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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|---|

|               |   |
|---------------|---|
| <b>Part I</b> | <b>Annual Report Identification Information</b> |
|---------------|---|

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

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .

|                |   |
|----------------|---|
| <b>Part II</b> | <b>Basic Plan Information—enter all requested information</b> |
|----------------|---|

|  |   |
|--|---|
| <b>1a</b> Name of plan<br><u>UNIVERSAL INSURANCE COMPANY PROFIT SHARING AND SAVINGS PLAN</u>   | <b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>   |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>UNIVERSAL GROUP</u><br><br><u>MARGINAL KENNEDY, METRO OFFICE PARK</u><br><u>CAPARRA HEIGHTS</u><br><u>GUAYNABO, PR 00921</u> | <b>1c</b> Effective date of plan<br><u>01/01/2002</u><br><br><b>2b</b> Employer Identification Number (EIN)<br><u>66-0313825</u><br><br><b>2c</b> Plan Sponsor's telephone number<br><u>787-793-7202</u><br><br><b>2d</b> Business code (see instructions)<br><u>541990</u> |

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

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

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 07/31/2025 | SARY ANN VAZQUEZ   |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|   |  |      |
|---|--|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |      |
|   | <b>3c</b> Administrator's telephone number |      |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |      |
|   | <b>4d</b> PN                               |      |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 1392 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 1145 |
|   | <b>6a(2)</b>                               | 1054 |
|   | <b>6b</b>                                  | 243  |
|   | <b>6c</b>                                  | 0    |
|   | <b>6d</b>                                  | 1297 |
|   | <b>6e</b>                                  | 0    |
|   | <b>6f</b>                                  | 1297 |
|   | <b>6g(1)</b>                               | 1226 |
| <b>6g(2)</b>  | 1206                                       |      |
| <b>6h</b>   | 0  |      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   |      |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2E 2F 2G 2J 3C 2T

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

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

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

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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 \_\_\_\_\_

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

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

(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 |                       |
|   |                                 |             |                       |

| <b>Part II</b>             | <b>Investment and Annuity Contract Information</b>   |                      |
|----------------------------|--|----------------------|
|                            | Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.   |                      |
| <b>4</b>                   | Current value of plan's interest under this contract in the general account at year end .....  | 28776243             |
| <b>5</b>                   | Current value of plan's interest under this contract in separate accounts at year end.....   | 0                    |
| <b>6</b>                   | <b>Contracts With Allocated Funds:</b>   |                      |
| <b>a</b>                   | State the basis of premium rates ▶   |                      |
| <b>b</b>                   | Premiums paid to carrier .....   | <b>6b</b>            |
| <b>c</b>                   | Premiums due but unpaid at the end of the year .....   | <b>6c</b>            |
| <b>d</b>                   | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶  | <b>6d</b>            |
| <b>e</b>                   | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶   |                      |
| <b>f</b>                   | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>  |                      |
| <b>7</b>                   | <b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>   |                      |
| <b>a</b>                   | Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ <b>GROUP ANNUITY CONTRACT</b> |                      |
| <b>b</b>                   | Balance at the end of the previous year .....  | <b>7b</b> 28650742   |
| <b>c</b>                   | (1) Contributions deposited during the year .....  | <b>7c(1)</b> 1658308 |
|                            | (2) Dividends and credits.....   | <b>7c(2)</b> 0       |
|                            | (3) Interest credited during the year.....   | <b>7c(3)</b> 559118  |
|                            | (4) Transferred from separate account .....  | <b>7c(4)</b> 4569442 |
|                            | (5) Other (specify below).....<br>▶ <b>LOAN REPAYMENT(S), FORFEITURES</b>  | <b>7c(5)</b> 794495  |
|                            | (6) Total additions .....  | <b>7c(6)</b> 7581363 |
| <b>d</b>                   | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....   | <b>7d</b> 36232105   |
| <b>e</b>                   | <b>Deductions:</b>   |                      |
|                            | (1) Disbursed from fund to pay benefits or purchase annuities during year .....  | <b>7e(1)</b> 3673862 |
|                            | (2) Administration charge made by carrier.....   | <b>7e(2)</b> -44009  |
|                            | (3) Transferred to separate account .....  | <b>7e(3)</b> 3826009 |
|                            | (4) Other (specify below).....<br>▶  | <b>7e(4)</b>         |
| (5) Total deductions ..... | <b>7e(5)</b> 7455862   |                      |
| <b>f</b>                   | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....  | <b>7f</b> 28776243   |

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>UNIVERSAL INSURANCE COMPANY PROFIT SHARING AND SAVINGS PLAN</b> | <b>B</b> Three-digit plan number (PN) ▶                            | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>UNIVERSAL GROUP</b>     | <b>D</b> Employer Identification Number (EIN)<br><b>66-0313825</b> |            |

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

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

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

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

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

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

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

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

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

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

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

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

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28                     | INVESTMENT MGMT   | 235110   | 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)

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 64                     | RECORDKEEPER  | 194172   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

CETERA ADVISOR NETWORKS LLC

2301 ROSECRANS AVE., #5100  
EL SEGUNDO, CA 90245-5670

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 55                     | BROKER/ ADVISER   | 0  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 93207   | 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)

PENSION PLUS INC

PO BOX 366281  
SAN JUAN, PR 00936

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 13                  | AUDITOR   | 0  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 10000   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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 |
|--|--|---|
| CETERA ADVISOR NETWORKS LLC  | 55   | 93207                                     |
| (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. |   |
| EMPOWER ANNUITY INSURANCE COMPANY O 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111 | OTHER COMMISSIONS  |   |
| (a) Enter service provider name as it appears on line 2                                | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| PENSION PLUS INC   | 10 13  | 10000                                     |
| (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. |   |
| EMPOWER ANNUITY INSURANCE COMPANY O 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111 | TPA ALLOWANCE PAYMENT  |   |
| (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.

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|   |  |  |
|---|--|--|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2024</b><br><br><hr/> <b>This Form is Open to Public Inspection.</b> |
|---|--|--|

|  |   |
|--|---|
| For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u> |   |
| <b>A</b> Name of plan<br><u>UNIVERSAL INSURANCE COMPANY PROFIT SHARING AND SAVINGS PLAN</u>              | <b>B</b> Three-digit plan number (PN) <span style="float: right;">▶</span> <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>UNIVERSAL GROUP</u>           | <b>D</b> Employer Identification Number (EIN)<br><u>66-0313825</u>                    |

|               |  |
|---------------|--|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

|  |                               |  |
|--|-------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PUTNAMM RET ADVANTAGE TRST 2060X</u> |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PUTNAM INVESTMENTS CIT</u>        |                               |  |
| <b>c</b> EIN-PN <u>27-3616920-273</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>106688</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PUTNAM RET ADVANTAGE TRST MAT X</u>  |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PUTNAM INVESTMENTS CIT</u>        |                               |  |
| <b>c</b> EIN-PN <u>26-0788428-268</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>310647</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PUTNAM RET ADVANTAGE TRST 2050 X</u> |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PUTNAM INVESTMENTS CIT</u>        |                               |  |
| <b>c</b> EIN-PN <u>26-0787670-258</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>858299</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PUTNAM RET ADVANTAGE TRST 2025 X</u> |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PUTNAM INVESTMENTS CIT</u>        |                               |  |
| <b>c</b> EIN-PN <u>26-0788428-268</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1145638</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PUTNAM RET ADVANTAGE TRST 2045 X</u> |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PUTNAM INVESTMENTS CIT</u>        |                               |  |
| <b>c</b> EIN-PN <u>26-1208510-259</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2057901</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PUTNAM RET ADVANTAGE TRST 2055 X</u> |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PUTNAM INVESTMENTS CIT</u>        |                               |  |
| <b>c</b> EIN-PN <u>26-0787670-272</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>706088</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PUTNAM RET ADVANTAGE TRST 2040 X</u> |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PUTNAM INVESTMENTS CIT</u>        |                               |  |
| <b>c</b> EIN-PN <u>26-1384398-260</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2440364</u> |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RET ADVANTAGE TRST 2030 X

**b** Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS CIT

|                                |                        |  |
|--------------------------------|------------------------|--|
| <b>c</b> EIN-PN 26-0788040-262 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 871089 |
|--------------------------------|------------------------|--|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RET ADVANTAGE TRST 2035 X

**b** Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS CIT

|                                |                        |   |
|--------------------------------|------------------------|---|
| <b>c</b> EIN-PN 26-0787945-261 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1334450 |
|--------------------------------|------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|



|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b> |  |
| <b>A</b> Name of plan<br><b>UNIVERSAL INSURANCE COMPANY PROFIT SHARING AND SAVINGS PLAN</b>              | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>UNIVERSAL GROUP</b>                  | <b>D</b> Employer Identification Number (EIN)<br><b>66-0313825</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

|   |                 | (a) Beginning of Year | (b) End of Year |
|---|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....   | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....   | <b>1b(1)</b>    | 2996506               | 3249107         |
| <b>(2)</b> Participant contributions .....  | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....  | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:   |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....   | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....  | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....   | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....  | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....   | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....  | <b>1c(8)</b>    | 4538727               | 4953909         |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    | 7395720               | 9831165         |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 78148765              | 87549499        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 28650743              | 28776243        |
| <b>(15)</b> Other.....  | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....  | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 121730461             | 134359923       |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....   | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....  | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 121730461             | 134359923       |

**Part II Income and Expense Statement**

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

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> | 4528323    |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 3876581    |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> | 206790     |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 8611694   |
| <b>b Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> | 357027     |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> | 5044926    |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 5401953   |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| <b>(3)</b> Rents.....  | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |            |           |
| <b>(A)</b> Real estate.....  | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> | 6791196    |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income .....   | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 20804843  |

**Expenses**

|   |               |         |         |
|---|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 7764696 |         |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |         |         |
| (3) Other .....   | <b>2e(3)</b>  |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |         | 7764696 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |         | -9366   |
| <b>h</b> Interest expense .....   | <b>2h</b>     |         |         |
| <b>i</b> Administrative expenses:   |               |         |         |
| (1) Salaries and allowances .....   | <b>2i(1)</b>  |         |         |
| (2) Contract administrator fees .....   | <b>2i(2)</b>  |         |         |
| (3) Recordkeeping fees .....  | <b>2i(3)</b>  |         |         |
| (4) IQPA audit fees .....   | <b>2i(4)</b>  |         |         |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  |         |         |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |         |         |
| (7) Actuarial fees .....  | <b>2i(7)</b>  |         |         |
| (8) Legal fees .....  | <b>2i(8)</b>  |         |         |
| (9) Valuation/appraisal fees .....  | <b>2i(9)</b>  |         |         |
| (10) Other trustee fees and expenses .....  | <b>2i(10)</b> |         |         |
| (11) Other expenses .....   | <b>2i(11)</b> | 420051  |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |         | 420051  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |         | 8175381 |

**Net Income and Reconciliation**

|   |              |  |          |
|---|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 12629462 |
| <b>l</b> Transfers of assets:   |              |  |          |
| (1) To this plan .....  | <b>2l(1)</b> |  |          |
| (2) From this plan .....  | <b>2l(2)</b> |  |          |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **RSM PUERTO RICO**

(2) EIN: **66-0388756**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

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

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>UNIVERSAL INSURANCE COMPANY PROFIT SHARING AND SAVINGS PLAN</u> | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>UNIVERSAL GROUP</u>     | <b>D</b> Employer Identification Number (EIN)<br><u>66-0313825</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 

|   |  |   |
|---|--|---|
| 1 |  | 0 |
|---|--|---|

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): \_\_\_\_\_

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 

|   |  |
|---|--|
| 3 |  |
|---|--|

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

|   |           |  |
|---|-----------|--|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....  | <b>6a</b> |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | <b>6b</b> |  |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)..... | <b>6c</b> |  |

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline?.....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....  Yes  No  N/A

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

|                |   |
|----------------|---|
| <b>Part IV</b> | <b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|----------------|---|

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

**11 a** Does the ESOP hold any preferred stock? .....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? .....  Yes  No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

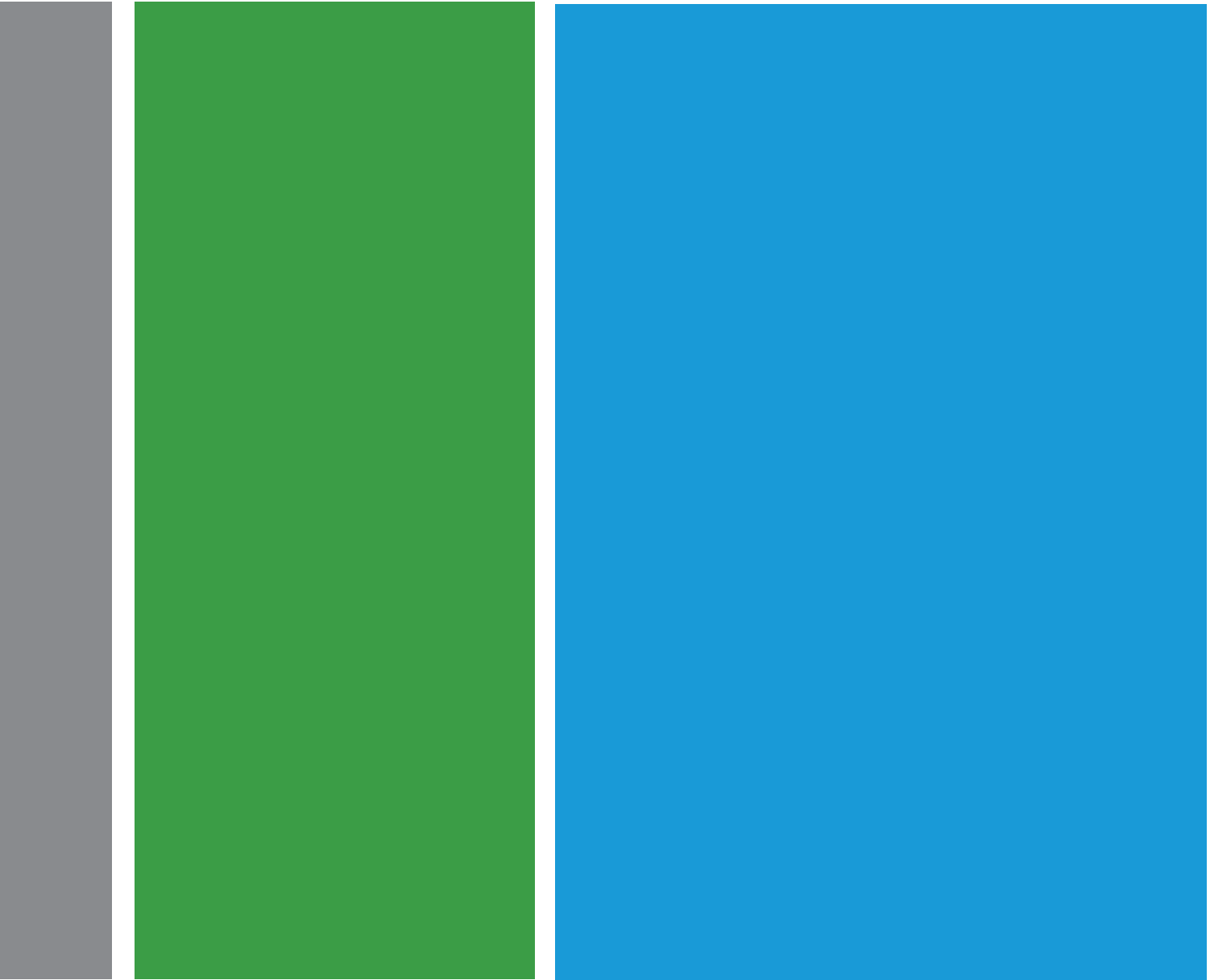
**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the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

**Part VII IRS Compliance Questions**

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

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

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



# Universal Insurance Company Profit Sharing and Savings Plan

Financial Statements and Supplemental Schedule  
December 31, 2024 and 2023



**RSM Puerto Rico**  
PO Box 10528  
San Juan, PR 00922-0528

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## INDEPENDENT AUDITORS' REPORT

To: The Plan Administrator and Fiduciary Committee of  
Universal Insurance Company Profit Sharing and  
Savings Plan

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

We have performed audits of the financial statements of Universal Insurance Company Profit Sharing and Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Universal Insurance Company Profit Sharing and Savings Plan financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### ***Opinion***

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Universal Insurance Company Profit Sharing and Savings Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

THE POWER OF BEING UNDERSTOOD  
ASSURANCE | TAX | CONSULTING

RSM Puerto Rico is a member of the RSM network and trades as RSM. RSM is the trading name used by the members of the RSM network. Each member of the RSM network is an independent accounting and consulting firm which practices in its own right. The RSM network is not itself a separate legal entity in any Jurisdiction.

### ***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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Universal Insurance Company Profit Sharing and Savings Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

### ***Auditors' Responsibilities for the Audit of the Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

**Other Matter - Supplemental Schedule Required by ERISA**

The supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

San Juan, Puerto Rico  
July 31, 2025.



D0P91-778  
Universal Insurance Company Profit Sharing  
and Savings Plan

*RSM Puerto Rico*

**UNIVERSAL INSURANCE COMPANY  
PROFIT SHARING AND SAVINGS PLANS**



**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
December 31, 2024 and 2023**

|   | 2024                         | 2023                         |
|---|------------------------------|------------------------------|
| <b>ASSETS:</b>                            |                              |                              |
| Investments-                              |                              |                              |
| Mutual funds at fair value                | \$ 87,549,499                | \$ 78,148,765                |
| Collective trust funds at fair value      | 9,831,165                    | 7,395,720                    |
| Group annuity contracts at contract value | 28,776,243                   | 28,650,743                   |
|   | <u>126,156,907</u>           | <u>114,195,228</u>           |
| Receivables-                              |                              |                              |
| Employer's contributions                  | 3,249,107                    | 2,996,506                    |
| Notes receivable from participants        | 5,119,810                    | 4,713,994                    |
|   | <u>8,368,917</u>             | <u>7,710,500</u>             |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>  | <u><u>\$ 134,525,824</u></u> | <u><u>\$ 121,905,728</u></u> |

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

**UNIVERSAL INSURANCE COMPANY  
PROFIT SHARING AND SAVINGS PLAN**



**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
For the year ended December 31, 2024**

**ADDITIONS:**

|   |                   |
|---|-------------------|
| Investment income-                                      |                   |
| Net appreciation in fair value of investments           | \$ 6,791,196      |
| Interest and dividends                                  | 5,044,926         |
|   | <u>11,836,122</u> |
| Interest income from notes receivable from participants | <u>357,027</u>    |
| Contributions-  |                   |
| Participants  | 3,876,581         |
| Employer  | 4,528,323         |
| Rollovers   | 206,790           |
|   | <u>8,611,694</u>  |
|   | <u>20,804,843</u> |

**DEDUCTIONS:**

|                               |                  |
|-------------------------------|------------------|
| Benefits paid to participants | 7,764,696        |
| Administrative expenses       | 420,051          |
|                               | <u>8,184,747</u> |

**NET INCREASE** 12,620,096

**NET ASSETS AVAILABLE FOR BENEFITS:**

|                   |                       |
|-------------------|-----------------------|
| Beginning of year | <u>121,905,728</u>    |
| End of year       | <u>\$ 134,525,824</u> |

The accompanying notes are an integral part of this financial statement.

# UNIVERSAL INSURANCE COMPANY PROFIT SHARING AND SAVINGS PLAN



## NOTES TO FINANCIAL STATEMENTS December 31, 2024 and 2023

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### 1) Plan description:

The following brief description of the Universal Insurance Company Profit Sharing and Savings Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan Document for a complete description of the Plan's provisions.

- A) General – The Plan is a defined contribution plan covering all employees of the entities listed below. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Empower Trust Company, LLC (formerly Great-West Trust Company, LLC) is the custodian of the Plan. Other relevant information is as follows:

|                   |   |   |
|-------------------|---|---|
| Effective date    | : | January 1, 2002   |
| Plan Year         | : | December 31   |
| Normal retirement | : | Attainment of age 65  |
| Early retirement  | : | Attaining of age 55 or at least 5 years of service  |
| Eligibility       | : | Employees of: Eastern America Insurance Agency, Inc., Point Guard Insurance Agency Inc., Universal Life Insurance Company, Universal Insurance Company, and Universal Finance Inc. (together the Employer), who have completed one thousand (1,000) hours of service within twelve (12) consecutive months and at least are 18 years old. Any employee who has completed one year of service shall be deemed to have met the service requirement. |

- B) Contributions – Pretax contributions were limited to \$15,000 for the year ended December 31, 2024. Participants may make voluntary after-tax contributions to the Plan up to 10% of their compensation, subject to the annual contribution limits established by the Puerto Rico Internal Revenue Code (PRIRC).

For the year ended December 31, 2024, the total annual contributions made by the Employer and participants shall not exceed the lesser of \$69,000 or the total compensation paid by the Employer to the participant during the plan year. In addition, a participant who has attained age 50 by the end of a calendar year, may elect to make additional voluntary contributions (catch-up contributions). Catch-up contributions will not be taken into account in applying any matching contribution under the Plan. These contributions are limited to \$1,500.

The Employer shall make a matching contribution equal to \$.50 per \$1.00 of the participant's deferral contribution up to 6% of a participant's compensation. In addition, the Employer may contribute a discretionary amount during each Plan year determined by the Employer.

- C) Investment options – The Plan allows participants to direct the investment of their contributions into various investment options available under the Plan.
- D) Notes receivable from participants – Participants may borrow from their accounts a minimum of \$500 up to the lesser of 50% of their vested account balances. The Plan allows a participant to have only one note outstanding at any time. The note is secured by the balance of the participant's account and bear interest at Prime Rate plus one. The note must be repaid over a period not to exceed five (5) years, unless the loan qualifies as a principal residence loan. If the note is related to the purchase of the participant's principal residence, the note term can be extended up to ten (10) years. The note is repaid ratably through payroll deductions and allocated to the various investment funds based on the participant's contribution percentages.

**UNIVERSAL INSURANCE COMPANY  
PROFIT SHARING AND SAVINGS PLAN**



**NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023**

- E) Participant accounts – Individual accounts are maintained for each of the Plan’s participants to reflect the participants’ and Employer’s contributions as well as the participants’ share of the discretionary contribution of the Employer and any administrative expenses paid by the Plan. Allocations are based on the proportion that each participant’s account balance bears to the total of all participants’ account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participants’ vested accounts.
- F) Vesting – Participants are vested immediately in their voluntary contributions, plus actual earnings thereon. Vesting in the Employer’s contribution portion of their accounts is based on years of continuous service.

The participant’s right to the Employer’s matching contributions and non-elective profit sharing contributions are summarized as follows:

| Years of Service | Vested Percentage |
|------------------|-------------------|
| At least 1 year  | 0%                |
| At least 2 years | 25%               |
| At least 3 years | 50%               |
| At least 4 years | 75%               |
| At least 5 years | 100%              |

- G) Payment of benefits – On termination of service due to death, disability, or retirement, a participant or its beneficiary may elect to receive either a lump-sum amount equal to the value of the participant’s vested interest or annual installments over a fixed period of time if balance is greater than \$5,000. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.
- H) Distributions – If the total vested account balance of each participant does not exceed \$5,000, then the vested account balance may only be distributed as a single lump-sum payment. In determining whether the total vested account balance exceeds the \$5,000 threshold, “rollovers” (and any earnings allocable to “rollover” contributions) will be taken into account.

In addition, if the total vested account balance exceeds \$5,000, the participant must consent to any distribution before it may be made. If the total vested account balance exceeds \$5,000, the participant may elect to receive a distribution of the vested account balance in:

- A single lump-sum payment.
- Installments over a period of not more than the participant’s assumed life expectancy (or the assumed life expectancies of the participant and its beneficiary).
- An annuity-periodic payment over the life (or the life of the participant and the life of the participant’s spouse or beneficiary).

The Plan provides for annuities as an optional form of distribution. An annuity generally provides for payments for the participant’s life, and, in some cases for the life of the participant’s spouse. The value of the annuity never exceeds the value of the participant’s vested account balance under the Plan. If the participant has a spouse and he/she wish to receive a distribution in the form of an annuity, the annuity must be based on the life of the participant and the life of its spouse unless the participant obtains the spouse’s consent to elect an annuity over only the participant’s life or in some other form.

# UNIVERSAL INSURANCE COMPANY PROFIT SHARING AND SAVINGS PLAN



## NOTES TO FINANCIAL STATEMENTS December 31, 2024 and 2023

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- I) Forfeited accounts – Forfeitures represent non-vested portions of contributions of the Employer on the day of a participant's death or termination. Forfeitures may first be used to pay administrative expenses. Any remaining forfeitures are used to reduce any Employer contributions. As of December 31, 2024 and 2023, there were forfeited, non-vested accounts amounting to approximately \$472,700 and \$430,300, respectively. During the year ended December 31, 2024, the Plan used approximately \$160,100 to reduce the plan expenses, employer discretionary contributions and employer matching contributions in accordance with the Plan Document.

### 2) Summary of significant accounting policies:

- A) Basis of accounting – The accompanying financial statements have been prepared in accordance with the accrual basis of accounting.
- B) Use of estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.
- C) Notes receivable from participants – Are measured at their unpaid principal balance plus any accrued but unpaid interest. Related interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred.
- D) Investment valuation and income recognition – Investments are reported at fair value, which 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 4 for discussion of fair value measurements.

For investments in mutual funds, that are registered with the Securities and Exchange Commission (SEC), and collective trust funds, fair value is determined using net asset values (NAV). The NAV per share of investment in mutual funds is published daily and is calculated by each fund based on the market value of the underlying securities within each fund. The NAV per share of investment in collective trusts is calculated daily by taking the fund's total assets (securities, cash, and accrued earnings), subtracting the fund's liabilities, and dividing by the number of shares outstanding. The reported values for fully benefit-responsive investment contracts are reported and presented in the statements of net assets available for benefits at contract value.

Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year ended. 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.

- E) Contributions – Employer and participants' contributions are recorded in the Plan year in which the Employer makes the payroll deductions.
- F) Benefits – Benefit payments to participants are recorded when paid.

# UNIVERSAL INSURANCE COMPANY PROFIT SHARING AND SAVINGS PLAN



## NOTES TO FINANCIAL STATEMENTS December 31, 2024 and 2023

G) Expenses – Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Employer. Expenses that are paid by the Employer are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. Fees related to the administration of the notes receivable from participants are charged directly to the participant’s account and are reported as administrative expenses. Investment related expenses are included in net appreciation of investments.

### 3) Information certified by Empower Trust Company, LLC (the Custodian):

Plan’s net assets information as of December 31, 2024 and 2023 and for the year ended December 31, 2024, included throughout the Plan’s financial statements and supplemental schedule, was prepared by, or derived from, information provided by the Custodian and furnished to the Plan Administrator.

The Plan Administrator has obtained certifications from the Custodian that information provided to the Plan Administrator by the Custodian related to Plan’s assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor’s (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan’s independent auditors not to perform any auditing procedures with respect to the following information, which appears throughout the financial statements and supplemental schedule related to the following assets:

| Description                               | December 31,  |               |
|---|---------------|---------------|
|   | 2024          | 2023          |
| Mutual funds at fair value                | \$ 87,549,499 | \$ 78,148,765 |
| Collective trust funds at fair value      | \$ 9,831,165  | \$ 7,395,720  |
| Group Annuity contracts at contract value | \$ 28,776,243 | \$ 28,650,743 |
| Notes receivable from participants        | \$ 5,119,810  | \$ 4,713,994  |

The Custodian also certified the completeness and accuracy of \$6,791,196 of net appreciation on investments stated at net asset value and \$5,044,926 of interest and dividends related to the aforementioned assets, and interest income of \$357,027 from notes receivable from participants for the year ended December 31, 2024.

### 4) Fair value measurements:

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

The valuation techniques are based upon observable or unobservable inputs. Observable inputs reflect market data obtained from independent sources, while unobservable inputs reflect the Plan’s market assumptions. These two types of inputs create the following fair value hierarchy:

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;

# UNIVERSAL INSURANCE COMPANY PROFIT SHARING AND SAVINGS PLAN



## NOTES TO FINANCIAL STATEMENTS December 31, 2024 and 2023

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- 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.

As of December 31, 2024 and 2023, investments in mutual funds registered with the SEC and held by the Plan, are considered Level 1 type investments within the fair value hierarchy. Collective trust funds are valued based on NAV and thus are not categorized within the fair value hierarchy.

### 5) Group annuity contract:

The Plan entered into a Group Annuity Contract with Empower, through a Key Guaranteed Portfolio Funds, a general account product of Empower that meets the fully benefit-responsive investment contract criteria, and therefore, is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan.

The contract value, as reported to the Plan by Empower represents (a) contributions made under the contract plus earnings; less (b) the sum of any amounts distributed and administrative fees. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Based on Empower excessive trading policy, participant transfers may be restricted for up to 30 days in the event of excessive participant trading. Transactions are processed as soon as practicable after resolution of closed or disrupted financial exchanges or markets.

The methodology for calculating the interest crediting rate is based on the earnings of the underlying assets in the entire medium-long term new portfolio compared to the minimum interest crediting rate, as stated in the contract, and prevailing market conditions. Interest credit rate is reset quarterly.

There is no guaranteed interest rate under this contract; however, such rate will never be less than 0%. The actual average yield earned by the Plan at December 31, 2024 and 2023 was 2%.

The Plan's ability to receive amounts due is dependent on Empower's ability to meet its financial obligations. Empower's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with Empower. Such events include (1) a complete or partial Plan termination or merger with another plan, (2) bankruptcy of the Employer or other Employer's events (for example, divestitures) that cause a significant withdrawal from the Plan, or (3) premature termination of the contract, among others. The Plan Administrator believes no events are probable of occurring that might limit the ability of the Plan to transact at contract value with Empower and that also would limit the ability of the plan to transact at contract value with the participants.

# UNIVERSAL INSURANCE COMPANY PROFIT SHARING AND SAVINGS PLAN



## NOTES TO FINANCIAL STATEMENTS December 31, 2024 and 2023

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Either the Plan or Empower may terminate the Group Annuity Contract (other than Plan termination), with advance written notice to the other party. The contract termination date shall be the seventy-fifth (75th) day, or the next Business Day, after the date written notice is received in the Empower's administrative offices, unless, prior to the contract termination date, the Plan and Empower agree to an alternate contract termination date. Upon termination of the group annuity contract, the Plan may choose one of the following options:

- Receive the payout of the fund in a lump sum with a market value adjustment.
- Receive the payout of the fund in a lump sum at book value. If this option is selected, Empower may defer payment to a date no longer than 12 months in the future.
- Mutually agree in writing to any other payout option allowable under applicable law.

### 6) Tax status:

The Plan is intended to be a tax qualified arrangement that complies with the provisions of the Employee Retirement Income Security Act of 1974, as amended, and with the PRIRC of 2011, as amended. A determination letter was issued by the Puerto Rico Treasury Department on June 8, 2017. Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's legal counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the PRIRC.

Accounting principles generally accepted in the United States of America require the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination of taxing authorities. The Plan Administrator evaluated the tax positions taken by the Plan and concluded that the Plan as of December 31, 2024 and 2023, had maintained its tax exempt status and had taken no uncertain tax positions that would require adjustments or disclosures to the financial statements. Therefore, no provision or liability for income taxes has been included in the accompanying financial statements. As of December 31, 2024, the years 2020 and thereafter remained subject to examination; however, there are currently no audits for any tax period in progress.

### 7) Risks and uncertainties:

The Plan's investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the values of investments, is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits. Individual participant's accounts bear the risk of loss resulting from fluctuations in fund values.

### 8) Party-in-interest transactions:

The Employer and Penson Plus, Inc., (third-party administrator), are parties-in-interest as defined by ERISA. In addition, the Plan invests in mutual funds and collective trusts funds that pertains to Empower Trust Company, LLC, and in group annuity contracts with Empower Annuity Insurance Company of America. There were no prohibited party-in-interest transactions during the year then ended December 31, 2024.

### 9) Plan termination:

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their Employer's contributions.

**UNIVERSAL INSURANCE COMPANY  
PROFIT SHARING AND SAVINGS PLAN**



**NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023**

**10) Reconciliation of financial statements to Form 5500:**

The following is a reconciliation of net assets available for benefits per the financial statements as of December 31, 2024 and 2023 to Form 5500:

| Description   | 2024                  | 2023                  |
|---|-----------------------|-----------------------|
| Net assets available for benefits per the financial statements            | \$ 134,525,824        | \$ 121,905,728        |
| Less: Notes receivable from participants that has been deemed distributed | <u>(165,901)</u>      | <u>(175,267)</u>      |
| Net assets available for benefits per Form 5500                           | <u>\$ 134,359,923</u> | <u>\$ 121,730,461</u> |

The following is a reconciliation of change in net assets available for benefits for the year ended December 31, 2024, per the financial statements to Form 5500:

| Description  | Amount               |
|--|----------------------|
| Change in net assets available for benefits per the financial statements   | \$ 12,620,096        |
| Plus: Notes receivable from participants that has been deemed distributed and were offset as part of the distributions | 12,225               |
| Less: Notes receivable from participants that has been deemed distributed  | <u>(2,859)</u>       |
| Change in net assets available for benefits per Form 5500  | <u>\$ 12,629,462</u> |

The Plan continues to present the notes receivable from participants that have been deemed distributed as a Plan's asset, until a distributable event occurs.

**11) Subsequent events:**

The Plan Administrator has evaluated subsequent events through July 31, 2025, the date on which the financial statements were available to be issued and concluded there were no events or transactions that occurred during this period that required recognition or disclosure on the accompanying financial statements.



**UNIVERSAL INSURANCE COMPANY  
PROFIT SHARING AND SAVINGS PLAN**

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
December 31, 2024

| (a) | (b)   | (c)   | (d)  | (e)           |
|-----|---|---|------|---------------|
|     | Identity of issuer, 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 -  |   |      |               |
|     | ISHARES S&P 500 INDEX K                               | Registered Investment Company (19,987.5202 units)   | **   | \$ 13,753,213 |
|     | MASSMUTUAL SELECT TOTAL RETURN BOND I                 | Registered Investment Company (1,559,193.9985 units)  | **   | 12,816,575    |
| *   | PUTNAM GROWTH OPPORTUNITIES R6                        | Registered Investment Company (112,109.5627 units)  | **   | 8,518,085     |
|     | FIDELITY INTERNATIONAL INDEX                          | Registered Investment Company (165,119.3691 units)  | **   | 7,849,775     |
| *   | PUTNAM DYNAMIC ASSET ALLOCATION BAL R6                | Registered Investment Company (359,934.0436 units)  | **   | 5,726,551     |
|     | AMER FUNDS CONSERV G/I PORTFOLIO R6                   | Registered Investment Company (404,920.4533 units)  | **   | 5,328,753     |
|     | PIMCO INCOME INSTL                                    | Registered Investment Company (483,745.3278 units)  | **   | 5,089,001     |
|     | AMERICAN FUNDS NEW WORLD R6                           | Registered Investment Company (65,994.2738 units)   | **   | 5,079,579     |
| *   | PUTNAM LARGE CAP VALUE R6                             | Registered Investment Company (105,977.5838 units)  | **   | 3,655,167     |
|     | T ROWE PRICE LTD DUR INFL FOCUS BD I                  | Registered Investment Company (777,293.6841 units)  | **   | 3,591,097     |
|     | PRINCIPAL MIDCAP S&P 400 INDEX R6                     | Registered Investment Company (158,167.7199 units)  | **   | 3,468,618     |
|     | BARON SMALL CAP INSTL                                 | Registered Investment Company (83,102.4339 units)   | **   | 2,748,197     |
|     | UNDISCOVERED MGRS BEHAVIORAL VALUE R6                 | Registered Investment Company (20,982.4974 units)   | **   | 1,768,405     |
|     | FIDELITY GROWTH STRATEGIES K                          | Registered Investment Company (16,440.8138 units)   | **   | 1,107,124     |
|     | TRANSAMERICA INTERNATIONAL EQUITY R6                  | Registered Investment Company (47,682.0705 units)   | **   | 978,913       |
| *   | PUTNAM DYNAMIC ASSET ALLOC GROWTH R6                  | Registered Investment Company (40,702.2071 units)   | **   | 805,090       |
|     | BLACKROCK HIGH YIELD BOND PORTFOLIO K                 | Registered Investment Company (112,667.0892 units)  | **   | 799,936       |
|     | PIMCO REAL ESTATE REAL RETURN STRATEGY I              | Registered Investment Company (30,321.7744 units)   | **   | 795,643       |
|     | BNY MELLON WORLDWIDE GROWTH Y                         | Registered Investment Company (11,408.2642 units)   | **   | 757,166       |
| *   | PUTNAM GLOBAL TECHNOLOGY R6                           | Registered Investment Company (10,325.2216 units)   | **   | 755,290       |
|     | FEDERATED HERMES MID-CAP INDEX R6                     | Registered Investment Company (47,266.1433 units)   | **   | 729,317       |
|     | MACQUARIE SMALL CAP CORE R6                           | Registered Investment Company (16,283.4508 units)   | **   | 495,343       |
|     | AMERICAN FUNDS WASHINGTON MUTUAL R6                   | Registered Investment Company (7,779.4609 units)  | **   | 479,215       |
|     | BLACKROCK HEALTH SCIENCES OPPS K                      | Registered Investment Company (2,962.7003 units)  | **   | 199,597       |
|     | FIDELITY ADVISOR INTERNATIONAL GROWTH Z               | Registered Investment Company (5,646.9825 units)  | **   | 112,318       |
|     | VIRTUS CERREDEK MID-CAP VALUE EQUITY R6               | Registered Investment Company (5,971.6556 units)  | **   | 72,078        |
|     | INVESCO GOLD & SPECIAL MINERALS R6                    | Registered Investment Company (1,443.0809 units)  | **   | 37,462        |
|     | MFS INTERNATIONAL GROWTH R6                           | Registered Investment Company (772.9103 units)  | **   | 31,991        |

Continues...



**UNIVERSAL INSURANCE COMPANY  
PROFIT SHARING AND SAVINGS PLAN**

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
December 31, 2024

| (a)   | (b)   | (c)   | (d)           | (e)        |
|---|---|---|---------------|------------|
| Identity of issuer, borrower, lessor or similar party | Description of investment, including maturity date, rate of interest, collateral, and par or maturity value | Cost  | Current Value |            |
| ...   | Continued   |   |               |            |
|   | Collective Trust Funds-   |   |               |            |
| *   | PUTNAM RETIREMENT ADVANTAGE TRST 2040 X   | Resgistered Investment Company (84,121.48 units)                        | **            | 2,440,364  |
| *   | PUTNAM RETIREMENT ADVANTAGE TRST 2045 X   | Resgistered Investment Company (67,850.3596 units)                      | **            | 2,057,901  |
| *   | PUTNAM RETIREMENT ADVANTAGE TRST 2035 X   | Resgistered Investment Company (49,060.6643 units)                      | **            | 1,334,450  |
| *   | PUTNAM RETIREMENT ADVANTAGE TRST 2025 X   | Resgistered Investment Company (55,211.4587 units)                      | **            | 1,145,638  |
| *   | PUTNAM RETIREMENT ADVANTAGE TRST 2030 X   | Resgistered Investment Company (36,325.665 units)                       | **            | 871,089    |
| *   | PUTNAM RETIREMENT ADVANTAGE TRST 2050 X   | Resgistered Investment Company (27,007.5272 units)                      | **            | 858,299    |
| *   | PUTNAM RETIREMENT ADVANTAGE TRST 2055 X   | Resgistered Investment Company (16,948.8155 units)                      | **            | 706,088    |
| *   | PUTNAM RETIREMENT ADVANTAGE TRST MAT X  | Resgistered Investment Company (15,571.2573 units)                      | **            | 310,647    |
| *   | PUTNAM RETIREMENT ADVANTAGE TRST 2060 X   | Resgistered Investment Company (3,633.8021 units)                       | **            | 106,689    |
|   | Guaranteed Investment Contract -  |   |               |            |
| *   | KEY GUARANTEED PORTFOLIO FUND   | Fully benefit-responsive contract with an effective interest rate of 2% | **            | 28,303,559 |
| *   | KEY GUARANTEED PORTFOLIO FUND   | Fully benefit-responsive contract with an effective interest rate of 2% | **            | 472,684    |

Continues...



**UNIVERSAL INSURANCE COMPANY  
PROFIT SHARING AND SAVINGS PLAN**

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
December 31, 2024

| (a)   | (b)  | (c)  | (d)           | (e) |
|---|--|--|---------------|-----|
| Identity of issuer, borrower, lessor or similar party | Description of investment, including maturity date, rate of interest, collateral, and par or maturity value      | Cost   | Current Value |     |
| ...   | Continued  |  |               |     |
| *   | Notes receivable from participants   | Notes receivable from participants (interest rate ranges from 4.25% to 9.50% at December 31, 2024 with maturities ranging from 2025 to 2034) | 4,953,909     |     |
|   | * Represents a party-in-interest.  |  |               |     |
|   | ** Cost is not required for participant-directed investments.  |  |               |     |
|   | The above information has been certified by Empower Trust Company, LLC, the custodian, as complete and accurate. |  |               |     |
|   | See accompanying independent auditors' report.   |  |               |     |
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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|---|

|               |   |
|---------------|---|
| <b>Part I</b> | <b>Annual Report Identification Information</b> |
|---------------|---|

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

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. .... ▶

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶

|                |   |
|----------------|---|
| <b>Part II</b> | <b>Basic Plan Information—enter all requested information</b> |
|----------------|---|

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| <b>1a</b> Name of plan<br>UNIVERSAL INSURANCE COMPANY PROFIT SHARING AND SAVINGS PLAN   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">001</td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/>01/01/2002</td> </tr> </table>                        | <b>1b</b> Three-digit plan number (PN) ▶                     | 001   | <b>1c</b> Effective date of plan<br>01/01/2002       |  |
| <b>1b</b> Three-digit plan number (PN) ▶  | 001   |  |   |  |  |
| <b>1c</b> Effective date of plan<br>01/01/2002  |   |  |   |  |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><br>UNIVERSAL GROUP<br><br>MARGINAL KENNEDY, METRO OFFICE PARK<br>CAPARRA HEIGHTS<br>GUAYNABO PR 00921 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/>66-0313825</td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/>787-793-7202</td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/>541990</td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br>66-0313825 | <b>2c</b> Plan Sponsor's telephone number<br>787-793-7202 | <b>2d</b> Business code (see instructions)<br>541990 |  |
| <b>2b</b> Employer Identification Number (EIN)<br>66-0313825  |   |  |   |  |  |
| <b>2c</b> Plan Sponsor's telephone number<br>787-793-7202   |   |  |   |  |  |
| <b>2d</b> Business code (see instructions)<br>541990  |   |  |   |  |  |

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

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

|              |                                    |           |  |
|--------------|------------------------------------|-----------|--|
| SIGN<br>HERE |                                    | 7/31/2025 | SARY ANN VAZQUEZ   |
|              | Signature of plan administrator    | Date      | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE |                                    | 7/31/2025 | SARY ANN VAZQUEZ   |
|              | Signature of employer/plan sponsor | Date      | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE |                                    |           |  |
|              | Signature of DFE                   | Date      | Enter name of individual signing as DFE                      |

|   |              |  |  |
|---|--------------|--|--|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  |              | <b>3b</b> Administrator's EIN              |  |
|   |              | <b>3c</b> Administrator's telephone number |  |
|   |              |  |  |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: |              | <b>4b</b> EIN                              |  |
| <b>a</b> Sponsor's name   |              | <b>4d</b> PN                               |  |
| <b>c</b> Plan Name  |              |  |  |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>     | 1,392                                      |  |
| <b>6</b> 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).  |              |  |  |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....   | <b>6a(1)</b> | 1,145                                      |  |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....   | <b>6a(2)</b> | 1,054                                      |  |
| <b>b</b> Retired or separated participants receiving benefits.....  | <b>6b</b>    | 243  |  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....   | <b>6c</b>    | 0  |  |
| <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c. ....  | <b>6d</b>    | 1,297                                      |  |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....   | <b>6e</b>    | 0  |  |
| <b>f</b> Total. Add lines 6d and 6e. ....   | <b>6f</b>    | 1,297                                      |  |
| <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....   | <b>6g(1)</b> | 1,226                                      |  |
| <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....   | <b>6g(2)</b> | 1,206                                      |  |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....   | <b>6h</b>    | 0  |  |

**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:  
2E 2F 2G 2J 3C 2T

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

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

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

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

---

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

---

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

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

|  |   |     |
|--|---|-----|
| <b>A</b> Name of plan<br>UNIVERSAL INSURANCE COMPANY PROFIT SHARING AND SAVINGS PLAN | <b>B</b> Three-digit plan number (PN) ▶ | 001 |
|--|---|-----|

|  |   |
|--|---|
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><br>UNIVERSAL GROUP | <b>D</b> Employer Identification Number (EIN)<br><br>66-0313825 |
|--|---|

**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  
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 84-0467907 | 68322         | 335159-P1                             | 681   | 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 |
| 27,542                               | 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  
JEAN K ROCAFORT LEBRON  
CETERA ADVISOR NETWORKS LLC  
F D ROOSEVELT AVE MARGINAL SUR #114  
HATOR REY PR 00918

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 13,771  |                                 |             | 3                     |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
FRANKLIN ROCAFORT  
CETERA ADVISOR NETWORKS LLC  
F D ROOSEVELT AVE MARGINAL SUR #114  
HATOR REY PR 00918

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 13,771  |                                 |             | 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 |                       |
|   |                                 |             |                       |

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

|  |          |            |
|--|----------|------------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 28,776,243 |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 0          |

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

|   |              |            |
|---|--------------|------------|
| <b>b</b> Balance at the end of the previous year.....                                   | <b>7b</b>    | 28,650,742 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                   | <b>7c(1)</b> | 1,658,308  |
| (2) Dividends and credits.....  | <b>7c(2)</b> | 0          |
| (3) Interest credited during the year .....   | <b>7c(3)</b> | 559,118    |
| (4) Transferred from separate account.....  | <b>7c(4)</b> | 4,569,442  |
| (5) Other (specify below) .....   | <b>7c(5)</b> | 794,495    |
| ▶Loan Repayment(s), Forfeitures   |              |            |
| (6)Total additions.....   | <b>7c(6)</b> | 7,581,363  |
| <b>d</b> Total of balance and additions (add lines 7b and 7c(6)). .....                 | <b>7d</b>    | 36,232,105 |
| <b>e</b> Deductions:  |              |            |
| (1) Disbursed from fund to pay benefits or purchase annuities during year               | <b>7e(1)</b> | 3,673,862  |
| (2) Administration charge made by carrier .....   | <b>7e(2)</b> | -44,009    |
| (3) Transferred to separate account.....  | <b>7e(3)</b> | 3,826,009  |
| (4) Other (specify below) .....   | <b>7e(4)</b> |            |
| ▶   |              |            |
| (5) Total deductions.....   | <b>7e(5)</b> | 7,455,862  |
| <b>f</b> Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | <b>7f</b>    | 28,776,243 |

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

- 11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No
- 12** If the answer to line 11 is "Yes," specify the information not provided. ▶

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

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

|  |   |   |     |
|--|---|---|-----|
| <b>A</b> Name of plan<br>UNIVERSAL INSURANCE COMPANY PROFIT SHARING AND SAVINGS PLAN | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"><b>B</b> Three-digit plan number (PN) ▶</td> <td style="width:30%; text-align: center;">001</td> </tr> </table> | <b>B</b> Three-digit plan number (PN) ▶ | 001 |
| <b>B</b> Three-digit plan number (PN) ▶  | 001   |   |     |

|  |   |   |  |            |  |
|--|---|---|--|------------|--|
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><br>UNIVERSAL GROUP | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"><b>D</b> Employer Identification Number (EIN)</td> <td style="width:30%;"></td> </tr> <tr> <td style="text-align: center;">66-0313825</td> <td></td> </tr> </table> | <b>D</b> Employer Identification Number (EIN) |  | 66-0313825 |  |
| <b>D</b> Employer Identification Number (EIN)  |   |   |  |            |  |
| 66-0313825   |   |   |  |            |  |

**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

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

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

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

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

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

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

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

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

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

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

Empower Advisory Group, LLC  
8515 East Orchard Road

Greenwood Village CO 80111

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28                     |   |  | 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"/>                                     |
|                        | Investment Mgmt   | 235,110  |  |  |   |  |

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

Empower Annuity Insurance Company  
8515 East Orchard Road

Greenwood Village CO 80111

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 64                     |   |  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |
|                        | Recordkeeper  | 194,172  |  |  | 0   |  |

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

CETERA ADVISOR NETWORKS LLC  
2301 ROSECRANS AVE., #5100

EL SEGUNDO CA 90245-5670

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 55                     |   |  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |
|                        | Broker/ Adviser   | 0  |  |  | 93,207  |  |

**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)

PENSION PLUS INC  
PO BOX 366281

SAN JUAN PR 00936

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 13                  |   |  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 10,000  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |
|                        | Auditor   | 0  |  |  |   |  |

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

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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 |
|---|---|---|
| CETERA ADVISOR NETWORKS LLC   | 55  | 93,207                                    |
| (d) Enter name and EIN (address) of source of indirect compensation<br>Empower Annuity Insurance Company o<br>8515 East Orchard Road<br>Greenwood VillageCO 80111 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br>Other Commissions     |   |
| (a) Enter service provider name as it appears on line 2   | (b) Service Codes (see instructions)  | (c) Enter amount of indirect compensation |
| PENSION PLUS INC  | 10 13   | 10,000                                    |
| (d) Enter name and EIN (address) of source of indirect compensation<br>Empower Annuity Insurance Company o<br>8515 East Orchard Road<br>Greenwood VillageCO 80111 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br>TPA Allowance Payment |   |
| (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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|   |   |   |
|---|---|---|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ File as an attachment to Form 5500. | OMB No. 1210-0110<br><br><b>2024</b><br><br>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

|  |   |     |
|--|---|-----|
| <b>A</b> Name of plan<br>UNIVERSAL INSURANCE COMPANY PROFIT SHARING AND SAVINGS PLAN | <b>B</b> Three-digit plan number (PN) ▶ | 001 |
|--|---|-----|

|   |   |
|---|---|
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>UNIVERSAL GROUP | <b>D</b> Employer Identification Number (EIN)<br>66-0313825 |
|---|---|

**Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**  
 (Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RET ADVANTAGE TRST 2060X

**b** Name of sponsor of entity listed in (a): Putnam Investments CIT

|                                |                        |   |         |
|--------------------------------|------------------------|---|---------|
| <b>c</b> EIN-PN 27-3616920 273 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 106,688 |
|--------------------------------|------------------------|---|---------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: Putnam Ret Advantage Trst Mat X

**b** Name of sponsor of entity listed in (a): Putnam Investments CIT

|                                |                        |   |         |
|--------------------------------|------------------------|---|---------|
| <b>c</b> EIN-PN 26-0788428 268 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 310,647 |
|--------------------------------|------------------------|---|---------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: Putnam Ret Advantage Trst 2050 X

**b** Name of sponsor of entity listed in (a): Putnam Investments CIT

|                                |                        |   |         |
|--------------------------------|------------------------|---|---------|
| <b>c</b> EIN-PN 26-0787670 258 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 858,299 |
|--------------------------------|------------------------|---|---------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: Putnam Ret Advantage Trst 2025 X

**b** Name of sponsor of entity listed in (a): Putnam Investments CIT

|                                |                        |   |           |
|--------------------------------|------------------------|---|-----------|
| <b>c</b> EIN-PN 26-0788428 268 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1,145,638 |
|--------------------------------|------------------------|---|-----------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: Putnam Ret Advantage Trst 2045 X

**b** Name of sponsor of entity listed in (a): Putnam Investments CIT

|                                |                        |   |           |
|--------------------------------|------------------------|---|-----------|
| <b>c</b> EIN-PN 26-1208510 259 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 2,057,901 |
|--------------------------------|------------------------|---|-----------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: Putnam Ret Advantage Trst 2055 X

**b** Name of sponsor of entity listed in (a): Putnam Investments CIT

|                                |                        |   |         |
|--------------------------------|------------------------|---|---------|
| <b>c</b> EIN-PN 26-0787670 272 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 706,088 |
|--------------------------------|------------------------|---|---------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: Putnam Ret Advantage Trst 2040 X

**b** Name of sponsor of entity listed in (a): Putnam Investments CIT

|                                |                        |   |           |
|--------------------------------|------------------------|---|-----------|
| <b>c</b> EIN-PN 26-1384398 260 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 2,440,364 |
|--------------------------------|------------------------|---|-----------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: Putnam Ret Advantage Trst 2030 X

**b** Name of sponsor of entity listed in (a): Putnam Investments CIT

|                                |                        |   |
|--------------------------------|------------------------|---|
| <b>c</b> EIN-PN 26-0788040 262 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 871,089 |
|--------------------------------|------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: Putnam Ret Advantage Trst 2035 X

**b** Name of sponsor of entity listed in (a): Putnam Investments CIT

|                                |                        |   |
|--------------------------------|------------------------|---|
| <b>c</b> EIN-PN 26-0787945 261 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1,334,450 |
|--------------------------------|------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|



|   |  |   |
|---|--|---|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|---|

|  |   |
|--|---|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b> |   |
| <b>A</b> Name of plan<br>UNIVERSAL INSURANCE COMPANY PROFIT SHARING AND SAVINGS PLAN                     | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>UNIVERSAL GROUP                         | <b>D</b> Employer Identification Number (EIN)<br>66-0313825 |

**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 |
|---|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....   | <b>1a</b>             |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                |                       |                 |
| (1) Employer contributions .....  | <b>1b(1)</b>          | 2,996,506       |
| (2) Participant contributions .....   | <b>1b(2)</b>          | 3,249,107       |
| (3) Other .....   | <b>1b(3)</b>          |                 |
| <b>c</b> General investments:   |                       |                 |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>          |                 |
| (2) U.S. Government securities .....  | <b>1c(2)</b>          |                 |
| (3) Corporate debt instruments (other than employer securities):                            |                       |                 |
| (A) Preferred .....   | <b>1c(3)(A)</b>       |                 |
| (B) All other .....   | <b>1c(3)(B)</b>       |                 |
| (4) Corporate stocks (other than employer securities):                                      |                       |                 |
| (A) Preferred .....   | <b>1c(4)(A)</b>       |                 |
| (B) Common .....  | <b>1c(4)(B)</b>       |                 |
| (5) Partnership/joint venture interests .....   | <b>1c(5)</b>          |                 |
| (6) Real estate (other than employer real property) .....                                   | <b>1c(6)</b>          |                 |
| (7) Loans (other than to participants) .....  | <b>1c(7)</b>          |                 |
| (8) Participant loans .....   | <b>1c(8)</b>          | 4,538,727       |
| (9) Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>          | 4,953,909       |
| (10) Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>          | 7,395,720       |
| (10) Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>         | 9,831,165       |
| (11) Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>         |                 |
| (12) Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>         |                 |
| (13) Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>         | 78,148,765      |
| (14) Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>         | 87,549,499      |
| (14) Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>         | 28,650,743      |
| (15) Other .....  | <b>1c(15)</b>         |                 |

| 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    | 121,730,461           | 134,359,923     |
| <b>Liabilities</b>   |       |                       |                 |
| g Benefit claims payable .....                                     | 1g    |                       |                 |
| h Operating payables .....   | 1h    |                       |                 |
| i Acquisition indebtedness .....                                   | 1i    |                       |                 |
| j Other liabilities .....  | 1j    |                       |                 |
| k Total liabilities (add all amounts in lines 1g through 1j) ..... | 1k    | 0                     | 0               |
| <b>Net Assets</b>  |       |                       |                 |
| l Net assets (subtract line 1k from line 1f) .....                 | 1l    | 121,730,461           | 134,359,923     |

**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 |
|---|----------|------------|-----------|
| <b>a Contributions:</b>   |          |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                  | 2a(1)(A) | 4,528,323  |           |
| (B) Participants .....  | 2a(1)(B) | 3,876,581  |           |
| (C) Others (including rollovers) .....  | 2a(1)(C) | 206,790    |           |
| (2) Noncash contributions .....   | 2a(2)    |            |           |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....                   | 2a(3)    |            | 8,611,694 |
| <b>b Earnings on investments:</b>   |          |            |           |
| (1) Interest:   |          |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) ..... | 2b(1)(A) |            |           |
| (B) U.S. Government securities .....  | 2b(1)(B) |            |           |
| (C) Corporate debt instruments .....  | 2b(1)(C) |            |           |
| (D) Loans (other than to participants) .....  | 2b(1)(D) |            |           |
| (E) Participant loans .....   | 2b(1)(E) | 357,027    |           |
| (F) Other .....   | 2b(1)(F) | 5,044,926  |           |
| (G) Total interest. Add lines 2b(1)(A) through (F) .....                                      | 2b(1)(G) |            | 5,401,953 |
| (2) Dividends: (A) Preferred stock .....  | 2b(2)(A) |            |           |
| (B) Common stock .....  | 2b(2)(B) |            |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                            | 2b(2)(C) |            |           |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....                                   | 2b(2)(D) |            | 0         |
| (3) Rents .....   | 2b(3)    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                           | 2b(4)(A) |            |           |
| (B) Aggregate carrying amount (see instructions) .....  | 2b(4)(B) |            |           |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....                          | 2b(4)(C) |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                   | 2b(5)(A) |            |           |
| (B) Other .....   | 2b(5)(B) | 6,791,196  |           |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....                 | 2b(5)(C) |            | 6,791,196 |

|  |        | (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) |            |            |
| <b>c</b> Other income.....   | 2c     |            |            |
| <b>d</b> Total income. Add all income amounts in column (b) and enter total.....               | 2d     |            | 20,804,843 |

**Expenses**

|   |        |           |           |
|---|--------|-----------|-----------|
| <b>e</b> Benefit payment and payments to provide benefits:                          |        |           |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1)  | 7,764,696 |           |
| (2) To insurance carriers for the provision of benefits.....                        | 2e(2)  |           |           |
| (3) Other.....  | 2e(3)  |           |           |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                        | 2e(4)  |           | 7,764,696 |
| <b>f</b> Corrective distributions (see instructions).....                           | 2f     |           |           |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....  | 2g     |           | -9,366    |
| <b>h</b> Interest expense.....  | 2h     |           |           |
| <b>i</b> Administrative expenses:   |        |           |           |
| (1) Salaries and allowances.....  | 2i(1)  |           |           |
| (2) Contract administrator fees.....  | 2i(2)  |           |           |
| (3) Recordkeeping fees.....   | 2i(3)  |           |           |
| (4) IQPA audit fees.....  | 2i(4)  |           |           |
| (5) Investment advisory and investment management fees.....                         | 2i(5)  |           |           |
| (6) Bank or trust company trustee/custodial fees.....                               | 2i(6)  |           |           |
| (7) Actuarial fees.....   | 2i(7)  |           |           |
| (8) Legal fees.....   | 2i(8)  |           |           |
| (9) Valuation/appraisal fees.....   | 2i(9)  |           |           |
| (10) Other trustee fees and expenses.....   | 2i(10) |           |           |
| (11) Other expenses.....  | 2i(11) | 420,051   |           |
| (12) Total administrative expenses. Add lines 2i(1) through (11).....               | 2i(12) |           | 420,051   |
| <b>j</b> Total expenses. Add all expense amounts in column (b) and enter total..... | 2j     |           | 8,175,381 |

**Net Income and Reconciliation**

|  |       |  |            |
|--|-------|--|------------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 12,629,462 |
| <b>l</b> 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: RSM PUERTO RICO

(2) EIN: 66-0388756

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

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

**Part IV Compliance Questions**

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

During the plan year:

|  | Yes | No | Amount  |
|--|-----|----|---------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 |     | X  |         |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     | X  |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)   |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?   | X   |    | 500,000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)   |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     | X  |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  |     |    |         |

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

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

| 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 \_\_\_\_\_.

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

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

|  |   |     |
|--|---|-----|
| <b>A</b> Name of plan<br>UNIVERSAL INSURANCE COMPANY PROFIT SHARING AND SAVINGS PLAN | <b>B</b> Three-digit plan number (PN) ▶                         | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><br>UNIVERSAL GROUP | <b>D</b> Employer Identification Number (EIN)<br><br>66-0313825 |     |

**Part I Distributions**

All references to distributions relate only to payments of benefits during the plan year.

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 1 0

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): \_\_\_\_\_  
 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 3

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....  Yes  No  N/A  
 If the plan is a defined benefit plan, go to line 8.

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

|   |           |  |
|---|-----------|--|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....   | <b>6a</b> |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....   | <b>6b</b> |  |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)..... | <b>6c</b> |  |

If you completed line 6c, skip lines 8 and 9.

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline?.....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....  Yes  No  N/A

**Part III Amendments**

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

**Part IV ESOPs** (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....  Yes  No

**11 a** Does the ESOP hold any preferred stock?.....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market?.....  Yes  No

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

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

|          |  |          |                                       |
|----------|--|----------|---------------------------------------|
| <b>a</b> | Name of contributing employer  |          |                                       |
| <b>b</b> | EIN  | <b>c</b> | Dollar amount contributed by employer |
| <b>d</b> | Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month <input type="text"/> Day <input type="text"/> Year <input type="text"/> |          |                                       |
| <b>e</b> | Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)  |          |                                       |
|          | (1) Contribution rate (in dollars and cents) <input type="text"/>  |          |                                       |
|          | (2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): <input type="text"/>  |          |                                       |

|          |  |          |                                       |
|----------|--|----------|---------------------------------------|
| <b>a</b> | Name of contributing employer  |          |                                       |
| <b>b</b> | EIN  | <b>c</b> | Dollar amount contributed by employer |
| <b>d</b> | Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month <input type="text"/> Day <input type="text"/> Year <input type="text"/> |          |                                       |
| <b>e</b> | Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)  |          |                                       |
|          | (1) Contribution rate (in dollars and cents) <input type="text"/>  |          |                                       |
|          | (2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): <input type="text"/>  |          |                                       |

|          |  |          |                                       |
|----------|--|----------|---------------------------------------|
| <b>a</b> | Name of contributing employer  |          |                                       |
| <b>b</b> | EIN  | <b>c</b> | Dollar amount contributed by employer |
| <b>d</b> | Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month <input type="text"/> Day <input type="text"/> Year <input type="text"/> |          |                                       |
| <b>e</b> | Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)  |          |                                       |
|          | (1) Contribution rate (in dollars and cents) <input type="text"/>  |          |                                       |
|          | (2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): <input type="text"/>  |          |                                       |

|          |  |          |                                       |
|----------|--|----------|---------------------------------------|
| <b>a</b> | Name of contributing employer  |          |                                       |
| <b>b</b> | EIN  | <b>c</b> | Dollar amount contributed by employer |
| <b>d</b> | Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month <input type="text"/> Day <input type="text"/> Year <input type="text"/> |          |                                       |
| <b>e</b> | Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)  |          |                                       |
|          | (1) Contribution rate (in dollars and cents) <input type="text"/>  |          |                                       |
|          | (2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): <input type="text"/>  |          |                                       |

|          |  |          |                                       |
|----------|--|----------|---------------------------------------|
| <b>a</b> | Name of contributing employer  |          |                                       |
| <b>b</b> | EIN  | <b>c</b> | Dollar amount contributed by employer |
| <b>d</b> | Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month <input type="text"/> Day <input type="text"/> Year <input type="text"/> |          |                                       |
| <b>e</b> | Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)  |          |                                       |
|          | (1) Contribution rate (in dollars and cents) <input type="text"/>  |          |                                       |
|          | (2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): <input type="text"/>  |          |                                       |

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:

Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

0-5 years  5-10 years  10-15 years  15 years or more

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

Yes.

No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

No. Other. Provide explanation.....

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

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

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

Name of Plan:

► UNIVERSAL INSURANCE COMPANY PROFIT SHARING AND SAVINGS PLAN

Employer Identification Nun 66-0313825

For plan year (beginning/end 01/01/2024 -12/31/2024

Plan number: ► 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost    | (e) Current value |
|-----|---|--|-------------|-------------------|
| *   | 1PAAEX  |  | 5,569,879   | 5,726,551         |
| *   | 1PAEEX  |  | 780,867     | 805,090           |
| *   | 1PTRX25   |  | 949,609     | 1,145,638         |
| *   | 1PTRX30   |  | 698,650     | 871,089           |
| *   | 1PTRX35   |  | 978,660     | 1,334,450         |
| *   | 1PTRX40   |  | 1,823,544   | 2,440,364         |
| *   | 1PTRX45   |  | 1,452,282   | 2,057,901         |
| *   | 1PTRX50   |  | 646,660     | 858,299           |
| *   | 1PTRX55   |  | 506,548     | 706,088           |
| *   | 1PTRX60   |  | 88,133      | 106,688           |
| *   | 1PTRXMT   |  | 275,511     | 310,647           |
|     | 1RNWGX  |  | 5,317,140   | 5,079,579         |
|     | 1DPRIX  |  | 749,034     | 757,166           |
|     | 1FZAJX  |  | 93,178      | 112,318           |
|     | 1FSPSX  |  | 7,383,483   | 7,849,775         |
|     | 1MGRDX  |  | 30,904      | 31,991            |
|     | 1TAINX  |  | 971,100     | 978,913           |
|     | 1SHSKX  |  | 218,292     | 199,597           |
|     | 1OGMIX  |  | 36,981      | 37,462            |
|     | 1PRRSX1   |  | 732,294     | 795,643           |
| *   | 1PTTEX  |  | 567,049     | 755,290           |
|     | 1BSFIX  |  | 2,815,047   | 2,748,198         |
|     | 1DCZRX  |  | 450,775     | 495,343           |
|     | 1UBVFX  |  | 1,594,193   | 1,768,405         |
|     | 1FMCLX  |  | 819,348     | 729,317           |
|     | 1FAGKX  |  | 886,845     | 1,107,124         |
|     | 1PMAPX  |  | 3,544,326   | 3,468,618         |
|     | 1SMVZX  |  | 71,958      | 72,078            |
|     | 1RWMGX  |  | 439,375     | 479,215           |
|     | 1WFSPX  |  | 10,493,019  | 13,753,213        |
|     | 1PEQSX  |  | 3,071,560   | 3,655,167         |
|     | 1PGOEX  |  | 5,274,868   | 8,518,085         |
|     | 1RINGX  |  | 5,065,650   | 5,328,753         |
|     | 1BRHYX  |  | 807,214     | 799,936           |
|     | 1MSPZX  |  | 13,018,628  | 12,816,575        |
|     | 1PIMIX  |  | 5,314,156   | 5,089,001         |
|     | 1TRLDX  |  | 3,596,188   | 3,591,097         |
|     | 1KGPF   | 2  | 23,816,231  | 28,303,559        |
|     |   |  | 110,949,179 | 125,684,223       |
|     |   |  |             |                   |
|     | PARTICIPANT LOANS   | VARIOUS / 4.250-9.500  | 4.250-9.500 | 4,953,909         |
|     | FORFEITURES   |  | 394,578     | 472,684           |

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

Name of Plan:

► UNIVERSAL INSURANCE COMPANY PROFIT SHARING AND SAVINGS PLAN

Employer Identification Nun 66-0313825

For plan year (beginning/end 01/01/2024 -12/31/2024

Plan number: ► 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost    | (e) Current value |
|-----|---|--|-------------|-------------------|
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| *   | 1PTRXMT   |  | 275,511     | 310,647           |
|     | 1RNWGX  |  | 5,317,140   | 5,079,579         |
|     | 1DPRIX  |  | 749,034     | 757,166           |
|     | 1FZAJX  |  | 93,178      | 112,318           |
|     | 1FSPSX  |  | 7,383,483   | 7,849,775         |
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|     | 1DCZRX  |  | 450,775     | 495,343           |
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|     | 1FMCLX  |  | 819,348     | 729,317           |
|     | 1FAGKX  |  | 886,845     | 1,107,124         |
|     | 1PMAPX  |  | 3,544,326   | 3,468,618         |
|     | 1SMVZX  |  | 71,958      | 72,078            |
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|     | 1WFSPX  |  | 10,493,019  | 13,753,213        |
|     | 1PEQX   |  | 3,071,560   | 3,655,167         |
|     | 1PGOEX  |  | 5,274,868   | 8,518,085         |
|     | 1RINGX  |  | 5,065,650   | 5,328,753         |
|     | 1BRHYX  |  | 807,214     | 799,936           |
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