

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1951
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PREMIER HEALTH PARTNERS 110 N. MAIN STREET SUITE 1100 DAYTON, OH 45402
2b	Employer Identification Number (EIN) 31-1446699
2c	Plan Sponsor's telephone number 937-499-5417
2d	Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/23/2025	STACEY LAWSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor STACEY LAWSON, CHIEF HUMAN RESOURCE OFFICER 110 N. MAIN STREET SUITE 1100 DAYTON, OH 45402	3b Administrator's EIN 31-1446699																						
	3c Administrator's telephone number 937-499-5417																						
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																						
5 Total number of participants at the beginning of the plan year	5 16604																						
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td style="width: 15%;">6a(1)</td><td style="text-align: right;">9472</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">9887</td></tr> <tr><td>6b</td><td style="text-align: right;">133</td></tr> <tr><td>6c</td><td style="text-align: right;">4744</td></tr> <tr><td>6d</td><td style="text-align: right;">14764</td></tr> <tr><td>6e</td><td style="text-align: right;">180</td></tr> <tr><td>6f</td><td style="text-align: right;">14944</td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td style="text-align: right;">278</td></tr> </table>			6a(1)	9472	6a(2)	9887	6b	133	6c	4744	6d	14764	6e	180	6f	14944	6g(1)		6g(2)		6h	278
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6g(1)																							
6g(2)																							
6h	278																						
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:

1A 1C

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

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

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information) – Number Attached 0
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PREMIER HEALTH PARTNERS	D Employer Identification Number (EIN) 31-1446699
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	694044049	
b	Actuarial value	2b	753072162	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	2489	300763842	300763842
b	For terminated vested participants	4643	149473191	149473191
c	For active participants	9472	288304891	292740661
d	Total	16604	738541924	742977694
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.15 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	19667228	
b	Expected plan-related expenses	6b	9500000	
c	Target normal cost	6c	29167228	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Signature of actuary JASON M. BRAVO Type or print name of actuary AON CONSULTING, INC. Firm name MSC# 17854 PO BOX 7505 FORT WASHINGTON, PA 19034 Address of the firm	09/10/2025 Date 23-05569 Most recent enrollment number 216-430-4732 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	80965796
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	18264495
9	Amount remaining (line 7 minus line 8)	0	62701301
10	Interest on line 9 using prior year's actual return of <u>11.79</u> %	0	7392483
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.25</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	70093784

Part III Funding Percentages

14	Funding target attainment percentage	14	91.92 %
15	Adjusted funding target attainment percentage	15	101.35 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	88.28 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/31/2025	25000000	0			
Totals ▶			18(b)	25000000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	23095277

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
26 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	29167228	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	59999316	5818976	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	34986204	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	31487584	31487584
36 Additional cash requirement (line 34 minus line 35)	36	3498620	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	23095277	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	19596657	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	19596657	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PREMIER HEALTH PARTNERS	D Employer Identification Number (EIN) 31-1446699	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ 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	
CANYON PARTNERS LLC	2000 AVENUE OF THE STARS LOS ANGELES, CA 90067

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DGV SOLUTIONS	
47-2344782	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DODGE & COX	
94-1441976	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
INDEPENDENT FRANCHISE PARTNERS, LLP	
98-0682628	

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

MILLSTREET CREDIT OFFSHORE FUND

98-1394806

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

RBC GLOBAL ASSET MANAGEMENT INC

50 SOUTH SIXTH STREET
SUITE 2350
MINNEAPOLIS, MN 55402

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

SANDS CAPITAL MANAGEMENT, LLC

1000 WILSON BLVD. SUITE 3000
ARLINGTON, VA 22209

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

VANGUARD

23-1945930

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

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

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

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

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)

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	1831469	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEGAL & GENERAL

71 SOUTH WACKER DRIVE
SUITE 800
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	483799	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLINGTON TRUST COMPANY

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68	NONE	360437	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

MERCER

99 HIGH STREET
BOSTON, MA 02110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	203843	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ACADIAN ASSET MANAGEMENT LLC

04-2929221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	128212	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET BANK & TRUST

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 28 50 62 63 99	TRUSTEE	117616	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

FROST BROWN TODD LLC

61-0722001

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	51285	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLARK, SCHAEFER, HACKETT & CO

31-0800053

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	18000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51	NONE	16093	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 PREMIER HEALTH PARTNERS	D Employer Identification Number (EIN) 31-1446699	

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: S&P 500 FLAGSHIP FUND		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 04-0025081-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40882055
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CTF GLOBAL SELECT CAP		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA		
c EIN-PN 20-5853753-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23540228
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e 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):		
c EIN-PN	d Entity code	e 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):		
c EIN-PN	d Entity code	e 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):		
c EIN-PN	d Entity code	e 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):		
c EIN-PN	d Entity code	e 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):**c** EIN-PN**d** Entity
code**e** 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):**c** EIN-PN**d** Entity
code**e** 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):**c** EIN-PN**d** Entity
code**e** 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):**c** EIN-PN**d** Entity
code**e** 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):**c** EIN-PN**d** Entity
code**e** 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):**c** EIN-PN**d** Entity
code**e** 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):**c** EIN-PN**d** Entity
code**e** 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):**c** EIN-PN**d** Entity
code**e** 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):**c** EIN-PN**d** Entity
code**e** 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):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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

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

A Name of plan PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PREMIER HEALTH PARTNERS	D Employer Identification Number (EIN) 31-1446699

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	25000000	25000000
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	21140773	1983396
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	14232653	12123468
(2) U.S. Government securities	1c(2)	139449443	62245443
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	162141567	93833722
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	129936075	64422283
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	103010368	72276117
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	116924111	83377834

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	711834990	415262263
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	1086453	802888
i Acquisition indebtedness	1i		
j Other liabilities	1j	16128954	3653934
k Total liabilities (add all amounts in lines 1g through 1j)	1k	17215407	4456822
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	694619583	410805441

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	25000000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		25000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	11580508	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		11580508
(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)	3967794	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		3967794
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-17553564
c Other income	2c		25959918
d Total income. Add all income amounts in column (b) and enter total	2d		48954656

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	31409599	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	291659376	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		323068975
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	203843	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	18000	
(5) Investment advisory and investment management fees	2i(5)	988541	
(6) Bank or trust company trustee/custodial fees	2i(6)	117616	
(7) Actuarial fees	2i(7)	1831469	
(8) Legal fees	2i(8)	51285	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	6489069	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		9699823
j Total expenses. Add all expense amounts in column (b) and enter total	2j		332768798

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-283814142
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **CLARK, SCHAEFER, HACKETT & CO.**

(2) EIN: **31-0800053**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		2500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 555515.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information 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). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PREMIER HEALTH PARTNERS		D Employer Identification Number (EIN) 31-1446699
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): 04-3581074 31-6162942		
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		3 214
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.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c 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).....		6c
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

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:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

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.....

16b

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: 49.8 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 44.4 %

High-Yield Debt: 3.1 % Real Assets: 0.0 % Cash or Cash Equivalents: 2.7 % Other: 0.0 %

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_____.

Premier Health Partners Employees Retirement Plan

Financial Statements and Supplemental Schedules
December 31, 2024 and 2023
(with Independent Auditors' Report)

Premier Health Partners Employees Retirement Plan

Contents

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INDEPENDENT AUDITORS' REPORT

To the Participants and Retirement Committee
Premier Health Partners Employees Retirement Plan
Dayton, Ohio

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Premier Health Partners Employees Retirement 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 opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Premier Health Partners Employees Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 judgement 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 Premier Health Partners Employees Retirement 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 Premier Health Partners Employees Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplemental schedule of assets (held at end of year) as of December 31, 2024 and schedule of reportable transactions for the year ended December 31, 2024 are presented for the purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Clark Schaefer Hackett & Co.

Dayton, Ohio
September 19, 2025

Premier Health Partners Employees Retirement Plan

Statements of Net Assets Available for Benefits December 31, 2024 and 2023

	2024	2023
Assets		
Investments at fair value:		
Cash and cash equivalents	\$ 12,123,468	\$ 14,232,653
Mutual funds	72,276,117	103,010,368
Common collective trust funds	64,422,283	129,936,075
U.S. government and agency securities	53,646,013	124,571,581
Foreign government securities	3,992,642	5,589,917
Municipal bonds	4,606,788	9,287,945
Corporate bond obligations	93,833,722	162,141,567
Limited partnerships	83,377,834	116,924,111
Total investments at fair value	388,278,867	665,694,217
Contributions receivable	25,000,000	25,000,000
Due from broker for securities	-	17,491,157
Accrued interest and dividends	1,983,396	3,649,616
Total assets	415,262,263	711,834,990
Liabilities		
Due to broker for securities	3,653,934	16,128,954
Accrued liabilities	802,888	1,086,453
Total liabilities	4,456,822	17,215,407
Net assets available for benefits	\$ 410,805,441	\$ 694,619,583

Premier Health Partners Employees Retirement Plan

Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2024 and 2023

	2024	2023
Additions to net assets		
Contributions - Employer	\$ 25,000,000	\$ 25,000,000
Investment income:		
Interest and dividends	15,598,132	14,808,219
Net appreciation in fair value of investments	8,356,524	57,284,257
Total investment income	23,954,656	72,092,476
Total additions	48,954,656	97,092,476
Deductions from net assets		
Benefits paid to participants	31,409,599	38,002,755
PBGC premiums	6,452,148	12,202,872
Purchase of annuity contracts (Note 1)	291,659,376	-
Administrative expenses	3,247,675	3,060,361
Total deductions	332,768,798	53,265,988
Net change	(283,814,142)	43,826,488
Net assets available for benefits		
Beginning of year	694,619,583	650,793,095
End of year	\$ <u>410,805,441</u>	\$ <u>694,619,583</u>

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2024 and 2023

Note 1 - Plan Description

The following description of Premier Health Partners Employees Retirement Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a noncontributory defined benefit plan covering certain full-time employees of Premier Health Partners (the Corporation) who are age 21 or older and which provides for retirement, death, and disability benefits.

Eligibility and Vesting - Employees become participants in the Plan following completion of the eligibility requirements as described in the Plan and are fully vested for normal retirement benefits after three years of service.

Funding - Contributions are made by the Corporation in actuarially determined amounts. The Corporation's policy is to make contributions necessary to satisfy Employee Retirement Income Security Act of 1974 (ERISA) funding standards. All minimum funding requirements were met during 2024 and 2023.

Payment of Benefits - Distributions are payable upon retirement, death, disability, or termination of employment in the form of various installment annuities or lump-sum payments.

On July 17, 2024, the Corporation purchased a group annuity contract on behalf of the Plan to pay for certain benefit payments of the Plan for approximately \$291,000,000. As a result of this purchase, the Plan transferred approximately \$299,000,000 of pension obligation to be paid under the group annuity contract.

The Plan requires automatic lump sum payment of benefits as soon as administratively practicable after the benefit becomes payable, in cases where the actuarial value of the participant's entire accrued benefit under the Plan is \$5,000 or less.

Party-in-interest Transactions - Certain plan assets are in investment funds managed by State Street Bank and Trust Company or its affiliates. State Street Bank and Trust Company is the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting - The accompanying financial statements are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company.

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

Benefit Payments - Benefits are recorded when paid.

Administrative Expenses - Certain administrative costs are paid by the Corporation and are excluded from these financial statements.

Premier Health Partners

Employees Retirement Plan

Notes to Financial Statements December 31, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies (Continued)

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments that are attributable, under the Plan's provisions, to the service employees have rendered. These include benefits expected to be paid to:

- Retired or terminated employees or their beneficiaries
- Beneficiaries of employees who have died
- Present employees or their beneficiaries

Benefits for retired or terminated employees or their beneficiaries are based on the employee's number of years of credited service. Beginning January 1, 2008, a cash balance formula, with compensation and interest credits, is being calculated to accumulate benefits for new participants entering the Plan and existing participants electing to participate. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included to the extent they are deemed attributable to employee service rendered through the valuation date.

The Plan was restated effective January 1, 2018 to freeze all legacy pension formulas. At that time, legacy pension participants began earning benefits under the cash balance formula, as provided in the restated plan document.

Actuarial Assumptions - The actuarial present value of accumulated plan benefits is determined by consulting actuaries and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation of the Plan at January 1, 2024 are summarized as follows:

Actuarial cost method	– Standard unit credit
Assumed rate of return	– 5.03 percent
Mortality basis	– Amounts-weighted aggregate rates from the Pri-2012 mortality study, projected generationally from 2012 using Scale MP-2021 (healthy and disabled)

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

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 certain reported amounts and disclosures. Actual results could differ from those estimates.

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies (Continued)

Risks and Uncertainties - Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risk. It is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the statement of net assets available for benefits.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including September 19, 2025, which is the date the financial statements were available to be issued.

Note 3 - Benefits

The actuarial present value of accumulated plan benefits is determined by consulting actuaries. The calculations of the estimated present value of accumulated plan benefits attributable to participants in the Plan, which were made as of January 1, 2024, the most recent actuarial valuations, are as follows:

Actuarial Present Value of Accumulated Plan Benefits

Vested benefits:

Participants currently receiving benefit payments	\$ 303,822,638
Other vested participants	<u>445,845,011</u>

Total vested benefits	749,667,649
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Nonvested benefits	<u>4,307,481</u>
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Total actuarial present value of accumulated plan benefits	\$ <u>753,975,130</u>
--	-----------------------

Actuarial Present Value of Accumulated Plan Benefits - January 1, 2023	\$ <u>699,175,704</u>
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Increase (decrease) during the year attributable to:

Interest accumulation	35,449,651
Benefits paid	(38,002,755)
Change of assumptions	36,635,490
Benefits accumulated	<u>20,717,040</u>

Net change	<u>54,799,426</u>
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Actuarial Present Value of Accumulated Plan Benefits - January 1, 2024	\$ <u>753,975,130</u>
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Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2024 and 2023

Note 3 - Benefits (Continued)

The significant assumption change in 2024 was a change in the discount rate from 5.21 percent to 5.03 percent.

Note 4 - Plan Termination

While it has not expressed any intent to do so, the Corporation has the right under the Plan to terminate the Plan subject to the provisions set forth in the Plan and ERISA. Should the Plan terminate at some future time, its net assets generally will not be available on a pro-rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty while other benefits may not be provided for at all.

Note 5 - Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated October 8, 2021, indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Note 6 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value. Following are the three levels of the fair value hierarchy:

Level 1 - Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2 - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and other inputs such as interest rates and yield curves that are observable for the asset.

Level 3 - Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

In instances whereby inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

Note 6 - Fair Value Measurements (Continued)

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

Cash and cash equivalents: Valued based on quoted market prices.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. The mutual funds held by the Plan are deemed to be actively traded.

Common collective trust funds: Valued at the net asset value (NAV) of units of the collective trust, which is based on the value of its underlying investments. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. The investment objectives of the common collective trust funds include: to attain high investment returns, to preserve capital, or to attain certain performance levels based on different tolerance levels or indices.

U.S. government and agency securities, foreign government securities, municipal bonds, corporate bond obligations, and collateralized mortgage obligations: Valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures.

Limited partnerships: Valued at the NAV of units of the limited partnership, which is based on the value of its underlying investments. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. The investment objectives of the limited partnership funds include: to attain high investment returns, to achieve a long-term rate of return to outperform specified indices or to attain certain performance levels based on different tolerance levels.

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

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. There were no transfers during 2024 or 2023.

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2024 and 2023

Note 6 - Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis at December 31, 2024 and 2023.

<u>December 31, 2024</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Assets at NAV</u>	<u>Total</u>
Assets in fair value hierarchy:					
Cash and cash equivalents	\$ 12,123,468	\$ -	\$ -	\$ -	\$ 12,123,468
Mutual funds	72,276,117	-	-	-	72,276,117
U.S. government and agency securities	-	53,646,013	-	-	53,646,013
Foreign government securities	-	3,992,642	-	-	3,992,642
Municipal bonds	-	4,606,788	-	-	4,606,788
Corporate bond obligations	-	93,833,722	-	-	93,833,722
Investments at NAV:					
Common collective trust funds	-	-	-	64,422,283	64,422,283
Limited partnerships	-	-	-	83,377,834	83,377,834
Investments at fair value	\$ <u>84,399,585</u>	\$ <u>156,079,165</u>	\$ <u>-</u>	\$ <u>147,800,117</u>	\$ <u>388,278,867</u>

<u>December 31, 2023</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Assets at NAV</u>	<u>Total</u>
Assets in fair value hierarchy:					
Cash and cash equivalents	\$ 14,232,653	\$ -	\$ -	\$ -	\$ 14,232,653
Mutual funds	103,010,368	-	-	-	103,010,368
U.S. government and agency securities	-	124,571,581	-	-	124,571,581
Foreign government securities	-	5,589,917	-	-	5,589,917
Municipal bonds	-	9,287,945	-	-	9,287,945
Corporate bond obligations	-	162,141,567	-	-	162,141,567
Investments at NAV:					
Common collective trust funds	-	-	-	129,936,075	129,936,075
Limited partnerships	-	-	-	116,924,111	116,924,111
Investments at fair value	\$ <u>117,243,021</u>	\$ <u>301,591,010</u>	\$ <u>-</u>	\$ <u>246,860,186</u>	\$ <u>665,694,217</u>

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2024 and 2023

Note 6 - Fair Value Measurements (Continued)

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient at December 31, 2024 and 2023.

<u>December 31, 2024</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>
Common collective trust funds	\$ 64,422,283	n/a	Daily
Limited partnerships	83,377,834	n/a	Daily, Monthly, Bi-Monthly, Quarterly
<u>December 31, 2023</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>
Common collective trust funds	\$ 129,936,075	n/a	Daily
Limited partnerships	116,924,111	n/a	Daily, Monthly, Bi-Monthly, Quarterly

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(c) Maturity Date	Units	(d) Cost	(e) Current Value
*	STATE STREET SHORT TERM INV FD	Cash and Cash Equivalents	12/31/2030	12,123,468	\$ 12,123,468	\$ 12,123,468
	ACADIAN ALL COUNTRY WORLD EX U	Mutual Fund		5,829	18,693,206	21,392,327
	DODGE + COX GLOBAL STOCK FUND	Mutual Fund		1,699,433	23,309,870	23,299,222
	RBC EMERGING MARKETS EQUITY FU	Mutual Fund		581,755	8,121,793	7,626,810
	VANGUARD SMALL CAP INDEX FUND	Mutual Fund		173,320	12,293,187	19,957,758
					62,418,056	72,276,117
*	S + P 500 FLAGSHIP FUND	Common Collective Trust Fund		25,629	23,696,575	40,882,055
	WELLINGTON GLOBAL SELECT	Common Collective Trust Fund		604,060	15,782,729	23,540,228
					39,479,304	64,422,283
	STRIPS	U.S. Government & Agency Security	2/15/2032	8,780,000	6,087,886	6,285,690
	STRIPS	U.S. Government & Agency Security	11/15/2031	6,250,000	4,399,595	4,531,125
	US TREASURY N/B	U.S. Government & Agency Security	11/15/2044	10,140,000	10,215,025	9,831,845
	US TREASURY N/B	U.S. Government & Agency Security	8/15/2054	9,925,000	9,436,803	9,063,510
	US TREASURY N/B	U.S. Government & Agency Security	8/15/2054	5,840,000	5,560,652	5,333,088
	US TREASURY N/B	U.S. Government & Agency Security	2/15/2042	5,925,000	4,799,926	4,217,771
	US TREASURY N/B	U.S. Government & Agency Security	5/15/2044	4,265,000	4,286,383	4,134,747
	US TREASURY N/B	U.S. Government & Agency Security	11/15/2040	3,300,000	3,444,440	3,101,538
	US TREASURY N/B	U.S. Government & Agency Security	8/15/2040	2,400,000	2,286,417	2,159,664
	US TREASURY N/B	U.S. Government & Agency Security	8/15/2042	2,325,000	2,154,609	1,919,171
	US TREASURY N/B	U.S. Government & Agency Security	11/15/2044	840,000	842,631	814,472
	US TREASURY N/B	U.S. Government & Agency Security	11/15/2043	700,000	751,980	691,166
	US TREASURY N/B	U.S. Government & Agency Security	2/15/2044	710,000	709,140	677,674
	US TREASURY N/B	U.S. Government & Agency Security	5/15/2037	600,000	898,711	621,588
	US TREASURY N/B	U.S. Government & Agency Security	11/15/2034	270,000	267,595	262,964
					56,141,793	53,646,013
	INDONESIA GOVT SUKUK	Foreign Government Security	6/9/2051	75,000	75,000	53,136
	REPUBLIC OF CHILE	Foreign Government Security	1/5/2054	370,000	348,332	341,887
	REPUBLIC OF CHILE	Foreign Government Security	6/21/2047	40,000	31,443	29,845
	REPUBLIC OF CHILE	Foreign Government Security	1/22/2061	35,000	22,523	20,593
	REPUBLIC OF INDONESIA	Foreign Government Security	2/10/2054	335,000	330,294	308,257
	REPUBLIC OF INDONESIA	Foreign Government Security	9/20/2052	130,000	125,320	125,303
	REPUBLIC OF INDONESIA	Foreign Government Security	1/11/2048	39,000	44,333	32,700
	REPUBLIC OF INDONESIA	Foreign Government Security	10/30/2049	32,000	33,724	23,725
	REPUBLIC OF PERU	Foreign Government Security	8/8/2054	225,000	223,548	214,389
	REPUBLIC OF PHILIPPINES	Foreign Government Security	7/6/2046	325,000	319,926	225,514
	REPUBLIC OF PHILIPPINES	Foreign Government Security	2/2/2042	75,000	89,287	58,901
	REPUBLIC OF PHILIPPINES	Foreign Government Security	5/5/2045	55,000	55,393	36,810
	REPUBLIC OF POLAND	Foreign Government Security	4/4/2053	90,000	88,893	83,151
	REPUBLICA ORIENT URUGUAY	Foreign Government Security	6/18/2050	310,000	305,018	284,251
	RFC PRINCIPAL STRIP	Foreign Government Security	4/15/2030	765,000	519,284	598,911
	STATE OF ISRAEL	Foreign Government Security	7/3/2050	195,000	169,008	137,762
	STATE OF ISRAEL	Foreign Government Security	1/15/2050	30,000	32,069	19,453
	UNITED MEXICAN STATES	Foreign Government Security	5/4/2053	470,000	470,027	418,215
	UNITED MEXICAN STATES	Foreign Government Security	12/31/2099	430,000	408,727	329,100
	UNITED MEXICAN STATES	Foreign Government Security	5/7/2054	350,000	347,808	313,422
	UNITED MEXICAN STATES	Foreign Government Security	2/9/2035	160,000	159,686	156,280
	UNITED MEXICAN STATES	Foreign Government Security	8/14/2041	165,000	158,043	120,999
	UNITED MEXICAN STATES	Foreign Government Security	4/27/2051	80,000	85,974	60,038
					4,443,660	3,992,642
	BAY AREA CA TOLL AUTH TOLL BRI	Municipal Bond	4/1/2049	250,000	338,632	264,225
	CALIFORNIA ST	Municipal Bond	4/1/2039	575,000	834,703	679,667
	CALIFORNIA ST	Municipal Bond	11/1/2040	20,000	29,622	23,817
	DALLAS CNTY TX HOSP DIST	Municipal Bond	8/15/2044	480,000	643,323	472,286
	LOS ANGELES CA CMNTY CLG DIST	Municipal Bond	8/1/2049	535,000	760,727	595,193
	MASSACHUSETTS ST	Municipal Bond	12/1/2039	390,000	451,738	387,832
	MASSACHUSETTS ST TRANSPRTN FUN	Municipal Bond	6/1/2040	160,000	217,634	159,786
	N TX TOLLWAY AUTH REVENUE	Municipal Bond	1/1/2049	330,000	444,337	366,749
	NEW JERSEY ST TURNPIKE AUTH TU	Municipal Bond	1/1/2040	405,000	569,565	463,968
	PORT AUTH OF NEW YORK NEW JE	Municipal Bond	10/1/2062	320,000	331,532	268,797

Premier Health Partners Employees Retirement Plan

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Maturity Date	(e) Units	(f) Cost	(g) Current Value
	SAN FRANCISCO CITY CNTY CA P	Municipal Bond	11/1/2050	250,000	292,257	276,742
	SAN FRANCISCO CITY CNTY CA P	Municipal Bond	11/1/2040	135,000	151,775	137,978
	TEXAS ST PRV ACTIVITY BOND SU	Municipal Bond	12/31/2049	160,000	160,000	126,587
	UNIV OF TEXAS TX PERMANENT UNI	Municipal Bond	7/1/2039	310,000	377,301	301,487
	UNIV OF TEXAS TX UNIV REVENUES	Municipal Bond	8/15/2047	110,000	126,232	81,674
					5,729,378	4,606,788
	ABBOTT LABORATORIES	Corporate Bond Obligation	11/30/2046	138,000	155,720	128,813
	ABBVIE INC	Corporate Bond Obligation	11/21/2049	393,000	402,949	319,525
	ABBVIE INC	Corporate Bond Obligation	5/14/2045	294,000	257,303	259,411
	ABBVIE INC	Corporate Bond Obligation	11/21/2039	294,000	301,864	251,173
	ABBVIE INC	Corporate Bond Obligation	3/15/2064	195,000	194,622	186,176
	ABBVIE INC	Corporate Bond Obligation	5/14/2036	140,000	142,319	127,840
	ABBVIE INC	Corporate Bond Obligation	5/14/2046	140,000	139,414	119,006
	ABBVIE INC	Corporate Bond Obligation	3/15/2044	105,000	105,112	102,354
	ABBVIE INC	Corporate Bond Obligation	6/15/2044	90,000	106,210	81,574
	ABBVIE INC	Corporate Bond Obligation	11/14/2048	25,000	25,920	22,449
	AEP TEXAS INC	Corporate Bond Obligation	10/1/2047	120,000	128,487	86,257
	AEP TEXAS INC	Corporate Bond Obligation	1/15/2050	35,000	39,199	23,524
	AEP TRANSMISSION CO LLC	Corporate Bond Obligation	9/15/2049	85,000	83,789	56,010
	AEP TRANSMISSION CO LLC	Corporate Bond Obligation	4/1/2050	50,000	51,323	36,114
	AERCAP IRELAND CAP/GLOBA	Corporate Bond Obligation	10/29/2041	860,000	721,805	673,079
	AERCAP IRELAND CAP/GLOBA	Corporate Bond Obligation	9/10/2034	205,000	201,796	195,174
	AERCAP IRELAND CAP/GLOBA	Corporate Bond Obligation	1/19/2034	160,000	156,593	156,875
	AGREE LP	Corporate Bond Obligation	6/15/2033	105,000	103,292	84,394
	AMAZON.COM INC	Corporate Bond Obligation	4/13/2052	290,000	287,683	228,674
	AMAZON.COM INC	Corporate Bond Obligation	6/3/2050	365,000	330,608	217,759
	AMAZON.COM INC	Corporate Bond Obligation	5/12/2051	260,000	245,167	175,250
	AMAZON.COM INC	Corporate Bond Obligation	8/22/2037	165,000	170,365	145,723
	AMAZON.COM INC	Corporate Bond Obligation	5/12/2041	130,000	128,476	95,427
	AMEREN ILLINOIS CO	Corporate Bond Obligation	3/15/2049	395,000	417,776	333,451
	AMEREN ILLINOIS CO	Corporate Bond Obligation	12/1/2052	90,000	90,259	92,263
	AMEREN ILLINOIS CO	Corporate Bond Obligation	12/1/2047	20,000	22,246	15,066
	AMERICA MOVIL SAB DE CV	Corporate Bond Obligation	3/30/2040	240,000	289,919	245,220
	AMERICAN ASSETS TRUST LP	Corporate Bond Obligation	10/1/2034	215,000	214,348	213,830
	AMERICAN ELECTRIC POWER	Corporate Bond Obligation	3/1/2050	15,000	14,865	9,630
	AMERICAN EXPRESS CO	Corporate Bond Obligation	7/26/2035	315,000	320,036	311,525
	AMERICAN WATER CAPITAL C	Corporate Bond Obligation	6/1/2049	85,000	92,455	67,047
	AMERICAN WATER CAPITAL C	Corporate Bond Obligation	5/1/2050	45,000	45,319	31,057
	AMERICAN WATER CAPITAL C	Corporate Bond Obligation	9/1/2047	15,000	15,886	11,121
	AMGEN INC	Corporate Bond Obligation	3/2/2053	335,000	330,994	322,528
	AMGEN INC	Corporate Bond Obligation	3/2/2043	315,000	313,549	306,221
	AMGEN INC	Corporate Bond Obligation	2/21/2040	265,000	263,953	197,489
	AMGEN INC	Corporate Bond Obligation	3/2/2063	195,000	195,730	187,017
	AMGEN INC	Corporate Bond Obligation	5/1/2045	210,000	195,699	174,170
	ANALOG DEVICES INC	Corporate Bond Obligation	10/1/2041	185,000	178,842	130,900
	ANALOG DEVICES INC	Corporate Bond Obligation	10/1/2051	165,000	162,201	104,776
	ANGLO AMERICAN CAPITAL	Corporate Bond Obligation	4/5/2054	425,000	429,696	419,543
	ANGLO AMERICAN CAPITAL	Corporate Bond Obligation	9/10/2050	330,000	252,163	244,193
	ANGLO AMERICAN CAPITAL	Corporate Bond Obligation	3/16/2052	180,000	154,685	149,884
	ANHEUSER BUSCH CO/INBEV	Corporate Bond Obligation	2/1/2046	1,125,000	1,150,875	1,023,041
	ANHEUSER BUSCH CO/INBEV	Corporate Bond Obligation	2/1/2036	730,000	748,996	692,420
	ANHEUSER BUSCH INBEV WOR	Corporate Bond Obligation	1/23/2049	359,000	353,437	353,127
	ANHEUSER BUSCH INBEV WOR	Corporate Bond Obligation	10/6/2048	45,000	39,287	37,992
	ANHEUSER BUSCH INBEV WOR	Corporate Bond Obligation	1/15/2042	35,000	40,791	32,526
	APOLLO GLOBAL MANAGEMENT	Corporate Bond Obligation	5/21/2054	300,000	301,545	301,269
	APPLE INC	Corporate Bond Obligation	5/4/2043	625,000	649,653	517,713
	APPLE INC	Corporate Bond Obligation	2/23/2046	415,000	458,472	379,430
	APPLE INC	Corporate Bond Obligation	2/8/2041	240,000	232,690	165,082
	APPLE INC	Corporate Bond Obligation	8/4/2046	125,000	129,116	100,781
	APPLE INC	Corporate Bond Obligation	2/8/2051	130,000	127,612	80,204
	APPLE INC	Corporate Bond Obligation	9/12/2047	50,000	56,103	39,355
	APPLE INC	Corporate Bond Obligation	2/9/2045	35,000	38,997	26,811
	ARCELORMITTAL SA	Corporate Bond Obligation	6/17/2054	75,000	74,635	74,101

Premier Health Partners Employees Retirement Plan

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Maturity Date	(e) Units	(f) Cost	(g) Current Value
	ARTHUR J GALLAGHER + CO	Corporate Bond Obligation	2/15/2055	425,000	423,587	408,055
	ARTHUR J GALLAGHER + CO	Corporate Bond Obligation	2/15/2054	190,000	196,068	210,360
	ARTHUR J GALLAGHER + CO	Corporate Bond Obligation	3/2/2053	205,000	205,745	201,156
	ARTHUR J GALLAGHER + CO	Corporate Bond Obligation	7/15/2054	65,000	64,337	63,889
	AT+T INC	Corporate Bond Obligation	9/15/2055	2,143,000	2,075,555	1,441,360
	AT+T INC	Corporate Bond Obligation	12/1/2057	340,000	301,272	234,566
	AT+T INC	Corporate Bond Obligation	9/15/2059	353,000	307,383	233,816
	AT+T INC	Corporate Bond Obligation	6/1/2051	210,000	139,881	148,308
	AT+T INC	Corporate Bond Obligation	5/15/2035	136,000	138,421	125,782
	AT+T INC	Corporate Bond Obligation	9/15/2053	170,000	121,721	114,468
	AT+T INC	Corporate Bond Obligation	6/1/2041	35,000	24,439	26,819
	ATHENE HOLDING LTD	Corporate Bond Obligation	10/15/2054	345,000	345,000	343,071
	BANK OF AMERICA CORP	Corporate Bond Obligation	8/15/2035	780,000	783,400	759,190
	BANK OF AMERICA CORP	Corporate Bond Obligation	6/19/2041	750,000	695,328	520,673
	BANK OF AMERICA CORP	Corporate Bond Obligation	4/23/2040	520,000	530,296	442,650
	BANK OF AMERICA CORP	Corporate Bond Obligation	1/23/2035	345,000	350,085	345,376
	BANK OF AMERICA CORP	Corporate Bond Obligation	9/15/2034	195,000	195,164	200,273
	BANK OF AMERICA CORP	Corporate Bond Obligation	4/22/2042	180,000	169,679	134,707
	BARCLAYS PLC	Corporate Bond Obligation	9/10/2035	425,000	425,000	408,204
	BAT CAPITAL CORP	Corporate Bond Obligation	8/15/2037	725,000	738,470	625,429
	BAT CAPITAL CORP	Corporate Bond Obligation	8/2/2043	155,000	155,469	167,462
	BAT CAPITAL CORP	Corporate Bond Obligation	8/15/2047	17,000	16,444	13,407
	BAYCARE HEALTH SYSTEM	Corporate Bond Obligation	11/15/2050	50,000	52,087	38,253
	BAYER US FINANCE I LLC	Corporate Bond Obligation	6/25/2048	20,000	16,935	15,582
	BAYER US FINANCE LLC	Corporate Bond Obligation	11/21/2053	220,000	229,196	221,789
	BAYER US FINANCE LLC	Corporate Bond Obligation	11/21/2033	75,000	75,705	76,306
	BAYLOR SCOTT + WHITE HOL	Corporate Bond Obligation	11/15/2050	155,000	134,259	98,482
	BERKSHIRE HATHAWAY ENERG	Corporate Bond Obligation	5/15/2037	137,000	167,580	141,683
	BERKSHIRE HATHAWAY ENERG	Corporate Bond Obligation	1/15/2049	125,000	130,613	103,108
	BERKSHIRE HATHAWAY ENERG	Corporate Bond Obligation	5/1/2053	80,000	69,127	66,375
	BERKSHIRE HATHAWAY ENERG	Corporate Bond Obligation	10/15/2050	30,000	24,038	23,683
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	8/15/2048	135,000	138,623	111,703
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	10/15/2050	115,000	75,068	72,165
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	3/15/2052	30,000	23,858	22,711
	BLACKROCK FUNDING INC	Corporate Bond Obligation	3/14/2054	195,000	192,895	184,209
	BLACKROCK FUNDING INC	Corporate Bond Obligation	1/8/2055	180,000	179,955	171,830
	BOEING CO	Corporate Bond Obligation	5/1/2040	1,165,000	1,162,188	1,108,358
	BOEING CO	Corporate Bond Obligation	5/1/2050	915,000	963,978	851,087
	BOEING CO	Corporate Bond Obligation	3/15/2039	180,000	242,761	189,671
	BOEING CO	Corporate Bond Obligation	2/1/2050	265,000	174,071	180,741
	BOEING CO	Corporate Bond Obligation	5/1/2060	105,000	140,272	97,157
	BOEING CO	Corporate Bond Obligation	5/1/2034	65,000	62,603	54,390
	BOEING CO/THE	Corporate Bond Obligation	5/1/2064	170,000	180,238	180,392
	BOEING CO/THE	Corporate Bond Obligation	5/1/2054	125,000	127,106	132,856
	BP CAP MARKETS AMERICA	Corporate Bond Obligation	6/17/2041	345,000	304,457	248,872
	BP CAP MARKETS AMERICA	Corporate Bond Obligation	3/17/2052	295,000	269,139	184,071
	BP CAP MARKETS AMERICA	Corporate Bond Obligation	11/10/2050	155,000	150,291	92,975
	BP CAP MARKETS AMERICA	Corporate Bond Obligation	6/4/2051	125,000	88,005	77,388
	BP CAP MARKETS AMERICA	Corporate Bond Obligation	2/24/2050	45,000	41,637	28,609
	BROADCOM INC	Corporate Bond Obligation	10/15/2034	280,000	279,420	270,197
	BROADCOM INC	Corporate Bond Obligation	2/15/2041	225,000	216,944	175,709
	BROOKFIELD FINANCE INC	Corporate Bond Obligation	3/4/2054	90,000	91,794	90,968
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	4/1/2045	205,000	216,290	168,580
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	3/15/2055	150,000	149,577	147,350
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	5/1/2037	130,000	168,417	138,910
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	6/15/2052	160,000	158,841	99,544
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	3/1/2041	100,000	124,876	94,569
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	5/1/2040	90,000	114,130	92,406
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	9/1/2044	80,000	92,956	69,721
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	4/1/2044	55,000	60,315	50,360
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	9/1/2042	35,000	44,632	30,291
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	4/15/2054	25,000	24,424	23,527
	CANADIAN PACIFIC RAILWAY	Corporate Bond Obligation	9/15/2115	150,000	186,301	150,012
	CANADIAN PACIFIC RAILWAY	Corporate Bond Obligation	12/2/2051	135,000	121,051	87,719

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	CANADIAN PACIFIC RAILWAY	Corporate Bond Obligation	12/2/2041	50,000	48,997	36,299
	CAPITAL ONE FINANCIAL CO	Corporate Bond Obligation	7/26/2035	75,000	77,974	75,437
	CARRIER GLOBAL CORP	Corporate Bond Obligation	4/5/2040	300,000	279,918	231,681
	CATERPILLAR INC	Corporate Bond Obligation	5/15/2064	165,000	185,847	141,926
	CELANESE US HOLDINGS LLC	Corporate Bond Obligation	11/15/2033	205,000	222,027	212,745
	CENTERPOINT ENER HOUSTON	Corporate Bond Obligation	3/1/2052	95,000	92,653	67,850
	CENTERPOINT ENERGY INC	Corporate Bond Obligation	9/1/2049	35,000	37,388	24,880
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	4/1/2048	255,000	228,183	217,984
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	6/1/2052	325,000	226,495	209,076
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	4/1/2063	235,000	180,757	186,975
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	7/1/2049	205,000	158,742	160,468
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	6/1/2041	125,000	117,610	85,656
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	5/1/2047	80,000	64,108	65,662
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	3/1/2050	85,000	64,996	63,849
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	12/1/2061	95,000	61,320	63,235
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	4/1/2051	100,000	62,456	62,466
	CIGNA GROUP/THE	Corporate Bond Obligation	2/15/2054	155,000	150,736	145,167
	CISCO SYSTEMS INC	Corporate Bond Obligation	2/26/2054	235,000	234,839	228,422
	CITIGROUP INC	Corporate Bond Obligation	2/13/2035	325,000	326,020	323,411
	CITIGROUP INC	Corporate Bond Obligation	6/1/2035	180,000	180,201	178,479
	CITIGROUP INC	Corporate Bond Obligation	1/24/2039	205,000	206,606	170,886
	CITIGROUP INC	Corporate Bond Obligation	9/19/2039	170,000	170,000	161,894
	CITIGROUP INC	Corporate Bond Obligation	11/3/2042	180,000	178,695	126,058
	CITIGROUP INC	Corporate Bond Obligation	5/6/2044	17,000	19,980	16,001
	COCA COLA CO/THE	Corporate Bond Obligation	1/14/2055	340,000	340,157	322,847
	COCA COLA CO/THE	Corporate Bond Obligation	5/13/2064	135,000	136,222	129,911
	COCA COLA CO/THE	Corporate Bond Obligation	5/13/2054	15,000	15,291	14,468
	COLUMBIA PIPELINE GROUP	Corporate Bond Obligation	6/1/2045	75,000	86,126	72,270
	COMCAST CORP	Corporate Bond Obligation	11/1/2056	1,163,000	1,005,069	677,378
	COMCAST CORP	Corporate Bond Obligation	11/1/2047	375,000	383,634	284,168
	COMCAST CORP	Corporate Bond Obligation	3/1/2038	230,000	233,342	193,368
	COMCAST CORP	Corporate Bond Obligation	11/1/2051	213,000	197,777	128,109
	COMCAST CORP	Corporate Bond Obligation	11/1/2063	184,000	163,999	103,846
	COMCAST CORP	Corporate Bond Obligation	5/15/2064	35,000	35,212	32,642
	COMCAST CORP	Corporate Bond Obligation	2/1/2050	35,000	25,865	23,963
	COMMONWEALTH EDISON CO	Corporate Bond Obligation	3/1/2045	210,000	215,258	160,226
	COMMONWEALTH EDISON CO	Corporate Bond Obligation	3/1/2050	205,000	204,900	132,176
	COMMONWEALTH EDISON CO	Corporate Bond Obligation	10/1/2042	105,000	115,008	82,724
	COMMONWEALTH EDISON CO	Corporate Bond Obligation	6/15/2046	5,000	5,347	3,734
	CON EDISON CO OF NY INC	Corporate Bond Obligation	3/15/2055	285,000	291,054	273,910
	CON EDISON CO OF NY INC	Corporate Bond Obligation	11/15/2052	130,000	132,281	136,215
	CON EDISON CO OF NY INC	Corporate Bond Obligation	11/15/2053	15,000	16,703	15,195
	CONOCOPHILLIPS COMPANY	Corporate Bond Obligation	1/15/2055	535,000	537,299	508,732
	CONOCOPHILLIPS COMPANY	Corporate Bond Obligation	3/15/2052	250,000	238,953	182,503
	CONOCOPHILLIPS COMPANY	Corporate Bond Obligation	9/15/2063	130,000	129,990	124,622
	CONOCOPHILLIPS COMPANY	Corporate Bond Obligation	3/15/2054	115,000	114,961	110,555
	CONOCOPHILLIPS COMPANY	Corporate Bond Obligation	3/15/2062	150,000	145,489	108,386
	CONOCOPHILLIPS COMPANY	Corporate Bond Obligation	1/15/2065	105,000	104,956	99,243
	CONOCOPHILLIPS COMPANY	Corporate Bond Obligation	5/15/2053	50,000	48,777	46,256
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	5/9/2047	80,000	80,520	66,504
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	2/15/2048	8,000	7,391	6,202
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	11/15/2048	5,000	5,323	4,560
	CONSTELLATION EN GEN LLC	Corporate Bond Obligation	10/1/2039	68,000	83,741	70,923
	CONSUMERS ENERGY CO	Corporate Bond Obligation	8/1/2051	90,000	91,479	65,505
	CONSUMERS ENERGY CO	Corporate Bond Obligation	5/1/2060	106,000	97,051	58,377
	CONSUMERS ENERGY CO	Corporate Bond Obligation	9/1/2052	55,000	54,961	44,356
	CVS HEALTH CORP	Corporate Bond Obligation	3/25/2048	575,000	495,818	474,116
	CVS HEALTH CORP	Corporate Bond Obligation	7/20/2045	528,000	516,166	443,604
	CVS HEALTH CORP	Corporate Bond Obligation	3/25/2038	255,000	271,778	220,491
	CVS HEALTH CORP	Corporate Bond Obligation	6/1/2054	215,000	219,849	201,679
	CVS HEALTH CORP	Corporate Bond Obligation	6/1/2044	145,000	144,302	137,121
	CVS HEALTH CORP	Corporate Bond Obligation	6/1/2053	45,000	46,293	41,280
	DANAHER CORP	Corporate Bond Obligation	12/10/2051	340,000	334,697	209,811
	DANAHER CORP	Corporate Bond Obligation	10/1/2050	35,000	31,053	20,834

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	(c) Maturity Date	Units	(d) Cost	(e) Current Value
	DEUTSCHEBANK NY	Corporate Bond Obligation	9/11/2035	145,000	145,000	137,382
	DH EUROPE FINANCE II	Corporate Bond Obligation	11/15/2039	165,000	165,512	128,535
	DH EUROPE FINANCE II	Corporate Bond Obligation	11/15/2049	35,000	35,539	24,761
	DOMINION ENERGY INC	Corporate Bond Obligation	4/15/2041	275,000	276,011	202,527
	DOMINION ENERGY INC	Corporate Bond Obligation	8/15/2052	50,000	49,401	42,930
	DOMINION ENERGY SOUTH	Corporate Bond Obligation	6/1/2065	90,000	102,586	80,469
	DUKE ENERGY CAROLINAS	Corporate Bond Obligation	6/1/2045	305,000	311,166	233,398
	DUKE ENERGY CAROLINAS	Corporate Bond Obligation	4/15/2038	105,000	126,024	110,341
	DUKE ENERGY CAROLINAS	Corporate Bond Obligation	1/15/2054	68,000	69,283	65,131
	DUKE ENERGY CORP	Corporate Bond Obligation	6/15/2051	55,000	55,404	37,108
	DUKE ENERGY CORP	Corporate Bond Obligation	9/1/2046	20,000	15,943	14,725
	DUKE ENERGY CORP	Corporate Bond Obligation	8/15/2052	5,000	4,277	4,363
	DUKE ENERGY FLORIDA LLC	Corporate Bond Obligation	10/1/2046	130,000	141,905	92,076
	DUKE ENERGY FLORIDA LLC	Corporate Bond Obligation	6/15/2038	80,000	108,224	86,130
	DUKE ENERGY INDIANA LLC	Corporate Bond Obligation	8/15/2038	260,000	348,717	278,980
	DUKE ENERGY INDIANA LLC	Corporate Bond Obligation	7/15/2043	100,000	106,170	90,811
	DUKE ENERGY OHIO INC	Corporate Bond Obligation	4/1/2053	75,000	77,475	73,402
	DUKE ENERGY OHIO INC	Corporate Bond Obligation	2/1/2049	85,000	103,664	68,269
	DUKE ENERGY PROGRESS LLC	Corporate Bond Obligation	5/15/2042	80,000	81,796	65,692
	EASTERN ENERGY GAS	Corporate Bond Obligation	10/15/2054	70,000	69,949	66,021
	ELEVANCE HEALTH INC	Corporate Bond Obligation	2/15/2055	200,000	198,906	192,814
	ELEVANCE HEALTH INC	Corporate Bond Obligation	3/15/2051	172,000	174,904	119,667
	ELEVANCE HEALTH INC	Corporate Bond Obligation	9/15/2049	50,000	39,372	35,602
	ELEVANCE HEALTH INC	Corporate Bond Obligation	1/15/2043	10,000	12,594	8,669
	ELI LILLY + CO	Corporate Bond Obligation	2/9/2064	400,000	399,447	365,512
	ELI LILLY + CO	Corporate Bond Obligation	2/27/2053	261,000	259,701	236,283
	ELI LILLY + CO	Corporate Bond Obligation	2/27/2063	250,000	247,407	224,278
	ELI LILLY + CO	Corporate Bond Obligation	2/9/2054	165,000	164,195	151,636
	ELI LILLY + CO	Corporate Bond Obligation	8/14/2064	135,000	135,959	125,689
	ELI LILLY + CO	Corporate Bond Obligation	8/14/2054	115,000	114,573	106,525
	ELI LILLY + CO	Corporate Bond Obligation	3/15/2059	30,000	26,424	23,541
	ENBRIDGE INC	Corporate Bond Obligation	11/15/2053	170,000	170,485	184,464
	ENERGY TRANSFER LP	Corporate Bond Obligation	5/15/2045	490,000	478,906	440,588
	ENERGY TRANSFER LP	Corporate Bond Obligation	4/15/2047	325,000	318,478	287,414
	ENERGY TRANSFER LP	Corporate Bond Obligation	10/1/2047	290,000	293,697	260,545
	ENERGY TRANSFER LP	Corporate Bond Obligation	3/15/2035	240,000	235,128	225,926
	ENERGY TRANSFER LP	Corporate Bond Obligation	10/1/2043	130,000	134,487	126,159
	ENERGY TRANSFER LP	Corporate Bond Obligation	12/15/2045	100,000	97,221	98,700
	ENERGY TRANSFER LP	Corporate Bond Obligation	5/15/2050	40,000	34,884	33,934
	ENERGY TRANSFER LP	Corporate Bond Obligation	2/1/2043	35,000	32,159	30,841
	ENERGY TRANSFER LP	Corporate Bond Obligation	2/1/2042	25,000	27,577	25,890
	ENERGY TRANSFER LP	Corporate Bond Obligation	6/15/2038	20,000	20,864	19,657
	ENTERGY CORP	Corporate Bond Obligation	6/15/2050	180,000	204,565	127,607
	ENTERGY LOUISIANA LLC	Corporate Bond Obligation	6/15/2041	315,000	310,663	225,946
	ENTERGY LOUISIANA LLC	Corporate Bond Obligation	3/15/2054	170,000	170,025	167,987
	ENTERGY LOUISIANA LLC	Corporate Bond Obligation	9/15/2052	60,000	59,674	51,684
	ENTERGY LOUISIANA LLC	Corporate Bond Obligation	3/15/2051	75,000	71,348	46,106
	ENTERGY TEXAS INC	Corporate Bond Obligation	9/30/2049	140,000	154,041	98,447
	ENTERGY TEXAS INC	Corporate Bond Obligation	9/15/2052	90,000	89,298	80,468
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	3/15/2044	305,000	307,290	272,597
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/15/2052	285,000	202,747	185,110
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/15/2048	170,000	170,761	136,386
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/15/2042	90,000	86,252	89,890
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/16/2055	50,000	49,912	48,099
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/15/2043	55,000	48,248	46,880
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	5/15/2046	50,000	46,989	44,463
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	9/1/2040	30,000	32,465	32,288
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	1/31/2051	35,000	37,103	25,077
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/15/2045	15,000	13,187	13,817
	EXTRA SPACE STORAGE LP	Corporate Bond Obligation	2/1/2034	145,000	144,854	143,599
	EXXON MOBIL CORPORATION	Corporate Bond Obligation	3/19/2040	300,000	323,918	263,043
	EXXON MOBIL CORPORATION	Corporate Bond Obligation	4/15/2051	260,000	253,229	182,257
	EXXON MOBIL CORPORATION	Corporate Bond Obligation	8/16/2049	95,000	91,942	63,288
	FIRSTENERGY TRANSMISSION	Corporate Bond Obligation	7/15/2044	110,000	112,053	105,316

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Maturity Date	(e) Units	(f) Cost	(g) Current Value
	FLORIDA POWER + LIGHT CO	Corporate Bond Obligation	2/1/2038	220,000	289,100	230,212
	GENERAL DYNAMICS CORP	Corporate Bond Obligation	6/1/2041	85,000	85,728	60,604
	GENERAL DYNAMICS CORP	Corporate Bond Obligation	4/1/2040	35,000	37,163	30,546
	GENERAL DYNAMICS CORP	Corporate Bond Obligation	4/1/2050	30,000	25,830	24,765
	GENERAL MOTORS CO	Corporate Bond Obligation	4/1/2036	225,000	249,814	236,176
	GENERAL MOTORS CO	Corporate Bond Obligation	10/2/2043	150,000	189,508	148,139
	GENERAL MOTORS CO	Corporate Bond Obligation	4/1/2038	85,000	93,446	78,209
	GEORGIA POWER CO	Corporate Bond Obligation	3/15/2042	130,000	134,574	110,542
	GEORGIA POWER CO	Corporate Bond Obligation	1/30/2050	20,000	20,855	14,682
	GILEAD SCIENCES INC	Corporate Bond Obligation	11/15/2054	565,000	580,503	549,547
	GILEAD SCIENCES INC	Corporate Bond Obligation	11/15/2064	70,000	71,859	67,575
	GILEAD SCIENCES INC	Corporate Bond Obligation	3/1/2046	75,000	78,264	66,081
	GILEAD SCIENCES INC	Corporate Bond Obligation	3/1/2047	35,000	31,543	27,976
	GILEAD SCIENCES INC	Corporate Bond Obligation	2/1/2045	15,000	15,509	12,857
	GLOBAL ATLANTIC FIN CO	Corporate Bond Obligation	3/15/2054	245,000	250,577	248,631
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	11/19/2045	845,000	848,317	816,067
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/23/2035	165,000	165,000	157,908
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/31/2038	180,000	179,749	152,426
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/1/2037	135,000	159,126	144,526
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	2/24/2043	190,000	184,903	141,438
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	4/22/2042	145,000	143,925	105,664
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	4/23/2039	105,000	105,057	92,537
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	7/8/2044	90,000	98,085	79,548
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	5/22/2045	55,000	61,762	50,721
	HARTFORD FINL SVCS GRP	Corporate Bond Obligation	3/30/2040	125,000	157,808	133,949
	HCA INC	Corporate Bond Obligation	9/15/2054	280,000	288,458	266,300
	HCA INC	Corporate Bond Obligation	4/1/2054	180,000	183,716	171,470
	HCA INC	Corporate Bond Obligation	3/15/2052	120,000	100,347	93,646
	HCA INC	Corporate Bond Obligation	3/15/2042	50,000	49,213	40,805
	HCA INC	Corporate Bond Obligation	4/1/2064	30,000	31,494	28,622
	HCA INC	Corporate Bond Obligation	6/15/2047	30,000	27,986	27,240
	HESS CORP	Corporate Bond Obligation	4/1/2047	220,000	255,856	220,139
	HESS CORP	Corporate Bond Obligation	1/15/2040	30,000	30,621	31,241
	HOME DEPOT INC	Corporate Bond Obligation	4/15/2052	410,000	358,454	297,517
	HOME DEPOT INC	Corporate Bond Obligation	12/15/2049	240,000	185,483	160,666
	HOME DEPOT INC	Corporate Bond Obligation	4/1/2046	175,000	176,241	145,569
	HOME DEPOT INC	Corporate Bond Obligation	12/6/2048	155,000	171,889	132,401
	HOME DEPOT INC	Corporate Bond Obligation	6/25/2054	130,000	132,041	124,532
	HOME DEPOT INC	Corporate Bond Obligation	4/15/2050	145,000	121,683	101,087
	HOME DEPOT INC	Corporate Bond Obligation	4/15/2040	120,000	119,913	93,491
	HOME DEPOT INC	Corporate Bond Obligation	6/15/2047	110,000	109,869	86,056
	HOME DEPOT INC	Corporate Bond Obligation	3/15/2045	85,000	87,480	72,597
	HOME DEPOT INC	Corporate Bond Obligation	6/25/2064	60,000	59,513	57,512
	HOME DEPOT INC	Corporate Bond Obligation	3/15/2051	45,000	27,688	25,461
	HONEYWELL INTERNATIONAL	Corporate Bond Obligation	3/1/2054	150,000	149,792	140,472
	HONEYWELL INTERNATIONAL	Corporate Bond Obligation	3/1/2064	125,000	124,940	117,185
	HSBC BANK USA NA	Corporate Bond Obligation	1/15/2039	165,000	227,455	182,955
	HUMANA INC	Corporate Bond Obligation	4/15/2054	240,000	236,981	222,425
	HUMANA INC	Corporate Bond Obligation	3/15/2053	225,000	213,223	200,707
	HUNTINGTON BANCSHARES	Corporate Bond Obligation	11/18/2039	110,000	110,000	109,857
	IBM INTERNAT CAPITAL	Corporate Bond Obligation	2/5/2044	20,000	19,581	18,931
	IDAHO POWER CO	Corporate Bond Obligation	3/1/2048	115,000	97,804	91,259
	INDIANA MICHIGAN POWER	Corporate Bond Obligation	4/1/2053	175,000	178,683	170,510
	INDIANA MICHIGAN POWER	Corporate Bond Obligation	8/15/2048	180,000	188,520	141,892
	INTEL CORP	Corporate Bond Obligation	12/8/2047	223,000	227,578	147,069
	INTEL CORP	Corporate Bond Obligation	8/5/2062	110,000	109,118	85,832
	INTEL CORP	Corporate Bond Obligation	8/5/2052	95,000	91,687	75,007
	INTEL CORP	Corporate Bond Obligation	3/25/2050	80,000	66,714	61,832
	INTEL CORP	Corporate Bond Obligation	2/10/2043	45,000	44,973	41,238
	INTL FLAVOR + FRAGRANCES	Corporate Bond Obligation	12/1/2050	669,000	555,962	438,202
	INTL FLAVOR + FRAGRANCES	Corporate Bond Obligation	11/15/2040	515,000	456,564	367,556
	INTL FLAVOR + FRAGRANCES	Corporate Bond Obligation	9/26/2048	85,000	91,006	72,956
	INTUIT INC	Corporate Bond Obligation	9/15/2053	80,000	80,434	78,334
	JBS USA HOLD/FOOD/LUX CO	Corporate Bond Obligation	12/1/2052	580,000	572,090	589,988

Premier Health Partners Employees Retirement Plan

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	JBS USA HOLD/FOOD/LUX CO	Corporate Bond Obligation	11/15/2053	405,000	422,608	446,233
	JBS USA HOLD/FOOD/LUX CO	Corporate Bond Obligation	2/2/2052	275,000	273,236	207,254
	JOHNSON + JOHNSON	Corporate Bond Obligation	3/1/2046	35,000	28,852	27,668
	JPMORGAN CHASE + CO	Corporate Bond Obligation	7/22/2035	380,000	384,727	375,923
	JPMORGAN CHASE + CO	Corporate Bond Obligation	4/22/2041	290,000	286,681	214,983
	JPMORGAN CHASE + CO	Corporate Bond Obligation	7/24/2038	245,000	235,688	209,031
	JPMORGAN CHASE + CO	Corporate Bond Obligation	10/22/2035	185,000	183,316	178,251
	JPMORGAN CHASE + CO	Corporate Bond Obligation	7/24/2048	175,000	180,389	138,051
	JPMORGAN CHASE + CO	Corporate Bond Obligation	4/22/2052	150,000	142,413	102,569
	JPMORGAN CHASE + CO	Corporate Bond Obligation	4/22/2051	130,000	139,621	86,043
	KAISER FOUNDATION HOSPIT	Corporate Bond Obligation	6/1/2051	340,000	338,867	220,871
	KAISER FOUNDATION HOSPIT	Corporate Bond Obligation	6/1/2041	260,000	258,817	183,924
	KAISER FOUNDATION HOSPIT	Corporate Bond Obligation	11/1/2049	130,000	131,140	90,143
	KAISER FOUNDATION HOSPIT	Corporate Bond Obligation	5/1/2047	100,000	110,004	81,570
	KENVUE INC	Corporate Bond Obligation	3/22/2043	45,000	44,492	43,157
	KILROY REALTY LP	Corporate Bond Obligation	1/15/2036	20,000	20,228	19,842
	KILROY REALTY LP	Corporate Bond Obligation	11/15/2033	20,000	15,468	15,292
	KINDER MORGAN ENER PART	Corporate Bond Obligation	3/1/2041	125,000	124,636	127,703
	KINDER MORGAN ENER PART	Corporate Bond Obligation	3/1/2044	115,000	108,069	106,583
	KINDER MORGAN ENER PART	Corporate Bond Obligation	1/15/2038	45,000	54,714	48,759
	KINDER MORGAN ENER PART	Corporate Bond Obligation	9/1/2044	50,000	42,889	45,626
	KINDER MORGAN ENER PART	Corporate Bond Obligation	11/1/2042	45,000	43,872	37,818
	KINDER MORGAN INC	Corporate Bond Obligation	2/15/2046	150,000	139,092	130,226
	KINDER MORGAN INC	Corporate Bond Obligation	3/1/2048	65,000	66,410	57,329
	KINDER MORGAN INC	Corporate Bond Obligation	6/1/2045	50,000	49,270	46,730
	KLA CORP	Corporate Bond Obligation	7/15/2052	145,000	145,980	131,785
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	7/15/2045	270,000	259,739	243,964
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	6/1/2050	105,000	100,802	98,506
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	10/1/2049	109,000	101,139	93,172
	LOCKHEED MARTIN CORP	Corporate Bond Obligation	9/15/2041	160,000	179,606	147,720
	LOCKHEED MARTIN CORP	Corporate Bond Obligation	2/15/2055	55,000	54,724	51,810
	LOCKHEED MARTIN CORP	Corporate Bond Obligation	9/15/2052	40,000	35,522	31,640
	LOWE S COS INC	Corporate Bond Obligation	4/1/2052	235,000	205,291	183,403
	LOWE S COS INC	Corporate Bond Obligation	9/15/2062	35,000	34,932	33,874
	LOWE S COS INC	Corporate Bond Obligation	4/1/2062	30,000	29,978	23,236
	M+T BANK CORPORATION	Corporate Bond Obligation	1/16/2036	225,000	225,000	217,976
	MARATHON PETROLEUM CORP	Corporate Bond Obligation	3/1/2041	50,000	65,351	51,804
	MARATHON PETROLEUM CORP	Corporate Bond Obligation	9/15/2044	55,000	63,270	45,645
	MARSH + MCLENNAN COS INC	Corporate Bond Obligation	3/15/2049	80,000	70,310	71,629
	MARSH + MCLENNAN COS INC	Corporate Bond Obligation	1/30/2047	75,000	58,833	62,642
	MARSH + MCLENNAN COS INC	Corporate Bond Obligation	3/15/2054	25,000	24,782	24,140
	MARSH + MCLENNAN COS INC	Corporate Bond Obligation	9/15/2053	20,000	19,954	20,044
	MASS INSTITUTE OF TECH	Corporate Bond Obligation	12/31/2099	280,000	381,710	281,683
	MERCK + CO INC	Corporate Bond Obligation	5/17/2044	330,000	328,043	304,722
	MERCK + CO INC	Corporate Bond Obligation	5/17/2063	145,000	144,488	132,482
	MERCK + CO INC	Corporate Bond Obligation	12/10/2051	110,000	74,007	66,666
	MERCK + CO INC	Corporate Bond Obligation	6/24/2040	50,000	44,567	33,847
	META PLATFORMS INC	Corporate Bond Obligation	5/15/2053	950,000	944,378	949,763
	META PLATFORMS INC	Corporate Bond Obligation	8/15/2064	375,000	374,231	365,561
	META PLATFORMS INC	Corporate Bond Obligation	8/15/2052	234,000	223,892	197,213
	META PLATFORMS INC	Corporate Bond Obligation	8/15/2054	190,000	189,648	183,990
	META PLATFORMS INC	Corporate Bond Obligation	5/15/2063	55,000	54,836	55,536
	METLIFE INC	Corporate Bond Obligation	1/15/2054	490,000	478,322	458,616
	METLIFE INC	Corporate Bond Obligation	2/6/2041	135,000	136,416	137,789
	METLIFE INC	Corporate Bond Obligation	12/15/2044	100,000	106,579	88,287
	METLIFE INC	Corporate Bond Obligation	8/13/2042	40,000	33,894	33,186
	METLIFE INC	Corporate Bond Obligation	7/15/2052	35,000	32,764	31,624
	MICROSOFT CORP	Corporate Bond Obligation	3/17/2052	255,000	240,825	168,460
	MICROSOFT CORP	Corporate Bond Obligation	6/1/2050	233,000	173,322	143,388
	MINERA MEXICO SA DE CV	Corporate Bond Obligation	1/26/2050	205,000	194,428	155,611
	MONONGAHELA POWER CO	Corporate Bond Obligation	12/15/2043	190,000	230,493	179,446
	MORGAN STANLEY	Corporate Bond Obligation	7/19/2035	355,000	355,397	349,181
	MORGAN STANLEY	Corporate Bond Obligation	11/19/2055	350,000	350,000	337,302
	MORGAN STANLEY	Corporate Bond Obligation	7/22/2038	190,000	193,475	161,601

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Maturity Date	(e) Units	(f) Cost	(g) Current Value
	MORGAN STANLEY	Corporate Bond Obligation	1/19/2038	60,000	60,000	60,062
	MORGAN STANLEY	Corporate Bond Obligation	1/22/2047	15,000	11,430	12,526
	MORGAN STANLEY	Corporate Bond Obligation	1/27/2045	5,000	4,908	4,121
	MPLX LP	Corporate Bond Obligation	4/15/2038	335,000	329,351	291,966
	NASDAQ INC	Corporate Bond Obligation	6/28/2063	95,000	94,105	96,654
	NASDAQ INC	Corporate Bond Obligation	8/15/2053	20,000	20,364	20,173
	NEVADA POWER CO	Corporate Bond Obligation	7/1/2037	150,000	203,601	164,400
	NEVADA POWER CO	Corporate Bond Obligation	5/1/2053	100,000	99,828	100,307
	NISOURCE INC	Corporate Bond Obligation	5/15/2047	245,000	250,796	200,253
	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	6/15/2045	100,000	99,319	84,593
	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	3/15/2064	55,000	54,847	56,395
	NORTHERN STATES PWR MINN	Corporate Bond Obligation	8/15/2042	205,000	196,826	155,712
	NORTHERN STATES PWR MINN	Corporate Bond Obligation	5/15/2053	135,000	133,983	124,889
	NORTHERN STATES PWR MINN	Corporate Bond Obligation	6/1/2052	100,000	98,276	83,887
	NORTHERN STATES PWR MINN	Corporate Bond Obligation	3/1/2050	130,000	127,314	83,168
	NORTHERN STATES PWR MINN	Corporate Bond Obligation	4/1/2052	80,000	78,350	53,626
	NORTHROP GRUMMAN CORP	Corporate Bond Obligation	6/1/2043	385,000	429,439	345,006
	NORTHROP GRUMMAN CORP	Corporate Bond Obligation	10/15/2047	270,000	272,457	211,958
	NORTHROP GRUMMAN CORP	Corporate Bond Obligation	5/1/2040	130,000	131,866	124,375
	NORTHWELL HEALTHCARE INC	Corporate Bond Obligation	11/1/2047	80,000	80,151	63,958
	NOVARTIS CAPITAL CORP	Corporate Bond Obligation	5/6/2044	270,000	294,906	236,887
	NSTAR ELECTRIC CO	Corporate Bond Obligation	9/15/2052	125,000	124,377	111,936
	NVIDIA CORP	Corporate Bond Obligation	4/1/2040	140,000	141,605	115,777
	NY + PRESBYTERIAN HOSPIT	Corporate Bond Obligation	8/1/2040	55,000	55,000	36,287
	NY + PRESBYTERIAN HOSPIT	Corporate Bond Obligation	8/1/2060	35,000	35,000	18,953
	OCCIDENTAL PETROLEUM COR	Corporate Bond Obligation	3/15/2040	105,000	103,079	103,446
	OCCIDENTAL PETROLEUM COR	Corporate Bond Obligation	10/1/2054	85,000	86,505	80,647
	OCCIDENTAL PETROLEUM COR	Corporate Bond Obligation	4/15/2046	30,000	22,157	22,250
	OCCIDENTAL PETROLEUM COR	Corporate Bond Obligation	3/15/2046	15,000	15,003	15,143
	OCCIDENTAL PETROLEUM COR	Corporate Bond Obligation	6/15/2039	10,000	10,698	11,407
	OGLETHORPE POWER CORP	Corporate Bond Obligation	10/1/2048	375,000	381,972	330,195
	OGLETHORPE POWER CORP	Corporate Bond Obligation	9/1/2050	280,000	307,003	251,409
	OGLETHORPE POWER CORP	Corporate Bond Obligation	4/1/2047	155,000	153,660	126,995
	OGLETHORPE POWER CORP	Corporate Bond Obligation	8/1/2050	130,000	126,977	92,482
	OGLETHORPE POWER CORP	Corporate Bond Obligation	11/1/2040	85,000	96,341	80,390
	OGLETHORPE POWER CORP	Corporate Bond Obligation	12/1/2053	75,000	74,434	77,229
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	12/1/2041	210,000	234,539	184,208
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	4/1/2045	235,000	233,108	180,494
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	10/1/2052	177,000	285,066	167,479
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	6/1/2042	163,000	199,118	155,971
	ORACLE CORP	Corporate Bond Obligation	3/25/2041	530,000	426,951	413,262
	ORACLE CORP	Corporate Bond Obligation	5/15/2045	300,000	310,770	237,063
	ORACLE CORP	Corporate Bond Obligation	3/25/2051	295,000	226,112	218,509
	ORACLE CORP	Corporate Bond Obligation	11/15/2037	200,000	192,233	166,968
	ORACLE CORP	Corporate Bond Obligation	9/27/2054	145,000	141,364	133,649
	ORACLE CORP	Corporate Bond Obligation	11/9/2052	90,000	93,897	100,776
	ORACLE CORP	Corporate Bond Obligation	7/15/2046	125,000	129,001	96,196
	ORACLE CORP	Corporate Bond Obligation	9/27/2064	105,000	103,433	96,065
	ORACLE CORP	Corporate Bond Obligation	4/1/2050	105,000	79,792	73,564
	ORACLE CORP	Corporate Bond Obligation	11/15/2047	85,000	65,528	64,784
	ORACLE CORP	Corporate Bond Obligation	7/15/2036	20,000	22,170	17,135
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	1/15/2053	876,000	915,539	954,428
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	7/1/2050	360,000	294,430	312,404
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	7/1/2040	283,000	230,687	244,314
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	10/1/2054	130,000	129,375	128,216
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	8/1/2040	170,000	157,553	127,206
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	8/1/2050	175,000	166,174	119,882
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	4/1/2053	110,000	110,209	119,053
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	6/1/2041	145,000	139,419	118,197
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	3/1/2052	10,000	8,982	8,956
	PACIFICORP	Corporate Bond Obligation	1/15/2055	278,000	276,062	270,147
	PACIFICORP	Corporate Bond Obligation	1/15/2039	175,000	218,201	178,511
	PACIFICORP	Corporate Bond Obligation	5/15/2054	165,000	156,887	154,186
	PACIFICORP	Corporate Bond Obligation	3/15/2051	105,000	104,224	68,161

Premier Health Partners Employees Retirement Plan

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	PACIFICORP	Corporate Bond Obligation	10/15/2037	35,000	47,048	36,713
	PECO ENERGY CO	Corporate Bond Obligation	8/15/2052	105,000	104,004	86,741
	PEPSICO INC	Corporate Bond Obligation	7/17/2054	280,000	280,758	270,726
	PEPSICO INC	Corporate Bond Obligation	10/21/2041	19,000	18,582	13,182
	PFIZER INC	Corporate Bond Obligation	5/28/2040	90,000	82,922	62,192
	PFIZER INVESTMENT ENTER	Corporate Bond Obligation	5/19/2043	795,000	779,505	746,282
	PFIZER INVESTMENT ENTER	Corporate Bond Obligation	5/19/2063	110,000	108,512	100,973
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	8/21/2042	130,000	123,656	102,787
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	3/4/2043	48,000	47,762	38,981
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	11/15/2043	32,000	35,129	28,623
	PNC FINANCIAL SERVICES	Corporate Bond Obligation	7/23/2035	220,000	220,318	218,291
	PNC FINANCIAL SERVICES	Corporate Bond Obligation	10/20/2034	50,000	55,621	54,578
	POTOMAC ELECTRIC POWER	Corporate Bond Obligation	11/15/2037	180,000	245,640	197,176
	POTOMAC ELECTRIC POWER	Corporate Bond Obligation	3/15/2043	145,000	152,076	119,774
	PPL ELECTRIC UTILITIES	Corporate Bond Obligation	7/15/2043	225,000	236,567	202,300
	PROLOGIS LP	Corporate Bond Obligation	3/15/2054	345,000	335,222	321,833
	PROLOGIS LP	Corporate Bond Obligation	6/15/2053	105,000	102,362	98,031
	PRUDENTIAL FINANCIAL INC	Corporate Bond Obligation	3/15/2054	90,000	90,138	92,562
	PRUDENTIAL FINANCIAL INC	Corporate Bond Obligation	12/7/2049	80,000	87,052	60,304
	PRUDENTIAL FINANCIAL INC	Corporate Bond Obligation	12/7/2047	55,000	63,224	41,918
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	6/15/2046	380,000	382,142	268,010
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	3/15/2043	230,000	237,926	178,788
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	8/15/2041	80,000	93,757	69,624
	PUBLIC STORAGE OP CO	Corporate Bond Obligation	8/1/2053	70,000	68,940	66,539
	REALTY INCOME CORP	Corporate Bond Obligation	9/1/2054	135,000	132,805	128,150
	REGENCY CENTERS LP	Corporate Bond Obligation	3/15/2049	255,000	261,389	215,595
	REGENCY CENTERS LP	Corporate Bond Obligation	2/1/2047	20,000	19,630	16,459
	REYNOLDS AMERICAN INC	Corporate Bond Obligation	8/15/2045	260,000	305,123	247,562
	REYNOLDS AMERICAN INC	Corporate Bond Obligation	9/15/2043	105,000	126,271	103,854
	RIO TINTO FIN USA PLC	Corporate Bond Obligation	3/9/2053	25,000	24,027	23,121
	ROCHE HOLDINGS INC	Corporate Bond Obligation	12/13/2051	151,000	149,316	89,785
	RTX CORP	Corporate Bond Obligation	6/1/2042	585,000	623,610	504,914
	RTX CORP	Corporate Bond Obligation	3/15/2054	84,000	85,103	91,356
	RTX CORP	Corporate Bond Obligation	11/16/2038	85,000	87,352	75,623
	RTX CORP	Corporate Bond Obligation	5/15/2045	90,000	92,361	72,581
	RTX CORP	Corporate Bond Obligation	5/4/2047	45,000	42,941	35,337
	RTX CORP	Corporate Bond Obligation	2/27/2053	35,000	32,708	33,234
	RTX CORP	Corporate Bond Obligation	3/15/2052	50,000	48,525	31,626
	RTX CORP	Corporate Bond Obligation	7/1/2050	45,000	32,699	29,453
	SABAL TRAIL TRANS	Corporate Bond Obligation	5/1/2038	195,000	198,316	171,902
	SABAL TRAIL TRANS	Corporate Bond Obligation	5/1/2048	30,000	30,233	24,249
	SALESFORCE INC	Corporate Bond Obligation	7/15/2041	375,000	351,790	264,161
	SALESFORCE INC	Corporate Bond Obligation	7/15/2051	185,000	180,620	118,157
	SALESFORCE INC	Corporate Bond Obligation	7/15/2061	120,000	117,951	73,951
	SAN DIEGO G + E	Corporate Bond Obligation	6/15/2049	105,000	112,122	82,237
	SAN DIEGO G + E	Corporate Bond Obligation	4/15/2050	35,000	35,329	23,638
	SAN DIEGO G + E	Corporate Bond Obligation	5/15/2048	20,000	25,583	15,862
	SEMPRA	Corporate Bond Obligation	2/1/2038	130,000	129,395	107,442
	SEMPRA	Corporate Bond Obligation	2/1/2048	12,000	12,064	9,073
	SHELL FINANCE US INC	Corporate Bond Obligation	5/10/2046	115,000	96,369	89,971
	SHELL FINANCE US INC	Corporate Bond Obligation	9/12/2046	80,000	64,562	60,138
	SHELL FINANCE US INC	Corporate Bond Obligation	4/6/2050	25,000	18,161	16,844
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	12/15/2038	100,000	133,682	108,838
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	8/21/2042	35,000	32,555	27,257
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	11/26/2051	15,000	14,398	9,492
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	3/8/2053	195,000	190,490	196,347
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	1/15/2054	160,000	166,302	178,083
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	9/13/2049	130,000	83,426	87,320
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	7/15/2050	40,000	25,735	29,445
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	11/30/2046	21,000	22,814	17,128
	SOLVENTUM CORP	Corporate Bond Obligation	4/30/2054	780,000	806,312	758,722
	SOLVENTUM CORP	Corporate Bond Obligation	5/15/2064	280,000	279,981	273,050
	SOUTHERN CAL EDISON	Corporate Bond Obligation	4/1/2047	235,000	244,246	180,903
	SOUTHERN CAL EDISON	Corporate Bond Obligation	9/1/2040	145,000	151,884	126,839

Premier Health Partners Employees Retirement Plan

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	SOUTHERN CALIF GAS CO	Corporate Bond Obligation	6/1/2053	170,000	169,515	168,878
	SOUTHERN NATURAL GAS	Corporate Bond Obligation	3/15/2047	225,000	228,003	187,398
	SUN COMMUNITIES OPER LP	Corporate Bond Obligation	4/15/2032	275,000	269,956	251,072
	SUN COMMUNITIES OPER LP	Corporate Bond Obligation	1/15/2033	85,000	84,919	84,660
	SUNCOR ENERGY INC	Corporate Bond Obligation	5/15/2038	104,000	130,436	110,722
	SUTTER HEALTH	Corporate Bond Obligation	8/15/2050	100,000	98,834	70,281
	T MOBILE USA INC	Corporate Bond Obligation	2/15/2041	255,000	235,096	181,851
	TARGET CORP	Corporate Bond Obligation	1/15/2052	85,000	76,588	54,175
	TEXAS EASTERN TRANSMISSI	Corporate Bond Obligation	1/15/2048	150,000	146,094	115,415
	THERMO FISHER SCIENTIFIC	Corporate Bond Obligation	10/15/2041	175,000	173,038	123,058
	TIME WARNER CABLE LLC	Corporate Bond Obligation	6/15/2039	285,000	369,606	279,325
	TIME WARNER CABLE LLC	Corporate Bond Obligation	5/1/2037	165,000	193,321	159,535
	TIME WARNER CABLE LLC	Corporate Bond Obligation	7/1/2038	125,000	155,549	127,166
	TIME WARNER CABLE LLC	Corporate Bond Obligation	11/15/2040	125,000	138,215	111,850
	TIME WARNER CABLE LLC	Corporate Bond Obligation	9/15/2042	20,000	20,038	14,962
	TOTALENERGIES CAP INTL	Corporate Bond Obligation	5/29/2050	485,000	484,762	317,728
	TOTALENERGIES CAP INTL	Corporate Bond Obligation	6/29/2041	185,000	183,615	132,686
	TOTALENERGIES CAPITAL SA	Corporate Bond Obligation	4/5/2064	395,000	395,270	377,557
	TOTALENERGIES CAPITAL SA	Corporate Bond Obligation	9/10/2064	205,000	206,113	190,127
	TOTALENERGIES CAPITAL SA	Corporate Bond Obligation	4/5/2054	145,000	145,435	138,969
	TOTALENERGIES CAPITAL SA	Corporate Bond Obligation	9/10/2054	85,000	84,806	78,586
	TRANSCONT GAS PIPELINE	Corporate Bond Obligation	8/15/2041	360,000	392,019	339,581
	TRAVELERS COS INC	Corporate Bond Obligation	5/25/2053	260,000	266,773	252,954
	TRUIST FINANCIAL CORP	Corporate Bond Obligation	1/24/2035	480,000	484,173	483,672
	TRUIST FINANCIAL CORP	Corporate Bond Obligation	6/8/2034	230,000	229,928	234,163
	TRUIST FINANCIAL CORP	Corporate Bond Obligation	1/26/2034	100,000	99,193	97,187
	TUCSON ELECTRIC POWER CO	Corporate Bond Obligation	6/15/2050	30,000	30,661	22,634
	UBS AG LONDON	Corporate Bond Obligation	6/26/2048	150,000	159,727	127,470
	UNION ELECTRIC CO	Corporate Bond Obligation	3/15/2055	65,000	64,923	59,524
	UNION PACIFIC CORP	Corporate Bond Obligation	10/1/2051	350,000	340,157	260,838
	UNION PACIFIC CORP	Corporate Bond Obligation	9/16/2062	275,000	275,064	158,227
	UNION PACIFIC CORP	Corporate Bond Obligation	2/14/2053	145,000	132,628	102,164
	UNION PACIFIC CORP	Corporate Bond Obligation	8/15/2039	55,000	55,455	44,637
	UNION PACIFIC CORP	Corporate Bond Obligation	2/14/2042	50,000	49,935	38,032
	UNION PACIFIC CORP	Corporate Bond Obligation	3/20/2060	40,000	40,445	28,587
	UNION PACIFIC CORP	Corporate Bond Obligation	5/15/2053	25,000	23,779	22,849
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	7/15/2044	395,000	392,226	383,138
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	6/15/2048	280,000	289,596	224,650
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	4/15/2064	235,000	234,846	219,542
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	2/15/2053	215,000	223,312	215,572
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	5/15/2041	235,000	221,388	169,642
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	5/15/2052	165,000	158,325	141,372
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	2/15/2063	115,000	114,346	117,425
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	4/15/2063	115,000	112,973	103,443
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	7/15/2064	105,000	104,761	102,024
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	4/15/2053	90,000	89,823	81,045
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	10/15/2047	105,000	106,499	78,072
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	5/15/2040	90,000	86,328	63,639
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	5/15/2051	75,000	76,378	49,511
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	5/15/2050	75,000	71,312	46,496
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	5/15/2062	35,000	34,657	30,160
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	7/15/2045	30,000	27,825	26,432
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	2/15/2041	20,000	21,639	20,497
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	10/15/2042	15,000	15,357	12,041
	US BANCORP	Corporate Bond Obligation	11/3/2036	255,000	253,633	206,537
	US BANCORP	Corporate Bond Obligation	1/23/2035	40,000	40,150	40,338
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	3/22/2051	745,000	757,430	526,454
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	3/22/2041	400,000	389,200	302,516
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	10/30/2056	510,000	503,443	302,445
	VICI PROPERTIES LP	Corporate Bond Obligation	5/15/2052	295,000	269,991	274,468
	VICI PROPERTIES LP	Corporate Bond Obligation	5/15/2052	20,000	19,453	18,573
	VIRGINIA ELEC + POWER CO	Corporate Bond Obligation	4/1/2053	206,000	205,130	196,005
	VIRGINIA ELEC + POWER CO	Corporate Bond Obligation	12/15/2050	99,000	95,545	55,712
	VIRGINIA ELEC + POWER CO	Corporate Bond Obligation	8/15/2054	50,000	49,783	48,329

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	VISA INC	Corporate Bond Obligation	12/14/2045	345,000	371,929	295,289
	VISA INC	Corporate Bond Obligation	4/15/2040	20,000	19,931	14,562
	VODAFONE GROUP PLC	Corporate Bond Obligation	6/28/2054	685,000	687,536	660,662
	VODAFONE GROUP PLC	Corporate Bond Obligation	6/28/2064	190,000	190,755	183,836
	VODAFONE GROUP PLC	Corporate Bond Obligation	9/17/2050	140,000	141,465	108,626
	VODAFONE GROUP PLC	Corporate Bond Obligation	2/10/2053	100,000	99,701	95,038
	WALMART INC	Corporate Bond Obligation	9/22/2041	350,000	334,752	240,944
	WALT DISNEY COMPANY/THE	Corporate Bond Obligation	5/13/2040	325,000	296,067	260,618
	WALT DISNEY COMPANY/THE	Corporate Bond Obligation	1/13/2051	260,000	267,686	191,090
	WALT DISNEY COMPANY/THE	Corporate Bond Obligation	9/1/2049	285,000	268,010	177,743
	WARNERMEDIA HOLDINGS INC	Corporate Bond Obligation	3/15/2052	1,080,000	852,540	802,440
	WARNERMEDIA HOLDINGS INC	Corporate Bond Obligation	3/15/2042	645,000	584,015	517,858
	WARNERMEDIA HOLDINGS INC	Corporate Bond Obligation	3/15/2062	135,000	107,208	99,268
	WELLS FARGO + COMPANY	Corporate Bond Obligation	4/25/2053	830,000	768,530	693,042
	WELLS FARGO + COMPANY	Corporate Bond Obligation	12/7/2046	275,000	298,238	231,822
	WELLS FARGO + COMPANY	Corporate Bond Obligation	1/23/2035	130,000	132,635	129,448
	WELLS FARGO + COMPANY	Corporate Bond Obligation	6/14/2046	80,000	79,386	64,238
	WELLS FARGO + COMPANY	Corporate Bond Obligation	4/4/2051	50,000	49,409	44,383
	WELLS FARGO + COMPANY	Corporate Bond Obligation	1/15/2044	30,000	38,792	28,706
	WELLS FARGO + COMPANY	Corporate Bond Obligation	11/17/2045	30,000	37,426	26,000
	WELLS FARGO + COMPANY	Corporate Bond Obligation	4/30/2041	20,000	14,839	14,551
	WELLS FARGO BANK NA	Corporate Bond Obligation	1/15/2038	645,000	816,705	703,405
	WELLS FARGO BANK NA	Corporate Bond Obligation	2/1/2037	180,000	199,120	183,598
	WESTPAC BANKING CORP	Corporate Bond Obligation	11/20/2035	180,000	180,000	176,827
	WESTPAC BANKING CORP	Corporate Bond Obligation	11/18/2041	145,000	143,763	104,007
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	11/15/2043	55,000	54,386	53,711
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	6/24/2044	50,000	53,754	48,443
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	9/15/2045	30,000	31,211	26,937
					108,893,345	93,833,722
	CANYON VALUE REALIZATION FUND	Limited Partnership		910	7,502,061	11,118,122
	DGV ENHANCED U.S EQUITY	Limited Partnership		7,000,000	7,000,000	19,129,922
	INDEPENDENT FRANKFURT EQUITY	Limited Partnership		7,405,816	7,374,344	29,460,099
	MILLSTREET CREDIT OFF FUND LTD	Limited Partnership		13,500	13,500,000	16,379,014
	SANDS CAPTLEMGMKTGTHFEEDER	Limited Partnership		2,703,196	5,351,767	7,290,677
					40,728,172	83,377,834
				Total	\$ 329,957,176	\$ 388,278,867

* A party-in-interest as defined by ERISA.

Premier Health Partners Employees Retirement Plan

Schedule of Reportable Transactions Form 5500, Schedule H, Line 4j EIN 31-1446699, Plan No. 001 Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<u>Category (i) - Single transactions in excess of 5% of net plan assets:</u>						
* State Street	State Street Bank + Trust Co Short Term Inv Fund, maturity date of December 31, 2030 272,659,376 units sold in a single transaction on July 24, 2024	\$ -	\$ 272,659,376	\$ 272,659,376	\$ 272,659,376	\$ -
* State Street	State Street Bank + Trust Co Short Term Inv Fund, maturity date of December 31, 2030 135,000,000 units purchased in a single transaction on July 23, 2024	135,000,000	-	135,000,000	135,000,000	-
* State Street	State Street Bank + Trust Co Short Term Inv Fund, maturity date of December 31, 2030 105,000,000 units purchased in a single transaction on July 22, 2024	105,000,000	-	105,000,000	105,000,000	-
* State Street	State Street Bank + Trust Co Short Term Inv Fund, maturity date of December 31, 2030 82,168,119 units sold in a single transaction on July 23, 2024	-	82,168,119	82,168,119	82,168,119	-
* State Street	State Street Bank + Trust Co Short Term Inv Fund, maturity date of December 31, 2030 80,673,273 units purchased in a single transaction on July 19, 2024	80,673,273	-	80,673,273	80,673,273	-
* State Street	S + P 500 Flagship Fund, 43,799 units sold in a single transaction on July 19, 2024	-	65,000,000	18,850,917	65,000,000	46,149,083
* State Street	State Street Bank + Trust Co Short Term Inv Fund, maturity date of December 31, 2030 60,000,000 units purchased in a single transaction on July 19, 2024	60,000,000	-	60,000,000	60,000,000	-
* State Street	State Street Bank + Trust Co Short Term Inv Fund, maturity date of December 31, 2030 53,457,236 units sold in a single transaction on July 23, 2024	-	53,457,236	53,457,236	53,457,236	-

Premier Health Partners Employees Retirement Plan

Schedule of Reportable Transactions Form 5500, Schedule H, Line 4j EIN 31-1446699, Plan No. 001 Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
* State Street	State Street Bank + Trust Co Short Term Inv Fund, maturity date of December 31, 2030 51,547,410 units purchased in a single transaction on July 19, 2024	51,547,410	-	51,547,410	51,547,410	-
Dodge + Cox	Dodge + Cox Global Stock Fund, 2,478,315 units sold in a single transaction on July 18, 2024	-	40,000,000	30,183,506	40,000,000	9,816,494
Wellington	Wellington Global Select, 1,063,830 units sold in a single transaction on July 18, 2024	-	40,000,000	15,903,720	40,000,000	24,096,280
<u>Category (iii) - Series of transactions in excess of 5% of the net plan assets:</u>						
* State Street	State Street Bank + Trust Co Short Term Inv Fund, maturity date of December 31, 2030 677,913,646 units purchased in a series of 265 transactions 683,502,540 units sold in a series of 260 transactions	\$ 677,913,646 -	\$ - 683,502,540	\$ 677,913,646 683,502,540	\$ 677,913,646 683,502,540	\$ - -
U.S. Treasury	U.S. TREASURY N/B, maturity date of November 15, 2053 51,510,000 units purchased in a series of 161 transactions 51,510,000 units sold in a series of 163 transactions	54,222,136 -	- 53,290,992	54,222,136 54,222,136	54,222,136 53,290,992	- (931,144)
* State Street	S + P 500 Flagship Fund, 11,929 units purchased in a series of 4 transactions 48,070 units sold in a series of 4 transactions	17,800,000 -	- 71,000,000	17,800,000 20,689,045	17,800,000 71,000,000	- 50,310,955
U.S. Treasury	U.S. TREASURY N/B, maturity date of February 15, 2054 41,320,000 units purchased in a series of 157 transactions 41,320,000 units sold in a series of 144 transactions	39,147,065 -	- 40,556,293	39,147,065 39,147,065	39,147,065 40,556,293	- 1,409,228
U.S. Treasury	U.S. TREASURY N/B, maturity date of May 15, 2054 28,990,000 units purchased in a series of 101 transactions 28,990,000 units sold in a series of 164 transactions	31,157,404 -	- 29,898,898	31,157,404 31,157,404	31,157,404 29,898,898	- (1,258,506)

Premier Health Partners Employees Retirement Plan

Schedule of Reportable Transactions Form 5500, Schedule H, Line 4j EIN 31-1446699, Plan No. 001 Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Wellington	Wellington Global Select, 305,999 units purchased in a series of 13 transactions 1,239,117 units sold in a series of 6 transactions	11,623,590 -	- 46,418,777	11,623,590 18,514,929	11,623,590 46,418,777	- 27,903,848
Dodge + Cox	Dodge + Cox Global Stock Fund, 846,549 units purchased in a series of 4 transactions 2,478,315 units sold in a series of 1 transaction	12,922,559 -	- 40,000,000	12,922,559 30,183,506	12,922,559 40,000,000	- 9,816,494
U.S. Treasury	U.S. TREASURY N/B, maturity date of August 15, 2053 3,765,000 units purchased in a series of 42 transactions 37,020,000 units sold in a series of 78 transactions	3,654,172 -	- 35,314,718	3,654,172 34,375,900	3,654,172 35,314,718	- 938,818

Note: "Reportable Transactions" as defined in Section 2520.103-6 of The Department of Labor Regulations.
There were no reportable category (ii) or (iv) transactions from January 1, 2024 to December 31, 2024.
Columns (e) and (f) were excluded as they were not applicable.

* A party-in-interest as defined by ERISA.



Schedule SB Attachment (Form 5500) —2024 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Schedule SB, line 26a — Schedule of Active Participant Data
as of January 1, 2024

Number of Participants, Average Compensation, and Average Cash Balance

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	50	361								
	\$34,655	\$55,177								
	\$12	\$1,440								
25-29	54	795	156	1						
	\$47,874	\$64,385	\$65,617							
	\$210	\$2,649	\$7,087							
30-34	53	492	432	78	1					
	\$57,190	\$70,284	\$72,746	\$82,961						
	\$431	\$3,294	\$9,658	\$17,746						
35-39	45	441	375	262	89	1				
	\$37,687	\$87,491	\$86,322	\$82,425	\$88,215					
	\$271	\$3,859	\$11,974	\$20,509	\$27,813					
40-44	35	350	306	208	167	79	5			
	\$44,901	\$82,894	\$88,381	\$91,388	\$96,629	\$95,685				
	\$313	\$3,826	\$12,369	\$22,352	\$35,346	\$42,668				
45-49	29	242	210	161	139	139	61	2		
	\$54,247	\$80,648	\$103,283	\$100,216	\$90,435	\$101,862	\$89,600			
	\$801	\$3,963	\$14,502	\$27,696	\$33,257	\$47,711	\$51,070			
50-54	31	218	214	168	121	149	122	54	5	
	\$60,016	\$70,553	\$79,468	\$107,305	\$96,909	\$97,728	\$100,487	\$90,331		
	\$713	\$3,139	\$11,562	\$27,359	\$32,516	\$45,362	\$52,523	\$57,153		
55-59	23	166	151	137	132	133	125	94	64	
	\$33,363	\$79,289	\$82,241	\$91,022	\$99,265	\$88,729	\$97,033	\$95,950	\$94,636	
	\$265	\$4,230	\$12,448	\$23,935	\$34,838	\$42,653	\$51,902	\$58,730	\$59,836	
60-64	9	134	128	123	113	179	126	72	90	54
		\$79,041	\$79,765	\$94,321	\$76,310	\$75,209	\$97,091	\$98,220	\$92,542	\$82,021
		\$4,047	\$11,484	\$25,550	\$30,299	\$36,799	\$48,874	\$62,395	\$64,304	\$51,601
65-69	11	62	45	44	48	66	43	28	19	43
		\$76,571	\$97,311	\$73,595	\$80,903	\$70,821	\$99,800	\$92,754		\$79,901
		\$2,965	\$13,812	\$19,177	\$29,106	\$33,157	\$49,352	\$50,983		\$53,313
70+	8	19	24	18	11	15	4	4		6
			\$105,990							
			\$13,811							

N-9,472

Schedule SB Attachment (Form 5500) —2024 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Schedule SB, Part V — Statement of Actuarial
Assumptions/Methods

For ERISA Requirements

Interest Rates for Minimum Funding Purposes

Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.

1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%

Interest Rates for Maximum Tax Purposes

Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization.

1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%

Salary Increases

Minimum Funding Target Normal Cost	2.25%, plus rates in Table 1.
Maximum Tax Expected Benefit Increase	2.25%, plus rates in Table 1.

Cash Balance Interest Crediting Rate

4.17% for 2024; 4.01% for 2025+ (PHP)
4.31% for 2024; 3.79% for 2025+ (Good Sam)
4.17% for 2024; 3.79% for 2025+ (UVMC)
4.66% for 2024; 4.03% for 2025+ (Atrium pre-2003)
5.37% for 2024; 3.03% for 2025+ (Atrium post-2002)

The current year assumption is equal to the actual crediting rate. The assumption for future years is equal to the rates used for ASC 715 purposes.

Cash Balance Annuity Conversion Rate

NA

Optional Payment Form Election Percentage

Active Participants with Final Average
Pay Benefits

Retirement eligible: 100% immediate life annuity.

Not retirement eligible: 100% life annuity deferred to age 65.

Schedule SB Attachment (Form 5500) —2024 Plan Year
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Active Participants with Cash Balance Only	Termination prior to retirement: 15% immediate lump sum 15% lump sum deferred two years 70% lump sum deferred to age 65 Retirement eligible: 25% immediate lump sum 25% lump sum deferred two years 45% lump sum deferred to age 65 5% annuity deferred to age 65
Terminated Vested Participants	Final average pay benefits: 100% life annuity Cash balance benefits: 100% lump sum
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums other than cash balance accounts.
Optional Payment Form Conversion Mortality	Current 417(e) table for lump sums other than cash balance accounts.
Retirement Age	
Active Participants	See Table 2.
Terminated Vested Participants	See Table 3.
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b).
Withdrawal Rates	See Table 4.
Disability Rates	See Table 5 – 6.
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).
Surviving Spouse Benefit	It is assumed that 80% of males and 60% of females have an eligible spouse, and that males are three years older than their spouses. For current retirees with a joint & survivor form of payment, an adjustment is made for the beneficiary's probability of death before the retiree's death.
Valuation Compensation	2023 Pensionable earnings rolled forward one year with the salary increase assumption.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Premier Health Partners Employees Retirement Plan
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Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2022 Plan Year	5.87%
2023 Plan Year	7.67%, limited to 5.74%
2024 Plan Year	7.40%, limited to 5.59%

Trust Expenses Included in Target Normal Cost

\$7,900,000. Equal to prior year actual trust expenses less PBGC premiums, plus PBGC premiums for the current year, rounded to the nearest \$100,000.

Actuarial Method

Standard unit credit cost method.

Valuation Date

January 1, 2024

Schedule SB Attachment (Form 5500) —2024 Plan Year
Premier Health Partners Employees Retirement Plan
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Table 1

Salary Merit Increase Rates

Age	Rate	Age	Rate
15	5.50%	45	2.25%
16	5.50%	46	2.25%
17	5.50%	47	2.25%
18	5.50%	48	2.25%
19	5.50%	49	2.25%
20	5.50%	50	1.75%
21	5.50%	51	1.75%
22	5.50%	52	1.75%
23	5.50%	53	1.75%
24	5.50%	54	1.75%
25	3.25%	55	1.00%
26	3.25%	56	1.00%
27	3.25%	57	1.00%
28	3.25%	58	1.00%
29	3.25%	59	1.00%
30	3.25%	60	0.50%
31	3.25%	61	0.50%
32	3.25%	62	0.50%
33	3.25%	63	0.50%
34	3.25%	64	0.50%
35	3.25%	65	0.50%
36	3.25%	66	0.50%
37	3.25%	67	0.50%
38	3.25%	68	0.50%
39	3.25%	69	0.50%
40	3.00%	70+	0.00%
41	3.00%		
42	3.00%		
43	3.00%		
44	3.00%		

Schedule SB Attachment (Form 5500) —2024 Plan Year
Premier Health Partners Employees Retirement Plan
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Table 2

Active Retirement Rates

Age	Rate
55	7.00%
56	7.00%
57	7.00%
58	7.00%
59	7.00%
60	9.00%
61	12.00%
62	15.00%
63	15.00%
64	25.00%
65	32.00%
66	35.00%
67	35.00%
68	35.00%
69	35.00%
70+	100.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Table 3

Terminated Vested Retirement Rates

Age	Rate
60	10.00%
61	10.00%
62	25.00%
63	35.00%
64	40.00%
65	100.00%
66	100.00%
67	100.00%
68	100.00%
69	100.00%
70+	100.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Table 4

Withdrawal Rates

Age	Years of Service		
	0 – 1	2	3+
15	35.00%	25.00%	21.20%
16	35.00%	25.00%	21.20%
17	35.00%	25.00%	21.20%
18	35.00%	25.00%	21.20%
19	35.00%	25.00%	21.20%
20	35.00%	25.00%	21.20%
21	35.00%	25.00%	21.20%
22	35.00%	25.00%	21.20%
23	35.00%	25.00%	21.20%
24	35.00%	25.00%	21.20%
25	35.00%	25.00%	19.20%
26	35.00%	25.00%	18.60%
27	35.00%	25.00%	18.00%
28	35.00%	25.00%	17.40%
29	35.00%	25.00%	16.80%
30	32.50%	22.50%	16.20%
31	32.50%	22.50%	16.00%
32	32.50%	22.50%	15.80%
33	32.50%	22.50%	15.60%
34	32.50%	22.50%	15.40%
35	30.00%	20.00%	15.20%
36	30.00%	20.00%	14.80%
37	30.00%	20.00%	14.40%
38	30.00%	20.00%	14.00%
39	30.00%	20.00%	13.60%
40	25.00%	17.50%	13.20%
41	25.00%	17.50%	12.80%
42	25.00%	17.50%	12.40%
43	25.00%	17.50%	12.00%
44	25.00%	17.50%	11.60%

Schedule SB Attachment (Form 5500) —2024 Plan Year
Premier Health Partners Employees Retirement Plan
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Table 4 (continued)

Withdrawal Rates

Age	Years of Service		
	0 – 1	2	3+
45	20.00%	15.00%	11.20%
46	20.00%	15.00%	11.00%
47	20.00%	15.00%	10.80%
48	20.00%	15.00%	10.60%
49	20.00%	15.00%	10.40%
50	20.00%	15.00%	10.20%
51	20.00%	15.00%	10.00%
52	20.00%	15.00%	9.80%
53	20.00%	15.00%	9.60%
54	20.00%	15.00%	9.40%
55	0.00%	0.00%	0.00%
56	0.00%	0.00%	0.00%
57	0.00%	0.00%	0.00%
58	0.00%	0.00%	0.00%
59	0.00%	0.00%	0.00%
60	0.00%	0.00%	0.00%
61	0.00%	0.00%	0.00%
62+	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year
Premier Health Partners Employees Retirement Plan
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Table 5

Disability Rates — Atrium Disability Rates

Age	Male	Female	Age	Male	Female
15	0.04%	0.05%	45	0.20%	0.32%
16	0.04%	0.05%	46	0.20%	0.32%
17	0.04%	0.05%	47	0.20%	0.32%
18	0.04%	0.05%	48	0.20%	0.32%
19	0.04%	0.05%	49	0.20%	0.32%
20	0.04%	0.05%	50	0.36%	0.53%
21	0.04%	0.05%	51	0.36%	0.53%
22	0.04%	0.05%	52	0.36%	0.53%
23	0.04%	0.05%	53	0.36%	0.53%
24	0.04%	0.05%	54	0.36%	0.53%
25	0.04%	0.05%	55	0.72%	0.95%
26	0.04%	0.05%	56	0.72%	0.95%
27	0.04%	0.05%	57	0.72%	0.95%
28	0.04%	0.05%	58	0.72%	0.95%
29	0.04%	0.05%	59	0.72%	0.95%
30	0.05%	0.08%	60	1.26%	1.16%
31	0.05%	0.08%	61	1.26%	1.16%
32	0.05%	0.08%	62	1.26%	1.16%
33	0.05%	0.08%	63	1.26%	1.16%
34	0.05%	0.08%	64	1.26%	1.16%
35	0.07%	0.14%	65+	0.00%	0.00%
36	0.07%	0.14%			
37	0.07%	0.14%			
38	0.07%	0.14%			
39	0.07%	0.14%			
40	0.12%	0.21%			
41	0.12%	0.21%			
42	0.12%	0.21%			
43	0.12%	0.21%			
44	0.12%	0.21%			

Schedule SB Attachment (Form 5500) —2024 Plan Year
Premier Health Partners Employees Retirement Plan
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Table 6

Disability Rates — MedAmerica Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I Annual Report Identification Information		
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A This return/report is for:	☐ a multiemployer plan	☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
	☒ a single-employer plan	☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report	☐ the final return/report
	☐ an amended return/report	☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐	
D Check box if filing under:	☒ Form 5558	☐ automatic extension
	☐ special extension (enter description)	☐ the DFVC program
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐	

Part II Basic Plan Information—enter all requested information		
1a Name of plan PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 001	
	1c Effective date of plan 01/01/1951	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PREMIER HEALTH PARTNERS 110 N. MAIN STREET SUITE 1100 DAYTON OH 45402	2b Employer Identification Number (EIN) 31-1446699	
	2c Plan Sponsor's telephone number 937-499-5417	
	2d Business code (see instructions) 622000	

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

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

SIGN HERE	<i>Stacey M. Lawson</i>	9/23/25	STACEY LAWSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor STACEY LAWSON, CHIEF HUMAN RESOURCE OFFICER 110 N. MAIN STREET SUITE 1100 DAYTON OH 45402	3b Administrator's EIN 31 - 1446699 3c Administrator's telephone number 937 - 499 - 5417																						
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																						
5 Total number of participants at the beginning of the plan year	5 16,604																						
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 90%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td style="text-align: right;">9,472</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td style="text-align: right;">9,887</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: right;">133</td> </tr> <tr> <td style="text-align: center;">6c</td> <td style="text-align: right;">4,744</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: right;">14,764</td> </tr> <tr> <td style="text-align: center;">6e</td> <td style="text-align: right;">180</td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: right;">14,944</td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td style="text-align: right;">278</td> </tr> </table>			6a(1)	9,472	6a(2)	9,887	6b	133	6c	4,744	6d	14,764	6e	180	6f	14,944	6g(1)		6g(2)		6h	278
6a(1)	9,472																						
6a(2)	9,887																						
6b	133																						
6c	4,744																						
6d	14,764																						
6e	180																						
6f	14,944																						
6g(1)																							
6g(2)																							
6h	278																						
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: 1A 1C																							

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

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

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

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information) – Number Attached _____
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

Plan Name	PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN
Plan Sponsor EIN	31-1446699
ERISA Plan No.	001
Plan Year End	12/31/2024

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4j	Schedule of Reportable Transactions

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Premier Health Partners Employees Retirement Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Premier Health Partners	D Employer Identification Number (EIN) 31-1446699
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2024			
2 Assets:			
a Market value.....		2a	694,044,049
b Actuarial value.....		2b	753,072,162
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	2,489	300,763,842	300,763,842
b For terminated vested participants	4,643	149,473,191	149,473,191
c For active participants	9,472	288,304,891	292,740,661
d Total.....	16,604	738,541,924	742,977,694
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate	5	5.15%	
6 Target normal cost			
a Present value of current plan year accruals	6a	19,667,228	
b Expected plan-related expenses	6b	9,500,000	
c Target normal cost	6c	29,167,228	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Jason M. Bravo	
Signature of actuary		09/10/2025
Jason M. Bravo		Date
Type or print name of actuary		2305569
Aon Consulting, Inc.		Most recent enrollment number
Firm name		216-430-4732
		Telephone number (including area code)
MSC# 17854 PO Box 7505 Fort Washington PA 19034 Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of Year Carryover and Prefunding Balances

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	80,965,796
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	18,264,495
9	Amount remaining (line 7 minus line 8)	0	62,701,301
10	Interest on line 9 using prior year's actual return of <u>11.79</u> %	0	7,392,483
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.25</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	70,093,784

Part III Funding Percentages

Part III		Funding Percentages	
14	Funding target attainment percentage.....	14	91.92 %
15	Adjusted funding target attainment percentage.....	15	101.35 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	88.28 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

16 Contributions made to the plan for the plan year by employer(s) and employee(s)						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
07/31/2025	25,000,000	0				
			Totals ►	18(b)	25,000,000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	23,095,277

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... ☒ Yes ☐ No

C If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....		☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....		☐ Yes ☒ No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....		☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment...		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....		31a	29,167,228
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	
a Net shortfall amortization installment		59,999,316	5,818,976
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34	34,986,204
		Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		0	31,487,584
36 Additional cash requirement (line 34 minus line 35).....		36	3,498,620
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	23,095,277
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	19,596,657
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	19,596,657
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021
--

Schedule SB Attachment (Form 5500) —2024 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Days to Discount to 1/1/2024 at 5.15%	Interest Adjusted Contribution
July 31, 2025	\$ 25,000,000	577	\$ 23,095,277
Total Contribution	\$ 25,000,000		\$ 23,095,277

Schedule SB Attachment (Form 5500) —2024 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
55	7.00%	1.0000	3.85
56	7.00%	0.9300	3.65
57	7.00%	0.8649	3.45
58	7.00%	0.8044	3.27
59	7.00%	0.7481	3.09
60	9.00%	0.6957	3.76
61	12.00%	0.6331	4.63
62	15.00%	0.5571	5.18
63	15.00%	0.4735	4.47
64	25.00%	0.4025	6.44
65	32.00%	0.3019	6.28
66	35.00%	0.2053	4.74
67	35.00%	0.1334	3.13
68	35.00%	0.0867	2.06
69	35.00%	0.0564	1.36
70	100.00%	0.0366	2.57
Weighted Average			61.93

Schedule SB Attachment (Form 5500) —2024 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Schedule SB, Part V — Statement of Actuarial
Assumptions/Methods

For ERISA Requirements

Interest Rates for Minimum Funding Purposes

Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.

1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%

Interest Rates for Maximum Tax Purposes

Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization.

1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%

Salary Increases

Minimum Funding Target Normal Cost	2.25%, plus rates in Table 1.
Maximum Tax Expected Benefit Increase	2.25%, plus rates in Table 1.

Cash Balance Interest Crediting Rate

4.17% for 2024; 4.01% for 2025+ (PHP)
4.31% for 2024; 3.79% for 2025+ (Good Sam)
4.17% for 2024; 3.79% for 2025+ (UVMC)
4.66% for 2024; 4.03% for 2025+ (Atrium pre-2003)
5.37% for 2024; 3.03% for 2025+ (Atrium post-2002)

The current year assumption is equal to the actual crediting rate. The assumption for future years is equal to the rates used for ASC 715 purposes.

Cash Balance Annuity Conversion Rate

NA

Optional Payment Form Election Percentage

Active Participants with Final Average
Pay Benefits

Retirement eligible: 100% immediate life annuity.

Not retirement eligible: 100% life annuity deferred to age 65.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Active Participants with Cash Balance Only	Termination prior to retirement: 15% immediate lump sum 15% lump sum deferred two years 70% lump sum deferred to age 65 Retirement eligible: 25% immediate lump sum 25% lump sum deferred two years 45% lump sum deferred to age 65 5% annuity deferred to age 65
Terminated Vested Participants	Final average pay benefits: 100% life annuity Cash balance benefits: 100% lump sum
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums other than cash balance accounts.
Optional Payment Form Conversion Mortality	Current 417(e) table for lump sums other than cash balance accounts.
Retirement Age	
Active Participants	See Table 2.
Terminated Vested Participants	See Table 3.
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b).
Withdrawal Rates	See Table 4.
Disability Rates	See Table 5 – 6.
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).
Surviving Spouse Benefit	It is assumed that 80% of males and 60% of females have an eligible spouse, and that males are three years older than their spouses. For current retirees with a joint & survivor form of payment, an adjustment is made for the beneficiary's probability of death before the retiree's death.
Valuation Compensation	2023 Pensionable earnings rolled forward one year with the salary increase assumption.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2022 Plan Year	5.87%
2023 Plan Year	7.67%, limited to 5.74%
2024 Plan Year	7.40%, limited to 5.59%

Trust Expenses Included in Target Normal Cost

\$7,900,000. Equal to prior year actual trust expenses less PBGC premiums, plus PBGC premiums for the current year, rounded to the nearest \$100,000.

Actuarial Method

Standard unit credit cost method.

Valuation Date

January 1, 2024

Schedule SB Attachment (Form 5500) —2024 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Table 1

Salary Merit Increase Rates

Age	Rate	Age	Rate
15	5.50%	45	2.25%
16	5.50%	46	2.25%
17	5.50%	47	2.25%
18	5.50%	48	2.25%
19	5.50%	49	2.25%
20	5.50%	50	1.75%
21	5.50%	51	1.75%
22	5.50%	52	1.75%
23	5.50%	53	1.75%
24	5.50%	54	1.75%
25	3.25%	55	1.00%
26	3.25%	56	1.00%
27	3.25%	57	1.00%
28	3.25%	58	1.00%
29	3.25%	59	1.00%
30	3.25%	60	0.50%
31	3.25%	61	0.50%
32	3.25%	62	0.50%
33	3.25%	63	0.50%
34	3.25%	64	0.50%
35	3.25%	65	0.50%
36	3.25%	66	0.50%
37	3.25%	67	0.50%
38	3.25%	68	0.50%
39	3.25%	69	0.50%
40	3.00%	70+	0.00%
41	3.00%		
42	3.00%		
43	3.00%		
44	3.00%		

Schedule SB Attachment (Form 5500) —2024 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Table 2

Active Retirement Rates

Age	Rate
55	7.00%
56	7.00%
57	7.00%
58	7.00%
59	7.00%
60	9.00%
61	12.00%
62	15.00%
63	15.00%
64	25.00%
65	32.00%
66	35.00%
67	35.00%
68	35.00%
69	35.00%
70+	100.00%

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Table 3

Terminated Vested Retirement Rates

Age	Rate
60	10.00%
61	10.00%
62	25.00%
63	35.00%
64	40.00%
65	100.00%
66	100.00%
67	100.00%
68	100.00%
69	100.00%
70+	100.00%

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Table 4

Withdrawal Rates

Age	Years of Service		
	0 – 1	2	3+
15	35.00%	25.00%	21.20%
16	35.00%	25.00%	21.20%
17	35.00%	25.00%	21.20%
18	35.00%	25.00%	21.20%
19	35.00%	25.00%	21.20%
20	35.00%	25.00%	21.20%
21	35.00%	25.00%	21.20%
22	35.00%	25.00%	21.20%
23	35.00%	25.00%	21.20%
24	35.00%	25.00%	21.20%
25	35.00%	25.00%	19.20%
26	35.00%	25.00%	18.60%
27	35.00%	25.00%	18.00%
28	35.00%	25.00%	17.40%
29	35.00%	25.00%	16.80%
30	32.50%	22.50%	16.20%
31	32.50%	22.50%	16.00%
32	32.50%	22.50%	15.80%
33	32.50%	22.50%	15.60%
34	32.50%	22.50%	15.40%
35	30.00%	20.00%	15.20%
36	30.00%	20.00%	14.80%
37	30.00%	20.00%	14.40%
38	30.00%	20.00%	14.00%
39	30.00%	20.00%	13.60%
40	25.00%	17.50%	13.20%
41	25.00%	17.50%	12.80%
42	25.00%	17.50%	12.40%
43	25.00%	17.50%	12.00%
44	25.00%	17.50%	11.60%

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Table 4 (continued)

Withdrawal Rates

Age	Years of Service		
	0 – 1	2	3+
45	20.00%	15.00%	11.20%
46	20.00%	15.00%	11.00%
47	20.00%	15.00%	10.80%
48	20.00%	15.00%	10.60%
49	20.00%	15.00%	10.40%
50	20.00%	15.00%	10.20%
51	20.00%	15.00%	10.00%
52	20.00%	15.00%	9.80%
53	20.00%	15.00%	9.60%
54	20.00%	15.00%	9.40%
55	0.00%	0.00%	0.00%
56	0.00%	0.00%	0.00%
57	0.00%	0.00%	0.00%
58	0.00%	0.00%	0.00%
59	0.00%	0.00%	0.00%
60	0.00%	0.00%	0.00%
61	0.00%	0.00%	0.00%
62+	0.00%	0.00%	0.00%

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Table 5

Disability Rates — Atrium Disability Rates

Age	Male	Female	Age	Male	Female
15	0.04%	0.05%	45	0.20%	0.32%
16	0.04%	0.05%	46	0.20%	0.32%
17	0.04%	0.05%	47	0.20%	0.32%
18	0.04%	0.05%	48	0.20%	0.32%
19	0.04%	0.05%	49	0.20%	0.32%
20	0.04%	0.05%	50	0.36%	0.53%
21	0.04%	0.05%	51	0.36%	0.53%
22	0.04%	0.05%	52	0.36%	0.53%
23	0.04%	0.05%	53	0.36%	0.53%
24	0.04%	0.05%	54	0.36%	0.53%
25	0.04%	0.05%	55	0.72%	0.95%
26	0.04%	0.05%	56	0.72%	0.95%
27	0.04%	0.05%	57	0.72%	0.95%
28	0.04%	0.05%	58	0.72%	0.95%
29	0.04%	0.05%	59	0.72%	0.95%
30	0.05%	0.08%	60	1.26%	1.16%
31	0.05%	0.08%	61	1.26%	1.16%
32	0.05%	0.08%	62	1.26%	1.16%
33	0.05%	0.08%	63	1.26%	1.16%
34	0.05%	0.08%	64	1.26%	1.16%
35	0.07%	0.14%	65+	0.00%	0.00%
36	0.07%	0.14%			
37	0.07%	0.14%			
38	0.07%	0.14%			
39	0.07%	0.14%			
40	0.12%	0.21%			
41	0.12%	0.21%			
42	0.12%	0.21%			
43	0.12%	0.21%			
44	0.12%	0.21%			

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Table 6

Disability Rates — MedAmerica Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

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Schedule SB, Part V — Summary of Plan Provisions

Med America

History of Plan

Miami Valley Hospital established the Miami Valley Hospital Employees Retirement Plan for the benefit of its employees on January 1, 1951. Prior to January 1, 1971, benefits were provided under Group Annuity Contract issued by the National Health and Welfare Retirement Association.

Effective January 1, 1976, the plan was amended and restated to comply with ERISA. Benefits provided by the plan to eligible employees include normal, early, vesting, and disability retirement benefits. The plan also provides a preretirement surviving spouse's benefit. The benefit formula is of the career average type with a different percentage applied to compensation above and below a given breakpoint.

Effective January 1, 1979, the plan was amended to update the benefit formula for future accrual, limit service to 30 years, change the normal form of benefit to a life annuity (from a three-year certain and continuous), and reduce the preretirement surviving spouse's benefit to the ERISA minimum requirement.

Effective January 1, 1980, the plan was amended to grant benefit increases for retirees prior to December 31, 1979.

Effective January 1, 1984, the plan was amended to change the breakpoints and accrual percentages in the benefit formula, change participation requirement to age 25 with one year of service, increase the early retirement age for new hires to age 55 with five years of service, and provide preretirement surviving spouse protection on a company-paid basis for employees eligible for early retirement.

Effective January 1, 1985, the plan was amended to reduce the required participation age to age 21, and to extend preretirement surviving spouse protection to all active vested participants.

As reflected in the 1986 valuation, the plan was further amended to change the benefit formula (including a change in the breakpoint definition) and provide 10-year cliff vesting for new participants. In addition, a special retirement program was offered to a small group of participants employed in the diagnostic laboratories, and an ad hoc benefit increase was granted to all retirees who retired prior to January 1, 1985.

Effective January 1, 1988, the age 60 maximum entry age restriction was eliminated. In addition, benefit accruals are required to be granted past age 65.

Effective January 1, 1989, the plan was amended to change the benefit formula to a final five-year average pay excess plan and to provide five-year cliff vesting.

Effective October 13, 1995, the lump sum payouts are based on the GATT actuarial factors.

Effective January 1, 1996, an ad hoc benefit increase was granted to all current retirees. Effective for retirements after January 1, 1996, employees who retire at or after age 60 with 10 or more years of service will receive a monthly benefit equal to \$10 times years of credited service (up to 20 years), payable until Social Security normal retirement age. In addition, Fidelity Home Health Care employees became participants of the plan as of January 1, 1996.

Effective January 1, 2003, Hipple Cancer Research Center employees became participants of the plan.

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Effective January 1, 2008, the plan was amended and restated to reflect changes in the law resulting from the Economic Growth and Tax Relief Reconciliation Act of 2001 and other legislation and regulations issued since the plan's last restatement. In addition, the plan now includes a cash balance formula applicable to post-December 31, 2007 participants and other participants who voluntarily chose to be covered under this cash balance formula.

Effective January 1, 2009, vested terminations who retire after Social Security normal retirement age will receive an actuarial increase to their benefit.

Effective December 31, 2012, the Atrium Health System Cash Balance Plan and Upper Valley Medical Center Retirement Plan were merged into the MedAmerica Health Systems Corp. Employees Retirement Plan, with the surviving plan renamed the Premier Health Partners Employees Retirement Plan.

Effective January 1, 2013, employees of Good Samaritan Hospital entered the plan and began accruing benefits under the "Good Sam Enhanced Formula." Also, employees of Upper Valley Medical Center previously receiving self-directed DC benefits entered the plan and began accruing under the 3 percent to 5 percent cash balance formula.

Effective January 1, 2018, all legacy pension participants began earning benefits under the PHP cash balance formula. Participants with the MedAmerica final average pay formula, the Upper Valley Medical Center final average pay formula, and the Good Sam enhanced formula receive an additional 2 percent pay credit for a period of three years.

A brief summary of the major plan provisions in effect on the valuation date can be found on the following pages.

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Effective Date

Original plan: January 1, 1951. Amended and completely restated on January 1, 2008.

Employees Covered

All active employees excluding interns, externs, residents, or students in a non-employee status, and any minister for whom the employer contributes to another pension plan.

Participation Requirements

All eligible employees who have attained age 21 and have completed one year of service. Employees who were participants in the plan on December 31, 1988, automatically participate in the plan on January 1, 1989. Effective January 1, 1996, Fidelity Home Health Care employees became participants of the plan. Effective January 1, 2003, Hipple Cancer Research Center employees became participants of the plan.

Normal Retirement

Eligibility

Age 65 and five years of service.

Members with at least one hour of service on or after January 1, 2008: Age 65.

Annual Benefit

Choice One Participants

The sum of (a) and (b) below multiplied by credited service after January 1, 1971:

(a) 0.90% x final average pay up to a breakpoint.

(b) 1.65% x final average pay in excess of the breakpoint.

A participant's normal retirement benefit is the accrued benefit actuarially reduced for each month commencement of benefits precedes attainment of Social Security normal retirement age.

Benefits for Choice One participants were frozen on December 31, 2017, with future benefits earned under the Choice Two formula. Choice One participants receive an additional 2% pay credit for a period of three years beginning in 2018.

OR

Choice Two Participants

Accrued pension account: A cash balance account equal to the sum of the annual cash balance credits and the accrued pension account interest. Plus, any final average pay pension accrued benefit as described above relating to pre-2008 plan participation.

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Minimum Benefit

The accrued benefit on December 31, 1988, as determined under the terms of the plan on such date.

Early Retirement

Eligibility

Participants prior to January 1, 1984: Age 50 (Not applicable for Choice Two participants).

New participants after December 31, 1983: Age 55 with five or more years of service.

Members with at least one hour of service on or after January 1, 2008: Age 55 with three years of vesting service.

Annual Benefit

Choice One Participants

The accrued benefit determined under the normal retirement benefit formula. Benefit is reduced by 1/180 for each of the first 60 months, 1/360 for each of the next 60 months, and actuarially reduced beyond 10 years by which the commencement of benefits precedes attainment of Social Security normal retirement age.

OR

Choice Two Participants

Accrued pension account, plus, any final average pay pension accrued benefit as described above relating to pre-2008 plan participation.

Disability Retirement

Eligibility

Participants prior to January 1, 1999: Permanent and total disability.

New participants after December 31, 1998: Five years of service.

Members with at least one hour of service on or after January 1, 2008: Three years of vesting service.

The disability retirement benefit has been eliminated prospectively effective January 1, 2013.

Annual Benefit

Choice One Participants

A benefit, payable at age 65, determined according to the normal retirement benefit formula and assuming pay continues at the same rate as immediately preceding disability status and assuming 1,000 hours are worked each year.

OR

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Choice Two Participants	Accrued pension account, plus, any final average pay pension accrued benefit as described above relating to pre-2008 plan participation.
Vested Deferred Retirement	
Eligibility	Three years of vesting service.
Annual Benefit	The accrued benefit determined under the normal retirement benefit formula payable at normal retirement age. All employees who were participants prior to January 1, 1976, are considered fully vested. Vested terminations can receive benefits prior to Social Security normal retirement age under the same early retirement provisions as active employees. Vested terminations who retire after Social Security normal retirement age will receive an actuarial increase to their benefit.
Preretirement Spouse's Survivor Annuity	
Eligibility	All vested participants who have not yet begun receiving benefit payments.
Annual Benefit	An annuity payable to the spouse of a participant equal to 50% of the accrued benefit that would have been payable had the participants retired immediately preceding death. This benefit protection is paid for by the company for all active employees. Vested terminations must pay for this protection in the form of a benefit reduction for those years in which the coverage was in effect. Beneficiaries of married Choice Two participants may elect an immediate lump sum equal to the value of the accrued pension account. Beneficiaries of single Choice Two participants will automatically be paid an immediate lump sum equal to the value of the accrued pension account.
Supplemental Early Retirement Benefit	
Eligibility	Choice One participants who are age 60 with 10 or more years of vesting service.
Benefit	A benefit, payable until Social Security normal retirement age, equal to \$10 times years of credited service (up to 20 years).

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Normal Form of Retirement Benefits

Single life annuity. For married participants, the benefit is payable, on a reduced basis, as a 50% joint and survivor annuity, unless elected otherwise.

Optional Form of Retirement Benefits

100%, 75%, and 50% contingent annuitant option; life income with a 180-month, 120-month, or 60-month payment guarantee; and level income option.

Source of Contributions

100% employer-paid since January 1, 1976.

Definitions

Actuarial Equivalence

Based of the RP2000 mortality table, projected to 2015 using Scale AA, weighted 15% male, and a 7% interest rate.

Annual Cash Balance Credits

For each calendar year beginning on or after January 1, 2008, in which a person is a Choice Two participant and earns a year of benefit service, his accrued pension account shall be credited with a cash balance credit determined as follows:

Years of Benefit Service	Annual Cash Balance Credit
0 – 5	2.0% of compensation
6 – 10	2.5% of compensation
11 – 15	3.0% of compensation
16 – 20	4.0% of compensation
21 – 25	5.0% of compensation
26+	6.0% of compensation

Credits are to be made at the earlier of the last day of the plan year or severance from service.

Accrued Pension Account Interest

The interest percentage earned on the accrued pension account. The annual interest rate shall be the rate of interest on 10-year Treasury securities for the month of August preceding the plan year as of which the interest is being credited (at least 4.01%).

Compensation

W-2 pay plus elective deferrals less reimbursements or other expense allowances.

Choice One Participant

Participant who is covered under the “final average pay” (FAP) benefit formula.

Choice Two Participant

Participant who is covered under the cash balance formula.

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Final Average Pay	Monthly average of a participant's compensation for the period of the five consecutive calendar years during which he received the largest total amount of compensation within the 10 (15, after 2007) complete calendar years preceding his termination of employment. For Choice Two participants, final average pay is determined immediately prior to the date on which the participant becomes a Choice Two participant.
Breakpoint	The average of the Social Security maximum taxable wage bases for the 35-year period ending with the year in which the participant attains Social Security normal retirement age.
Social Security Normal Retirement Age	The age used as the retirement age under Section 216(l) of the Social Security Act, except that such shall be applied: • Without regard to the age increase factor; and • As if the early retirement age under Section 216(l) of the Social Security Act were 62.
Hour of Service	One hour for each hour for which an employee is paid for the performance of duties for the employer; plus one hour for each hour for which no duties are performed due to vacation holiday, illness, disability, layoff, jury duty, military duty, or leave of absence.
Vesting Service	Vesting service prior to January 1, 1976, plus one year for each year the employee has completed 1,000 hours of service. Partial year's credit can be earned in the year of hire or termination.
Credited Service	Computed on the same basis as vesting service but limited to a maximum of 30 years before December 31, 2007. After December 31, 2007, a member shall not earn credited service during any period of time that the member is a Choice Two participant.
Benefit Service	Service used to determine the amount of the cash balance credits. Pre-2008 benefit service is equal to the years and partial years of credited service the member had as of December 31, 2007. Post-2007 benefit service is granted for each plan year in which a member completes 1,000 hours of service. Service is not granted during periods of disability.

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Accumulation of Employee Contributions	Effective January 1, 1986, employee contributions are accumulated at a rate of 8% per year. Effective January 1, 1988, employee contributions are accumulated at 120% of Federal mid-term rate for each plan year.
Member	Any current or former participant who is receiving or is entitled to receive benefits under this plan.
Plan Year	January 1 to December 31.

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Atrium Medical Center

Effective Date and Plan Year

Original plan: January 1, 1998 (for restated plan).

Restated plan: January 1, 2008.

Plan year: January 1, through December 31.

Status of the Plan

The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.

Definitions

Covered Employees

A person who is eligible to be a participant in the plan if and after he meets all of the participation requirements.

Participation

All covered employees of the employer are eligible to participate in the plan on the first day of the month following completion of one year of service, but after attainment of age 21.

Employee Contributions

None.

Vesting Service

An employee shall receive one year of vesting service for each calendar year that he or she is credited with at least 832 hours of service (1,000 hours if hired after January 1, 2006 or if employee participates in the new plan benefit).

Credited Service

An employee shall receive one year of credited service for each calendar year that he or she is credited with at least 832 hours of service (1,000 hours if hired after January 1, 2006 or if employee participates in the new plan benefit). If an employee participates in the new plan, then they must be a participant to receive credited service.

Pensionable Earnings

Total annual earnings as shown in box 1 of IRS Form W-2 (excluding sign-on or referral bonuses, reimbursements, fringe benefits, moving expenses, deferred compensation, welfare benefits and severance pay) plus amounts considered elective contributions that are not included in federal income tax purposes under IRS Code sections 125, 402(e)(3), 402(h), and/or 132(f)(4).

Accrued Benefit

Actuarial equivalent of cash balance account at normal retirement. This cannot be less than the actuarially equivalent value of the December 31, 1997, accrued benefit under the prior plan.

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Normal Retirement

Eligibility

The first day of the month coincident with or immediately following the member's sixty-fifth birthday.

Old Plan Benefit

Initial account balance: The account balance of any participant of the prior plan will be credited with an amount equal to the actuarial equivalent of the participant's prior plan benefit based on the accrued benefit determined under the terms of the plan in effect on December 31, 1997.

Service credits: The service credit is equal to 3% of compensation for plan years in which a participant earns 832 hours of service (1,000 hours after January 1, 2006 or if the employee participates in the new plan benefit).

Interest credit: As of the last day of each plan year, a participant's pre-2003 account balance will be credited with interest equal to the product of the participant's pre-2003 account balance multiplied by the average of the 30 year U.S. Treasury bill yield during November of the previous year and the participant's post-2002 account balance will be credited with interest equal to the product of the participant's post-2002 account balance multiplied by the average of the one year U.S. Treasury bill yield during August of the previous year.

Benefits for participants with the old plan benefit were frozen on December 31, 2017, with future benefits earned under the MedAmerica Choice Two formula.

New Plan Benefit

On January 1, 2008 all active participants were given the option to stay with the Old Plan formula or switch to the New Plan formula. For those that elected to switch, the Old Plan benefit would receive no additional service credits. Their future accruals under the New Plan are detailed below. All new participants on or after January 1, 2008 will be placed in the new plan.

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Service credits: The service credit is equal to the percentage of compensation detailed in the table below for plan years in which a participant earns 1,000 hours of service.

Years of Service	Contribution Percentage
1 – 5	2.0%
6 – 10	2.5%
11 – 15	3.0%
16 – 20	4.0%
21 – 25	5.0%
26+	6.0%

Interest credit: As of the last day of each plan year, a participant's account balance will be credited with interest equal to the interest on 10-year Treasury securities for the month of August preceding the plan year as of which the interest is being credited (at least 4.01%).

Benefits for participants with the new plan benefit were frozen on December 31, 2017, with future benefits earned under the MedAmerica Choice Two formula.

Early Retirement

Eligibility

First day of the month following age 55 and three years of vesting service.

Benefit

Account balance as defined for normal retirement, with accruals through the early retirement date.

Late Retirement

Eligibility

The first day of the month subsequent to the member's normal retirement date and following actual termination of employment.

Benefit

The account balance as defined for normal retirement, with accruals through the late retirement date.

Deferred Vested

Eligibility

Completion of three years of vesting service.

Benefit

Account balance as defined for normal retirement, with accruals through the date of termination. Interest Credits are credited to the account balance up until the balance is distributed.

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Disability

Eligibility	Based on determination of total and permanent disability with three years of vesting service.
Benefit	Account balance as defined for normal retirement, with accruals through the date of disability. Interest credits are credited to the account balance up until the balance is distributed.

Preretirement Death

Eligibility	If a member dies after becoming vested, but before retiring, his surviving spouse or beneficiary is entitled to a preretirement death benefit.
Benefit	A one-time payment equal to the participant's cash balance account. A surviving spouse also has the option of receiving a life only monthly benefit that is actuarially equivalent to the participant's cash balance as of the date of death.

Form of Benefits

Automatic Form for Unmarried Participants	Single life annuity.
Automatic Form for Married Participants	Actuarially reduced joint and 50% survivor annuity.
Option Forms	Life only Life and 5 years certain; Life and 10 years certain; Life and 15 years certain; Joint and 50% survivor; Joint and 75% survivor; Joint and 100% survivor; Level income; Lump sum.
Optional Form Conversion Factors	Lump sum or level income forms: Segment interest rates and mortality as described in IRC section 417(e) applicable to the current calendar year with interest rates as of the fifth calendar month preceding the calendar year. Other annuity forms: RP-2000 mortality table projected to 2015 weighted 15% male 85% female and 7% interest.

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Upper Valley Medical Center (Prior DB Plan)

Effective Date	January 1, 1987, last amended and restated effective January 1, 2008, last amended effective January 1, 2009.
Plan Year	The 12-month period beginning each January 1.
Participation	Any employee who has completed one year of vesting service and has attained age 21 shall be eligible to participate on the following January 1 or July 1. Effective March 1, 2001, no new participants are permitted in this plan. Each participant age 40 or older as of January 1, 2001, who affirmatively elected to continue participation under this plan continues to accrue benefits under this plan. Each other participant had their accrued benefit under this plan frozen as of March 1, 2001, with such benefit based on average monthly compensation and benefit service as of March 1, 2001. If any former employee or former participant is re-employed by the company on or after March 1, 2001, such re-employed employee may not participant in this plan upon re-employment.
Compensation	Total compensation for the calendar year as limited by IRC section 415(c)(3) including modifications by IRC sections 403(b), 401(k), 132(f)(4), 125, 402(h), and 457(b).
Annualized Compensation	Compensation for purposes of calculating the average monthly compensation shall be annualized on a 2,080-hour basis. Hours for this purpose include hours actually worked, but not on-call hours or any other hours during which the employee is not actually working, such as hours credited for a leave of absence or excused on census hours.
Average Monthly Compensation	1/60th of annualized compensation for the highest five consecutive years of employment out of the last 10 years of employment. Such 10-year period shall end with the last plan year preceding the plan year in which the employee terminates employment.
Vesting Service	One year of vesting service is earned for each plan year in which 1,000 hours are worked. All hours of service are included for this purpose.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Premier Health Partners Employees Retirement Plan
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Benefit Service

For each plan year, benefit service is credited based on hours of service according to the following table:

Hours in Plan Year	Credit
Less than 1,000	0.0
1,000 – 1,199	0.6
1,200 – 1,399	0.7
1,400 – 1,599	0.8
1,600 – 1,799	0.9
1,800 or more	1.0

For each plan year for which hours of service is less than 1,000, and only a partial plan year is worked, benefit service is credited based on hours of service according to the following table:

Hours in Partial Plan Year	Credit
Less than 200	0.0
200 – 399	0.1
400 – 599	0.2
600 – 799	0.3
800 – 999	0.4

Hours for this purpose include up to 500 hours each of hours credited because of excused on census or approved leave of absence.

Accrued Benefit

A monthly life annuity starting at age 65 equal to 1.0% of average monthly compensation multiplied by the number of years of benefit service.

Benefits were frozen on December 31, 2017, with future benefits earned under the MedAmerica Choice Two formula. Participants receive an additional 2% pay credit for a period of three years beginning in 2018.

Normal Retirement Benefit

Eligibility

Age 65.

Monthly Benefit

The accrued benefit.

Early Retirement Benefit

Eligibility

Age 55 and five years of vesting service. Dettmer participants prior to December 31, 1986 are eligible at age 50 and 10 years of vesting service.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Premier Health Partners Employees Retirement Plan
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Monthly Benefit

The accrued benefit at normal retirement, or early retirement reduced by 5/9 of 1% for each of the first 60 months and by 5/18 of 1% for each of the next 120 months that early retirement date precedes normal retirement.

Late Retirement Benefit

Eligibility

Any age after normal retirement age.

Monthly Benefit

The accrued benefit.

Disability Retirement Benefit

Eligibility

Completion of five years of vesting service and permanent and total disability at any age.

Monthly Benefit

The accrued benefit as of date of disability payable at normal retirement, or a reduced amount at early retirement.

Termination Benefit

Eligibility

Upon termination of employment prior to retirement after completion of at least five years of vesting service.

Monthly Benefit

The vested benefit commences in full at age 65, or in a reduced amount under the early retirement provisions.

Death Benefit

Eligibility

100% vested and married for at least one year.

Monthly Benefit

A monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 50% joint and survivor annuity form of payment.

Optional Forms of Payments

Life annuity;
Joint and survivor with 50%, 66 $\frac{2}{3}$ %, 75%, or 100% continuation;
5-year or 10-year certain and continuous.

The conversion factors are based on the 1984 Unisex Pension table and 7.50% interest.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Premier Health Partners Employees Retirement Plan
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Benefits Available as Lump Sums

This plan pays small benefit amounts (less than \$1,000) automatically, and participants can elect a lump sum if the lump sum value is between \$1,000 and \$5,000. Lump sums over \$5,000 are not available.

The conversion factors used to calculate lump sums are based on the applicable mortality and applicable interest rates per IRC section 417(e).

Schedule SB Attachment (Form 5500) —2024 Plan Year
Premier Health Partners Employees Retirement Plan
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Upper Valley Medical Center (Prior DC Participants)

Participation

Employees of Upper Valley Medical Center receiving self-directed DC benefits became eligible to participate in the plan effective January 1, 2013.

Benefit

Participants receive benefits similar to the cash balance formula for MedAmerica, except that annual cash balance credits are based on the following table:

Years of Benefit Service	Annual Cash Balance Credit
0 – 4	3.0% of compensation
5 – 9	4.0% of compensation
10+	5.0% of compensation

Interest credit: The interest percentage earned on the cash balance account. The annual interest rate shall be the rate of interest on 10-year Treasury securities for the month of August preceding the plan year as of which the interest is being earned (at least 3.79%).

Benefits were frozen on December 31, 2017, with future benefits earned under the MedAmerica Choice Two formula.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Good Samaritan Hospital

Participation

Employees of Good Samaritan Hospital became eligible to participate the plan effective January 1, 2013.

Benefit

Participants receive benefits similar to the cash balance formula for MedAmerica, except that annual cash balance credits are based on the following table:

Years of Benefit Service	Annual Cash Balance Credit
0 – 5	5.0% of compensation
6 – 10	6.0% of compensation
11 – 15	7.5% of compensation
16+	10.0 of compensation

Interest credit: The interest percentage earned on the cash balance account. The annual interest rate shall be the rate of interest on 5-year Treasury securities for the month of August preceding the plan year as of which the interest is being earned (at least 3.79%).

Plan Changes Since the Prior Year

The funding, financial accounting, and plan reporting valuations reflect the following plan change since the prior year:

- A change in the mortality basis for lump sum payments from the 2023 plan year IRC section 417(e)(3) mortality table to the 2024 plan year IRC section 417(e)(3) mortality table.
- The plan was amended effective July 17, 2024 to transfer assets and liabilities to an insurer to provide the pension annuity for participants in payment status of April 1, 2024 with certain limited exceptions.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Premier Health Partners Employees Retirement Plan
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Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- The expected return on assets was updated from 7.67 percent to 7.40 percent.
- A change in the cash balance interest crediting rates to reflect actual rates for 2024 and anticipated future rates.
- A change in the active retirement rates to better reflect anticipated plan experience.
- A change in assumed retirement for terminated vested participants from age 62 to retirement rates to better reflect anticipated plan experience.
- A change in the withdrawal rates to better reflect anticipated plan experience.
- A change in the assumed pay increases to better reflect anticipated plan experience.
- A change in optional payment form election percentages to better reflect anticipated plan experience.

The non-prescribed changes were made to better reflect the anticipated plan experience. These changes did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Premier Health Partners Employees Retirement Plan
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Schedule SB, line 26a — Schedule of Active Participant Data
as of January 1, 2024

Number of Participants, Average Compensation, and Average Cash Balance

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	50	361								
	\$34,655	\$55,177								
	\$12	\$1,440								
25-29	54	795	156	1						
	\$47,874	\$64,385	\$65,617							
	\$210	\$2,649	\$7,087							
30-34	53	492	432	78	1					
	\$57,190	\$70,284	\$72,746	\$82,961						
	\$431	\$3,294	\$9,658	\$17,746						
35-39	45	441	375	262	89	1				
	\$37,687	\$87,491	\$86,322	\$82,425	\$88,215					
	\$271	\$3,859	\$11,974	\$20,509	\$27,813					
40-44	35	350	306	208	167	79	5			
	\$44,901	\$82,894	\$88,381	\$91,388	\$96,629	\$95,685				
	\$313	\$3,826	\$12,369	\$22,352	\$35,346	\$42,668				
45-49	29	242	210	161	139	139	61	2		
	\$54,247	\$80,648	\$103,283	\$100,216	\$90,435	\$101,862	\$89,600			
	\$801	\$3,963	\$14,502	\$27,696	\$33,257	\$47,711	\$51,070			
50-54	31	218	214	168	121	149	122	54	5	
	\$60,016	\$70,553	\$79,468	\$107,305	\$96,909	\$97,728	\$100,487	\$90,331		
	\$713	\$3,139	\$11,562	\$27,359	\$32,516	\$45,362	\$52,523	\$57,153		
55-59	23	166	151	137	132	133	125	94	64	
	\$33,363	\$79,289	\$82,241	\$91,022	\$99,265	\$88,729	\$97,033	\$95,950	\$94,636	
	\$265	\$4,230	\$12,448	\$23,935	\$34,838	\$42,653	\$51,902	\$58,730	\$59,836	
60-64	9	134	128	123	113	179	126	72	90	54
		\$79,041	\$79,765	\$94,321	\$76,310	\$75,209	\$97,091	\$98,220	\$92,542	\$82,021
		\$4,047	\$11,484	\$25,550	\$30,299	\$36,799	\$48,874	\$62,395	\$64,304	\$51,601
65-69	11	62	45	44	48	66	43	28	19	43
		\$76,571	\$97,311	\$73,595	\$80,903	\$70,821	\$99,800	\$92,754		\$79,901
		\$2,965	\$13,812	\$19,177	\$29,106	\$33,157	\$49,352	\$50,983		\$53,313
70+	8	19	24	18	11	15	4	4		6
			\$105,990							
			\$13,811							

N-9,472

Schedule SB Attachment (Form 5500) —2024 Plan Year
Premier Health Partners Employees Retirement Plan
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Schedule SB, line 26b — Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	8,251,678	8,749,850	28,415,063	45,416,591
2025	9,281,119	7,766,776	27,660,412	44,708,307
2026	15,475,707	8,136,788	27,000,005	50,612,500
2027	16,495,106	8,376,166	26,329,223	51,200,495
2028	16,815,889	8,595,164	25,625,264	51,036,317
2029	18,017,788	8,884,554	24,879,103	51,781,445
2030	17,931,506	9,117,670	24,091,481	51,140,657
2031	18,571,143	9,355,671	23,290,502	51,217,316
2032	18,415,685	9,581,529	22,423,311	50,420,525
2033	19,256,042	9,654,867	21,522,193	50,433,102
2034	19,133,768	9,790,319	20,593,127	49,517,214
2035	19,356,625	9,907,142	19,616,699	48,880,466
2036	19,966,062	9,990,733	18,576,286	48,533,081
2037	19,942,852	10,059,606	17,513,569	47,516,027
2038	19,565,132	10,116,364	16,417,208	46,098,704
2039	19,709,472	10,179,112	15,311,310	45,199,894
2040	20,242,783	10,141,055	14,202,364	44,586,202
2041	19,025,041	10,129,485	13,084,145	42,238,671
2042	19,512,673	10,100,848	11,964,935	41,578,456
2043	19,856,485	9,986,447	10,853,964	40,696,896
2044	20,629,890	9,880,178	9,761,291	40,271,359
2045	20,581,120	9,706,111	8,697,636	38,984,867
2046	20,059,772	9,466,671	7,673,951	37,200,394
2047	19,866,788	9,170,455	6,700,889	35,738,132
2048	20,735,717	8,869,087	5,788,155	35,392,959
2049	18,578,168	8,469,432	4,943,960	31,991,560
2050	19,705,221	8,060,839	4,174,521	31,940,581
2051	19,820,376	7,565,167	3,483,641	30,869,184
2052	18,815,138	7,078,495	2,872,720	28,766,353
2053	17,930,096	6,538,282	2,340,825	26,809,203
2054	15,794,987	6,019,923	1,884,923	23,699,833
2055	14,747,835	5,459,532	1,500,284	21,707,651
2056	13,725,758	4,957,657	1,180,853	19,864,268
2057	12,651,472	4,429,438	919,707	18,000,617
2058	11,219,270	3,996,375	709,519	15,925,164

Schedule SB Attachment (Form 5500) —2024 Plan Year
Premier Health Partners Employees Retirement Plan
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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	10,506,833	3,543,801	542,903	14,593,537
2060	9,146,217	3,142,062	412,751	12,701,030
2061	7,895,339	2,757,327	312,487	10,965,153
2062	7,606,756	2,421,357	236,221	10,264,334
2063	6,077,135	2,122,583	178,858	8,378,576
2064	5,173,600	1,853,677	136,118	7,163,395
2065	4,218,815	1,612,363	104,502	5,935,680
2066	3,341,192	1,402,526	81,221	4,824,939
2067	2,648,401	1,224,403	64,102	3,936,906
2068	2,149,526	1,061,004	51,483	3,262,013
2069	1,829,711	917,966	42,114	2,789,791
2070	1,578,213	793,718	35,068	2,406,999
2071	1,352,162	684,547	29,667	2,066,376
2072	1,149,850	584,914	25,426	1,760,190
2073	969,834	496,725	21,999	1,488,558

Schedule SB Attachment (Form 5500) —2024 Plan Year
Premier Health Partners Employees Retirement Plan
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Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 80,722,275	January 1, 2023	14	\$ 7,704,358
Shortfall	\$ (20,722,959)	January 1, 2024	15	\$ (1,885,382)

Schedule SB Attachment (Form 5500) —2024 Plan Year
Premier Health Partners Employees Retirement Plan
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Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Days to Discount to 1/1/2024 at 5.15%	Interest Adjusted Contribution
July 31, 2025	\$ 25,000,000	577	\$ 23,095,277
Total Contribution	\$ 25,000,000		\$ 23,095,277

Schedule SB Attachment (Form 5500) —2024 Plan Year
Premier Health Partners Employees Retirement Plan
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Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
55	7.00%	1.0000	3.85
56	7.00%	0.9300	3.65
57	7.00%	0.8649	3.45
58	7.00%	0.8044	3.27
59	7.00%	0.7481	3.09
60	9.00%	0.6957	3.76
61	12.00%	0.6331	4.63
62	15.00%	0.5571	5.18
63	15.00%	0.4735	4.47
64	25.00%	0.4025	6.44
65	32.00%	0.3019	6.28
66	35.00%	0.2053	4.74
67	35.00%	0.1334	3.13
68	35.00%	0.0867	2.06
69	35.00%	0.0564	1.36
70	100.00%	0.0366	2.57
Weighted Average			61.93

Schedule SB Attachment (Form 5500) —2024 Plan Year
Premier Health Partners Employees Retirement Plan
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Schedule SB, line 26b — Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	8,251,678	8,749,850	28,415,063	45,416,591
2025	9,281,119	7,766,776	27,660,412	44,708,307
2026	15,475,707	8,136,788	27,000,005	50,612,500
2027	16,495,106	8,376,166	26,329,223	51,200,495
2028	16,815,889	8,595,164	25,625,264	51,036,317
2029	18,017,788	8,884,554	24,879,103	51,781,445
2030	17,931,506	9,117,670	24,091,481	51,140,657
2031	18,571,143	9,355,671	23,290,502	51,217,316
2032	18,415,685	9,581,529	22,423,311	50,420,525
2033	19,256,042	9,654,867	21,522,193	50,433,102
2034	19,133,768	9,790,319	20,593,127	49,517,214
2035	19,356,625	9,907,142	19,616,699	48,880,466
2036	19,966,062	9,990,733	18,576,286	48,533,081
2037	19,942,852	10,059,606	17,513,569	47,516,027
2038	19,565,132	10,116,364	16,417,208	46,098,704
2039	19,709,472	10,179,112	15,311,310	45,199,894
2040	20,242,783	10,141,055	14,202,364	44,586,202
2041	19,025,041	10,129,485	13,084,145	42,238,671
2042	19,512,673	10,100,848	11,964,935	41,578,456
2043	19,856,485	9,986,447	10,853,964	40,696,896
2044	20,629,890	9,880,178	9,761,291	40,271,359
2045	20,581,120	9,706,111	8,697,636	38,984,867
2046	20,059,772	9,466,671	7,673,951	37,200,394
2047	19,866,788	9,170,455	6,700,889	35,738,132
2048	20,735,717	8,869,087	5,788,155	35,392,959
2049	18,578,168	8,469,432	4,943,960	31,991,560
2050	19,705,221	8,060,839	4,174,521	31,940,581
2051	19,820,376	7,565,167	3,483,641	30,869,184
2052	18,815,138	7,078,495	2,872,720	28,766,353
2053	17,930,096	6,538,282	2,340,825	26,809,203
2054	15,794,987	6,019,923	1,884,923	23,699,833
2055	14,747,835	5,459,532	1,500,284	21,707,651
2056	13,725,758	4,957,657	1,180,853	19,864,268
2057	12,651,472	4,429,438	919,707	18,000,617
2058	11,219,270	3,996,375	709,519	15,925,164

Schedule SB Attachment (Form 5500) —2024 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	10,506,833	3,543,801	542,903	14,593,537
2060	9,146,217	3,142,062	412,751	12,701,030
2061	7,895,339	2,757,327	312,487	10,965,153
2062	7,606,756	2,421,357	236,221	10,264,334
2063	6,077,135	2,122,583	178,858	8,378,576
2064	5,173,600	1,853,677	136,118	7,163,395
2065	4,218,815	1,612,363	104,502	5,935,680
2066	3,341,192	1,402,526	81,221	4,824,939
2067	2,648,401	1,224,403	64,102	3,936,906
2068	2,149,526	1,061,004	51,483	3,262,013
2069	1,829,711	917,966	42,114	2,789,791
2070	1,578,213	793,718	35,068	2,406,999
2071	1,352,162	684,547	29,667	2,066,376
2072	1,149,850	584,914	25,426	1,760,190
2073	969,834	496,725	21,999	1,488,558

Schedule SB Attachment (Form 5500) —2024 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Schedule SB, Part V — Summary of Plan Provisions

Med America

History of Plan

Miami Valley Hospital established the Miami Valley Hospital Employees Retirement Plan for the benefit of its employees on January 1, 1951. Prior to January 1, 1971, benefits were provided under Group Annuity Contract issued by the National Health and Welfare Retirement Association.

Effective January 1, 1976, the plan was amended and restated to comply with ERISA. Benefits provided by the plan to eligible employees include normal, early, vesting, and disability retirement benefits. The plan also provides a preretirement surviving spouse's benefit. The benefit formula is of the career average type with a different percentage applied to compensation above and below a given breakpoint.

Effective January 1, 1979, the plan was amended to update the benefit formula for future accrual, limit service to 30 years, change the normal form of benefit to a life annuity (from a three-year certain and continuous), and reduce the preretirement surviving spouse's benefit to the ERISA minimum requirement.

Effective January 1, 1980, the plan was amended to grant benefit increases for retirees prior to December 31, 1979.

Effective January 1, 1984, the plan was amended to change the breakpoints and accrual percentages in the benefit formula, change participation requirement to age 25 with one year of service, increase the early retirement age for new hires to age 55 with five years of service, and provide preretirement surviving spouse protection on a company-paid basis for employees eligible for early retirement.

Effective January 1, 1985, the plan was amended to reduce the required participation age to age 21, and to extend preretirement surviving spouse protection to all active vested participants.

As reflected in the 1986 valuation, the plan was further amended to change the benefit formula (including a change in the breakpoint definition) and provide 10-year cliff vesting for new participants. In addition, a special retirement program was offered to a small group of participants employed in the diagnostic laboratories, and an ad hoc benefit increase was granted to all retirees who retired prior to January 1, 1985.

Effective January 1, 1988, the age 60 maximum entry age restriction was eliminated. In addition, benefit accruals are required to be granted past age 65.

Effective January 1, 1989, the plan was amended to change the benefit formula to a final five-year average pay excess plan and to provide five-year cliff vesting.

Effective October 13, 1995, the lump sum payouts are based on the GATT actuarial factors.

Effective January 1, 1996, an ad hoc benefit increase was granted to all current retirees. Effective for retirements after January 1, 1996, employees who retire at or after age 60 with 10 or more years of service will receive a monthly benefit equal to \$10 times years of credited service (up to 20 years), payable until Social Security normal retirement age. In addition, Fidelity Home Health Care employees became participants of the plan as of January 1, 1996.

Effective January 1, 2003, Hipple Cancer Research Center employees became participants of the plan.

Schedule SB Attachment (Form 5500) —2024 Plan Year

Premier Health Partners Employees Retirement Plan

EIN: 311446699 PN: 001

Effective January 1, 2008, the plan was amended and restated to reflect changes in the law resulting from the Economic Growth and Tax Relief Reconciliation Act of 2001 and other legislation and regulations issued since the plan's last restatement. In addition, the plan now includes a cash balance formula applicable to post-December 31, 2007 participants and other participants who voluntarily chose to be covered under this cash balance formula.

Effective January 1, 2009, vested terminations who retire after Social Security normal retirement age will receive an actuarial increase to their benefit.

Effective December 31, 2012, the Atrium Health System Cash Balance Plan and Upper Valley Medical Center Retirement Plan were merged into the MedAmerica Health Systems Corp. Employees Retirement Plan, with the surviving plan renamed the Premier Health Partners Employees Retirement Plan.

Effective January 1, 2013, employees of Good Samaritan Hospital entered the plan and began accruing benefits under the "Good Sam Enhanced Formula." Also, employees of Upper Valley Medical Center previously receiving self-directed DC benefits entered the plan and began accruing under the 3 percent to 5 percent cash balance formula.

Effective January 1, 2018, all legacy pension participants began earning benefits under the PHP cash balance formula. Participants with the MedAmerica final average pay formula, the Upper Valley Medical Center final average pay formula, and the Good Sam enhanced formula receive an additional 2 percent pay credit for a period of three years.

A brief summary of the major plan provisions in effect on the valuation date can be found on the following pages.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Effective Date

Original plan: January 1, 1951. Amended and completely restated on January 1, 2008.

Employees Covered

All active employees excluding interns, externs, residents, or students in a non-employee status, and any minister for whom the employer contributes to another pension plan.

Participation Requirements

All eligible employees who have attained age 21 and have completed one year of service. Employees who were participants in the plan on December 31, 1988, automatically participate in the plan on January 1, 1989. Effective January 1, 1996, Fidelity Home Health Care employees became participants of the plan. Effective January 1, 2003, Hipple Cancer Research Center employees became participants of the plan.

Normal Retirement

Eligibility

Age 65 and five years of service.

Members with at least one hour of service on or after January 1, 2008: Age 65.

Annual Benefit

Choice One Participants

The sum of (a) and (b) below multiplied by credited service after January 1, 1971:

(a) 0.90% x final average pay up to a breakpoint.

(b) 1.65% x final average pay in excess of the breakpoint.

A participant's normal retirement benefit is the accrued benefit actuarially reduced for each month commencement of benefits precedes attainment of Social Security normal retirement age.

Benefits for Choice One participants were frozen on December 31, 2017, with future benefits earned under the Choice Two formula. Choice One participants receive an additional 2% pay credit for a period of three years beginning in 2018.

OR

Choice Two Participants

Accrued pension account: A cash balance account equal to the sum of the annual cash balance credits and the accrued pension account interest. Plus, any final average pay pension accrued benefit as described above relating to pre-2008 plan participation.

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Minimum Benefit

The accrued benefit on December 31, 1988, as determined under the terms of the plan on such date.

Early Retirement

Eligibility

Participants prior to January 1, 1984: Age 50 (Not applicable for Choice Two participants).

New participants after December 31, 1983: Age 55 with five or more years of service.

Members with at least one hour of service on or after January 1, 2008: Age 55 with three years of vesting service.

Annual Benefit

Choice One Participants

The accrued benefit determined under the normal retirement benefit formula. Benefit is reduced by 1/180 for each of the first 60 months, 1/360 for each of the next 60 months, and actuarially reduced beyond 10 years by which the commencement of benefits precedes attainment of Social Security normal retirement age.

OR

Choice Two Participants

Accrued pension account, plus, any final average pay pension accrued benefit as described above relating to pre-2008 plan participation.

Disability Retirement

Eligibility

Participants prior to January 1, 1999: Permanent and total disability.

New participants after December 31, 1998: Five years of service.

Members with at least one hour of service on or after January 1, 2008: Three years of vesting service.

The disability retirement benefit has been eliminated prospectively effective January 1, 2013.

Annual Benefit

Choice One Participants

A benefit, payable at age 65, determined according to the normal retirement benefit formula and assuming pay continues at the same rate as immediately preceding disability status and assuming 1,000 hours are worked each year.

OR

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Choice Two Participants	Accrued pension account, plus, any final average pay pension accrued benefit as described above relating to pre-2008 plan participation.
Vested Deferred Retirement	
Eligibility	Three years of vesting service.
Annual Benefit	The accrued benefit determined under the normal retirement benefit formula payable at normal retirement age. All employees who were participants prior to January 1, 1976, are considered fully vested. Vested terminations can receive benefits prior to Social Security normal retirement age under the same early retirement provisions as active employees. Vested terminations who retire after Social Security normal retirement age will receive an actuarial increase to their benefit.
Preretirement Spouse's Survivor Annuity	
Eligibility	All vested participants who have not yet begun receiving benefit payments.
Annual Benefit	An annuity payable to the spouse of a participant equal to 50% of the accrued benefit that would have been payable had the participants retired immediately preceding death. This benefit protection is paid for by the company for all active employees. Vested terminations must pay for this protection in the form of a benefit reduction for those years in which the coverage was in effect. Beneficiaries of married Choice Two participants may elect an immediate lump sum equal to the value of the accrued pension account. Beneficiaries of single Choice Two participants will automatically be paid an immediate lump sum equal to the value of the accrued pension account.
Supplemental Early Retirement Benefit	
Eligibility	Choice One participants who are age 60 with 10 or more years of vesting service.
Benefit	A benefit, payable until Social Security normal retirement age, equal to \$10 times years of credited service (up to 20 years).

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Normal Form of Retirement Benefits

Single life annuity. For married participants, the benefit is payable, on a reduced basis, as a 50% joint and survivor annuity, unless elected otherwise.

Optional Form of Retirement Benefits

100%, 75%, and 50% contingent annuitant option; life income with a 180-month, 120-month, or 60-month payment guarantee; and level income option.

Source of Contributions

100% employer-paid since January 1, 1976.

Definitions

Actuarial Equivalence

Based of the RP2000 mortality table, projected to 2015 using Scale AA, weighted 15% male, and a 7% interest rate.

Annual Cash Balance Credits

For each calendar year beginning on or after January 1, 2008, in which a person is a Choice Two participant and earns a year of benefit service, his accrued pension account shall be credited with a cash balance credit determined as follows:

Years of Benefit Service	Annual Cash Balance Credit
0 – 5	2.0% of compensation
6 – 10	2.5% of compensation
11 – 15	3.0% of compensation
16 – 20	4.0% of compensation
21 – 25	5.0% of compensation
26+	6.0% of compensation

Credits are to be made at the earlier of the last day of the plan year or severance from service.

Accrued Pension Account Interest

The interest percentage earned on the accrued pension account. The annual interest rate shall be the rate of interest on 10-year Treasury securities for the month of August preceding the plan year as of which the interest is being credited (at least 4.01%).

Compensation

W-2 pay plus elective deferrals less reimbursements or other expense allowances.

Choice One Participant

Participant who is covered under the “final average pay” (FAP) benefit formula.

Choice Two Participant

Participant who is covered under the cash balance formula.

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Final Average Pay	Monthly average of a participant's compensation for the period of the five consecutive calendar years during which he received the largest total amount of compensation within the 10 (15, after 2007) complete calendar years preceding his termination of employment. For Choice Two participants, final average pay is determined immediately prior to the date on which the participant becomes a Choice Two participant.
Breakpoint	The average of the Social Security maximum taxable wage bases for the 35-year period ending with the year in which the participant attains Social Security normal retirement age.
Social Security Normal Retirement Age	The age used as the retirement age under Section 216(l) of the Social Security Act, except that such shall be applied: • Without regard to the age increase factor; and • As if the early retirement age under Section 216(l) of the Social Security Act were 62.
Hour of Service	One hour for each hour for which an employee is paid for the performance of duties for the employer; plus one hour for each hour for which no duties are performed due to vacation holiday, illness, disability, layoff, jury duty, military duty, or leave of absence.
Vesting Service	Vesting service prior to January 1, 1976, plus one year for each year the employee has completed 1,000 hours of service. Partial year's credit can be earned in the year of hire or termination.
Credited Service	Computed on the same basis as vesting service but limited to a maximum of 30 years before December 31, 2007. After December 31, 2007, a member shall not earn credited service during any period of time that the member is a Choice Two participant.
Benefit Service	Service used to determine the amount of the cash balance credits. Pre-2008 benefit service is equal to the years and partial years of credited service the member had as of December 31, 2007. Post-2007 benefit service is granted for each plan year in which a member completes 1,000 hours of service. Service is not granted during periods of disability.

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Accumulation of Employee Contributions	Effective January 1, 1986, employee contributions are accumulated at a rate of 8% per year. Effective January 1, 1988, employee contributions are accumulated at 120% of Federal mid-term rate for each plan year.
Member	Any current or former participant who is receiving or is entitled to receive benefits under this plan.
Plan Year	January 1 to December 31.

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Atrium Medical Center

Effective Date and Plan Year

Original plan: January 1, 1998 (for restated plan).

Restated plan: January 1, 2008.

Plan year: January 1, through December 31.

Status of the Plan

The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.

Definitions

Covered Employees

A person who is eligible to be a participant in the plan if and after he meets all of the participation requirements.

Participation

All covered employees of the employer are eligible to participate in the plan on the first day of the month following completion of one year of service, but after attainment of age 21.

Employee Contributions

None.

Vesting Service

An employee shall receive one year of vesting service for each calendar year that he or she is credited with at least 832 hours of service (1,000 hours if hired after January 1, 2006 or if employee participates in the new plan benefit).

Credited Service

An employee shall receive one year of credited service for each calendar year that he or she is credited with at least 832 hours of service (1,000 hours if hired after January 1, 2006 or if employee participates in the new plan benefit). If an employee participates in the new plan, then they must be a participant to receive credited service.

Pensionable Earnings

Total annual earnings as shown in box 1 of IRS Form W-2 (excluding sign-on or referral bonuses, reimbursements, fringe benefits, moving expenses, deferred compensation, welfare benefits and severance pay) plus amounts considered elective contributions that are not included in federal income tax purposes under IRS Code sections 125, 402(e)(3), 402(h), and/or 132(f)(4).

Accrued Benefit

Actuarial equivalent of cash balance account at normal retirement. This cannot be less than the actuarially equivalent value of the December 31, 1997, accrued benefit under the prior plan.

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Normal Retirement

Eligibility

The first day of the month coincident with or immediately following the member's sixty-fifth birthday.

Old Plan Benefit

Initial account balance: The account balance of any participant of the prior plan will be credited with an amount equal to the actuarial equivalent of the participant's prior plan benefit based on the accrued benefit determined under the terms of the plan in effect on December 31, 1997.

Service credits: The service credit is equal to 3% of compensation for plan years in which a participant earns 832 hours of service (1,000 hours after January 1, 2006 or if the employee participates in the new plan benefit).

Interest credit: As of the last day of each plan year, a participant's pre-2003 account balance will be credited with interest equal to the product of the participant's pre-2003 account balance multiplied by the average of the 30 year U.S. Treasury bill yield during November of the previous year and the participant's post-2002 account balance will be credited with interest equal to the product of the participant's post-2002 account balance multiplied by the average of the one year U.S. Treasury bill yield during August of the previous year.

Benefits for participants with the old plan benefit were frozen on December 31, 2017, with future benefits earned under the MedAmerica Choice Two formula.

New Plan Benefit

On January 1, 2008 all active participants were given the option to stay with the Old Plan formula or switch to the New Plan formula. For those that elected to switch, the Old Plan benefit would receive no additional service credits. Their future accruals under the New Plan are detailed below. All new participants on or after January 1, 2008 will be placed in the new plan.

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Service credits: The service credit is equal to the percentage of compensation detailed in the table below for plan years in which a participant earns 1,000 hours of service.

Years of Service	Contribution Percentage
1 – 5	2.0%
6 – 10	2.5%
11 – 15	3.0%
16 – 20	4.0%
21 – 25	5.0%
26+	6.0%

Interest credit: As of the last day of each plan year, a participant's account balance will be credited with interest equal to the interest on 10-year Treasury securities for the month of August preceding the plan year as of which the interest is being credited (at least 4.01%).

Benefits for participants with the new plan benefit were frozen on December 31, 2017, with future benefits earned under the MedAmerica Choice Two formula.

Early Retirement

Eligibility

First day of the month following age 55 and three years of vesting service.

Benefit

Account balance as defined for normal retirement, with accruals through the early retirement date.

Late Retirement

Eligibility

The first day of the month subsequent to the member's normal retirement date and following actual termination of employment.

Benefit

The account balance as defined for normal retirement, with accruals through the late retirement date.

Deferred Vested

Eligibility

Completion of three years of vesting service.

Benefit

Account balance as defined for normal retirement, with accruals through the date of termination. Interest Credits are credited to the account balance up until the balance is distributed.

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Disability

Eligibility	Based on determination of total and permanent disability with three years of vesting service.
Benefit	Account balance as defined for normal retirement, with accruals through the date of disability. Interest credits are credited to the account balance up until the balance is distributed.

Preretirement Death

Eligibility	If a member dies after becoming vested, but before retiring, his surviving spouse or beneficiary is entitled to a preretirement death benefit.
Benefit	A one-time payment equal to the participant's cash balance account. A surviving spouse also has the option of receiving a life only monthly benefit that is actuarially equivalent to the participant's cash balance as of the date of death.

Form of Benefits

Automatic Form for Unmarried Participants	Single life annuity.
Automatic Form for Married Participants	Actuarially reduced joint and 50% survivor annuity.
Option Forms	Life only Life and 5 years certain; Life and 10 years certain; Life and 15 years certain; Joint and 50% survivor; Joint and 75% survivor; Joint and 100% survivor; Level income; Lump sum.
Optional Form Conversion Factors	Lump sum or level income forms: Segment interest rates and mortality as described in IRC section 417(e) applicable to the current calendar year with interest rates as of the fifth calendar month preceding the calendar year. Other annuity forms: RP-2000 mortality table projected to 2015 weighted 15% male 85% female and 7% interest.

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Upper Valley Medical Center (Prior DB Plan)

Effective Date	January 1, 1987, last amended and restated effective January 1, 2008, last amended effective January 1, 2009.
Plan Year	The 12-month period beginning each January 1.
Participation	Any employee who has completed one year of vesting service and has attained age 21 shall be eligible to participate on the following January 1 or July 1. Effective March 1, 2001, no new participants are permitted in this plan. Each participant age 40 or older as of January 1, 2001, who affirmatively elected to continue participation under this plan continues to accrue benefits under this plan. Each other participant had their accrued benefit under this plan frozen as of March 1, 2001, with such benefit based on average monthly compensation and benefit service as of March 1, 2001. If any former employee or former participant is re-employed by the company on or after March 1, 2001, such re-employed employee may not participant in this plan upon re-employment.
Compensation	Total compensation for the calendar year as limited by IRC section 415(c)(3) including modifications by IRC sections 403(b), 401(k), 132(f)(4), 125, 402(h), and 457(b).
Annualized Compensation	Compensation for purposes of calculating the average monthly compensation shall be annualized on a 2,080-hour basis. Hours for this purpose include hours actually worked, but not on-call hours or any other hours during which the employee is not actually working, such as hours credited for a leave of absence or excused on census hours.
Average Monthly Compensation	1/60th of annualized compensation for the highest five consecutive years of employment out of the last 10 years of employment. Such 10-year period shall end with the last plan year preceding the plan year in which the employee terminates employment.
Vesting Service	One year of vesting service is earned for each plan year in which 1,000 hours are worked. All hours of service are included for this purpose.

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Benefit Service

For each plan year, benefit service is credited based on hours of service according to the following table:

Hours in Plan Year	Credit
Less than 1,000	0.0
1,000 – 1,199	0.6
1,200 – 1,399	0.7
1,400 – 1,599	0.8
1,600 – 1,799	0.9
1,800 or more	1.0

For each plan year for which hours of service is less than 1,000, and only a partial plan year is worked, benefit service is credited based on hours of service according to the following table:

Hours in Partial Plan Year	Credit
Less than 200	0.0
200 – 399	0.1
400 – 599	0.2
600 – 799	0.3
800 – 999	0.4

Hours for this purpose include up to 500 hours each of hours credited because of excused on census or approved leave of absence.

Accrued Benefit

A monthly life annuity starting at age 65 equal to 1.0% of average monthly compensation multiplied by the number of years of benefit service.

Benefits were frozen on December 31, 2017, with future benefits earned under the MedAmerica Choice Two formula. Participants receive an additional 2% pay credit for a period of three years beginning in 2018.

Normal Retirement Benefit

Eligibility

Age 65.

Monthly Benefit

The accrued benefit.

Early Retirement Benefit

Eligibility

Age 55 and five years of vesting service. Dettmer participants prior to December 31, 1986 are eligible at age 50 and 10 years of vesting service.

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Monthly Benefit

The accrued benefit at normal retirement, or early retirement reduced by 5/9 of 1% for each of the first 60 months and by 5/18 of 1% for each of the next 120 months that early retirement date precedes normal retirement.

Late Retirement Benefit

Eligibility

Any age after normal retirement age.

Monthly Benefit

The accrued benefit.

Disability Retirement Benefit

Eligibility

Completion of five years of vesting service and permanent and total disability at any age.

Monthly Benefit

The accrued benefit as of date of disability payable at normal retirement, or a reduced amount at early retirement.

Termination Benefit

Eligibility

Upon termination of employment prior to retirement after completion of at least five years of vesting service.

Monthly Benefit

The vested benefit commences in full at age 65, or in a reduced amount under the early retirement provisions.

Death Benefit

Eligibility

100% vested and married for at least one year.

Monthly Benefit

A monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 50% joint and survivor annuity form of payment.

Optional Forms of Payments

Life annuity;
Joint and survivor with 50%, 66 $\frac{2}{3}$ %, 75%, or 100% continuation;
5-year or 10-year certain and continuous.

The conversion factors are based on the 1984 Unisex Pension table and 7.50% interest.

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Benefits Available as Lump Sums

This plan pays small benefit amounts (less than \$1,000) automatically, and participants can elect a lump sum if the lump sum value is between \$1,000 and \$5,000. Lump sums over \$5,000 are not available.

The conversion factors used to calculate lump sums are based on the applicable mortality and applicable interest rates per IRC section 417(e).

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Upper Valley Medical Center (Prior DC Participants)

Participation

Employees of Upper Valley Medical Center receiving self-directed DC benefits became eligible to participate in the plan effective January 1, 2013.

Benefit

Participants receive benefits similar to the cash balance formula for MedAmerica, except that annual cash balance credits are based on the following table:

Years of Benefit Service	Annual Cash Balance Credit
0 – 4	3.0% of compensation
5 – 9	4.0% of compensation
10+	5.0% of compensation

Interest credit: The interest percentage earned on the cash balance account. The annual interest rate shall be the rate of interest on 10-year Treasury securities for the month of August preceding the plan year as of which the interest is being earned (at least 3.79%).

Benefits were frozen on December 31, 2017, with future benefits earned under the MedAmerica Choice Two formula.

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Good Samaritan Hospital

Participation

Employees of Good Samaritan Hospital became eligible to participate the plan effective January 1, 2013.

Benefit

Participants receive benefits similar to the cash balance formula for MedAmerica, except that annual cash balance credits are based on the following table:

Years of Benefit Service	Annual Cash Balance Credit
0 – 5	5.0% of compensation
6 – 10	6.0% of compensation
11 – 15	7.5% of compensation
16+	10.0 of compensation

Interest credit: The interest percentage earned on the cash balance account. The annual interest rate shall be the rate of interest on 5-year Treasury securities for the month of August preceding the plan year as of which the interest is being earned (at least 3.79%).

Plan Changes Since the Prior Year

The funding, financial accounting, and plan reporting valuations reflect the following plan change since the prior year:

- A change in the mortality basis for lump sum payments from the 2023 plan year IRC section 417(e)(3) mortality table to the 2024 plan year IRC section 417(e)(3) mortality table.
- The plan was amended effective July 17, 2024 to transfer assets and liabilities to an insurer to provide the pension annuity for participants in payment status of April 1, 2024 with certain limited exceptions.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Plan Name	PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN
Plan Sponsor EIN	31-1446699
ERISA Plan No.	001
Plan Year End	12/31/2024

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4i	Schedule of Assets (Held at End of Year)

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Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 80,722,275	January 1, 2023	14	\$ 7,704,358
Shortfall	\$ (20,722,959)	January 1, 2024	15	\$ (1,885,382)

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Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- The expected return on assets was updated from 7.67 percent to 7.40 percent.
- A change in the cash balance interest crediting rates to reflect actual rates for 2024 and anticipated future rates.
- A change in the active retirement rates to better reflect anticipated plan experience.
- A change in assumed retirement for terminated vested participants from age 62 to retirement rates to better reflect anticipated plan experience.
- A change in the withdrawal rates to better reflect anticipated plan experience.
- A change in the assumed pay increases to better reflect anticipated plan experience.
- A change in optional payment form election percentages to better reflect anticipated plan experience.

The non-prescribed changes were made to better reflect the anticipated plan experience. These changes did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.