and schedule H, line 4j – schedule of reportable transactions for the year then ended December 31, 2024 are presented for the purpose 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 Employee Retirement Income Security Act of 1974 ("ERISA"). Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing principles generally accepted in the United States of America.

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

WithumSmith+Brown, PC

April 28, 2025

Special Agents Mutual Benefit Association Benefit Plan
Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
ID # 52-1074154, Plan # 501
December 31, 2024

(a)	(b) Identity of Issue, Borrower or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Rate of Interest	Maturity Date	Par or Shares			
U.S. Government Securities								
	FEDERAL HOME LN MTG ASSN POOL #QB3678 0	U.S. Government Securities	2.00%	9/1/2050	164,569	\$ 170,214	\$ 129,233	
	FEDERAL HOME LOAN MTG CORP GOLD POOL #A96413	U.S. Government Securities	4.00%	1/1/2041	12,213	12,713	11,538	
	FEDERAL HOME LOAN MTG CORP GOLD POOL #C04038	U.S. Government Securities	3.50%	6/1/2042	29,143	30,591	26,590	
	FEDERAL HOME LOAN MTG CORP GOLD POOL #G01233	U.S. Government Securities	7.00%	4/1/2031	330	393	342	
	FEDERAL HOME LOAN MTG CORP GOLD POOL #G08046	U.S. Government Securities	5.50%	3/1/2035	1,750	1,772	1,771	
	FEDERAL HOME LOAN MTG CORP GOLD POOL G0780	U.S. Government Securities	4.00%	10/1/2044	12,032	12,732	11,240	
	FEDERAL HOME LOAN MTG CORP GOLD POOL G08451	U.S. Government Securities	4.50%	6/1/2041	15,812	17,106	15,350	
	FEDERAL HOME LOAN MTG CORP GOLD POOL G18671	U.S. Government Securities	3.50%	12/1/2032	39,689	42,467	38,426	
	FEDERAL HOME LOAN MTG CORP GOLD POOL J35495	U.S. Government Securities	2.50%	10/1/2031	48,304	51,187	45,751	
	FEDERAL HOME LOAN MTG CORP GOLD POOL V6	U.S. Government Securities	3.00%	4/1/2032	42,233	43,443	40,281	
	FEDERAL HOME LOAN MTG CORP POOL #RA3725	U.S. Government Securities	2.00%	10/1/2050	162,976	168,979	128,222	
	FEDERAL HOME LOAN MTG CORP POOL QE2363	U.S. Government Securities	3.50%	5/1/2052	346,400	339,093	306,900	
	FEDERAL HOME LOAN MTG CORP POOL QF2389	U.S. Government Securities	5.50%	10/1/2052	140,103	141,536	138,650	
	FEDERAL HOME LOAN MTG CORP POOL RA2729	U.S. Government Securities	2.50%	6/1/2050	127,667	133,242	105,597	
	FEDERAL HOME LOAN MTG CORP POOL RA4206	U.S. Government Securities	2.50%	12/1/2050	365,979	306,093	299,023	
	FEDERAL HOME LOAN MTG CORP POOL RA6132	U.S. Government Securities	2.50%	10/1/2051	268,763	275,776	221,114	
	FEDERAL HOME LOAN MTG CORP POOL RA6815	U.S. Government Securities	2.50%	2/1/2052	418,186	348,737	343,799	
	FEDERAL HOME LOAN MTG CORP POOL RA7668	U.S. Government Securities	4.00%	7/1/2052	344,682	318,993	315,822	
	FEDERAL HOME LOAN MTG CORP POOL SB8508	U.S. Government Securities	2.00%	2/1/2036	316,501	288,807	281,774	
	FEDERAL HOME LOAN MTG CORP POOL SD1900	U.S. Government Securities	3.50%	6/1/2052	194,601	184,537	172,671	
	FEDERAL HOME LOAN MTG CORP POOL SD8186	U.S. Government Securities	3.50%	11/1/2051	182,413	177,625	162,649	
	FEDERAL HOME LOAN MTG CORP POOL SD8222	U.S. Government Securities	4.00%	6/1/2052	339,509	335,981	310,841	
	FEDERAL HOME LOAN MTG CORP POOL SD8258	U.S. Government Securities	5.00%	10/1/2052	274,490	267,735	265,770	
	FEDERAL HOME LOAN MTG CORP POOL SD8268	U.S. Government Securities	5.50%	11/1/2052	123,920	122,947	122,343	
	FEDERAL HOME LOAN MTG CORP POOL SD8279	U.S. Government Securities	6.00%	11/1/2052	127,589	129,748	128,411	
	FEDERAL HOME LOAN MTG CORP SERIES 4774 CLASS LP	U.S. Government Securities	3.50%	9/15/2046	45,518	46,165	43,846	
	FEDERAL NATL MTG ASSN POOL # AB227	U.S. Government Securities	4.50%	2/1/2041	36,781	37,425	35,659	
	FEDERAL NATL MTG ASSN POOL #254008	U.S. Government Securities	7.00%	10/1/2031	691	877	716	
	FEDERAL NATL MTG ASSN POOL #721710	U.S. Government Securities	4.50%	8/1/2033	3,186	2,907	3,154	
	FEDERAL NATL MTG ASSN POOL #866049	U.S. Government Securities	5.50%	3/1/2036	1,838	1,790	1,846	
	FEDERAL NATL MTG ASSN POOL #881089	U.S. Government Securities	6.00%	4/1/2036	6,352	6,265	6,428	
	FEDERAL NATL MTG ASSN POOL #932639	U.S. Government Securities	5.00%	3/1/2040	13,444	14,129	13,195	

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

Special Agents Mutual Benefit Association Benefit Plan
Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
ID # 52-1074154, Plan # 501
December 31, 2024

(a)	(b) Identity of Issue, Borrower or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value						(d) Cost	(e) Current Value
		Description	Rate of Interest	Maturity Date	Par or Shares				
	FEDERAL NATL MTG ASSN POOL #AA0916	U.S. Government Securities	5.00%	8/1/2037	11,522	\$	12,655	\$	11,362
	FEDERAL NATL MTG ASSN POOL #AB1845	U.S. Government Securities	4.00%	11/1/2040	17,128		17,883		16,161
	FEDERAL NATL MTG ASSN POOL #AB2077	U.S. Government Securities	4.00%	1/1/2041	22,969		22,677		21,597
	FEDERAL NATL MTG ASSN POOL #AB2333	U.S. Government Securities	4.00%	2/1/2041	10,758		10,567		10,151
	FEDERAL NATL MTG ASSN POOL #AB4525	U.S. Government Securities	4.00%	2/1/2042	15,110		16,102		14,238
	FEDERAL NATL MTG ASSN POOL #AD6938	U.S. Government Securities	4.50%	6/1/2040	39,995		41,145		38,775
	FEDERAL NATL MTG ASSN POOL #AE0981	U.S. Government Securities	3.50%	3/1/2041	18,812		19,102		17,166
	FEDERAL NATL MTG ASSN POOL #AH9719	U.S. Government Securities	4.50%	4/1/2041	9,723		10,124		9,426
	FEDERAL NATL MTG ASSN POOL #AO5940	U.S. Government Securities	3.50%	6/1/2042	21,053		22,193		19,184
	FEDERAL NATL MTG ASSN POOL #AQ0945	U.S. Government Securities	3.00%	11/1/2042	31,325		32,876		27,638
	FEDERAL NATL MTG ASSN POOL #AS0765	U.S. Government Securities	3.50%	10/1/2028	6,163		6,484		6,055
	FEDERAL NATL MTG ASSN POOL #MA0790	U.S. Government Securities	4.50%	6/1/2041	12,595		13,425		12,210
	FEDERAL NATL MTG ASSN POOL #MA0907	U.S. Government Securities	4.00%	10/1/2041	18,159		18,954		17,133
	FEDERAL NATL MTG ASSN POOL AB7859	U.S. Government Securities	3.50%	2/1/2043	75,274		75,991		68,520
	FEDERAL NATL MTG ASSN POOL AI5534	U.S. Government Securities	4.00%	6/1/2026	30,840		32,864		30,619
	FEDERAL NATL MTG ASSN POOL AI5534	U.S. Government Securities	4.00%	6/1/2026	22,049		23,496		21,891
	FEDERAL NATL MTG ASSN POOL AL2484	U.S. Government Securities	4.00%	7/1/2042	46,428		49,392		43,806
	FEDERAL NATL MTG ASSN POOL AL2935	U.S. Government Securities	3.50%	2/1/2043	26,460		27,051		24,108
	FEDERAL NATL MTG ASSN POOL AL9268	U.S. Government Securities	3.00%	10/1/2046	102,334		102,244		88,835
	FEDERAL NATL MTG ASSN POOL AP2133	U.S. Government Securities	3.50%	8/1/2042	21,542		22,324		19,629
	FEDERAL NATL MTG ASSN POOL AS3891	U.S. Government Securities	4.00%	11/1/2044	23,712		24,914		22,067
	FEDERAL NATL MTG ASSN POOL AS5332	U.S. Government Securities	4.00%	7/1/2045	38,821		41,035		36,074
	FEDERAL NATL MTG ASSN POOL AS6111	U.S. Government Securities	4.00%	11/1/2045	16,465		17,643		15,289
	FEDERAL NATL MTG ASSN POOL AS6131	U.S. Government Securities	3.50%	11/1/2045	54,441		56,176		48,884
	FEDERAL NATL MTG ASSN POOL AS6311	U.S. Government Securities	3.50%	12/1/2045	30,943		32,356		27,772
	FEDERAL NATL MTG ASSN POOL AS7155	U.S. Government Securities	3.00%	5/1/2046	21,987		22,724		19,093
	FEDERAL NATL MTG ASSN POOL AS7343	U.S. Government Securities	3.00%	6/1/2046	51,567		52,901		44,781
	FEDERAL NATL MTG ASSN POOL AT2016	U.S. Government Securities	3.00%	4/1/2043	30,416		30,525		26,835
	FEDERAL NATL MTG ASSN POOL AT2127	U.S. Government Securities	3.00%	4/1/2043	51,029		51,187		45,024
	FEDERAL NATL MTG ASSN POOL AT5900	U.S. Government Securities	3.00%	6/1/2043	28,187		27,863		24,870

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Special Agents Mutual Benefit Association Benefit Plan
Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
ID # 52-1074154, Plan # 501
December 31, 2024

(a)	(b) Identity of Issue, Borrower or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Rate of Interest	Maturity Date	Par or Shares			
	FEDERAL NATL MTG ASSN POOL AT7899	U.S. Government Securities	3.50%	7/1/2043	37,928	\$ 39,380	\$ 34,536	
	FEDERAL NATL MTG ASSN POOL AZ4779	U.S. Government Securities	4.00%	10/1/2045	56,578	59,562	52,538	
	FEDERAL NATL MTG ASSN POOL AZ7821	U.S. Government Securities	3.50%	8/1/2045	31,606	32,505	28,394	
	FEDERAL NATL MTG ASSN POOL BE8836	U.S. Government Securities	3.00%	3/1/2047	67,489	71,369	58,545	
	FEDERAL NATL MTG ASSN POOL BK0922	U.S. Government Securities	4.50%	7/1/2048	131,582	125,352	125,595	
	FEDERAL NATL MTG ASSN POOL BM3260	U.S. Government Securities	3.50%	1/1/2048	56,026	54,770	50,283	
	FEDERAL NATL MTG ASSN POOL BM4388	U.S. Government Securities	4.00%	8/1/2048	70,312	72,473	65,195	
	FEDERAL NATL MTG ASSN POOL BM5109	U.S. Government Securities	3.00%	12/1/2032	33,428	34,582	32,054	
	FEDERAL NATL MTG ASSN POOL BQ7629	U.S. Government Securities	1.50%	11/1/2035	139,243	142,431	120,315	
	FEDERAL NATL MTG ASSN POOL BR2619	U.S. Government Securities	2.00%	2/1/2051	171,710	177,934	135,872	
	FEDERAL NATL MTG ASSN POOL BU8739	U.S. Government Securities	4.00%	6/1/2052	278,977	271,828	255,632	
	FEDERAL NATL MTG ASSN POOL BV7928	U.S. Government Securities	4.50%	8/1/2052	289,195	282,644	272,543	
	FEDERAL NATL MTG ASSN POOL CA0549	U.S. Government Securities	4.00%	10/1/2047	28,057	29,385	26,027	
	FEDERAL NATL MTG ASSN POOL CA4860	U.S. Government Securities	3.00%	12/1/2049	98,221	100,124	84,740	
	FEDERAL NATL MTG ASSN POOL CA4881	U.S. Government Securities	2.50%	12/1/2034	92,447	97,069	84,881	
	FEDERAL NATL MTG ASSN POOL CA5385	U.S. Government Securities	4.50%	3/1/2050	29,952	32,699	28,483	
	FEDERAL NATL MTG ASSN POOL CA6638	U.S. Government Securities	2.50%	8/1/2050	128,024	134,865	105,566	
	FEDERAL NATL MTG ASSN POOL CA6943	U.S. Government Securities	2.00%	9/1/2050	109,838	113,880	86,328	
	FEDERAL NATL MTG ASSN POOL CA7734	U.S. Government Securities	2.50%	11/1/2050	202,801	201,149	166,804	
	FEDERAL NATL MTG ASSN POOL CB3013	U.S. Government Securities	2.00%	3/1/2052	144,962	128,405	113,984	
	FEDERAL NATL MTG ASSN POOL CB3233	U.S. Government Securities	3.00%	4/1/2052	510,928	475,238	438,636	
	FEDERAL NATL MTG ASSN POOL CB3771	U.S. Government Securities	3.50%	6/1/2052	438,920	394,960	389,050	
	FEDERAL NATL MTG ASSN POOL CB4847	U.S. Government Securities	5.50%	10/1/2052	308,692	310,522	305,466	
	FEDERAL NATL MTG ASSN POOL FM1000	U.S. Government Securities	3.00%	4/1/2047	79,729	81,623	69,162	
	FEDERAL NATL MTG ASSN POOL FM1221	U.S. Government Securities	3.50%	7/1/2049	35,443	36,700	31,809	
	FEDERAL NATL MTG ASSN POOL FM2875	U.S. Government Securities	5.00%	3/1/2027	878	922	874	
	FEDERAL NATL MTG ASSN POOL FM2875	U.S. Government Securities	5.00%	3/1/2027	627	659	624	
	FEDERAL NATL MTG ASSN POOL FM3522	U.S. Government Securities	3.00%	2/1/2035	78,416	83,427	75,029	
	FEDERAL NATL MTG ASSN POOL FM4138	U.S. Government Securities	2.50%	9/1/2050	77,697	82,007	64,490	

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ID # 52-1074154, Plan # 501
December 31, 2024

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	FEDERAL NATL MTG ASSN POOL FM5299	U.S. Government Securities	3.50%	11/1/2050	329,835	\$ 306,128	\$ 293,576	
	FEDERAL NATL MTG ASSN POOL FM5328	U.S. Government Securities	1.50%	1/1/2031	104,451	107,169	97,010	
	FEDERAL NATL MTG ASSN POOL FM7411	U.S. Government Securities	2.00%	5/1/2051	374,648	337,348	291,847	
	FEDERAL NATL MTG ASSN POOL FM7599	U.S. Government Securities	3.50%	1/1/2051	316,788	290,440	283,418	
	FEDERAL NATL MTG ASSN POOL FM8248	U.S. Government Securities	2.50%	8/1/2051	223,848	234,306	186,325	
	FEDERAL NATL MTG ASSN POOL FS0630	U.S. Government Securities	3.00%	2/1/2052	277,320	249,761	237,178	
	FEDERAL NATL MTG ASSN POOL FS0893	U.S. Government Securities	3.00%	2/1/2052	408,631	403,970	348,227	
	FEDERAL NATL MTG ASSN POOL FS1552	U.S. Government Securities	2.50%	11/1/2051	297,202	252,738	244,883	
	FEDERAL NATL MTG ASSN POOL FS3642	U.S. Government Securities	5.00%	11/1/2052	206,650	203,171	200,006	
	FEDERAL NATL MTG ASSN POOL FS4157	U.S. Government Securities	4.00%	5/1/2049	216,705	208,917	200,222	
	FEDERAL NATL MTG ASSN POOL FS4214	U.S. Government Securities	4.00%	7/1/2052	145,554	138,686	135,233	
	FEDERAL NATL MTG ASSN POOL MA1236	U.S. Government Securities	3.50%	11/1/2042	27,995	29,071	25,490	
	FEDERAL NATL MTG ASSN POOL MA1525	U.S. Government Securities	3.50%	8/1/2043	39,158	40,902	35,605	
	FEDERAL NATL MTG ASSN POOL MA2039	U.S. Government Securities	3.50%	9/1/2029	7,128	7,560	6,965	
	FEDERAL NATL MTG ASSN POOL MA3664	U.S. Government Securities	4.00%	5/1/2049	186,625	180,771	172,834	
	FEDERAL NATL MTG ASSN POOL MA4157	U.S. Government Securities	1.50%	10/1/2050	128,378	129,200	95,069	
	FEDERAL NATL MTG ASSN POOL MA4261	U.S. Government Securities	2.00%	2/1/2036	142,363	148,947	126,212	
	FEDERAL NATL MTG ASSN POOL MA4306	U.S. Government Securities	2.50%	3/1/2051	277,295	239,687	228,019	
	FEDERAL NATL MTG ASSN POOL MA4398	U.S. Government Securities	2.00%	8/1/2051	440,794	359,203	344,992	
	FEDERAL NATL MTG ASSN POOL MA4565	U.S. Government Securities	3.50%	3/1/2052	253,449	249,020	225,096	
	FEDERAL NATL MTG ASSN POOL MA4656	U.S. Government Securities	4.50%	7/1/2052	425,355	420,324	400,863	
	FEDERAL NATL MTG ASSN POOL MA4785	U.S. Government Securities	5.00%	10/1/2052	250,691	246,306	242,727	
	FEDERAL NATL MTG ASSN POOL MA4978	U.S. Government Securities	5.00%	4/1/2053	287,174	279,187	277,275	
	FEDERAL NATL MTG ASSN POOL MA5138	U.S. Government Securities	5.50%	9/1/2053	301,611	300,126	297,922	
	FEDERAL NATL MTG ASSN POOL MA5191	U.S. Government Securities	6.00%	11/1/2053	84,358	85,109	84,808	
	GOVT NATL MTG ASSN II POOL #2414	U.S. Government Securities	8.00%	4/20/2027	274	359	278	
	GOVT NATL MTG ASSN II POOL MA7650	U.S. Government Securities	3.00%	10/20/2051	240,103	251,133	208,460	
	GOVT NATL MTG ASSN POOL #AA8273 03	U.S. Government Securities	3.50%	7/15/2042	15,809	17,090	14,508	

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ID # 52-1074154, Plan # 501
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	US TREASURY NTS	U.S. Government Securities	2.13%	5/31/2026	1,915,000	\$	1,864,817	\$ 1,859,561	
	US TREASURY NTS	U.S. Government Securities	2.13%	5/31/2026	975,000		948,555	946,774	
	USA TREASURY NOTE	U.S. Government Securities	4.50%	2/15/2036	740,000		786,343	738,934	
	USA TREASURY NOTE	U.S. Government Securities	2.88%	8/15/2028	190,000		180,507	180,739	
	USA TREASURY NOTES	U.S. Government Securities	4.38%	11/15/2039	170,000		176,760	162,933	
	USA TREASURY NOTES	U.S. Government Securities	2.50%	2/15/2045	400,000		343,678	277,528	
	USA TREASURY NOTES	U.S. Government Securities	2.00%	2/15/2050	1,005,000		764,108	583,573	
	USA TREASURY NOTES	U.S. Government Securities	1.25%	5/15/2050	1,545,000		760,611	732,469	
	USA TREASURY NOTES	U.S. Government Securities	1.88%	11/15/2051	3,245,000		1,959,103	1,789,747	
	USA TREASURY NOTES	U.S. Government Securities	1.13%	2/15/2031	610,000		527,976	503,403	
	USA TREASURY NOTES	U.S. Government Securities	2.88%	5/15/2032	830,000		763,678	745,423	
	USA TREASURY NOTES	U.S. Government Securities	4.50%	11/15/2033	2,215,000		2,270,781	2,204,966	
	USA TREASURY NOTES	U.S. Government Securities	4.88%	11/30/2025	465,000		466,108	467,520	
	USA TREASURY NOTES	U.S. Government Securities	4.88%	11/30/2025	285,000		285,679	286,545	
	USA TREASURY NOTES	U.S. Government Securities	4.25%	1/31/2026	1,520,000		1,500,340	1,520,030	
	USA TREASURY NOTES	U.S. Government Securities	4.25%	1/31/2026	605,000		597,185	605,012	
	USA TREASURY NOTES	U.S. Government Securities	4.63%	2/28/2026	1,945,000		1,939,630	1,952,877	
	USA TREASURY NOTES	U.S. Government Securities	4.63%	2/28/2026	1,000,000		996,090	1,004,050	
	USA TREASURY NOTES	U.S. Government Securities	4.50%	3/31/2026	1,410,000		1,408,095	1,413,835	
	USA TREASURY NOTES	U.S. Government Securities	4.50%	3/31/2026	610,000		609,602	611,659	
	USA TREASURY NOTES	U.S. Government Securities	4.88%	4/30/2026	1,500,000		1,517,536	1,511,655	
	USA TREASURY NOTES	U.S. Government Securities	4.88%	4/30/2026	840,000		849,889	846,527	
	USA TREASURY NOTES	U.S. Government Securities	4.63%	6/30/2026	1,355,000		1,362,740	1,362,263	
	USA TREASURY NOTES	U.S. Government Securities	4.63%	6/30/2026	935,000		941,226	940,012	
	USA TREASURY NOTES	U.S. Government Securities	4.38%	7/31/2026	2,105,000		2,107,467	2,108,473	
	USA TREASURY NOTES	U.S. Government Securities	4.38%	7/31/2026	1,110,000		1,111,301	1,111,832	
	USA TREASURY NOTES	U.S. Government Securities	3.75%	8/31/2026	400,000		396,484	396,836	
	USA TREASURY NOTES	U.S. Government Securities	3.75%	8/31/2026	205,000		203,198	203,378	
	USA TREASURY NOTES	U.S. Government Securities	3.88%	10/15/2027	770,000		762,723	761,907	
	USA TREASURY NOTES	U.S. Government Securities	2.38%	5/15/2027	1,565,000		1,497,104	1,498,754	
	USA TREASURY NOTES	U.S. Government Securities	2.88%	7/31/2025	465,000		452,791	461,382	

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	USA TREASURY NOTES	U.S. Government Securities	0.63%	5/15/2030	2,025,000	\$ 1,676,124	\$ 1,661,594
	USA TREASURY NOTES	U.S. Government Securities	2.88%	5/15/2028	285,000	274,563	272,232
	USA TREASURY NOTES	U.S. Government Securities	2.75%	8/31/2025	1,000,000	973,281	990,190
	USA TREASURY NOTES	U.S. Government Securities	2.75%	8/31/2025	365,000	355,248	361,419
	USA TREASURY NOTES	U.S. Government Securities	3.00%	9/30/2025	655,000	639,955	649,033
	USA TREASURY NOTES	U.S. Government Securities	3.00%	9/30/2025	425,000	415,238	421,128
	USA TREASURY NOTES	U.S. Government Securities	3.00%	10/31/2025	535,000	519,744	529,570
	USA TREASURY NOTES	U.S. Government Securities	3.00%	10/31/2025	330,000	320,590	326,651
	USA TREASURY NOTES	U.S. Government Securities	2.38%	4/30/2026	745,000	725,472	726,949
	USA TREASURY NTS	U.S. Government Securities	2.38%	5/15/2029	2,760,000	2,587,919	2,544,077
						53,192,210	51,440,088
Corporate Debt Instrument							
	ABBVIE INC CALL 09/15/2053 UNSC	Corporate Bonds	5.40%	3/15/2054	110,000	110,679	105,882
	AEP TRANSMISSION CO LLC CALL 09/15/2052	Corporate Bonds	5.40%	3/15/2053	65,000	64,656	61,939
	AGCO CORP CALL 02/21/2027 UNSC	Corporate Bonds	5.45%	3/21/2027	240,000	242,983	242,275
	ALEXANDRIA REAL ESTATE E CALL 10/15/2027 COGT	Corporate Bonds	3.95%	1/15/2028	95,000	90,841	92,351
	ALLSTATE CORP CALL 09/15/2030 UNSC	Corporate Bonds	1.45%	12/15/2030	140,000	106,963	113,991
	AMAZON.COM INC CALL 10/13/2051 UNSC	Corporate Bonds	3.95%	4/13/2052	195,000	183,743	153,763
	AMCOR FLEXIBLES NORTH AM CALL 04/17/2025 COGT	Corporate Bonds	4.00%	5/17/2025	165,000	163,751	164,388
	AMCOR FLEXIBLES NORTH AM CALL 04/17/2025 COGT	Corporate Bonds	4.00%	5/17/2025	415,000	406,596	413,460
	AMCOR FLEXIBLES NORTH AM CALL 04/17/2025 COGT	Corporate Bonds	4.00%	5/17/2025	215,000	210,287	214,202
	AMERICAN ELECTRIC POWER CALL 12/15/2028 UNSC	Corporate Bonds	5.20%	1/15/2029	115,000	115,314	115,867
	AMERICAN EXPRESS CO CALL 05/01/2025 UNSC	Corporate Bonds	VAR%	5/1/2026	190,000	189,910	190,048
	AMERICAN EXPRESS CO CALL 05/01/2025 UNSC	Corporate Bonds	VAR%	5/1/2026	85,000	85,000	85,021
	AMERICAN EXPRESS CO CALL 07/01/2025 UNSC	Corporate Bonds	3.95%	8/1/2025	215,000	210,920	214,134
	AMERICAN EXPRESS CO CALL 07/01/2025 UNSC	Corporate Bonds	3.95%	8/1/2025	30,000	29,431	29,879
	AMERICAN EXPRESS CREDIT ACCOUN SERIES 2022 3 CLASS A	Corporate Bonds	3.39%	8/16/2027	605,000	597,563	602,211
	AMERICAN EXPRESS CREDIT ACCOUN SERIES 2022 3 CLASS A	Corporate Bonds	3.39%	8/16/2027	260,000	256,669	258,801

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	AMERICAN HONDA FINANCE SER GMTN UNSC	Corporate Bonds	4.40%	10/5/2026	395,000	\$ 395,072	\$ 393,357
	AMERICAN HONDA FINANCE SER GMTN UNSC	Corporate Bonds	4.40%	10/5/2026	205,000	205,035	204,147
	AMERICAN TOWER CORP CALL 03/15/2026 UNSC	Corporate Bonds	1.60%	4/15/2026	310,000	290,033	297,702
	AMERICAN TOWER CORP CALL 03/15/2026 UNSC	Corporate Bonds	1.60%	4/15/2026	170,000	158,872	163,256
	AMERICAN TOWER CORP CALL 07/15/2026 @ 100.000 UNSC	Corporate Bonds	3.38%	10/15/2026	210,000	198,386	205,122
	AMERICAN TOWER CORP CALL 11/15/2025 @ 100.000 UNSC	Corporate Bonds	4.40%	2/15/2026	85,000	97,750	84,566
	AMERIPRISE FINANCIAL INC CALL 03/02/2025 UNSC	Corporate Bonds	3.00%	4/2/2025	395,000	380,466	393,321
	AMERIPRISE FINANCIAL INC CALL 03/02/2025 UNSC	Corporate Bonds	3.00%	4/2/2025	100,000	96,052	99,575
	AT&T INC CALL 03/25/2023 UNSC	Corporate Bonds	1.70%	3/25/2026	430,000	403,275	414,524
	AT&T INC CALL 03/25/2023 UNSC	Corporate Bonds	1.70%	3/25/2026	230,000	215,224	221,722
	AT&T INC CALL 11/15/2033 UNSC	Corporate Bonds	5.40%	2/15/2034	170,000	172,634	170,680
	AT&T INC CALL 11/15/2034 @ 100.000 UNSC	Corporate Bonds	4.50%	5/15/2035	175,000	166,096	161,854
	BANCO SANTANDER SA SER* SEDOL BS6VKN5 ISIN US05964HBF10	Corporate Bonds	5.37%	7/15/2028	200,000	200,158	201,368
	BANK OF AMERICA CORP CALL 03/08/2032 SUB	Corporate Bonds	VAR%	3/8/2037	200,000	192,688	177,160
	BANK OF AMERICA CORP CALL 04/25/2028 UNSC	Corporate Bonds	VAR%	4/25/2029	255,000	256,612	256,191
	BANK OF AMERICA CORP CALL 11/10/2027 UNSC	Corporate Bonds	VAR%	11/10/2028	200,000	204,405	207,062
	BANK OF AMERICA CORP SER MTN CALL 06/14/2028 @ 100	Corporate Bonds	VAR%	6/14/2029	105,000	95,189	95,295
	BANK OF AMERICA CORPORATION SR UNSEC CALL 07/22/2026 @ 100	Corporate Bonds	VAR%	7/22/2027	625,000	594,263	595,831
	BANK OF AMERICA CORPORATION SR UNSEC CALL 07/22/2026 @ 100	Corporate Bonds	VAR%	7/22/2027	320,000	304,262	305,066
	BANK OF AMERICA CREDIT CARD TR SERIES 2022 A2 CLASS A	Corporate Bonds	5.00%	4/17/2028	505,000	502,760	507,586
	BANK OF AMERICA CREDIT CARD TR SERIES 2022 A2 CLASS A	Corporate Bonds	5.00%	4/17/2028	265,000	263,505	266,357
	BANK OF MONTREAL SEDOL BRK0K53 ISIN US06368LNT97	Corporate Bonds	5.30%	6/5/2026	50,000	50,575	50,459
	BANK OF MONTREAL SER MTN SEDOL BPQ0633 ISIN US06368FAE97	Corporate Bonds	1.50%	1/10/2025	370,000	349,118	369,689
	BANK OF MONTREAL SER MTN SEDOL BPQ0633 ISIN US06368FAE97	Corporate Bonds	1.50%	1/10/2025	175,000	165,124	174,853
	BANK OF MONTREAL SER MTN SEDOL ISIN US06368D3S13	Corporate Bonds	3.70%	6/7/2025	100,000	96,496	99,539
	BANK OF MONTREAL SER MTN SEDOL ISIN US06368D3S13	Corporate Bonds	3.70%	6/7/2025	60,000	57,898	59,723
	BARCLAYS PLC SEDOL 2MSQJ49 ISIN US06738ECT01	Corporate Bonds	VAR%	9/10/2028	300,000	300,387	298,182
	BERKSHIRE HATHAWAY FIN CALL 02/15/2048 COGT	Corporate Bonds	4.20%	8/15/2048	115,000	112,697	95,154

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Special Agents Mutual Benefit Association Benefit Plan
Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
ID # 52-1074154, Plan # 501
December 31, 2024

(a)	(b) Identity of Issue, Borrower or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value				(d) Cost	(e) Current Value
		Description	Rate of Interest	Maturity Date	Par or Shares		
	BMW VEHICLE OWNER TRUST SERIES 2022 A CLASS A3	Corporate Bonds	3.21%	8/25/2026	147,489	\$ 143,699	\$ 146,818
	BMW VEHICLE OWNER TRUST SERIES 2022 A CLASS A3	Corporate Bonds	3.21%	8/25/2026	88,494	86,219	88,091
	BMW VEHICLE OWNER TRUST SERIES 2024 A CLASS A3	Corporate Bonds	5.51%	2/26/2029	120,000	119,982	121,415
	BMW VEHICLE OWNER TRUST SERIES 2024 A CLASS A3	Corporate Bonds	5.51%	2/26/2029	390,000	399,080	394,598
	BMW VEHICLE OWNER TRUST SERIES 2024 A CLASS A3	Corporate Bonds	5.51%	2/26/2029	200,000	204,656	202,358
	BURLINGTN NORTH SANTA FE CALL 03/01/2044 @ 100.00	Corporate Bonds	4.55%	9/1/2044	175,000	167,230	152,514
	BURLINGTN NORTH SANTA FE CALL 09/15/2054 UNSC	Corporate Bonds	5.50%	3/15/2055	70,000	70,454	68,763
	CANADIAN IMPERIAL BANK SEDOL 2MSZQV2 ISIN US13607PHT49	Corporate Bonds	VAR%	9/11/2027	400,000	399,937	398,164
	CANADIAN IMPERIAL BANK SEDOL 2MSZQV2 ISIN US13607PHT49	Corporate Bonds	VAR%	9/11/2027	210,000	209,967	209,036
	CAPITAL ONE FINANCIAL CO CALL 07/24/2025 UNSC	Corporate Bonds	VAR%	7/24/2026	295,000	292,343	294,767
	CAPITAL ONE FINANCIAL CO CALL 07/24/2025 UNSC	Corporate Bonds	VAR%	7/24/2026	160,000	158,439	159,874
	CAPITAL ONE FINANCIAL CO CALL 10/29/2026 UNSC	Corporate Bonds	VAR%	10/29/2027	330,000	334,402	342,448
	CAPITAL ONE MULTI-ASSET EXECUT SERIES 2023 A1 CLASS A	Corporate Bonds	4.42%	5/15/2028	400,000	399,719	400,040
	CAPITAL ONE MULTI-ASSET EXECUT SERIES 2023 A1 CLASS A	Corporate Bonds	4.42%	5/15/2028	195,000	194,863	195,020
	CAPITAL ONE PRIME AUTO RECEIVA SERIES 2022 2 CLASS A3	Corporate Bonds	4.14%	5/17/2027	236,495	229,296	235,223
	CAPITAL ONE PRIME AUTO RECEIVA SERIES 2022 2 CLASS A3	Corporate Bonds	4.14%	5/17/2027	147,381	142,913	146,588
	CAPITAL ONE PRIME AUTO RECEIVA SERIES 2023 1 CLASS A3	Corporate Bonds	4.87%	2/15/2028	270,000	268,049	271,002
	CAPITAL ONE PRIME AUTO RECEIVA SERIES 2023 1 CLASS A3	Corporate Bonds	4.87%	2/15/2028	165,000	163,808	165,612
	CATERPILLAR FINL SERVICE UNSC	Corporate Bonds	4.35%	5/15/2026	175,000	174,111	174,759
	CATERPILLAR FINL SERVICE UNSC	Corporate Bonds	4.35%	5/15/2026	105,000	104,467	104,855
	CDW LLC/CDW FINANCE CALL 10/01/2022 COGT	Corporate Bonds	4.25%	4/1/2028	155,000	151,466	150,200
	CENTERPOINT ENERGY INC UNSC	Corporate Bonds	5.25%	8/10/2026	40,000	40,521	40,312
	CENTERPOINT ENERGY INC UNSC	Corporate Bonds	5.25%	8/10/2026	20,000	20,261	20,156
	CHARLES SCHWAB CORP CALL 02/11/2026 UNSC	Corporate Bonds	0.90%	3/11/2026	435,000	401,239	416,147
	CHARLES SCHWAB CORP CALL 02/11/2026 UNSC	Corporate Bonds	0.90%	3/11/2026	235,000	216,196	224,815
	CHENIERE ENERGY PARTNERS CALL 10/01/2024 COGT	Corporate Bonds	4.50%	10/1/2029	185,000	181,840	179,113
	CISCO SYSTEMS INC NOTES	Corporate Bonds	5.90%	2/15/2039	140,000	151,158	147,938
	CITIBANK CREDIT CARD ISSUANCE SERIES 2023 A1 CLASS A1	Corporate Bonds	5.24%	12/8/2027	455,000	456,589	457,953
	CITIBANK CREDIT CARD ISSUANCE SERIES 2023 A1 CLASS A1	Corporate Bonds	5.24%	12/8/2027	215,000	215,621	216,395

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ID # 52-1074154, Plan # 501
December 31, 2024

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	CITIGROUP INC CALL 02/13/2029 UNSC	Corporate Bonds	VAR%	2/13/2030	105,000	\$ 105,552	\$ 104,920
	CITIGROUP INC CALL 03/17/2025 UNSC	Corporate Bonds	VAR%	3/17/2026	590,000	565,650	587,823
	CITIGROUP INC CALL 03/17/2025 UNSC	Corporate Bonds	VAR%	3/17/2026	310,000	295,878	308,856
	CITIGROUP INC CALL 09/29/2025 UNSC	Corporate Bonds	VAR%	9/29/2026	310,000	310,406	311,671
	CITIGROUP INC SR UNSEC CALL 03/31/2030	Corporate Bonds	VAR%	3/31/2031	180,000	182,304	173,011
	CNH EQUIPMENT TRUST SERIES 2021 B CLASS A3	Corporate Bonds	0.44%	8/17/2026	37,219	35,563	36,950
	CNH EQUIPMENT TRUST SERIES 2021 B CLASS A3	Corporate Bonds	0.44%	8/17/2026	22,904	21,885	22,738
	CNH EQUIPMENT TRUST SERIES 2022 A CLASS A3	Corporate Bonds	2.83%	7/15/2027	252,616	246,419	250,312
	CNH EQUIPMENT TRUST SERIES 2022 A CLASS A3	Corporate Bonds	2.83%	7/15/2027	155,456	151,643	154,038
	CNH EQUIPMENT TRUST SERIES 2023 A CLASS A2	Corporate Bonds	5.34%	9/15/2026	64,106	63,961	64,159
	CNH EQUIPMENT TRUST SERIES 2023 A CLASS A2	Corporate Bonds	5.34%	9/15/2026	39,450	39,361	39,482
	CNH INDUSTRIAL CAP LLC CALL 12/15/2025 COGT	Corporate Bonds	1.88%	1/15/2026	195,000	182,672	189,035
	CNH INDUSTRIAL CAP LLC CALL 12/15/2025 COGT	Corporate Bonds	1.88%	1/15/2026	120,000	112,414	116,329
	CNH INDUSTRIAL CAP LLC COGT	Corporate Bonds	3.95%	5/23/2025	110,000	109,247	109,614
	COCA-COLA CONSOLIDATED CALL 05/01/2029 UNSC	Corporate Bonds	5.25%	6/1/2029	105,000	105,155	106,463
	COMCAST CORP CALL 11/15/2063 COGT	Corporate Bonds	5.50%	5/15/2064	180,000	178,618	167,872
	CONOCOPHILLIPS NOTES	Corporate Bonds	6.50%	2/1/2039	215,000	247,223	235,006
	CROWN CASTLE INC CALL 12/11/2027 UNSC	Corporate Bonds	5.00%	1/11/2028	250,000	252,312	249,778
	DARDEN RESTAURANTS INC CALL 02/01/2027 UNSC	Corporate Bonds	3.85%	5/1/2027	200,000	193,933	195,548
	DISCOVER CARD EXECUTION NOTE T SERIES 2022 A2 CLASS A	Corporate Bonds	3.32%	5/17/2027	435,000	423,411	432,973
	DISCOVER CARD EXECUTION NOTE T SERIES 2022 A2 CLASS A	Corporate Bonds	3.32%	5/17/2027	260,000	253,073	258,788
	DTE ENERGY CO CALL 03/01/2034 UNSC	Corporate Bonds	5.85%	6/1/2034	160,000	162,662	164,250
	DTE ENERGY CO CALL 07/01/2026 @ 100.000 UNSC	Corporate Bonds	2.85%	10/1/2026	410,000	393,868	397,208
	DTE ENERGY CO CALL 07/01/2026 @ 100.000 UNSC	Corporate Bonds	2.85%	10/1/2026	210,000	201,263	203,448
	DUKE ENERGY CAROLINAS 1ST MTG CALL 03/30/42 @100	Corporate Bonds	4.00%	9/30/2042	95,000	85,255	77,154
	DUKE ENERGY PROGRESS INC CALL 06/01/2044 @ 100.000	Corporate Bonds	4.15%	12/1/2044	30,000	29,897	24,411
	ELEVANCE HEALTH INC CALL 03/15/2034 UNSC	Corporate Bonds	5.38%	6/15/2034	120,000	120,732	118,932

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ID # 52-1074154, Plan # 501
December 31, 2024

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	ENBRIDGE INC SEDOL 2LS0364 ISIN US29250NBZ78	Corporate Bonds	6.70%	11/15/2053	85,000	\$ 87,126	\$ 92,232
	ENBRIDGE INC SEDOL BL0MHV2 ISIN US29250NAY13	Corporate Bonds	2.50%	1/15/2025	20,000	19,477	19,980
	ENBRIDGE INC SEDOL BL0MHV2 ISIN US29250NAY13	Corporate Bonds	2.50%	1/15/2025	20,000	19,477	19,980
	ENBRIDGE INC SEDOL ISIN US29250NBL82	Corporate Bonds	2.50%	2/14/2025	340,000	330,772	338,994
	ENBRIDGE INC SEDOL ISIN US29250NBL82	Corporate Bonds	2.50%	2/14/2025	200,000	194,572	199,408
	ENERGY TRANSFER LP CALL 01/15/2028 UNSC	Corporate Bonds	5.55%	2/15/2028	245,000	248,229	248,719
	ENERGY TRANSFER PARTNERS CALL 10/15/2025 @ 100.000	Corporate Bonds	4.75%	1/15/2026	200,000	197,914	199,718
	ENERGY TRANSFER PARTNERS CALL 10/15/2025 @ 100.000	Corporate Bonds	4.75%	1/15/2026	105,000	103,803	104,852
	ENERGY TRANSFER PARTNERS SR UNSEC CALL 8/1/41 @ 100	Corporate Bonds	6.50%	2/1/2042	105,000	123,009	108,737
	ERP OPERATING LP CALL 03/01/2025 @ 100.000 UNSC	Corporate Bonds	3.38%	6/1/2025	405,000	395,162	402,716
	ERP OPERATING LP CALL 03/01/2025 @ 100.000 UNSC	Corporate Bonds	3.38%	6/1/2025	220,000	214,312	218,759
	FISERV INC CALL 05/01/2026 UNSC	Corporate Bonds	3.20%	7/1/2026	380,000	369,713	371,632
	FISERV INC CALL 05/01/2026 UNSC	Corporate Bonds	3.20%	7/1/2026	210,000	204,315	205,376
	FLORIDA POWER & LIGHT 1ST MORTGAGE CALL 08/02/41 @100	Corporate Bonds	4.13%	2/1/2042	40,000	34,627	33,349
	FLORIDA POWER & LIGHT CO CALL 10/01/2052 MORT	Corporate Bonds	5.30%	4/1/2053	90,000	88,992	85,732
	FORD CREDIT AUTO OWNER TRUST SERIES 2022 A CLASS A3	Corporate Bonds	1.29%	6/15/2026	71,733	68,314	71,212
	FORD CREDIT AUTO OWNER TRUST SERIES 2022 A CLASS A3	Corporate Bonds	1.29%	6/15/2026	43,444	41,373	43,128
	FORD CREDIT AUTO OWNER TRUST SERIES 2023 C CLASS A3	Corporate Bonds	5.53%	9/15/2028	455,000	461,386	461,011
	FORD CREDIT AUTO OWNER TRUST SERIES 2023 C CLASS A3	Corporate Bonds	5.53%	9/15/2028	210,000	212,781	212,774
	FORD CREDIT AUTO OWNER TRUST SERIES 2024 C CLASS A3	Corporate Bonds	4.76%	7/15/2029	240,000	238,416	237,619
	FORD CREDIT AUTO OWNER TRUST SERIES 2024 C CLASS A3	Corporate Bonds	4.76%	7/15/2029	130,000	129,142	128,710
	FOX CORP CALL 03/07/2025 UNSC	Corporate Bonds	3.05%	4/7/2025	360,000	345,567	358,272
	FOX CORP CALL 03/07/2025 UNSC	Corporate Bonds	3.05%	4/7/2025	215,000	206,364	213,968
	GENERAL MOTORS FINL CO CALL 06/15/2029	Corporate Bonds	5.55%	7/15/2029	375,000	377,674	379,106
	GENERAL MOTORS FINL CO UNSC	Corporate Bonds	6.05%	10/10/2025	175,000	176,673	176,498
	GENERAL MOTORS FINL CO UNSC	Corporate Bonds	6.05%	10/10/2025	105,000	106,004	105,899
	GENUINE PARTS CO CALL 02/01/2024 UNSC	Corporate Bonds	1.75%	2/1/2025	355,000	332,150	354,045
	GENUINE PARTS CO CALL 02/01/2024 UNSC	Corporate Bonds	1.75%	2/1/2025	215,000	201,161	214,422

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	GLOBAL PAYMENTS INC CALL 01/15/2025 UNSC	Corporate Bonds	2.65%	2/15/2025	170,000	\$ 175,021	\$ 169,468
	GLOBAL PAYMENTS INC CALL 06/15/2029 UNSC	Corporate Bonds	5.30%	8/15/2029	155,000	156,320	155,271
	GM FINANCIAL SECURITIZED TERM SERIES 2022 3 CLASS A3	Corporate Bonds	3.64%	4/16/2027	232,260	227,179	231,345
	GM FINANCIAL SECURITIZED TERM SERIES 2022 3 CLASS A3	Corporate Bonds	3.64%	4/16/2027	139,952	136,890	139,400
	GM FINANCIAL SECURITIZED TERM SERIES 2024 1 CLASS A3	Corporate Bonds	5.25%	12/18/2028	250,000	251,875	251,285
	GM FINANCIAL SECURITIZED TERM SERIES 2024 1 CLASS A3	Corporate Bonds	5.25%	12/18/2028	130,000	130,975	130,668
	GOLDMAN SACHS GROUP INC CALL 10/21/2026 UNSC	Corporate Bonds	VAR%	10/21/2027	340,000	309,958	322,585
	GOLDMAN SACHS GROUP INC SR UNSEC CALL 09/10/2026	Corporate Bonds	VAR%	9/10/2027	525,000	497,784	496,424
	GOLDMAN SACHS GROUP INC SR UNSEC CALL 09/10/2026	Corporate Bonds	VAR%	9/10/2027	270,000	256,003	255,304
	HF SINCLAIR CORP SER WI CALL 09/16/2024	Corporate Bonds	5.00%	2/1/2028	210,000	208,427	207,440
	HOME DEPOT INC CALL 10/15/2049 UNSC	Corporate Bonds	3.35%	4/15/2050	75,000	84,632	52,286
	HONDA AUTO RECEIVABLES OWNER SERIES 2023 1 CLASS A3	Corporate Bonds	4.53%	4/21/2027	475,174	476,311	476,785
	HONDA AUTO RECEIVABLES OWNER SERIES 2023 1 CLASS A3	Corporate Bonds	4.53%	4/21/2027	247,090	247,689	247,928
	HONDA AUTO RECEIVABLES OWNER T SERIES 2024 2 CLASS A3	Corporate Bonds	5.27%	11/20/2028	300,000	299,964	303,639
	HP ENTERPRISE CO UNSC	Corporate Bonds	4.45%	9/25/2026	395,000	395,924	393,001
	HP ENTERPRISE CO UNSC	Corporate Bonds	4.45%	9/25/2026	205,000	205,480	203,963
	HSBC HOLDINGS PLC SEDOL BQH6228 ISIN US404280DZ92	Corporate Bonds	VAR%	8/14/2027	355,000	362,515	360,197
	HSBC HOLDINGS PLC SEDOL BQH6228 ISIN US404280DZ92	Corporate Bonds	VAR%	8/14/2027	215,000	219,552	218,148
	HSBC HOLDINGS PLC SEDOL BT6NWP4 ISIN US404280EM70	Corporate Bonds	VAR%	11/19/2028	200,000	200,000	199,936
	HYUNDAI AUTO RECEIVABLES TRUST SERIES 2022 C CLASS A3	Corporate Bonds	5.39%	6/15/2027	357,999	358,887	359,865
	HYUNDAI AUTO RECEIVABLES TRUST SERIES 2022 C CLASS A3	Corporate Bonds	5.39%	6/15/2027	215,426	215,965	216,549
	HYUNDAI AUTO RECEIVABLES TRUST SERIES 2023 C CLASS A3	Corporate Bonds	5.54%	10/16/2028	110,000	109,986	111,620
	HYUNDAI AUTO RECEIVABLES TRUST SERIES 2023 C CLASS A3	Corporate Bonds	5.54%	10/16/2028	285,000	287,617	289,198
	HYUNDAI AUTO RECEIVABLES TRUST SERIES 2023 C CLASS A3	Corporate Bonds	5.54%	10/16/2028	125,000	125,679	126,841
	INTEL CORP CALL 06/12/2028 UNSC	Corporate Bonds	1.60%	8/12/2028	230,000	203,758	202,867
	INTEL CORP CALL 08/21/2053 UNSC	Corporate Bonds	5.60%	2/21/2054	60,000	59,240	52,616
	JOHN DEERE OWNER TRUST SERIES 2022 A CLASS A3 02	Corporate Bonds	2.32%	9/16/2026	103,931	100,308	103,065
	JOHN DEERE OWNER TRUST SERIES 2022 A CLASS A3 02	Corporate Bonds	2.32%	9/16/2026	62,944	60,750	62,420
	JOHN DEERE OWNER TRUST SERIES 2022 B CLASS A3 03	Corporate Bonds	3.74%	2/16/2027	161,771	157,946	161,066
	JOHN DEERE OWNER TRUST SERIES 2022 B CLASS A3 03	Corporate Bonds	3.74%	2/16/2027	97,673	95,332	97,247

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	JOHN DEERE OWNER TRUST SERIES 2022 C CLASS A3 05	Corporate Bonds	5.09%	6/15/2027	156,254	\$ 156,242.00	\$ 156,709.00
	JOHN DEERE OWNER TRUST SERIES 2024 B CLASS A3 05	Corporate Bonds	5.73%	3/15/2029	220,000	222,004	222,750
	JOHNSON & JOHNSON CALL 09/01/2035 @ 100.000 UNSC	Corporate Bonds	3.55%	3/1/2036	175,000	168,845	152,815
	JP MORGAN CHASE & CO SUB CALL 05/13/30	Corporate Bonds	VAR%	5/13/2031	200,000	190,074	178,902
	JPMORGAN CHASE & CO CALL 04/22/2029 UNSC	Corporate Bonds	VAR%	4/22/2030	140,000	141,088	142,765
	JPMORGAN CHASE & CO CALL 07/22/2027 UNSC	Corporate Bonds	VAR%	7/22/2028	155,000	155,507	155,493
	JPMORGAN CHASE & CO CALL 07/22/2034 UNSC	Corporate Bonds	VAR%	7/22/2035	95,000	95,943	93,981
	JPMORGAN CHASE & CO CALL 10/22/2026 UNSC	Corporate Bonds	VAR%	10/22/2027	400,000	408,246	409,388
	JPMORGAN CHASE & CO CALL 10/22/2026 UNSC	Corporate Bonds	VAR%	10/22/2027	210,000	214,051	214,929
	KEYCORP SER MTN CALL 05/23/2024	Corporate Bonds	VAR%	5/23/2025	235,000	233,730	235,209
	KEYCORP SER MTN CALL 05/23/2024	Corporate Bonds	VAR%	5/23/2025	140,000	139,234	140,125
	KINDER MORGAN ENER PART SR UNSEC	Corporate Bonds	6.95%	1/15/2038	130,000	152,036	140,859
	KINDER MORGAN INC/DELAWA CALL 03/01/2025 @ 100.000	Corporate Bonds	4.30%	6/1/2025	395,000	391,266	394,072
	KINDER MORGAN INC/DELAWA CALL 03/01/2025 @ 100.000	Corporate Bonds	4.30%	6/1/2025	205,000	202,942	204,518
	KROGER CO CALL 03/15/2054 UNSC	Corporate Bonds	5.50%	9/15/2054	100,000	100,493	94,187
	KROGER CO CALL 10/15/2030 UNSC	Corporate Bonds	1.70%	1/15/2031	240,000	186,948	197,726
	LLOYDS BANKING GROUP PLC CALL 11/26/2027 UNSC	Corporate Bonds	VAR%	11/26/2028	200,000	200,000	200,222
	LYB INT FINANCE III CALL 09/01/2025 COGT	Corporate Bonds	1.25%	10/1/2025	173,000	168,930	168,452
	MARRIOTT INTERNATIONAL CALL 03/15/2030 UNSC	Corporate Bonds	4.63%	6/15/2030	125,000	135,453	122,674
	MARRIOTT INTERNATIONAL SER EE CALL 04/01/2025	Corporate Bonds	5.75%	5/1/2025	395,000	398,072	395,786
	MARRIOTT INTERNATIONAL SER EE CALL 04/01/2025	Corporate Bonds	5.75%	5/1/2025	210,000	211,777	210,418
	MARRIOTT INTERNATIONAL SER X CALL 01/15/2028	Corporate Bonds	4.00%	4/15/2028	100,000	94,307	97,266
	MASTERCARD INC CALL 11/15/2031 UNSC	Corporate Bonds	4.35%	1/15/2032	125,000	125,091	120,804
	MERCEDES-BENZ AUTO RECEIVABLES SERIES 2021 1 CLASS A3	Corporate Bonds	0.46%	6/15/2026	49,201	47,234	48,887
	MERCEDES-BENZ AUTO RECEIVABLES SERIES 2021 1 CLASS A3	Corporate Bonds	0.46%	6/15/2026	29,633	28,450	29,444
	MICROCHIP TECHNOLOGY INC UNSC	Corporate Bonds	4.90%	3/15/2028	195,000	195,170	194,306
	MICROSOFT CORP CALL 02/08/2036 @ 100.000 UNSC	Corporate Bonds	3.45%	8/8/2036	40,000	40,253	34,878
	MITSUBISHI UFJ FIN GRP SEDOL 2KTB228 ISIN US606822CV43	Corporate Bonds	VAR%	2/20/2026	345,000	343,813	345,259
	MITSUBISHI UFJ FIN GRP SEDOL 2KTB228 ISIN US606822CV43	Corporate Bonds	VAR%	2/20/2026	210,000	209,278	210,158
	MORGAN STANLEY CALL 02/01/2028 UNSC	Corporate Bonds	VAR%	2/1/2029	305,000	302,646	305,839

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ID # 52-1074154, Plan # 501
December 31, 2024

(a)	(b) Identity of Issue, Borrower or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value				(d) Cost	(e) Current Value
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	MORGAN STANLEY CALL 10/18/2027 UNSC	Corporate Bonds	VAR%	10/18/2028	110,000	\$ 114,080	\$ 114,046
	MORGAN STANLEY SR UNSEC CALL 04/04/2027 @ 100	Corporate Bonds	VAR%	5/4/2027	445,000	414,489	426,546
	MORGAN STANLEY SR UNSEC CALL 04/04/2027 @ 100	Corporate Bonds	VAR%	5/4/2027	210,000	195,220	201,291
	MORGAN STANLEY SUB CALL 09/16/2031 @ 100	Corporate Bonds	VAR%	9/16/2036	140,000	131,137	113,866
	MPLX LP CALL 02/01/2026 UNSC	Corporate Bonds	1.75%	3/1/2026	215,000	207,241	207,578
	MPLX LP CALL 02/01/2026 UNSC	Corporate Bonds	1.75%	3/1/2026	110,000	106,030	106,203
	MPLX LP CALL 09/01/2052 UNSC	Corporate Bonds	5.65%	3/1/2053	65,000	64,072	60,575
	NATIONAL RETAIL PROP INC CALL 08/15/2025	Corporate Bonds	4.00%	11/15/2025	200,000	198,312	198,364
	NATIONAL RETAIL PROP INC CALL 08/15/2025	Corporate Bonds	4.00%	11/15/2025	105,000	104,114	104,141
	NEXTERA ENERGY CAPITAL UNSC	Corporate Bonds	6.05%	3/1/2025	390,000	392,666	390,690
	NEXTERA ENERGY CAPITAL UNSC	Corporate Bonds	6.05%	3/1/2025	205,000	206,481	205,363
	NIKE INC CALL 09/27/2039 UNSC	Corporate Bonds	3.25%	3/27/2040	85,000	75,448	65,637
	NISSAN AUTO RECEIVABLES OWNER SERIES 2022 A CLASS A3	Corporate Bonds	1.86%	8/17/2026	135,297	130,281	134,013
	NISSAN AUTO RECEIVABLES OWNER SERIES 2022 A CLASS A3	Corporate Bonds	1.86%	8/17/2026	82,584	79,522	81,800
	ORACLE CORP CALL 03/01/2025 UNSC	Corporate Bonds	2.50%	4/1/2025	400,000	385,661	397,696
	ORACLE CORP CALL 03/01/2025 UNSC	Corporate Bonds	2.50%	4/1/2025	220,000	211,671	218,733
	ORACLE CORP CALL 09/25/2050 UNSC	Corporate Bonds	3.95%	3/25/2051	105,000	99,750	77,775
	ORACLE CORP CALL 10/01/2039 UNSC	Corporate Bonds	3.60%	4/1/2040	35,000	34,906	27,365
	PEPSICO INC UNSC	Corporate Bonds	5.50%	1/15/2040	170,000	178,109	172,006
	PFIZER INVESTMENT ENTER SEDOL ISIN US716973AG71	Corporate Bonds	5.30%	5/19/2053	135,000	136,637	126,403
	PHILLIPS 66 CO CALL 04/15/2031 COGT	Corporate Bonds	5.25%	6/15/2031	230,000	236,508	230,614
	PUBLIC SERVICE COLORADO CALL 12/15/2046 MORT	Corporate Bonds	3.80%	6/15/2047	40,000	39,837	29,665
	PULTEGROUP INC CALL 12/01/2025 @ 100.000 UNSC	Corporate Bonds	5.50%	3/1/2026	390,000	390,038	392,200
	PULTEGROUP INC CALL 12/01/2025 @ 100.000 UNSC	Corporate Bonds	5.50%	3/1/2026	215,000	214,551	216,213
	REALTY INCOME CORP CALL 01/15/2026 UNSC	Corporate Bonds	3.20%	1/15/2027	165,000	162,126	159,972
	REALTY INCOME CORP CALL 02/15/2025 UNSC	Corporate Bonds	3.88%	4/15/2025	175,000	171,827	174,571
	REALTY INCOME CORP CALL 02/15/2025 UNSC	Corporate Bonds	3.88%	4/15/2025	105,000	103,096	104,743
	ROYAL BANK OF CANADA SER GMTN CALL 07/23/2026	Corporate Bonds	VAR%	7/23/2027	485,000	486,395	487,226
	ROYAL BANK OF CANADA SER GMTN CALL 07/23/2026	Corporate Bonds	VAR%	7/23/2027	150,000	149,988	150,689
	SPRINT CORP CALL 11/01/2025 COGT	Corporate Bonds	7.63%	3/1/2026	155,000	159,438	158,430

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ID # 52-1074154, Plan # 501
December 31, 2024

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	STATE STREET CORP CALL 01/26/2025 UNSC	Corporate Bonds	VAR%	1/26/2026	100,000	\$ 100,000	\$ 99,987
	STATE STREET CORP CALL 02/20/2028 UNSC	Corporate Bonds	VAR%	2/20/2029	220,000	219,609	217,477
	SUNOCO LOGISTICS PARTNER CALL 07/01/2027 COGT	Corporate Bonds	4.00%	10/1/2027	85,000	81,830	83,127
	SYSCO CORPORATION CALL 09/14/2031	Corporate Bonds	2.45%	12/14/2031	280,000	240,452	234,889
	TAKE-TWO INTERACTIVE SOF CALL 02/28/2028 UNSC	Corporate Bonds	4.95%	3/28/2028	160,000	160,556	159,917
	TARGET CORP CALL 07/15/2052 UNSC	Corporate Bonds	4.80%	1/15/2053	35,000	34,973	31,238
	T-MOBILE USA INC CALL 04/15/2023 COGT	Corporate Bonds	2.63%	4/15/2026	425,000	403,567	414,171
	T-MOBILE USA INC CALL 04/15/2023 COGT	Corporate Bonds	2.63%	4/15/2026	225,000	213,152	219,267
	T-MOBILE USA INC SER W1 CALL 02/15/2027	Corporate Bonds	3.75%	4/15/2027	100,000	95,557	97,696
	TORONTO-DOMINION BANK SEDOL 2KQBLX5 ISIN US89115A2K70	Corporate Bonds	5.10%	1/9/2026	540,000	533,973	542,473
	TORONTO-DOMINION BANK SEDOL 2KQBLX5 ISIN US89115A2K70	Corporate Bonds	5.10%	1/9/2026	245,000	241,862	246,122
	TORONTO-DOMINION BANK SUB CALL 09/15/26 @ 100.00	Corporate Bonds	VAR%	9/15/2031	260,000	254,249	252,699
	TOYOTA AUTO RECEIVABLES OWNER SERIES 2021 D CLASS A	Corporate Bonds	0.71%	4/15/2026	57,368	53,709	56,950
	TOYOTA AUTO RECEIVABLES OWNER SERIES 2021 D CLASS A	Corporate Bonds	0.71%	4/15/2026	34,590	32,383	34,337
	TOYOTA AUTO RECEIVABLES OWNER SERIES 2022 A CLASS A	Corporate Bonds	1.23%	6/15/2026	62,257	59,668	61,781
	TOYOTA AUTO RECEIVABLES OWNER SERIES 2022 A CLASS A	Corporate Bonds	1.23%	6/15/2026	36,893	35,359	36,611
	TOYOTA AUTO RECEIVABLES OWNER SERIES 2022 D CLASS A	Corporate Bonds	5.30%	9/15/2027	252,504	252,337	253,997
	TOYOTA AUTO RECEIVABLES OWNER SERIES 2022 D CLASS A	Corporate Bonds	5.30%	9/15/2027	154,308	154,206	155,220
	TOYOTA AUTO RECEIVABLES OWNER SERIES 2024 B CLASS A	Corporate Bonds	5.33%	1/16/2029	240,000	239,966	243,274
	TOYOTA MOTOR CREDIT CORP UNSC	Corporate Bonds	4.80%	1/5/2026	400,000	399,866	400,944
	TOYOTA MOTOR CREDIT CORP UNSC	Corporate Bonds	4.80%	1/5/2026	215,000	214,834	215,507
	TOYOTA MOTOR CREDIT CORP UNSC	Corporate Bonds	4.55%	8/9/2029	135,000	134,734	133,349
	TRUIST FINANCIAL CORP SER MTN CALL 10/28/2025	Corporate Bonds	VAR%	10/28/2026	220,000	221,181	221,679
	UNION PACIFIC CORP SER MTN CALL 02/15/2039	Corporate Bonds	3.55%	8/15/2039	45,000	51,114	36,522
	UNITEDHEALTH GROUP INC CALL 08/15/2052 UNSC	Corporate Bonds	5.88%	2/15/2053	110,000	110,742	110,293
	US BANCORP CALL 10/26/2026 UNSC	Corporate Bonds	VAR%	10/26/2027	140,000	145,569	144,736
	VALERO ENERGY CORP BDS	Corporate Bonds	6.63%	6/15/2037	110,000	135,997	115,383

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	VERIZON COMMUNICATIONS CALL 12/15/2031 UNSC	Corporate Bonds	2.36%	3/15/2032	185,000	\$ 148,415	\$ 153,421
	VERIZON MASTER TRUST SERIES 2023 4 CLASS A1A	Corporate Bonds	5.16%	6/20/2029	300,000	300,322	302,838
	VERIZON MASTER TRUST SERIES 2023 4 CLASS A1A	Corporate Bonds	5.16%	6/20/2029	165,000	164,890	166,561
	VERIZON MASTER TRUST SERIES 2024-3 CLASS A1A	Corporate Bonds	5.34%	4/22/2030	325,000	324,928	330,473
	VIRGINIA POWER FUEL SEC SER A-2 SECR	Corporate Bonds	4.88%	5/1/2033	105,000	104,996	104,927
	VMWARE INC CALL 07/15/2026 UNSC	Corporate Bonds	1.40%	8/15/2026	235,000	210,174	222,618
	VOLKSWAGEN AUTO LOAN ENHANCED SERIES 2021 1 CLASS A3	Corporate Bonds	1.02%	6/22/2026	36,900	35,300	36,705
	VOLKSWAGEN AUTO LOAN ENHANCED SERIES 2021 1 CLASS A3	Corporate Bonds	1.02%	6/22/2026	22,140	21,180	22,023
	WALMART INC CALL 10/15/2052 UNSC	Corporate Bonds	4.50%	4/15/2053	130,000	129,640	113,112
	WARNERMEDIA HOLDINGS INC CALL 03/15/2024 COGT	Corporate Bonds	6.41%	3/15/2026	155,000	155,002	155,062
	WELLS FARGO & CO MEDIUM TERM CALL 06/17/2026	Corporate Bonds	VAR%	6/17/2027	425,000	407,246	415,170
	WELLS FARGO & CO MEDIUM TERM CALL 06/17/2026	Corporate Bonds	VAR%	6/17/2027	200,000	191,304	195,374
	WELLS FARGO & COMPANY CALL 04/22/2027 UNSC	Corporate Bonds	VAR%	4/22/2028	170,000	171,103	172,797
	WELLS FARGO & COMPANY CALL 04/24/2033 UNSC	Corporate Bonds	VAR%	4/24/2034	115,000	115,518	113,720
	WELLS FARGO & COMPANY CALL 07/25/2028 UNSC	Corporate Bonds	VAR%	7/25/2029	185,000	189,003	187,831
	WESTPAC BKG CORP SEDOL BDBGH51 ISIN US961214DF70	Corporate Bonds	VAR%	11/23/2031	380,000	386,702	374,011
	WILLIAMS PARTNERS LP CALL 10/15/2024 @ 100.000	Corporate Bonds	3.90%	1/15/2025	395,000	386,377	394,838
	WILLIAMS PARTNERS LP CALL 10/15/2024 @ 100.000	Corporate Bonds	3.90%	1/15/2025	215,000	209,895	214,912
	WRKCO INC SER WI CALL 01/15/2025	Corporate Bonds	3.75%	3/15/2025	355,000	349,139	354,059
	WRKCO INC SER WI CALL 01/15/2025 0	Corporate Bonds	3.75%	3/15/2025	215,000	211,450	214,430
	XCEL ENERGY INC CALL 12/01/2024 @ 100.000 UNSC	Corporate Bonds	3.30%	6/1/2025	350,000	340,638	347,424
	XCEL ENERGY INC CALL 12/01/2024 @ 100.000 UNSC	Corporate Bonds	3.30%	6/1/2025	215,000	209,249	213,410
						53,728,362	53,837,168
	Corporate Stock - Common						
	ABBOTT LABORATORIES INC	Common Stock	N/A	N/A	2,765	334,509	312,749
	ABBVIE INC	Common Stock	N/A	N/A	1,403	132,956	249,313
	ACCENTURE PLC CLASS A SEDOL B4BNMY3 ISIN IE00B4BNMY34	Common Stock	N/A	N/A	807	145,778	283,895

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	ALPHABET INC/CA-CL A	Common Stock	N/A	N/A	7,222	\$ 334,722	\$ 1,367,125
	AMAZON COM INC	Common Stock	N/A	N/A	6,119	581,733	1,342,447
	APPLE INC	Common Stock	N/A	N/A	7,742	277,539	1,938,752
	ATMOS ENERGY CORP	Common Stock	N/A	N/A	1,928	218,961	268,513
	AUTOZONE INC	Common Stock	N/A	N/A	76	59,162	243,352
	BANK OF AMERICA CORP	Common Stock	N/A	N/A	9,242	274,607	406,186
	BLACKROCK FUNDING INC/DE	Common Stock	N/A	N/A	312	190,967	319,834
	BLACKSTONE INC	Common Stock	N/A	N/A	1,835	270,268	316,391
	BOSTON SCIENTIFIC CORP	Common Stock	N/A	N/A	3,444	186,346	307,618
	BROADCOM INC	Common Stock	N/A	N/A	4,579	125,023	1,061,595
	CADENCE DESIGN SYSTEMS INC	Common Stock	N/A	N/A	991	205,735	297,756
	CHEVRON CORPORATION	Common Stock	N/A	N/A	1,406	218,517	203,645
	CHUBB LTD SEDOL B3BQMF6 ISIN CH0044328745	Common Stock	N/A	N/A	1,118	223,315	308,903
	CINTAS CORP	Common Stock	N/A	N/A	1,852	104,808	338,360
	COSTCO WHOLESALE CORP	Common Stock	N/A	N/A	478	106,586	437,977
	DISNEY WALT CO	Common Stock	N/A	N/A	1,871	226,748	208,336
	EASTMAN CHEM CO	Common Stock	N/A	N/A	1,865	205,856	170,312
	ELI LILLY & CO	Common Stock	N/A	N/A	738	91,427	569,736
	EXXON MOBIL CORP	Common Stock	N/A	N/A	3,913	204,693	420,921
	FOX CORP - CLASS A - W/I	Common Stock	N/A	N/A	2,782	109,033	135,150
	HOME DEPOT INC	Common Stock	N/A	N/A	1,108	200,970	431,001
	HONEYWELL INTL INC	Common Stock	N/A	N/A	1,550	290,300	350,130
	HUBBELL INC	Common Stock	N/A	N/A	659	250,406	276,049
	ILLINOIS TOOL WORKS INC	Common Stock	N/A	N/A	1,374	341,740	348,391
	JPMORGAN CHASE & CO	Common Stock	N/A	N/A	2,513	127,532	602,391
	LAM RESEARCH CORP	Common Stock	N/A	N/A	3,683	112,259	266,023
	MARRIOTT INTERNATIONAL INC CL A	Common Stock	N/A	N/A	899	218,128	250,767
	MASTERCARD INC CL A	Common Stock	N/A	N/A	960	313,879	505,507
	MCDONALD'S CORP	Common Stock	N/A	N/A	799	219,343	231,622
	MERCK & CO INC	Common Stock	N/A	N/A	2,929	238,913	291,377

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	META PLATFORMS INC	Common Stock	N/A	N/A	1,807	\$ 386,338	\$ 1,058,017
	MICROSOFT CORP	Common Stock	N/A	N/A	4,662	417,323	1,965,033
	MORGAN STANLEY	Common Stock	N/A	N/A	2,393	135,429	300,848
	MOTOROLA SOLUTIONS INC	Common Stock	N/A	N/A	629	105,558	290,743
	NEW LINDE PLC SEDOL BNZHB81 ISIN IE000S9YS762	Common Stock	N/A	N/A	527	251,417	220,639
	NVIDIA CORP	Common Stock	N/A	N/A	12,934	1,753,764	1,736,907
	PEPSICO INC	Common Stock	N/A	N/A	1,782	311,167	270,971
	PHILIP MORRIS INTERNAT-W/I	Common Stock	N/A	N/A	2,948	295,942	354,792
	PROCTER & GAMBLE CO	Common Stock	N/A	N/A	1,705	173,194	285,843
	QUANTA SVCS INC	Common Stock	N/A	N/A	1,117	62,511	353,028
	RAYMOND JAMES FINANCIAL INC	Common Stock	N/A	N/A	1,704	253,731	264,682
	S&P GLOBAL INC	Common Stock	N/A	N/A	618	67,218	307,783
	SERVICE NOW INC	Common Stock	N/A	N/A	346	189,911	366,802
	SHERWIN-WILLIAMS CO	Common Stock	N/A	N/A	663	251,340	225,374
	STRYKER CORP	Common Stock	N/A	N/A	617	143,786	222,151
	TAIWAN SEMICONDUCTOR MTG CO ADR	Common Stock	N/A	N/A	1,283	132,971	253,380
	TELEDYNE TECHNOLOGIES INC	Common Stock	N/A	N/A	366	125,304	169,872
	TJX COMPANIES INC NEW	Common Stock	N/A	N/A	2,265	183,847	273,635
	TRANSDIGM GROUP INC	Common Stock	N/A	N/A	207	276,653	262,327
	UNITEDHEALTH GROUP INC	Common Stock	N/A	N/A	977	266,496	494,225
	VISA INC CLASS A SHARES	Common Stock	N/A	N/A	1,313	127,117	414,961
	WEC ENERGY GROUP INC	Common Stock	N/A	N/A	1,557	34,650	146,416
						13,088,426	25,300,553
	Interest Bearing Cash						
	FIDELITY GOVERNMENT PORT-INS FD# 2642	Prime MM	N/A	N/A	18,318,956	18,318,956	18,318,956
	FIDELITY GOVERNMENT PORT-INS FD# 2642	Prime MM	N/A	N/A	181,513	181,513	181,513
	FIDELITY GOVERNMENT PORT-INS FD# 2642	Prime MM	N/A	N/A	414,331	414,331	414,331

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	FIDELITY GOVERNMENT PORT-INS FD# 2642	Prime MM	N/A	N/A	208,539	\$ 208,539	\$ 208,539
	FIDELITY GOVERNMENT PORT-INS FD# 2642	Prime MM	N/A	N/A	434,991	434,991	434,991
						19,558,330	19,558,330
	Registered Investment Companies						
	FIDELITY 500 INDEX FD-AI	Mutual Fund	N/A	N/A	74,551	9,686,135	15,222,477
	ISHARES CORE MSCI EAFE ETF ETF	Mutual Fund	N/A	N/A	29,452	1,679,044	2,069,887
	ISHARES CORE DIVIDEND GROWTH ETF	Mutual Fund	N/A	N/A	44,632	1,992,007	2,737,727
	VANGUARD BD INDEX FD INC TOTAL BD MKT PORTFOLIO INSTL FD #222	Mutual Fund	N/A	N/A	1,156,578	13,277,647	10,964,360
						26,634,833	30,994,451
	Other Bonds						
	TEXAS ST TRANSN COMMN TAX FIRST TIER SER B	Municipal Bond	5.178%	4/1/2030	75,000	81,159	75,707
						81,159	75,707
						\$ 166,283,320	\$ 181,206,297

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

**Special Agents Mutual Benefit Association Benefit Plan
Form 5500 Schedule H, Line 4j - Reportable Transactions
ID # 52-1074154, Plan # 501
Year Ended December 31, 2024**

(a) Identity of Party Involved (b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Assets	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<i>Single transactions:</i>					
Fidelity Government PORT-INS FD #2642	N/A	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ -
<i>Series of transactions:</i>					
Fidelity Government PORT-INS FD #2642	\$ 63,036,343	N/A	\$ 63,036,343	\$ 63,036,343	N/A
Fidelity Government PORT-INS FD #2642	N/A	\$ 63,948,427	\$ 63,948,427	\$ 63,948,427	\$ -

(e) = Lease rental is not applicable.

(f) = Expense incurred with transaction is not applicable.

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

Special Agents Mutual Benefit Association

EIN 52-1074154

Plan No. 501

Plan Year Ended DECEMBER 31, 2024

Form 5500, Schedule H, Part IV, Line 4i

Schedule of Assets (Held at End of Year)

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

Special Agents Mutual Benefit Association

EIN 52-1074154

Plan No. 501

Plan Year Ended DECEMBER 31, 2024

Form 5500, Schedule H, Part IV, Line 4j

Schedule of Reportable Transactions

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

Special Agents Mutual Benefit Association

EIN 52-1074154

Plan No. 501

Plan Year Ended DECEMBER 31, 2024

Form 5500, Schedule H, Part III

Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 a single-employer plan a DFE (specify) _____
- B** This return/report is: the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan SAMBA Benefit Plan	1b Three-digit plan number (PN) ▶ 501
	1c Effective date of plan 10/21/1948
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) Special Agents Mutual Benefit Association 11301 Old Georgetown Road Rockville MD 20852	2b Employer Identification Number (EIN) 52-1074154
	2c Plan Sponsor's telephone number (301) 984-4109
	2d Business code (see instructions) 524290
	(Empty space for additional information)

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	<i>Pamela Lynch</i>	7/28/2025	PAMELA LYNCH
	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

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 104,373
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	6a(1) 104,373
a(2) Total number of active participants at the end of the plan year	6a(2) 108,563
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 0
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 108,563
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 0
f Total. Add lines 6d and 6e.	6f
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

4A 4B 4D 4E 4F 4G 4H 4L

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

b General 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)

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 7
- (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 _____
