

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, 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: CREDIT UNION CONSORTIUM HEALTH AND WELFARE PLAN
1b Three-digit plan number (PN): 601
1c Effective date of plan: 01/01/2018
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code
2b Employer Identification Number (EIN): 82-4121530
2c Plan Sponsor's telephone number: 765-254-5209
2d Business code (see instructions): 525100

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for 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	3615
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)	3615
	6a(2)	3666
	6b	0
	6c	0
	6d	3666
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4D 4E 4T 4U

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>4</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 168715379

<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: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="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: large;">2024</p> <hr/> <p style="text-align: center;">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

A Name of plan CREDIT UNION CONSORTIUM HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	601
C Plan sponsor's name as shown on line 2a of Form 5500 CREDIT UNION CONSORTIUM	D Employer Identification Number (EIN) 82-4121530	

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

1 Coverage Information:

(a) Name of insurance carrier
ANTHEM INSURANCE COMPANIES, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0781558	28207	W11466	3666	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
0	15472

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

LHD BENEFIT ADVISORS
401 PENNSYLVANIA PKWY
SUITE 200
INDIANAPOLIS, IN 46280

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15472	BROKER		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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <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		2945393
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 CREDIT UNION CONSORTIUM HEALTH AND WELFARE PLAN		B Three-digit plan number (PN) ▶ 601
C Plan sponsor's name as shown on line 2a of Form 5500 CREDIT UNION CONSORTIUM		D Employer Identification Number (EIN) 82-4121530

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

1 Coverage Information:

(a) Name of insurance carrier
DELTA DENTAL OF INDIANA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-1545647	52634	356	5265	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 106193	(b) Total amount of fees paid 0
--	--

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

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

ICUL SERVICES CORPORATION
8415 ALLISON POINTE BLVD
SUITE 515
INDIANAPOLIS, IN 46250

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
106193			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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	1775550	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	187	
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))	9a(4)		1775737
b	Benefit charges (1) Claims paid	9b(1)	1434426	
	(2) Increase (decrease) in claim reserves	9b(2)	-584	
	(3) Incurred claims (add (1) and (2))	9b(3)		1433842
	(4) Claims charged	9b(4)		
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)	106193	
	(B) Administrative service or other fees	9c(1)(B)	141345	
	(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)	17757	
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention	9c(1)(H)		265295
	(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)		38806
	(3) Other reserves	9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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 CREDIT UNION CONSORTIUM HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 601
C Plan sponsor's name as shown on line 2a of Form 5500 CREDIT UNION CONSORTIUM	D Employer Identification Number (EIN) 82-4121530

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

VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1227840	39616	30092343	3392	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 59797	(b) Total amount of fees paid 0
---	--

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

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

ICUL SERVICES CORPORATION
8415 ALLISON POINTE BLVD
SUITE 515
INDIANAPOLIS, IN 46250

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
59797			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
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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	598540	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	406119	
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))	9a(4)		1004659
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)	59797	
	(B) Administrative service or other fees	9c(1)(B)	140658	
	(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)		200455
	(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	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	

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 CREDIT UNION CONSORTIUM HEALTH AND WELFARE PLAN</p>	<p>B Three-digit plan number (PN) ▶ 601</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 CREDIT UNION CONSORTIUM</p>	<p>D Employer Identification Number (EIN) 82-4121530</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 (VOYA)

(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	71197-7	909	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.

<p>(a) Total amount of commissions paid 94354</p>	<p>(b) Total amount of fees paid 40792</p>
---	--

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

ICUL SERVICES CORP **8415 ALLISON POINTE BLVD**
SUITE 515
INDIANAPOLIS, IN 46250

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
86788	0	WRITING AGENT	3

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

PLANSOURCE BENEFITS ADMIN, INC **101 S. GARLAND AVE, STE 203**
ORLANDO, FL 32801-3277

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	23434	TECHNOLOGY FEE	3

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

LHD BENEFIT ADVISORS 401 PENNSYLVANIA PKWY
 SUITE 200
 INDIANAPOLIS, IN 46280

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	17358	SERVICE FEE	3

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

LHD BENEFIT ADVISORS 401 PENNSYLVANIA PKWY
 SUITE 200
 INDIANAPOLIS, IN 46280

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7566	0	SUPP COMPENSATION	3

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were <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	433941
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <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 CREDIT UNION CONSORTIUM HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	601
C Plan sponsor's name as shown on line 2a of Form 5500 CREDIT UNION CONSORTIUM	D Employer Identification Number (EIN) 82-4121530	

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

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

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

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

ANTHEM INSURANCE COMPANIES, INC.

35-0781558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 62 99 50	TPA	2272269	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	15492	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ICUL SERVICES CORPORATION

35-6065923

(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 15 16 36 38 50	PLAN MANAGER	911623	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)

LHD BENEFIT ADVISORS

35-2150902

(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 16 64 65 50	ADVISOR	430800	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" 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)

INDIANA CREDIT UNION LEAGUE

35-0408785

(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	ADVOCACY	65670	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)

BOSE, MCKINNEY, & EVANS, LLP

35-0957980

(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	ATTORNEY	60880	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)

MARKSNELSON ADVISORY LLC

92-1368147

(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 50	EXAMINER	11500	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)

KENTUCKY CREDIT UNION LEAGUE

61-0391408

(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	ADVOCACY	25008	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)

BRADY, WARE AND SCHOENFELD

35-1476702

(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 50	AUDITOR	20220	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)

THE HOWARD E NYHART COMPANY, INC

35-0966414

(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	ACTUARY	5700	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)

CVS HEALTH

05-0340626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 62	PHARMACY BENEFIT MANAGER	478039	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)

CURALINC, LLN

33-1206383

(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	EAP	53944	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)

GROOM LAW GROUP, CHARTERED

52-1219029

(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	ATTORNEY	21496	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)

STIFEL, NICOLAUS & COMPANY, INC.

43-0538770

(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 28 51	INVESTMENT MANAGER	16033	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)

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

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

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

Part I Service Provider Information (continued)

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

(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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan CREDIT UNION CONSORTIUM HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 601
C Plan sponsor's name as shown on line 2a of Form 5500 CREDIT UNION CONSORTIUM	D Employer Identification Number (EIN) 82-4121530

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

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	1659727
		2967991
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	24011026
(2) U.S. Government securities	1c(2)	1686042
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	1017345
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2609954
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	50980
		4280993
		0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	31035074	32277506
Liabilities			
g Benefit claims payable.....	1g	6371832	6581403
h Operating payables.....	1h	75189	99016
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	6447021	6680419
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	24588053	25597087

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)	51721881	
(B) Participants.....	2a(1)(B)	164385	
(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)		51886266
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1206739	
(B) U.S. Government securities.....	2b(1)(B)	17193	
(C) Corporate debt instruments.....	2b(1)(C)	96812	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1320744
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	108795	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		108795
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	1772969	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1703134	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		69835
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	275580	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		53661220

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	43067006	
(2) To insurance carriers for the provision of benefits	2e(2)	5285358	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		48352364
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)	0	
(2) Contract administrator fees	2i(2)	3853314	
(3) Recordkeeping fees	2i(3)	99070	
(4) IQPA audit fees	2i(4)	20220	
(5) Investment advisory and investment management fees	2i(5)	16033	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	5700	
(8) Legal fees	2i(8)	83291	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	1390	
(11) Other expenses	2i(11)	220804	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4299822
j Total expenses. Add all expense amounts in column (b) and enter total	2j		52652186

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1009034
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: **BRADY WARE & SCHOENFELD**

(2) EIN: **35-1476702**

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.)		X	
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 _____.

CREDIT UNION CONSORTIUM HEALTH PLAN

**FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION**

Years Ended December 31, 2024 and 2023

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INDEPENDENT AUDITORS' REPORT

Plan Administrator
Credit Union Consortium Health Plan
Indianapolis, Indiana

Opinion

We have audited the accompanying financial statements of **Credit Union Consortium Health Plan** (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of **Credit Union Consortium Health 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 **Credit Union Consortium Health Plan's** ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

INDEPENDENT AUDITORS' REPORT - CONTINUED

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.

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of **Credit Union Consortium Health 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 **Credit Union Consortium Health Plan's** ability to continue as a going concern for a reasonable period of time.

INDEPENDENT AUDITORS' REPORT - CONTINUED

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) on pages 13 - 22 and the supplemental Schedule of Reportable Transactions on page 23 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

In our opinion, the information in the accompanying schedules are 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.



Richmond, Indiana
March 31, 2025

CREDIT UNION CONSORTIUM HEALTH PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Certificates of deposit	\$ 19,936,454	\$ 18,837,444
Cash - interest bearing	3,364,385	5,157,600
Investments at fair value	6,008,676	5,329,323
Other receivables	115,698	146,840
Stop loss and rebates receivable	2,847,238	1,512,887
Prepaid expenses	5,055	50,980
	<u>32,277,506</u>	<u>31,035,074</u>
Total assets		
LIABILITIES		
Accounts payable	81,814	59,260
Other liabilities	17,202	15,929
	<u>99,016</u>	<u>75,189</u>
Total liabilities		
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 32,178,490</u>	<u>\$ 30,959,885</u>

CREDIT UNION CONSORTIUM HEALTH PLAN**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Contributions		
Employer contributions	\$ 51,721,881	\$ 49,518,048
COBRA contributions	<u>164,385</u>	<u>130,001</u>
Total contributions	<u>51,886,266</u>	<u>49,648,049</u>
Investment income		
Net appreciation in fair value of investments	275,580	178,371
Interest and dividends	<u>1,499,374</u>	<u>1,288,339</u>
	1,774,954	1,466,710
Less investment expenses	<u>(16,033)</u>	<u>(13,150)</u>
Net investment income	<u>1,758,921</u>	<u>1,453,560</u>
Total additions	<u>53,645,187</u>	<u>51,101,609</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid	42,857,435	41,893,323
Administrative expenses	4,283,789	4,005,515
Reinsurance premiums	<u>5,285,358</u>	<u>4,849,828</u>
Total deductions	<u>52,426,582</u>	<u>50,748,666</u>
NET INCREASE	1,218,605	352,943
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>30,959,885</u>	<u>30,606,942</u>
End of year	<u>\$ 32,178,490</u>	<u>\$ 30,959,885</u>

CREDIT UNION CONSORTIUM HEALTH PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN

The following description of the **Credit Union Consortium Health Plan** (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The CUCare Welfare Benefit Plan Trust (the "Trust") and the CUCare Welfare Benefit Plan were established in 2013 by the Indiana Credit Union League, Inc. (ICUL) and the Board of Trustees to provide health and other benefits covering all eligible employees of participating credit unions located in the State of Indiana (Employers). Effective January 1, 2018, the ICUL transferred its settlor powers in the CUCare Welfare Benefit Plan Trust to the newly created Credit Union Consortium (the "Consortium"). All assets of the CUCare Welfare Benefit Plan Trust continue to be used for the purposes set forth in the trust agreement. The CUCare Welfare Benefit Plan was terminated effective December 31, 2017. In accordance with the CUCare Welfare Benefit Plan termination documentation, the Trust was obligated to pay claims with respect to the CUCare Welfare Benefit Plan for eligible expenses incurred prior to January 1, 2018. A new plan, the Credit Union Consortium Health Plan, was formed effective January 1, 2018 by the Credit Union Consortium.

Effective January 1, 2019, the CUCare Welfare Benefit Plan Trust changed its name to the Credit Union Trust. In addition, during 2019, the Plan was approved to transact business as a multi-employer welfare arrangement in the Commonwealth of Kentucky. The first Kentucky credit union member joined the Plan in 2022.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees of the Credit Union Consortium oversees governance of the Plan.

Contributions - Employers and participating employees are required to make monthly contributions to the Plan based on established rates for elected coverage. Contribution rates are determined annually by the Board of Trustees.

Benefits - The Plan provides health benefits (medical and prescription drugs) for employees of the Employers and their eligible dependents, which are self-insured. The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA). In addition, the Plan also provides dental and vision coverages which are not self-insured.

Stop Loss Coverage - The Plan has entered into a stop loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims). Premiums for stop loss insurance are included in the accompanying statements of changes in net assets available for benefits. The Plan recognized \$6,790,192 and \$1,105,222 of stop loss reimbursements during the years ended December 31, 2024 and 2023, which have been netted against benefit expenses on the statements of changes in net assets available for benefits.

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

CREDIT UNION CONSORTIUM HEALTH PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements of the Plan are prepared using the accrual method of accounting.

Financial Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's administrator to make estimates and assumptions that affect the reported amounts of net assets, and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Certificates of Deposit - The Plan's certificates of deposit are recorded at cost and have varying original maturity dates.

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. See Note 3 for discussion of fair value measurements. Interest income is recorded on the accrual basis.

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 (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Concentrations - Financial instruments that potentially subject the Plan to credit risk consist principally of cash and certificates of deposit. At December 31, 2024 and 2023, the recorded amounts of the Plan's checking and sweep accounts were \$3,364,385 and \$5,157,600. At December 31, 2024 and 2023, the credit union balances of these deposits were \$3,364,385 and \$5,190,486. At December 31, 2024 and 2023, only \$250,000 was insured by the National Credit Union Share Insurance Fund (NCUSIF). Uninsured amounts were \$3,114,385 and \$4,940,486 at December 31, 2024 and 2023.

The Plan's certificates of deposit are invested in multiple banks, which are FDIC insured, and credit unions, which are NCUSIF insured. At December 31, 2024, the Plan had certificates of deposit at one financial institution that were over the FDIC insured amount. The total bank balance of these certificates of deposit was \$448,000, with an uninsured amount of \$198,000. None of the remaining individual certificate of deposit exceeded the \$250,000 coverage at December 31, 2024. No certificates of deposit at a specific bank or credit union exceeded the \$250,000 coverage at December 31, 2023.

Stop Loss and Rebates Receivable - Stop loss receivables represent amounts due to the Plan from its reinsurance carrier for reimbursement of claims paid that exceed the stop loss limit. Rebate receivables represent prescription rebates for prior claims paid.

Payment of Benefits - Premiums paid by the Plan are recorded as premium payments in the accompanying statements of changes in net assets available for benefits. Claim payments are recorded when paid.

Administrative Expenses - Plan expenses are paid by the Plan, as provided by the Plan document. Expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits.

CREDIT UNION CONSORTIUM HEALTH PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Actuarial Present Value of Benefit Obligations - Plan obligations at December 31 for medical and prescription claims incurred by active participants, but not reported at December 31, are estimated by the Plan's actuary in accordance with accepted actuarial principles. The actuarial present value of claims incurred but not reported (IBNR) is based on past paid claims data in order to develop an estimate of the percentage unpaid. Such estimated amounts are reported in Notes 4 and 5 at present value.

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

Subsequent Events - In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through March 31, 2025, the date the financial statements were available to be issued.

NOTE 3 - FAIR VALUE MEASUREMENTS

Accounting standards provide a framework for measuring fair value. This framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements), and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under the accounting standards are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

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

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

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

CREDIT UNION CONSORTIUM HEALTH PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 3 - FAIR VALUE MEASUREMENTS - CONTINUED

Following is a description of the valuation methodologies used for assets measured at fair value.

Money market fund, U.S. Treasury securities, exchange-traded funds, mutual funds - cash equivalents, and mutual funds: Fair values are determined by quoted market prices.

Fixed income securities - bonds: Fair values are calculated using quoted market prices for similar assets in markets that are not active.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Fair Value</u>
Money market fund	\$ 106,351	\$ -	\$ -	\$ 106,351
U.S. Treasury securities	308,549	-	-	308,549
Fixed income securities - bonds	-	1,312,783	-	1,312,783
Exchange-Traded funds	1,868,512	-	-	1,868,512
Mutual funds - cash equivalents	191,851	-	-	191,851
Mutual funds	2,220,630	-	-	2,220,630
	<u>\$ 4,695,893</u>	<u>\$ 1,312,783</u>	<u>\$ -</u>	<u>\$ 6,008,676</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Fair Value</u>
Money market fund	\$ 15,982	\$ -	\$ -	\$ 15,982
U.S. Treasury securities	1,686,042	-	-	1,686,042
Fixed income securities - bonds	-	1,017,345	-	1,017,345
Exchange-Traded funds	519,088	-	-	519,088
Mutual funds - cash equivalents	746,194	-	-	746,194
Mutual funds	1,344,672	-	-	1,344,672
	<u>\$ 4,311,978</u>	<u>\$ 1,017,345</u>	<u>\$ -</u>	<u>\$ 5,329,323</u>

CREDIT UNION CONSORTIUM HEALTH PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 4 - SUMMARY OF PLAN BENEFIT OBLIGATIONS

Amounts payable for claims incurred but not yet reported and claims payable as of December 31, 2024 and 2023 are as follows:

	<u>2024</u>	<u>2023</u>
Claims incurred but not yet reported	\$ 5,595,329	\$ 4,970,571
Claims payable	986,074	1,401,261
Plan's Total Benefit Obligation	<u>\$ 6,581,403</u>	<u>\$ 6,371,832</u>

NOTE 5 - SUMMARY OF CHANGES IN PLAN BENEFIT OBLIGATIONS

The changes in amounts payable for claims incurred but not yet reported and claims payable for the years 2024 and 2023 are as follows:

	<u>2024</u>	<u>2023</u>
Balance, beginning of year	\$ 6,371,832	\$ 5,091,516
Net change during the year	209,571	1,280,316
Balance, end of year	<u>\$ 6,581,403</u>	<u>\$ 6,371,832</u>
Plan's Total Benefit Obligation	<u>\$ 6,581,403</u>	<u>\$ 6,371,832</u>

NOTE 6 - LINE OF CREDIT

The Plan entered into a \$200,000 line of credit arrangement with a financial institution in June 2020. The institution required the Plan to establish a \$200,000 certificate of deposit with a corresponding line of credit in order to serve as overdraft protection due to the significant settlement activity in its operating cash account. Due to the nature of the arrangement, the Plan considers the line of credit to be an ancillary service. Interest is payable monthly at the institution's demand loan rate (5.59% and 6.96% at December 31, 2024 and 2023). The line of credit is secured by certain assets of the Plan and matures in July 2025. The Plan had no outstanding borrowings on the line of credit as of December 31, 2024 or 2023.

NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS

As described in Note 2, the Plan paid certain expenses related to Plan operations to various service providers. These transactions are party-in-interest transactions under ERISA. In addition, the Plan has certain certificates of deposit with participating credit union members. These have been identified as parties-in-interest on the Schedule H, Line 4i - Schedule of Assets (Held at End of Year).

CREDIT UNION CONSORTIUM HEALTH PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 8 - PLAN TERMINATION

Although the Employers have not expressed any intention to do so, they have the right to discontinue participation in the Plan subject to provisions set forth in the Plan Participation Agreement, Consortium Agreement, and ERISA. In the event the Plan is terminated, the net assets of the Plan must first be distributed to pay claims of participants of the Plan. Remaining funds, if any, shall be distributed to the participating employers in a manner consistent with Section 501(c)(9) of the Internal Revenue Code, on a prorated basis, consistent with its contributions to the Plan.

NOTE 9 - TAX STATUS

The Trust established under the Plan to hold the Plan's assets is intended to qualify pursuant to Section 501(c)(9) of the Internal Revenue Code. The Trust has obtained a favorable tax determination letter from the Internal Revenue Service, and the Plan Sponsor believes that the Trust continues to qualify and to operate in accordance with applicable provisions of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require the Plan Administrator to evaluate tax positions taken by the plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. Based on the results of the Plan Administrator's evaluation, no liability has been recognized in the accompanying statements of net assets available for benefits for uncertain income tax positions. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

NOTE 10 - RISKS AND UNCERTAINTIES

The actuarial claims incurred but not reported calculation is reported based on certain assumptions pertaining to health care inflation rates and employee demographics, all of which are subject to change. In addition, the Plan invests in various investment securities which are exposed to risks such as interest rate, market, and credit risks. Due to uncertainties inherent in the estimations and assumptions process as well as the level of risk associated with certain investment securities, it is at least reasonably possible that changes in these estimates, assumptions, and risks in the near term would be material to the financial statements.

NOTE 11 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits and the net increase (decrease) in net assets available for benefits between the financial statements and the Form 5500 as of and for the years ended December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per Form 5500	\$ 25,597,087	\$ 24,588,053
Benefit obligations	<u>6,581,403</u>	<u>6,371,832</u>
Net assets available for benefits per the financial statements	<u>\$ 32,178,490</u>	<u>\$ 30,959,885</u>

CREDIT UNION CONSORTIUM HEALTH PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 11 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 - CONTINUED

	<u>2024</u>	<u>2023</u>
Net increase (decrease) in net assets available for benefits per Form 5500	\$ 1,009,034	\$ (927,373)
Change in benefit obligations	209,571	1,280,316
Net increase in net assets available for benefits per the financial statements	<u>\$ 1,218,605</u>	<u>\$ 352,943</u>

NOTE 12 - SUPPLEMENTAL CONTRIBUTION FUND

At December 31, 2024 and 2023, the balance in the Plan's supplemental contribution fund was \$19,412,005 and \$18,200,005. The projected premium income for 2025, plus the Plan's supplemental contribution fund balance at December 31, 2024, is sufficient to cover the projected claims liability plus expenses for the Plan for 2025.

NOTE 13 - IDOI MINIMUM FUND BALANCE REQUIREMENT

The Indiana Department of Insurance (IDOI) requires multi-employer welfare plans to maintain a minimum fund balance of \$500,000 determined as follows for the years 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Fund balance, as defined by IDOI regulations		
Assets		
Certificates of deposit	\$ 19,936,454	\$ 18,837,444
Cash - interest bearing	3,364,385	5,157,600
Investments at fair value	6,008,676	5,329,323
Other receivables	115,698	146,840
Stop loss and rebates receivable	2,847,238	1,512,887
Prepaid expenses	5,055	50,980
	<u>32,277,506</u>	<u>31,035,074</u>
Liabilities		
Accounts payable	81,814	59,260
Claims payable	986,074	1,401,261
Other liabilities	17,202	15,929
Obligation for claims incurred but not reported	5,595,329	4,970,571
	<u>6,680,419</u>	<u>6,447,021</u>
Fund balance, as defined by IDOI regulations	<u>\$ 25,597,087</u>	<u>\$ 24,588,053</u>

The Plan met the required minimum fund balance of \$500,000 at December 31, 2024 and 2023.

CREDIT UNION CONSORTIUM HEALTH PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

PLAN'S EMPLOYER IDENTIFICATION NUMBER: 82-4121530

PLAN NUMBER: 601

December 31, 2024

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value	
Certificate of deposits				
Oregon Community Credit, Eugene, OR	Matures 1/10/2025, 5.000% rate	\$ 248,000	\$ 248,000	
Heritage Financial CU, Middletown, NY	Matures 1/13/2025, 5.150% rate	248,000	248,000	
Qside FCU, Queens Village, NY	Matures 1/13/2025, 4.950% rate	248,000	248,000	
General Electric CU, Cincinnati, OH	Matures 1/24/2025, 5.050% rate	248,000	248,000	
Space Coast Credit Union, Melbourne, FL	Matures 1/27/2025, 5.100% rate	248,000	248,000	
West Pointe Bank, Oshkosh, WI	Matures 2/3/2025, 4.950% rate	248,000	248,000	
Community Choice Credit, Farmington Hills, MI	Matures 2/10/2025, 5.100% rate	248,000	248,000	
Greenstate CU, North Liberty, IA	Matures 2/10/2025, 5.000% rate	248,000	248,000	
Bank of Jamestown, Jamestown, KY	Matures 2/12/2025, 5.050% rate	99,000	99,000	
Bank of Jamestown, Jamestown, KY	Matures 2/12/2025, 5.050% rate	99,000	99,000	
Bank of Jamestown, Jamestown, KY	Matures 2/12/2025, 5.050% rate	50,000	50,000	
Garden Savings FCU, Parsippany, NJ	Matures 2/18/2025, 5.050% rate	248,000	248,000	
Cornerstone Community, Auburn Hills, MI	Matures 2/28/2025, 5.100% rate	248,000	248,000	
Bath Savings Institution, Bath, ME	Matures 3/6/2025, 4.850% rate	248,000	248,000	
Greater New Orleans FCU, Metairie, LA	Matures 3/6/2025, 5.300% rate	248,000	248,000	
Caro FCU, Columbia, SC	Matures 3/11/2025, 5.100% rate	248,000	248,000	
Downeast Credit Union, Baileyville, ME	Matures 3/20/2025, 5.100% rate	248,000	248,000	
Park View Federal Credit Union, Harrisonburg, VA	Matures 3/20/2025, 5.050% rate	248,000	248,000	
First Community CU, Beloit, WI	Matures 3/24/2025, 4.960% rate	248,000	248,000	

CREDIT UNION CONSORTIUM HEALTH PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

PLAN'S EMPLOYER IDENTIFICATION NUMBER: 82-4121530

PLAN NUMBER: 601

December 31, 2024

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value
Certificate of deposits - continued				
	Generations Community, San Antonio, TX	Matures 3/31/2025, 5.100% rate	248,000	248,000
	The Idabel National Bank, Idabel, OK	Matures 4/1/2025, 4.850% rate	248,000	248,000
	Guardian Savings Bank, Westchester, OH	Matures 4/2/2025, 5.150% rate	248,000	248,000
	Breco FCU, Baton Rouge, LA	Matures 4/7/2025, 4.550% rate	248,000	248,000
	Americu CU, Rome, NY	Matures 4/28/2025, 5.100% rate	248,000	248,000
	Credit Union West, Glendale, AZ	Matures 4/28/2025, 5.150% rate	248,000	248,000
	Murphy Bank, Pinedale, CA	Matures 4/29/2025, 5.100% rate	248,000	248,000
	Encompass FCU, Tipton, IN	Matures 5/2/2025, 5.250% rate	248,000	248,000
	First National Bank, Damariscotta, ME	Matures 5/7/2025, 5.060% rate	248,000	248,000
	Comenity Bank, Wilmington, DE	Matures 5/13/2025, 5.100% rate	100,000	100,000
	Comenity Bank, Wilmington, DE	Matures 5/13/2025, 5.100% rate	100,000	100,000
	Farmers State Bank, Oakley, KS	Matures 5/19/2025, 5.100% rate	248,000	248,000
	Fivepoint Credit Union, Nederland, TX	Matures 5/27/2025, 5.250% rate	248,000	248,000
	GECU, El Paso, TX	Matures 5/28/2025, 5.130% rate	248,000	248,000
	Community First Federal, Lakeview, MI	Matures 6/2/2025, 5.100% rate	248,000	248,000
	Appalachian Community FCU, Kingsport, TN	Matures 6/9/2025, 5.100% rate	248,000	248,000
	Coastline FCU, Jacksonville, FL	Matures 6/9/2025, 5.100% rate	248,000	248,000
	Farmers & Merchants Bank, Colby, KS	Matures 6/16/2025, 5.150% rate	248,000	248,000
*	Lampco Federal Credit Union, Anderson, IN	Matures 6/16/2025, 5.100% rate	248,000	248,000

CREDIT UNION CONSORTIUM HEALTH PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

PLAN'S EMPLOYER IDENTIFICATION NUMBER: 82-4121530

PLAN NUMBER: 601

December 31, 2024

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value
	Certificate of deposits - continued			
	First Source FCU, New Hartford, NY	Matures 6/17/2025, 5.250% rate	248,000	248,000
	Artesia Credit Union, Artesia, NM	Matures 6/23/2025, 5.150% rate	248,000	248,000
	Texas Plains FCU, Amarillo, TX	Matures 6/23/2025, 5.150% rate	248,000	248,000
	Members First Community, Quincy, IL	Matures 6/27/2025, 5.150% rate	248,000	248,000
	Harborstone Credit Union, Lakewood, WA	Matures 7/14/2025, 5.250% rate	248,000	248,000
*	Natco CU, Richmond, IN	Matures 7/14/2025, 5.250% rate	248,000	248,000
	Pathway Credit Union, Cleveland, TN	Matures 7/18/2025, 5.000% rate	248,000	248,000
	Beacon Credit Union Inc, Lynchburg, VA	Matures 7/21/2025, 5.000% rate	248,000	248,000
	Michigan Coastal Credit, Muskegon, MI	Matures 7/22/2025, 5.000% rate	248,000	248,000
	Farmers Bank & Trust, Great Bend, KS	Matures 8/8/2025, 4.350% rate	248,000	248,000
	Txdot Credit Union, Abilene, TX	Matures 8/13/2025, 4.550% rate	248,000	248,000
	Trailhead FCU, Portland, OR	Matures 8/18/2025, 4.600% rate	248,000	248,000
	Lithium Federal Credit Union, Bessemer City, NC	Matures 8/19/2025, 4.600% rate	248,000	248,000
	Community Financial CU, Plymouth, MI	Matures 8/25/2025, 4.800% rate	248,000	248,000
	Connexus Credit Union, Wausau, WI	Matures 8/25/2025, 4.810% rate	248,000	248,000
	Engage FCU, Natchitoches, LA	Matures 9/9/2025, 4.350% rate	248,000	248,000
	First Community Bank, Beemer, NE	Matures 9/15/2025, 4.350% rate	248,000	248,000
	Mercer County W VA, Bluefield, WV	Matures 9/16/2025, 4.350% rate	248,000	248,000
	The Cowboy Bank of Texas, Maypearl, TX	Matures 9/18/2025, 4.100% rate	248,000	248,000

CREDIT UNION CONSORTIUM HEALTH PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

PLAN'S EMPLOYER IDENTIFICATION NUMBER: 82-4121530

PLAN NUMBER: 601

December 31, 2024

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value
Certificate of deposits - continued				
	Trustone Financial CU, Plymouth, MI	Matures 9/25/2025, 4.350% rate	248,000	248,000
	Jefferson Parish, Harahan, LA	Matures 9/29/2025, 4.100% rate	248,000	248,000
	Riverbank, Pocahontas, AR	Matures 9/30/2025, 4.150% rate	248,000	248,000
	Texas Community FCU, Kingsville, TX	Matures 10/3/2025, 4.100% rate	248,000	248,000
	Scenic Community Credit, Hixson, TN	Matures 10/6/2025, 4.100% rate	248,000	248,000
	United Credit Union, Tyler, TX	Matures 10/14/2025, 4.350% rate	248,000	248,000
	Utah First FCU, Salt Lake City, UT	Matures 10/20/2025, 4.250% rate	248,000	248,000
	Pinpoint FCU, Milton, PA	Matures 10/28/2025, 4.350% rate	248,000	248,000
	Numerica, Spokane Valley, WA	Matures 10/30/2025, 4.350% rate	248,000	248,000
	Gateway Bank, Rison, AR	Matures 11/5/2025, 4.250% rate	248,000	248,000
	Bank of America, NA, Charlotte, NC	Matures 11/7/2025, 4.150% rate	248,000	248,000
	Acclaim FCU, Greensboro, NC	Matures 11/17/2025, 4.100% rate	248,000	248,000
	Gulf Coast FCU, Corpus Christi, TX	Matures 11/28/2025, 4.500% rate	248,000	248,000
	Fortera FCU, Clarksville, TN	Matures 12/1/2025, 4.400% rate	248,000	248,000
	Jackson Area FCU, Jackson, MS	Matures 12/1/2025, 4.400% rate	248,000	248,000
	Minuteman FCU, Rapid City, SD	Matures 12/2/2025, 4.400% rate	248,000	248,000
	Beverly Municipal FCU, Beverly, MA	Matures 12/5/2025, 4.100% rate	248,000	248,000
	Caprock FCU, Lamesa, TX	Matures 12/8/2025, 4.300% rate	248,000	248,000
	Hope FCU, Jackson, MS	Matures 12/18/2025, 4.500% rate	248,000	248,000

CREDIT UNION CONSORTIUM HEALTH PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

PLAN'S EMPLOYER IDENTIFICATION NUMBER: 82-4121530

PLAN NUMBER: 601

December 31, 2024

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value
Certificate of deposits - continued				
	Wings Financial CU, Apple Valley, MN	Matures 12/23/2025, 4.040% rate	248,000	248,000
	Capitol Credit Union, Austin, TX	Matures 12/26/2025, 4.350% rate	248,000	248,000
	Alloya Corporate Federal Credit Union, Naperville, IL	Matures 3/14/25, 5.400% rate	248,000	248,000
	Alloya Corporate Federal Credit Union, Naperville, IL	Matures 7/21/25, 4.820% rate	200,000	200,000
	Flushing Bank, Uniondale, NY	Matures 1/16/25, 4.650% rate	199,700	199,700
	Raymond James Bank, National Association, St. Petersburg, FL	Matures 2/1/25, 4.550% rate	206,741	206,741
	Flagstar Bank, National Association, Hicksville, NY	Matures 2/18/25, 4.850% rate	13,975	13,975
	Blue Ridge Bank, National Association, Martinsville, VA	Matures 2/19/25, 4.750% rate	19,937	19,937
	Mound City Bank, National Association, Platteville, WI	Matures 4/14/25, 4.100% rate	24,805	24,805
	Ally Bank, Sandy, UT	Matures 5/19/25, 3.150% rate	14,736	14,736
	Premier Bank, Maplewood, MD	Matures 8/13/25, 4.650% rate	24,886	24,886
	Morgan Stanley Bank, National Association, Salt Lake City, UT	Matures 2/9/26, 4.250% rate	199,720	199,720
	JPMorgan Chase Bank, National Association, Columbus, OH	Matures 11/16/26, 5.050% rate	199,980	199,980
	BMO Harris Bank, National Association, Chicago, IL	Matures 3/9/28, 5.000% rate	31,974	31,974
			<u>31,974</u>	<u>31,974</u>
	Total certificates of deposit		<u>\$ 19,936,454</u>	<u>\$ 19,936,454</u>

CREDIT UNION CONSORTIUM HEALTH PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

PLAN'S EMPLOYER IDENTIFICATION NUMBER: 82-4121530

PLAN NUMBER: 601

December 31, 2024

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value	
Cash - interest bearing				
Alloya Corporate Federal Credit Union	Cash - interest bearing	\$ 3,364,385	\$ 3,364,385	
Money market fund				
STIFEL FDIC Insured	Money market fund	\$ 106,351	\$ 106,351	
U.S. Treasury securities				
U.S. Treasury Note	2.750% due 4/30/27	142,752	145,002	
U.S. Treasury Note	4.125% due 7/31/28	64,919	64,543	
U.S Treasury Note	4.125% due 3/31/29	99,922	99,004	
		<u>307,593</u>	<u>308,549</u>	
Fixed income securities - bonds				
Fortune Brands Home	Bond; 4.000%, due 6/15/25	19,625	19,920	
Microchip Tech Inc	Bond; 4.250%, due 9/1/25	24,375	24,896	
Conagra Brands Inc	Bond; 4.600%, due 11/1/25	24,620	24,989	
Berry Global Inc	Bond; 1.570%, due 1/15/26	25,175	27,021	
Zimmer Biomet Holdings Inc	Bond; 3.050%, due 1/15/26	24,602	25,595	
Molson Coors Brewing Co	Bond; 3.000%, due 7/15/26	25,244	26,299	
Steel Dynamics Inc	Bond; 5.000%, due 12/15/26	3,907	3,990	
Willis North America Inc	Bond; 4.650%, due 6/15/27	24,507	24,939	
Expedia Group Inc	Bond; 4.625%, due 8/1/27	24,886	25,889	
Transdigm Inc	Bond; 5.500%, due 11/15/27	27,369	28,496	
Boyd Gaming Corp	Bond; 4.750%, due 12/1/27	27,405	28,037	
AT&T Inc	Bond; 4.100%, due 2/15/28	17,398	17,619	

CREDIT UNION CONSORTIUM HEALTH PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

PLAN'S EMPLOYER IDENTIFICATION NUMBER: 82-4121530

PLAN NUMBER: 601

December 31, 2024

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value
Fixed income securities - bonds - continued				
	Motorola Solutions Inc	Bond; 4.600%, due 2/23/28	22,106	22,788
	Discovery Communications LLC	Bond; 3.950%, due 3/20/28	24,111	24,619
	Dollar Tree Inc	Bond; 4.200%, due 5/15/28	23,879	24,310
	LKQ Corp	Bond; 5.750%, due 6/15/28	22,336	22,359
	Trimble Inc	Bond; 4.900%, due 6/15/28	24,123	24,975
	Block Final LLC	Bond; 2.500%, due 7/15/28	25,223	26,376
	HCA Inc	Bond; 5.625%, due 9/1/28	23,827	24,318
	Westinghouse Air Brake Techs Corp	Bond; 4.700%, due 9/15/28	24,580	24,758
	Tenet Healthcare Corp	Bond; 6.125%, due 10/1/28	11,320	11,978
	IQVIA Inc	Bond; 6.250%, due 2/1/29	23,340	22,747
	SBA Communication Corp	Bond; 3.125%, due 2/1/29	27,120	28,884
	Altria Group Inc	Bond; 4.800%, due 2/14/29	24,671	24,709
	CDW LLC	Bond; 3.250%, due 2/15/29	24,883	26,715
	AT&T Inc	Bond; 4.350%, due 3/1/29	6,802	6,852
	Crown Castle Inc	Bond; 5.600%, due 6/1/29	13,462	13,248
	Service Corp Intl	Bond; 5.125%, due 6/1/29	15,380	15,480
	L Brands Inc	Bond; 7.500%, due 6/15/29	27,448	27,824
	Olin Corp	Bond; 5.625%, due 8/1/29	24,563	24,307
	Qorvo Inc	Bond; 4.375%, due 10/15/29	22,723	22,508
	Encompass Health Corp	Bond; 4.750%, due 2/1/30	27,784	29,389

CREDIT UNION CONSORTIUM HEALTH PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

PLAN'S EMPLOYER IDENTIFICATION NUMBER: 82-4121530

PLAN NUMBER: 601

December 31, 2024

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value	
Fixed income securities - bonds - continued				
Carlisle Cos Inc	Bond; 2.750%, due 3/1/30	3,382	3,582	
Steel Dynamics Inc	Bond; 3.450%, due 4/15/30	17,681	18,542	
Flex LTD	Bond; 4.875%, due 5/12/30	24,668	25,351	
Marriott Intl Inc	Bond; 4.625%, due 6/15/30	4,879	4,906	
Verizon Communications Inc	Bond; 2.550%, due 3/21/31	24,799	24,990	
Teledyne Tech Inc	Bond; 2.750%, due 4/1/31	3,507	3,474	
Societe Generale	Bond; 6.000%, due 4/29/31	49,975	48,930	
Dicks Sporting Goods	Bond; 3.150%, due 1/15/32	20,820	22,793	
Carlisle Cos Inc	Bond; 2.200%, due 3/1/32	18,556	18,773	
Yum Brands Inc	Bond; 5.375%, due 4/1/32	11,000	10,653	
HP Inc	Bond; 4.200%, due 4/15/32	24,923	26,229	
Global Payments Inc	Bond; 5.400%, due 8/15/32	12,231	12,002	
Service Corp Intl	Bond; 5.750%, due 10/15/32	15,142	14,550	
Northern Trust Corp	Bond; 6.125%, due 11/2/32	26,327	26,394	
Oracle Corp	Bond; 6.250%, due 11/9/32	24,202	25,449	
Philip Morris Intl Inc	Bond; 5.375%, due 2/15/33	4,038	4,009	
Fortune Brands Innovations Inc	Bond; 5.875%, due 6/1/33	3,076	3,077	
Bat Cap Corp	Bond; 6.421%, due 8/2/33	26,160	26,426	
Fiserv Inc	Bond; 5.625%, due 8/21/33	22,517	22,395	
Genuine Parts Co	Bond; 6.875%, due 11/1/33	2,214	2,192	

CREDIT UNION CONSORTIUM HEALTH PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

PLAN'S EMPLOYER IDENTIFICATION NUMBER: 82-4121530

PLAN NUMBER: 601

December 31, 2024

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value	
Fixed income securities - bonds - continued				
American Tower Corp	Bond; 5.450%, due 2/15/34	25,010	25,049	
Williams Cos Inc	Bond; 5.150%, due 3/15/34	19,998	19,446	
Quanta Services Inc	Bond; 5.250%, due 8/9/34	12,115	11,734	
Crown Castle Inc	Bond; 5.200%, due 9/1/34	9,933	9,748	
CitiGroup Inc	Bond; 4.000%, due 9/29/34	10,285	10,537	
Broadcom Inc	Bond; 4.800%, due 10/15/34	26,081	26,057	
American Express Co	Bond; 5.915%, due 4/25/35	25,193	25,546	
Bank of America Corp	Bond; 5.450%, due 12/14/37	39,850	37,938	
Apple Inc	Bond; 4.650%, due 2/23/46	23,335	22,914	
NVIDIA Corp	Bond; 3.500%, due 4/1/50	23,153	22,326	
Toronto Dominion Bank	Bond; 5.600%, due 2/28/28	29,949	29,937	
		1,293,793	1,312,783	
Exchange-Traded funds (ETF)				
Blackrock Intl Dividend	ETF	413,067	417,811	
Invesco	ETF	78,611	79,936	
Ishares Core S&P Mid Cap	ETF	159,877	180,699	
Ishares Russell 1000 Value	ETF	398,915	462,825	
Ishares Russell 1000 Growth	ETF	301,722	381,501	
Ishares Russell 2000	ETF	144,518	143,624	
JP Morgan Growth Advantage	ETF	25,089	24,309	
Vanguard 500 Index	ETF	179,673	177,807	
		1,701,472	1,868,512	
Mutual funds - cash equivalents				
Federated Hermes U.S. Treasury Cash	Mutual fund	191,851	191,851	

CREDIT UNION CONSORTIUM HEALTH PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

PLAN'S EMPLOYER IDENTIFICATION NUMBER: 82-4121530

PLAN NUMBER: 601

December 31, 2024

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value	
Mutual funds				
Artisan Intl Explorer	Mutual fund	51,163	48,790	
Artisan Focus	Mutual fund	32,312	29,830	
Artisan Intl Value	Mutual fund	176,343	165,056	
FPA Crescent	Mutual fund	54,562	52,586	
Federated Hermes MDT All Cap Core	Mutual fund	245,133	291,625	
Hartford Schroders Intl Stock	Mutual fund	322,010	350,920	
JP Morgan Growth Advantage	Mutual fund	242,265	296,065	
Madison Mid Cap	Mutual fund	144,987	160,267	
Vanguard Growth Index	Mutual fund	200,480	216,789	
Vanguard 500 Index	Mutual fund	484,415	608,702	
		1,953,670	2,220,630	
Total investments at fair value		\$ 5,554,730	\$ 6,008,676	

* Represents a party-in-interest to the Plan.

CREDIT UNION CONSORTIUM HEALTH PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

PLAN'S EMPLOYER IDENTIFICATION NUMBER: 82-4121530

PLAN NUMBER: 601

Year Ended December 31, 2024

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>	<u>(f)</u>	<u>(g)</u>	<u>(h)</u>	<u>(i)</u>
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets								
N/A	FEDERATED HERMES US TREASURY CASH							
	10 Purchases	\$ 1,180,000	N/A	N/A	N/A	\$ 1,180,000	\$ 1,180,000	\$ -
	26 Sales	N/A	\$ 1,492,225	N/A	N/A	1,492,225	N/A	-

Multiple-Employer Plan Participating Employer Information
 Credit Union Consortium
 Plan Number: 601

Plan Year: 2024

Name of Participating Employer	EIN	Monthly Medical Amount	# of Months	Total	% of Total Contributions
AAA Federal Credit Union	35-0892707	\$ 17,974.56	12	\$ 215,694.72	0.4346%
Bar-Cons Federal Credit Union	35-7084675	\$ 7,595.85	12	\$ 91,150.20	0.1837%
Beacon Credit Union	35-6025844	\$ 218,541.11	12	\$ 2,622,493.32	5.2841%
Business and Industrial Federal Union	35-1054666	\$ 6,771.59	12	\$ 81,259.08	0.1637%
Central Soya Federal Credit Union	35-0915959	\$ 1,567.94	12	\$ 18,815.28	0.0379%
City of Firsts Community Federal Credit Union	35-1043753	\$ 10,908.52	12	\$ 130,902.24	0.2638%
Community Spirit Credit Union	35-0852399	\$ 2,719.56	12	\$ 32,634.72	0.0658%
CommunityWide Federal Credit Union	35-1361888	\$ 54,368.75	12	\$ 652,425.00	1.3146%
Crane Credit Union	35-0978599	\$ 193,011.53	12	\$ 2,316,138.36	4.6668%
Crossroads Financial Federal Credit Union	35-0924255	\$ 12,994.65	12	\$ 155,935.80	0.3142%
Daviess County Teachers Federal Credit Union	61-0840272	\$ 8,533.58	12	\$ 102,402.96	0.2063%
Diamond Valley Federal Credit Union	35-1067773	\$ 37,532.60	12	\$ 450,391.20	0.9075%
Diversified General Federal Credit Union	35-1128805	\$ 3,347.16	12	\$ 40,165.92	0.0809%
Dubois-Pike Federal Credit Union	35-1362647	\$ 5,839.90	12	\$ 70,078.80	0.1412%
Eastern Indiana Federal Credit Union	35-0979431	\$ 10,077.97	12	\$ 120,935.64	0.2437%
Energy Plus Credit Union	35-6031691	\$ 10,698.56	12	\$ 128,382.72	0.2587%
Evansville Federal Credit Union	35-1077721	\$ 20,471.83	12	\$ 245,661.96	0.4950%
Evansville Firefighters Federal Credit Union	35-0870349	\$ 1,168.83	12	\$ 14,025.96	0.0283%
Everwise Credit Union	35-0702986	\$ 625,085.65	12	\$ 7,501,027.80	15.1139%
Financial Builders Federal Credit Union	35-1104078	\$ 28,769.55	12	\$ 345,234.60	0.6956%
Financial Center First Credit Union	35-0928620	\$ 178,121.46	12	\$ 2,137,457.52	4.3068%
Financial Health Federal Credit Union	35-1533991	\$ 11,815.55	12	\$ 141,786.60	0.2857%
Financial Partners Federal Credit Union	35-6050885	\$ 6,085.63	12	\$ 73,027.56	0.1471%
Firefighters Credit Union	35-1007782	\$ 16,353.96	12	\$ 196,247.52	0.3954%
First County Federal Credit Union	35-1060015	\$ 5,052.52	12	\$ 60,630.24	0.1222%
First Trust Credit Union	35-1089892	\$ 23,678.51	12	\$ 284,142.12	0.5725%
Fort Financial Credit Union	35-0868966	\$ 132,018.20	12	\$ 1,584,218.40	3.1921%
Generations Federal Credit Union	35-1477019	\$ 3,542.13	12	\$ 42,505.56	0.0856%
Grand Heritage Federal Credit Union	35-1018593	\$ 4,034.97	12	\$ 48,419.64	0.0976%
Green River Area Federal Credit Union	61-0567304	\$ 6,811.04	7	\$ 47,677.28	0.0961%
Harvester Financial Credit Union	35-0980585	\$ 19,555.80	12	\$ 234,669.60	0.4728%
Haynes Community Federal Credit Union	35-1043483	\$ 5,246.80	12	\$ 62,961.60	0.1269%
Hometown Federal Credit Union	35-0873206	\$ 6,199.68	12	\$ 74,396.16	0.1499%
Hoosier Hills Credit Union	35-1083471	\$ 197,942.61	12	\$ 2,375,311.32	4.7860%
Hoosier United Credit Union	35-1081983	\$ 7,304.54	12	\$ 87,654.48	0.1766%
Indiana Heartland Federal Credit Union	35-1472105	\$ 4,342.16	12	\$ 52,105.92	0.1050%
Indiana Members Credit Union	35-0997241	\$ 293,430.29	12	\$ 3,521,163.48	7.0948%
Indiana State University Federal Credit Union	35-1049024	\$ 12,314.32	12	\$ 147,771.84	0.2977%
Indianapolis Post Office Credit Union	35-0413605	\$ 5,969.84	12	\$ 71,638.08	0.1443%
Industrial Federal Credit Union	35-1090338	\$ 87,174.74	12	\$ 1,046,096.88	2.1078%
INOVA Federal Credit Union	35-0887540	\$ 62,322.19	12	\$ 747,866.28	1.5069%
Interra Credit Union	35-1082578	\$ 266,424.27	12	\$ 3,197,091.24	6.4419%
Jackson County Co-op Credit Union	35-6022534	\$ 6,770.54	12	\$ 81,246.48	0.1637%
KEMBA Credit Union	35-6028204	\$ 14,952.42	12	\$ 179,429.04	0.3615%
Lakes Federal Credit Union	35-1011114	\$ 1,386.44	12	\$ 16,637.28	0.0335%
Lampco Federal Credit Union	35-1094512	\$ 24,061.64	12	\$ 288,739.68	0.5818%
LaPorte Community Federal Credit Union	35-0870797	\$ 30,162.08	12	\$ 361,944.96	0.7293%
Liberty Federal Credit Union	35-0885388	\$ 608,632.88	12	\$ 7,303,594.56	14.7161%
Martin County Cooperative Credit Union	35-0989101	\$ 1,377.32	12	\$ 16,527.84	0.0333%
Members Advantage Credit Union	35-6032041	\$ 24,038.79	12	\$ 288,465.48	0.5812%
Members Source Credit Union	35-0873966	\$ 10,262.18	12	\$ 123,146.16	0.2481%
Metro Employees Credit Union	61-0599249	\$ 6,945.78	12	\$ 83,349.36	0.1679%
Natco Credit Union	35-1047478	\$ 69,589.54	12	\$ 835,074.48	1.6826%
Northern Indiana Federal Credit Union	35-0886353	\$ 6,252.08	12	\$ 75,024.96	0.1512%
Perfect Circle Credit Union	35-6020587	\$ 16,302.32	12	\$ 195,627.84	0.3942%
Policemen's Federal Credit Union	35-1152602	\$ 10,686.75	12	\$ 128,241.00	0.2584%
Power One Federal Credit Union	35-0868104	\$ 6,182.46	12	\$ 74,189.52	0.1495%
PrimeTrust Financial Federal Credit Union	35-0889144	\$ 69,359.67	12	\$ 832,316.04	1.6770%
ProFed Federal Credit Union	35-0886187	\$ 181,075.64	12	\$ 2,172,907.68	4.3782%
ProFinance Federal Credit Union	35-0871604	\$ 2,565.09	12	\$ 30,781.08	0.0620%
Public Service Credit Union	35-1079390	\$ 8,363.48	12	\$ 100,361.76	0.2022%
Riverside Community Federal Credit Union	35-0997583	\$ 7,905.73	12	\$ 94,868.76	0.1912%
Solidarity Community Federal Credit Union	35-1054842	\$ 93,836.74	12	\$ 1,126,040.88	2.2689%
South Bend Firefighters FCU	35-0893778	\$ 6,517.91	12	\$ 78,214.92	0.1576%
Sterling United Federal Credit Union	35-1067814	\$ 18,836.08	12	\$ 226,032.96	0.4554%
Tech Credit Union	35-0885375	\$ 139,746.00	12	\$ 1,676,952.00	3.3789%
Thrive Federal Credit Union	35-0886351	\$ 20,372.19	12	\$ 244,466.28	0.4926%
TLCU Financial	35-0932142	\$ 9,718.07	12	\$ 116,616.84	0.2350%
Via Credit Union	35-0884006	\$ 84,964.29	12	\$ 1,019,571.48	2.0543%
Vigo County Federal Credit Union	35-0868956	\$ 7,536.78	12	\$ 90,441.36	0.1822%
Wayne County Federal Credit Union	35-1091506	\$ 1,802.87	12	\$ 21,634.44	0.0436%
Western Indiana Credit Union	35-6025623	\$ 10,138.86	12	\$ 121,666.32	0.2451%
Whiting Refinery Credit Union	35-0885424	\$ 4,602.64	12	\$ 55,231.68	0.1113%
Grand Total		\$ 4,138,666.16		\$49,629,938.72	100.0000%

CREDIT UNION CONSORTIUM HEALTH PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

PLAN'S EMPLOYER IDENTIFICATION NUMBER: 82-4121530

PLAN NUMBER: 601

Year Ended December 31, 2024

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>	<u>(f)</u>	<u>(g)</u>	<u>(h)</u>	<u>(i)</u>
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets								
N/A	FEDERATED HERMES US TREASURY CASH							
	10 Purchases	\$ 1,180,000	N/A	N/A	N/A	\$ 1,180,000	\$ 1,180,000	\$ -
	26 Sales	N/A	\$ 1,492,225	N/A	N/A	1,492,225	N/A	-

CREDIT UNION CONSORTIUM HEALTH PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

PLAN'S EMPLOYER IDENTIFICATION NUMBER: 82-4121530

PLAN NUMBER: 601

December 31, 2024

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value
Certificate of deposits				
	Oregon Community Credit, Eugene, OR	Matures 1/10/2025, 5.000% rate	\$ 248,000	\$ 248,000
	Heritage Financial CU, Middletown, NY	Matures 1/13/2025, 5.150% rate	248,000	248,000
	Qside FCU, Queens Village, NY	Matures 1/13/2025, 4.950% rate	248,000	248,000
	General Electric CU, Cincinnati, OH	Matures 1/24/2025, 5.050% rate	248,000	248,000
	Space Coast Credit Union, Melbourne, FL	Matures 1/27/2025, 5.100% rate	248,000	248,000
	West Pointe Bank, Oshkosh, WI	Matures 2/3/2025, 4.950% rate	248,000	248,000
	Community Choice Credit, Farmington Hills, MI	Matures 2/10/2025, 5.100% rate	248,000	248,000
	Greenstate CU, North Liberty, IA	Matures 2/10/2025, 5.000% rate	248,000	248,000
	Bank of Jamestown, Jamestown, KY	Matures 2/12/2025, 5.050% rate	99,000	99,000
	Bank of Jamestown, Jamestown, KY	Matures 2/12/2025, 5.050% rate	99,000	99,000
	Bank of Jamestown, Jamestown, KY	Matures 2/12/2025, 5.050% rate	50,000	50,000
	Garden Savings FCU, Parsippany, NJ	Matures 2/18/2025, 5.050% rate	248,000	248,000
	Cornerstone Community, Auburn Hills, MI	Matures 2/28/2025, 5.100% rate	248,000	248,000
	Bath Savings Institution, Bath, ME	Matures 3/6/2025, 4.850% rate	248,000	248,000
	Greater New Orleans FCU, Metairie, LA	Matures 3/6/2025, 5.300% rate	248,000	248,000
	Caro FCU, Columbia, SC	Matures 3/11/2025, 5.100% rate	248,000	248,000
	Downeast Credit Union, Baileyville, ME	Matures 3/20/2025, 5.100% rate	248,000	248,000
	Park View Federal Credit Union, Harrisonburg, VA	Matures 3/20/2025, 5.050% rate	248,000	248,000
	First Community CU, Beloit, WI	Matures 3/24/2025, 4.960% rate	248,000	248,000

CREDIT UNION CONSORTIUM HEALTH PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

PLAN'S EMPLOYER IDENTIFICATION NUMBER: 82-4121530

PLAN NUMBER: 601

December 31, 2024

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value
Certificate of deposits - continued				
	Generations Community, San Antonio, TX	Matures 3/31/2025, 5.100% rate	248,000	248,000
	The Idabel National Bank, Idabel, OK	Matures 4/1/2025, 4.850% rate	248,000	248,000
	Guardian Savings Bank, Westchester, OH	Matures 4/2/2025, 5.150% rate	248,000	248,000
	Breco FCU, Baton Rouge, LA	Matures 4/7/2025, 4.550% rate	248,000	248,000
	Americu CU, Rome, NY	Matures 4/28/2025, 5.100% rate	248,000	248,000
	Credit Union West, Glendale, AZ	Matures 4/28/2025, 5.150% rate	248,000	248,000
	Murphy Bank, Pinedale, CA	Matures 4/29/2025, 5.100% rate	248,000	248,000
	Encompass FCU, Tipton, IN	Matures 5/2/2025, 5.250% rate	248,000	248,000
	First National Bank, Damariscotta, ME	Matures 5/7/2025, 5.060% rate	248,000	248,000
	Comenity Bank, Wilmington, DE	Matures 5/13/2025, 5.100% rate	100,000	100,000
	Comenity Bank, Wilmington, DE	Matures 5/13/2025, 5.100% rate	100,000	100,000
	Farmers State Bank, Oakley, KS	Matures 5/19/2025, 5.100% rate	248,000	248,000
	Fivepoint Credit Union, Nederland, TX	Matures 5/27/2025, 5.250% rate	248,000	248,000
	GECU, El Paso, TX	Matures 5/28/2025, 5.130% rate	248,000	248,000
	Community First Federal, Lakeview, MI	Matures 6/2/2025, 5.100% rate	248,000	248,000
	Appalachian Community FCU, Kingsport, TN	Matures 6/9/2025, 5.100% rate	248,000	248,000
	Coastline FCU, Jacksonville, FL	Matures 6/9/2025, 5.100% rate	248,000	248,000
	Farmers & Merchants Bank, Colby, KS	Matures 6/16/2025, 5.150% rate	248,000	248,000
*	Lampco Federal Credit Union, Anderson, IN	Matures 6/16/2025, 5.100% rate	248,000	248,000

CREDIT UNION CONSORTIUM HEALTH PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

PLAN'S EMPLOYER IDENTIFICATION NUMBER: 82-4121530

PLAN NUMBER: 601

December 31, 2024

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value
	Certificate of deposits - continued			
	First Source FCU, New Hartford, NY	Matures 6/17/2025, 5.250% rate	248,000	248,000
	Artesia Credit Union, Artesia, NM	Matures 6/23/2025, 5.150% rate	248,000	248,000
	Texas Plains FCU, Amarillo, TX	Matures 6/23/2025, 5.150% rate	248,000	248,000
	Members First Community, Quincy, IL	Matures 6/27/2025, 5.150% rate	248,000	248,000
	Harborstone Credit Union, Lakewood, WA	Matures 7/14/2025, 5.250% rate	248,000	248,000
*	Natco CU, Richmond, IN	Matures 7/14/2025, 5.250% rate	248,000	248,000
	Pathway Credit Union, Cleveland, TN	Matures 7/18/2025, 5.000% rate	248,000	248,000
	Beacon Credit Union Inc, Lynchburg, VA	Matures 7/21/2025, 5.000% rate	248,000	248,000
	Michigan Coastal Credit, Muskegon, MI	Matures 7/22/2025, 5.000% rate	248,000	248,000
	Farmers Bank & Trust, Great Bend, KS	Matures 8/8/2025, 4.350% rate	248,000	248,000
	Txdot Credit Union, Abilene, TX	Matures 8/13/2025, 4.550% rate	248,000	248,000
	Trailhead FCU, Portland, OR	Matures 8/18/2025, 4.600% rate	248,000	248,000
	Lithium Federal Credit Union, Bessemer City, NC	Matures 8/19/2025, 4.600% rate	248,000	248,000
	Community Financial CU, Plymouth, MI	Matures 8/25/2025, 4.800% rate	248,000	248,000
	Connexus Credit Union, Wausau, WI	Matures 8/25/2025, 4.810% rate	248,000	248,000
	Engage FCU, Natchitoches, LA	Matures 9/9/2025, 4.350% rate	248,000	248,000
	First Community Bank, Beemer, NE	Matures 9/15/2025, 4.350% rate	248,000	248,000
	Mercer County W VA, Bluefield, WV	Matures 9/16/2025, 4.350% rate	248,000	248,000
	The Cowboy Bank of Texas, Maypearl, TX	Matures 9/18/2025, 4.100% rate	248,000	248,000

CREDIT UNION CONSORTIUM HEALTH PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

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PLAN NUMBER: 601

December 31, 2024

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
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Certificate of deposits - continued				
	Trustone Financial CU, Plymouth, MI	Matures 9/25/2025, 4.350% rate	248,000	248,000
	Jefferson Parish, Harahan, LA	Matures 9/29/2025, 4.100% rate	248,000	248,000
	Riverbank, Pocahontas, AR	Matures 9/30/2025, 4.150% rate	248,000	248,000
	Texas Community FCU, Kingsville, TX	Matures 10/3/2025, 4.100% rate	248,000	248,000
	Scenic Community Credit, Hixson, TN	Matures 10/6/2025, 4.100% rate	248,000	248,000
	United Credit Union, Tyler, TX	Matures 10/14/2025, 4.350% rate	248,000	248,000
	Utah First FCU, Salt Lake City, UT	Matures 10/20/2025, 4.250% rate	248,000	248,000
	Pinpoint FCU, Milton, PA	Matures 10/28/2025, 4.350% rate	248,000	248,000
	Numerica, Spokane Valley, WA	Matures 10/30/2025, 4.350% rate	248,000	248,000
	Gateway Bank, Rison, AR	Matures 11/5/2025, 4.250% rate	248,000	248,000
	Bank of America, NA, Charlotte, NC	Matures 11/7/2025, 4.150% rate	248,000	248,000
	Acclaim FCU, Greensboro, NC	Matures 11/17/2025, 4.100% rate	248,000	248,000
	Gulf Coast FCU, Corpus Christi, TX	Matures 11/28/2025, 4.500% rate	248,000	248,000
	Fortera FCU, Clarksville, TN	Matures 12/1/2025, 4.400% rate	248,000	248,000
	Jackson Area FCU, Jackson, MS	Matures 12/1/2025, 4.400% rate	248,000	248,000
	Minuteman FCU, Rapid City, SD	Matures 12/2/2025, 4.400% rate	248,000	248,000
	Beverly Municipal FCU, Beverly, MA	Matures 12/5/2025, 4.100% rate	248,000	248,000
	Caprock FCU, Lamesa, TX	Matures 12/8/2025, 4.300% rate	248,000	248,000
	Hope FCU, Jackson, MS	Matures 12/18/2025, 4.500% rate	248,000	248,000

CREDIT UNION CONSORTIUM HEALTH PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

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December 31, 2024

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value
Certificate of deposits - continued				
	Wings Financial CU, Apple Valley, MN	Matures 12/23/2025, 4.040% rate	248,000	248,000
	Capitol Credit Union, Austin, TX	Matures 12/26/2025, 4.350% rate	248,000	248,000
	Alloya Corporate Federal Credit Union, Naperville, IL	Matures 3/14/25, 5.400% rate	248,000	248,000
	Alloya Corporate Federal Credit Union, Naperville, IL	Matures 7/21/25, 4.820% rate	200,000	200,000
	Flushing Bank, Uniondale, NY	Matures 1/16/25, 4.650% rate	199,700	199,700
	Raymond James Bank, National Association, St. Petersburg, FL	Matures 2/1/25, 4.550% rate	206,741	206,741
	Flagstar Bank, National Association, Hicksville, NY	Matures 2/18/25, 4.850% rate	13,975	13,975
	Blue Ridge Bank, National Association, Martinsville, VA	Matures 2/19/25, 4.750% rate	19,937	19,937
	Mound City Bank, National Association, Platteville, WI	Matures 4/14/25, 4.100% rate	24,805	24,805
	Ally Bank, Sandy, UT	Matures 5/19/25, 3.150% rate	14,736	14,736
	Premier Bank, Maplewood, MD	Matures 8/13/25, 4.650% rate	24,886	24,886
	Morgan Stanley Bank, National Association, Salt Lake City, UT	Matures 2/9/26, 4.250% rate	199,720	199,720
	JPMorgan Chase Bank, National Association, Columbus, OH	Matures 11/16/26, 5.050% rate	199,980	199,980
	BMO Harris Bank, National Association, Chicago, IL	Matures 3/9/28, 5.000% rate	31,974	31,974
			31,974	31,974
	Total certificates of deposit		\$ 19,936,454	\$ 19,936,454

CREDIT UNION CONSORTIUM HEALTH PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

PLAN'S EMPLOYER IDENTIFICATION NUMBER: 82-4121530

PLAN NUMBER: 601

December 31, 2024

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
Identity of Issue, Borrower, Lessor, or Similar Party		Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value
Cash - interest bearing				
	Alloya Corporate Federal Credit Union	Cash - interest bearing	\$ 3,364,385	\$ 3,364,385
Money market fund				
	STIFEL FDIC Insured	Money market fund	\$ 106,351	\$ 106,351
U.S. Treasury securities				
	U.S. Treasury Note	2.750% due 4/30/27	142,752	145,002
	U.S. Treasury Note	4.125% due 7/31/28	64,919	64,543
	U.S Treasury Note	4.125% due 3/31/29	99,922	99,004
			<u>307,593</u>	<u>308,549</u>
Fixed income securities - bonds				
	Fortune Brands Home	Bond; 4.000%, due 6/15/25	19,625	19,920
	Microchip Tech Inc	Bond; 4.250%, due 9/1/25	24,375	24,896
	Conagra Brands Inc	Bond; 4.600%, due 11/1/25	24,620	24,989
	Berry Global Inc	Bond; 1.570%, due 1/15/26	25,175	27,021
	Zimmer Biomet Holdings Inc	Bond; 3.050%, due 1/15/26	24,602	25,595
	Molson Coors Brewing Co	Bond; 3.000%, due 7/15/26	25,244	26,299
	Steel Dynamics Inc	Bond; 5.000%, due 12/15/26	3,907	3,990
	Willis North America Inc	Bond; 4.650%, due 6/15/27	24,507	24,939
	Expedia Group Inc	Bond; 4.625%, due 8/1/27	24,886	25,889
	Transdigm Inc	Bond; 5.500%, due 11/15/27	27,369	28,496
	Boyd Gaming Corp	Bond; 4.750%, due 12/1/27	27,405	28,037
	AT&T Inc	Bond; 4.100%, due 2/15/28	17,398	17,619

CREDIT UNION CONSORTIUM HEALTH PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

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December 31, 2024

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value
Fixed income securities - bonds - continued				
	Motorola Solutions Inc	Bond; 4.600%, due 2/23/28	22,106	22,788
	Discovery Communications LLC	Bond; 3.950%, due 3/20/28	24,111	24,619
	Dollar Tree Inc	Bond; 4.200%, due 5/15/28	23,879	24,310
	LKQ Corp	Bond; 5.750%, due 6/15/28	22,336	22,359
	Trimble Inc	Bond; 4.900%, due 6/15/28	24,123	24,975
	Block Final LLC	Bond; 2.500%, due 7/15/28	25,223	26,376
	HCA Inc	Bond; 5.625%, due 9/1/28	23,827	24,318
	Westinghouse Air Brake Techs Corp	Bond; 4.700%, due 9/15/28	24,580	24,758
	Tenet Healthcare Corp	Bond; 6.125%, due 10/1/28	11,320	11,978
	IQVIA Inc	Bond; 6.250%, due 2/1/29	23,340	22,747
	SBA Communication Corp	Bond; 3.125%, due 2/1/29	27,120	28,884
	Altria Group Inc	Bond; 4.800%, due 2/14/29	24,671	24,709
	CDW LLC	Bond; 3.250%, due 2/15/29	24,883	26,715
	AT&T Inc	Bond; 4.350%, due 3/1/29	6,802	6,852
	Crown Castle Inc	Bond; 5.600%, due 6/1/29	13,462	13,248
	Service Corp Intl	Bond; 5.125%, due 6/1/29	15,380	15,480
	L Brands Inc	Bond; 7.500%, due 6/15/29	27,448	27,824
	Olin Corp	Bond; 5.625%, due 8/1/29	24,563	24,307
	Qorvo Inc	Bond; 4.375%, due 10/15/29	22,723	22,508
	Encompass Health Corp	Bond; 4.750%, due 2/1/30	27,784	29,389

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Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value	
Fixed income securities - bonds - continued				
Carlisle Cos Inc	Bond; 2.750%, due 3/1/30	3,382	3,582	
Steel Dynamics Inc	Bond; 3.450%, due 4/15/30	17,681	18,542	
Flex LTD	Bond; 4.875%, due 5/12/30	24,668	25,351	
Marriott Intl Inc	Bond; 4.625%, due 6/15/30	4,879	4,906	
Verizon Communications Inc	Bond; 2.550%, due 3/21/31	24,799	24,990	
Teledyne Tech Inc	Bond; 2.750%, due 4/1/31	3,507	3,474	
Societe Generale	Bond; 6.000%, due 4/29/31	49,975	48,930	
Dicks Sporting Goods	Bond; 3.150%, due 1/15/32	20,820	22,793	
Carlisle Cos Inc	Bond; 2.200%, due 3/1/32	18,556	18,773	
Yum Brands Inc	Bond; 5.375%, due 4/1/32	11,000	10,653	
HP Inc	Bond; 4.200%, due 4/15/32	24,923	26,229	
Global Payments Inc	Bond; 5.400%, due 8/15/32	12,231	12,002	
Service Corp Intl	Bond; 5.750%, due 10/15/32	15,142	14,550	
Northern Trust Corp	Bond; 6.125%, due 11/2/32	26,327	26,394	
Oracle Corp	Bond; 6.250%, due 11/9/32	24,202	25,449	
Philip Morris Intl Inc	Bond; 5.375%, due 2/15/33	4,038	4,009	
Fortune Brands Innovations Inc	Bond; 5.875%, due 6/1/33	3,076	3,077	
Bat Cap Corp	Bond; 6.421%, due 8/2/33	26,160	26,426	
Fiserv Inc	Bond; 5.625%, due 8/21/33	22,517	22,395	
Genuine Parts Co	Bond; 6.875%, due 11/1/33	2,214	2,192	

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Fixed income securities - bonds - continued				
American Tower Corp	Bond; 5.450%, due 2/15/34	25,010	25,049	
Williams Cos Inc	Bond; 5.150%, due 3/15/34	19,998	19,446	
Quanta Services Inc	Bond; 5.250%, due 8/9/34	12,115	11,734	
Crown Castle Inc	Bond; 5.200%, due 9/1/34	9,933	9,748	
CitiGroup Inc	Bond; 4.000%, due 9/29/34	10,285	10,537	
Broadcom Inc	Bond; 4.800%, due 10/15/34	26,081	26,057	
American Express Co	Bond; 5.915%, due 4/25/35	25,193	25,546	
Bank of America Corp	Bond; 5.450%, due 12/14/37	39,850	37,938	
Apple Inc	Bond; 4.650%, due 2/23/46	23,335	22,914	
NVIDIA Corp	Bond; 3.500%, due 4/1/50	23,153	22,326	
Toronto Dominion Bank	Bond; 5.600%, due 2/28/28	29,949	29,937	
		1,293,793	1,312,783	
Exchange-Traded funds (ETF)				
Blackrock Intl Dividend	ETF	413,067	417,811	
Invesco	ETF	78,611	79,936	
Ishares Core S&P Mid Cap	ETF	159,877	180,699	
Ishares Russell 1000 Value	ETF	398,915	462,825	
Ishares Russell 1000 Growth	ETF	301,722	381,501	
Ishares Russell 2000	ETF	144,518	143,624	
JP Morgan Growth Advantage	ETF	25,089	24,309	
Vanguard 500 Index	ETF	179,673	177,807	
		1,701,472	1,868,512	
Mutual funds - cash equivalents				
Federated Hermes U.S. Treasury Cash	Mutual fund	191,851	191,851	

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Mutual funds				
Artisan Intl Explorer	Mutual fund	51,163	48,790	
Artisan Focus	Mutual fund	32,312	29,830	
Artisan Intl Value	Mutual fund	176,343	165,056	
FPA Crescent	Mutual fund	54,562	52,586	
Federated Hermes MDT All Cap Core	Mutual fund	245,133	291,625	
Hartford Schroders Intl Stock	Mutual fund	322,010	350,920	
JP Morgan Growth Advantage	Mutual fund	242,265	296,065	
Madison Mid Cap	Mutual fund	144,987	160,267	
Vanguard Growth Index	Mutual fund	200,480	216,789	
Vanguard 500 Index	Mutual fund	484,415	608,702	
		1,953,670	2,220,630	
Total investments at fair value		\$ 5,554,730	\$ 6,008,676	

* Represents a party-in-interest to the Plan.