

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 <h1 style="text-align: center;">2024</h1> 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 <u>PROFESSIONAL GROUP PLANS, INC. DEFINED BENEFIT PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>002</u>
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) <u>PROFESSIONAL GROUP PLANS, INC.</u> <u>225 WIRELESS BOULEVARD</u> <u>HAUPPAUGE, NY 11788</u>	1c Effective date of plan <u>01/01/2013</u> 2b Employer Identification Number (EIN) <u>11-3144545</u> 2c Plan Sponsor's telephone number <u>631-951-9200</u> 2d Business code (see instructions) <u>524210</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/02/2025	JOSEPH DECLEMENTE
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	126
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	77
	6a(2)	80
	6b	1
	6c	52
	6d	133
	6e	0
	6f	133
	6g(1)	
6g(2)		
6h		4
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 3H

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 <u>PROFESSIONAL GROUP PLANS, INC. DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PROFESSIONAL GROUP PLANS, INC.</u>	D Employer Identification Number (EIN) <u>11-3144545</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>10637690</u>
	b Actuarial value	2b	<u>10637690</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>
	b For terminated vested participants	<u>49</u>	<u>744874</u>
	c For active participants	<u>77</u>	<u>9565709</u>
	d Total	<u>126</u>	<u>10310583</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	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	<u>5.50 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>668383</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>668383</u>

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	<u>09/25/2025</u>	Date
	<u>STEVE SCHUMPP, ASA, EA, MAAA</u>	<u>23-07734</u>	Most recent enrollment number
	<u>THE BENEFIT PRACTICE</u>	<u>203-517-3537</u>	Telephone number (including area code)
	<u>1055 WASHINGTON BOULEVARD SUITE 610 STAMFORD, CT 06901</u>		
	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 V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	668383	
b Excess assets, if applicable, but not greater than line 31a	31b	140153	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
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	528230	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	528230	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	550217	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	21987	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

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

A Name of plan PROFESSIONAL GROUP PLANS, INC. DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 PROFESSIONAL GROUP PLANS, INC.	D Employer Identification Number (EIN) 11-3144545	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

DUNBAR ASSOCIATES, LLC

71 TURKEY ROOST RD
MONROE, CT 06468-3127

(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?
27	INVESTMENT ADVISORY	25775	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan PROFESSIONAL GROUP PLANS, INC. DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 PROFESSIONAL GROUP PLANS, INC.	D Employer Identification Number (EIN) 11-3144545

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1326806	594843
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	263651	338244
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	810031	319219
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1130947	3447532
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7144352	8676877
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	10675787	13376715
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	10675787	13376715

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)	594843	
(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)		594843
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	135188	
(B) U.S. Government securities.....	2b(1)(B)	3989	
(C) Corporate debt instruments.....	2b(1)(C)	33819	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	21783	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		194779
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(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)		1988989
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2778611

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	51908	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		51908
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)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	25775	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		25775
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		77683

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		2700928
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: **BACCHIONI & COMPANY, CPAS, P.C.**

(2) EIN: **83-3026242**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 547183.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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 <u>PROFESSIONAL GROUP PLANS, INC. DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PROFESSIONAL GROUP PLANS, INC.</u>	D Employer Identification Number (EIN) <u>11-3144545</u>	

Part I	Distributions
---------------	----------------------

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

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

1		0
---	--	---

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

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

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

3		1
---	--	---

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

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

PROFESSIONAL GROUP PLANS, INC.
DEFINED BENEFIT PENSION PLAN
FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

PROFESSIONAL GROUP PLANS, INC.
DEFINED BENEFIT PENSION PLAN

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Independent Auditors' Report

To the Plan Administrator of
Professional Group Plans, Inc. Defined Benefit Pension Plan

Opinion

We have audited the accompanying financial statements of Professional Group Plans, Inc. Defined Benefit Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of accumulated plan benefits and net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in accumulated plan benefits and net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the accumulated plan benefits and net assets available for benefits of Professional Group Plans, Inc. Defined Benefit Pension Plan as of December 31, 2024 and 2023, and the changes in its accumulated plan benefits and its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Professional Group Plans, Inc. Defined Benefit Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Professional Group Plans, Inc.

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Professional Group Plans, Inc. Defined Benefit Pension 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 Professional Group Plans, Inc. Defined Benefit Pension 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 supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

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

Bacchioni & Company, CPAs, P. C.

Garden City, New York
September 2, 2025

PROFESSIONAL GROUP PLANS, INC. DEFINED BENEFIT PENSION PLAN
STATEMENTS OF ACCUMULATED PLAN BENEFITS AND
NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

	2024	2023
<i>Accumulated Plan Benefits</i>		
Actuarial present value of vested benefits:		
Participants currently receiving payments	\$ 65,103	\$ -
Other participants	13,190,406	10,476,142
Actuarial present value of nonvested benefits	33,337	30,908
Total actuarial present value of accumulated plan benefits	13,288,846	10,507,050
<i>Net Assets Available for Benefits</i>		
<i>Assets:</i>		
Investments, at fair value:		
Cash and money market fund	338,244	331,136
Mutual funds	273,922	250,198
Exchange traded funds	8,402,955	6,826,670
Equities	3,447,532	1,130,947
Corporate bonds	319,219	610,072
U.S. government securities	-	199,958
Total investments, at fair value	12,781,872	9,348,981
Receivable:		
Employer contribution receivable	594,843	1,326,806
Total assets	13,376,715	10,675,787
Net assets available for benefits	13,376,715	10,675,787
Excess of net assets available for benefits over actuarial present value of accumulated plan benefits	\$ 87,869	\$ 168,737

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

PROFESSIONAL GROUP PLANS, INC. DEFINED BENEFIT PENSION PLAN
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
AND NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
<i>Net Increase in Actuarial Present Value of Accumulated Plan Benefits</i>		
Increase (decrease) during the year attributable to:		
Benefits accumulated	\$ 2,239,928	\$ 2,427,758
Increase for interest due to the decrease in the discount period	576,360	425,949
Benefits paid	(51,908)	(8,702)
Change in actuarial assumptions	17,416	(87,135)
Net increase	\$ 2,781,796	\$ 2,757,870
 <i>Net Increase in Net Assets Available for Benefits</i>		
Investment income (loss):		
Net appreciation in fair value of investments	1,988,989	1,349,504
Interest and dividends	194,779	153,213
	2,183,768	1,502,717
Contributions:		
Employer	594,843	1,326,806
	594,843	1,326,806
Total additions	2,778,611	2,829,523
Deductions:		
Benefits paid	51,908	8,702
Administrative expenses	25,775	19,143
Total deductions	77,683	27,845
Net increase	2,700,928	2,801,678
 (Decrease) increase in excess of net assets available for benefits over actuarial present value of accumulated plan benefits	(80,868)	43,808
 Excess of net assets available for benefits over actuarial present value of accumulated plan benefits:		
Beginning of year	168,737	124,929
End of year	\$ 87,869	\$ 168,737

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

PROFESSIONAL GROUP PLANS, INC. DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of the Professional Group Plans, Inc. Defined Benefit Pension Plan (the "Plan"), is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

- A. General – The Plan is a defined benefit pension plan covering the employees of Professional Group Plans, Inc., the Plan sponsor, not excluded by class. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

- B. Pension Benefits – To participate in the Plan, an employee must have one or more years of service, and not be excluded. Employees other than those identified in the Plan document are not eligible to participate in the Plan. Provided a participant has met the Plan's vesting requirements, the participant's annual pension benefit beginning at normal retirement age of 62 is equal to either 10%, 8%, 6.75%, 6.5%, 3.25%, or .5% of compensation times years of service. The percentage of compensation is based on the group the participant is in, which is defined in the Plan document and subsequent Plan amendment that was executed on April 30, 2024. Credited years are all years of participation with the employer from date of participation to termination of employment, or normal retirement date, based on 1,000 hours equaling one year of service. For accrual purposes, only years of service while a plan participant are included. If any participant shall terminate employment for any cause except death, disability, retirement on the normal retirement date, or deferred retirement, his or her participation in the plan shall terminate. The nonforfeitable percentage of a participants accrued benefit shall be as follows: 20% after one year of service, 40% after two years of service, 60% after three years of service, 80% after four years of service, 100% after five years of service. The value of a participants accumulated plan benefits is payable for the life of the participant. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity.

- C. Distribution of Vested Accrued Benefits – In the event of a mandatory distribution greater than \$1,000 that is made in accordance with provisions of the Plan providing for an automatic distribution to a participant without the participants consent, if the participant does not elect to have such distribution paid directly to an eligible retirement plan specified by the participant in a direct rollover or to receive the distribution directly in an immediate single sum payment, the plan administrator will pay the distribution in a direct rollover to an individual retirement plan designated by the plan administrator.

- D. Late Retirement Benefit – If such a participant elects to defer commencement of his normal retirement benefit beyond the participants' normal retirement date, the late retirement benefit shall be payable on his actual retirement date.

- E. Death and Disability Benefits – If an active participant dies, a death benefit equal to the value of the actuarial equivalent of the accrued benefit earned to date of death is paid to the participants beneficiaries. Active participants who become totally disabled receive annual disability benefits

PROFESSIONAL GROUP PLANS, INC. DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 - DESCRIPTION OF PLAN (Continued)

that are equal to the normal retirement benefits they have accumulated as of the time they become disabled.

- F. Forfeitures – On termination of service, the unvested portion of a participant’s company contribution account is forfeited. All forfeitures arising for any reason shall be used to reduce future costs of the Plan. If a benefit is forfeited because the beneficiary cannot be found, such benefit will be reinstated if a claim is made by the participant or beneficiary. At December 31, 2024 and 2023 there were no forfeited non-vested accounts.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- A. Basis of Accounting – The financial statements of the Plan are presented on the accrual basis of accounting.
- B. Use of Estimates – The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.
- C. Investment Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 5 for a discussion of fair value measurements.

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

- D. Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Benefits under the plan are accumulated based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees is based on average salary during the highest five consecutive years of employment excluding years prior to the year of entry on the date as of which the benefit information is presented (the valuation date). 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 to the

PROFESSIONAL GROUP PLANS, INC. DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(Continued)*

valuation date. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of December 31, 2024 and 2023 were (a) life expectancy of participants (2024 and 2023 Mortality Tables prescribed by the IRS under Section 430(h)(3)), (b) retirement age assumptions (the assumed average retirement age was 62), and (c) investment return. The 2024 and 2023 valuations each assumed an average rate of return of 5.5%.

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. The Plan performed its valuations as of the beginning of year. Had the valuations been performed as of December 31, there would be no material differences.

- E. Payment of Benefits – Benefit payments to participants are recorded upon distribution.
- F. Administrative Expenses – The Plan’s administrative expenses are paid by either the Plan or the Plan’s sponsor, as provided by the Plan document.
- G. Subsequent Events - The Plan’s management evaluated subsequent events through September 2, 2025 the date these financial statements were available to be issued and determined there were no subsequent events requiring disclosure.

NOTE 3 – FUNDING POLICY

The contributions of the Plan sponsor are designed to fund the Plan’s current service costs on a current basis. The amounts contributed to the Plan are determined on a basis of: (a) annual actuarial valuations of the Plan by an independent consulting actuary; (b) the maximum amount permitted by law or regulation as a federal income tax deduction; (c) the minimum amount certified by the actuary as necessary during any plan year to avoid an accumulated funding deficiency as defined by ERISA. The minimum required contribution for the Plan year ended December 31, 2024 and 2023 was \$528,230 and \$1,124,969, respectively. The minimum required contribution is a term defined in the law. It does not represent the minimum contribution required to satisfy the funding requirement. Rather, it may be satisfied through any combination of Company contributions, or use of advanced contributions in either the funding standard carryover balance or prefunding balance. The Plan sponsor contributed \$594,843 and \$1,326,806 to the Plan for the Plan years ended December 31, 2024 and 2023, respectively.

Although it has not expressed any intention to do so, the Plan sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

PROFESSIONAL GROUP PLANS, INC. DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 4 – PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- A. Benefits attributable to employee contributions, taking into account those paid out before termination.
- B. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- C. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
- D. All other vested benefits (that is, vested benefits not insured by the PBGC).
- E. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

NOTE 5 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

Level 1

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

Level 2

Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted

PROFESSIONAL GROUP PLANS, INC. DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 5 – FAIR VALUE MEASUREMENTS *(Continued)*

prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3

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

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

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

Money market funds: Valued at the net asset value of shares held by the Plan at year end.

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 Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Exchange Traded Funds: Valued at the closing price reported on the active market on which the individual securities are traded.

Equities: Valued at the closing price reported on the active market on which the individual securities are traded. If not traded on active market, valued by third-party pricing sources or appraisers.

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

U.S. government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

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

PROFESSIONAL GROUP PLANS, INC. DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 5 – FAIR VALUE MEASUREMENTS (Continued)

Assets at Fair Value as of December 31, 2024:

<u>Assets</u>	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Cash and money market fund	\$ 338,244	\$ 338,244	\$ -	\$ -
Mutual funds	273,922	273,922	-	-
Exchange traded funds	8,402,955	8,402,955	-	-
Equities	3,447,532	3,447,532	-	-
Corporate bonds	319,219	-	319,219	-
	<hr/>	<hr/>	<hr/>	<hr/>
Total investments at fair value	<u>\$ 12,781,872</u>	<u>\$ 12,462,653</u>	<u>\$ 319,219</u>	<u>\$ -</u>

Assets at Fair Value as of December 31, 2023:

<u>Assets</u>	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Cash and money market fund	\$ 331,136	\$ 331,136	\$ -	\$ -
Mutual funds	250,198	250,198	-	-
Exchange traded funds	6,826,670	6,826,670	-	-
Equities	1,130,947	1,130,947	-	-
Corporate bonds	610,072	-	610,072	-
U.S. government securities	199,958	-	199,958	-
	<hr/>	<hr/>	<hr/>	<hr/>
Total investments at fair value	<u>\$ 9,348,981</u>	<u>\$ 8,538,951</u>	<u>\$ 810,030</u>	<u>\$ -</u>

Changes in fair value levels: The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net appreciation in fair value of investments in the statements of changes in net assets available for benefits.

NOTE 6 – PARTY-IN-INTEREST TRANSACTIONS

The Plan has certain investments managed by Charles Schwab, the custodian, therefore these transactions qualify as party-in-interest transactions. Dunbar Associates, LLC provides investment advisory services to the plan which qualify as party-in-interest transactions. Fees paid by the Plan to Dunbar Associates, LLC for investment advisory services for the years ended December 31, 2024 and 2023 amounted to \$25,775 and \$19,143 respectively. The Benefit Practice provides actuarial services, as defined by the Plan, which also qualify as party-in-interest transactions. Actuary service fees are paid by the Plan sponsor.

PROFESSIONAL GROUP PLANS, INC. DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 7 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, 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 amounts reported in the statements of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change.

Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

NOTE 8 – PLAN AMENDMENT

On April 30, 2024 the Plan was amended to provide an amended normal retirement benefit for participants of the Plan. Note 1, Description of Plan, B. Pension Benefits, reflects the current plan requirements inclusive of the amendment.

NOTE 9 – TAX STATUS

The Internal Revenue Service has determined and informed the company by letter dated July 25, 2017, that the Plan and the related trust are designed in accordance with applicable sections of the Internal Revenue Code (“IRC”). The Plan has been amended since receiving the determination letter. However, the Plan administrator and Plan’s actuary believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service (IRS). The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, the Plan has maintained its tax-exempt status and there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

PROFESSIONAL GROUP PLANS, INC. DEFINED BENEFIT PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

Employer Identification No. 11-3144545
Plan No. 002

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value	
Allianzim US Eqt Bfr15	Exchange Traded Funds; 6,947 shares	\$ 174,959	\$ 181,916	
Fidelity MSCI Infor Tech	Exchange Traded Funds; 122 shares	15,731	22,555	
First Trust ISE Water	Exchange Traded Funds; 367 shares	31,977	37,452	
Graniteshares Nvda Lng	Exchange Traded Funds; 3,667 shares	225,847	243,452	
Invesco Building And	Exchange Traded Funds; 599 shares	31,984	45,353	
Investco S and P 500 Garp	Exchange Traded Funds; 357 shares	31,938	37,442	
Invesco Semiconductors	Exchange Traded Funds; 714 shares	31,866	41,355	
Invsc QQQ Trust SRS 1	Exchange Traded Funds; 405 shares	147,010	207,048	
Invsc S P 500 Top 50	Exchange Traded Funds; 925 shares	32,013	46,213	
Invsc Water Resc	Exchange Traded Funds; 577 shares	32,000	37,961	
Ishares Core S&P 500	Exchange Traded Funds; 72 shares	31,737	42,385	
Ishares Russell Top 200	Exchange Traded Funds; 202 shares	31,764	47,525	
Ishares Semiconductor	Exchange Traded Funds; 282 shares	46,913	60,768	
Ishares US Home	Exchange Traded Funds; 1,141 shares	96,185	117,968	
Proshares Ultra	Exchange Traded Funds; 9,822 shares	305,382	639,805	
Proshares Ultapro QQQ	Exchange Traded Funds; 1,500 shares	85,500	118,695	
Spdr S&P Homebuilders	Exchange Traded Funds; 606 shares	48,080	63,327	
Spdr S&P 500 ETF IV	Exchange Traded Funds; 72 shares	31,568	42,198	
Technology Select Sector	Exchange Traded Funds; 186 shares	31,910	43,249	
Vaneck Fallen Angel High	Exchange Traded Funds; 13,704 shares	434,435	392,894	
Vaneck Retail ETF	Exchange Traded Funds; 183 shares	31,721	41,030	
Vaneck Semiconductor	Exchange Traded Funds; 718 shares	107,648	173,878	
Vanguard Extended Market	Exchange Traded Funds; 1,542 shares	268,687	292,949	
Vanguard Growth ETF	Exchange Traded Funds; 2,976 shares	812,898	1,221,469	
Vanguard Information	Exchange Traded Funds; 72 shares	31,442	44,770	
Vanguard Intermediate	Exchange Traded Funds; 2,949 shares	255,501	220,379	
Vanguard Mid Cap Growth	Exchange Traded Funds; 3,823 shares	842,702	970,086	
Vanguard S&P 500 ETF	Exchange Traded Funds; 2,062 shares	789,264	1,111,026	
Vanguard Short Term Cor	Exchange Traded Funds; 2,006 shares	163,468	156,488	
Vanguard Small Cap	Exchange Traded Funds; 3,387 shares	605,610	948,563	
Vanguard Total	Exchange Traded Funds; 4,359 shares	272,052	256,876	
Vanguard Value ETF	Exchange Traded Funds; 2,929 shares	394,483	495,880	
Diversified Heal	Corporate Bond; 76,000 par	74,737	76,000	
Transocean Ltd	Corporate Bond; 40,000 par	39,490	39,800	
Beazer Homes USA	Corporate Bond; 50,000 par	49,020	50,375	
L Brands, Inc.	Corporate Bond; 100,000 par	90,817	101,000	
Apache Corp.	Corporate Bond; 50,000 par	48,550	52,044	
Abercrombie & Fitch	Equities; 383 shares	51,157	57,247	
Advanced Micro Device	Equities; 938 shares	115,083	113,301	
Alpha Metallurgical Res	Equities; 149 shares	37,244	29,818	
Amazon.com Inc	Equities; 221 shares	37,637	48,485	

See independent auditors' report.

PROFESSIONAL GROUP PLANS, INC. DEFINED BENEFIT PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - (Continued)
DECEMBER 31, 2024

Employer Identification No. 11-3144545
Plan No. 002

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value		Cost	Current Value
Apple Inc		Equities; 193 shares	37,416	48,331
ARM Hldgs PLC		Equities; 1570 shares	178,472	193,675
Boise Cascade Co		Equities; 445 shares	56,854	52,893
Broadcom Inc		Equities; 634 shares	89,153	146,987
Builders Firstsource Inc		Equities; 231 shares	37,837	33,017
Cardinal Health Inc		Equities; 473 shares	43,538	55,942
Celestica Inc		Equities; 268 shares	11,146	24,736
Celsius Hldgs Inc		Equities; 1612 shares	70,473	42,460
Comfort Sys USA Inc		Equities; 120 shares	37,034	50,887
Costco Whsl Corp New		Equities; 196 shares	141,084	179,589
CRA Intl Inc		Equities; 315 shares	31,914	58,968
Crocs Inc		Equities; 420 shares	43,561	46,003
Deckers Outdoor Corp		Equities; 246 shares	35,730	49,960
ELF Beauty Inc		Equities; 384 shares	60,445	48,211
Eli Lilly and Co		Equities; 142 shares	87,639	109,624
Fortinet Inc		Equities; 1,160 shares	70,748	109,597
Installed Bldg Prods Inc		Equities; 141 shares	31,925	24,710
JP Morgan Chase & Co		Equities; 396 shares	58,906	94,925
Krystal Biotech Inc		Equities; 174 shares	32,150	27,259
McKesson Corp		Equities; 168 shares	70,599	95,745
Meta Platforms Inc		Equities; 196 shares	96,297	114,760
Microsoft Corp		Equities; 284 shares	100,572	119,706
Microstrategy Inc		Equities; 584 shares	78,746	169,138
Modine Mfg Co		Equities; 389 shares	37,736	45,097
Netflix Inc		Equities; 125 shares	57,709	111,415
Nucor Corp		Equities; 450 shares	70,706	52,520
Nvidia Corp		Equities; 2,150 shares	161,447	288,723
Powell Inds Inc		Equities; 122 shares	18,725	27,041
Pultegroup Inc		Equities; 651 shares	62,620	70,894
Radnet Inc		Equities; 683 shares	37,740	47,701
Saia Inc		Equities; 23 shares	11,178	10,482
Servicenow Inc		Equities; 178 shares	115,253	188,701
Smith Midland Corp		Equities; 710 shares	22,772	31,567
Soundhound AI Inc		Equities; 5,500 shares	78,750	109,120
Sterling Infrastructure		Equities; 354 shares	37,859	59,631
Super Micro Computer Inc		Equities; 2,390 shares	135,755	72,847
Taiwan Semiconductor		Equities; 107 shares	16,704	21,131
TJX Cos Inc New		Equities; 383 shares	31,958	46,270
US Antimony Corp		Equities; 20,000 shares	43,539	35,400
Vertiv Hldgs Co		Equities; 492 shares	34,305	55,896
Viking Therapeutics Inc		Equities; 674 shares	37,955	27,122
Vanguard International		Mutual Fund; 2,697 shares	201,317	273,922

See independent auditors' report.

PROFESSIONAL GROUP PLANS, INC. DEFINED BENEFIT PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - (Continued)
DECEMBER 31, 2024

Employer Identification No. 11-3144545
Plan No. 002

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value		Cost	Current Value
* Schwab Treasury Oblig Mo		Money Market Fund	27,225	27,225
* Schwab U.S. Treasury Money		Money Market Fund	43,612	43,612
* Cash - Charles Schwab Bank		Registered Investment Company	267,407	267,407
Total investments, at fair value			<u>\$ 10,072,521</u>	<u>\$ 12,781,872</u>

* Denotes party in interest.

See independent auditors' report.

Professional Group Plans, Inc. Defined Benefit Pension Plan
EIN: 11-3144545 PN: 002
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Actuarial Basis

A. Funding Method

The valuation method is the actuarial cost method prescribed under Section 430 of the Internal Revenue Code.

Under this method, the following terms are used:

The Funding Target is the sum of the present value of all benefits accrued or earned under the plan as of the beginning of the plan year.

The Applicable Funding Target is equal to the Funding Target multiplied by the applicable transition percentage under the Worker, Retiree, and Employer Recovery Act of 2008.

The Target Normal Cost is the sum of the present value of all benefits which are expected to accrue or be earned under the plan during the plan year.

The Carryover Balance maintained by the plan was set equal to the Credit Balance, if any, in the Funding Standard Account as of the final day of the 2007 plan year. It is decreased when used to reduce the minimum required contribution in succeeding plan years. The unused portion is adjusted to reflect the rate of return on plan assets in those succeeding plan years.

The Prefunding Balance is the accumulation of discounted contributions in excess of the minimum funding requirement for 2008 and later plan years. It is decreased when used, and adjusted for return on plan assets, similarly to the Carryover Balance.

The Funding Shortfall is equal to the Funding Target, less the Actuarial Value of Assets, reduced by the Prefunding Balance and the Carryover Balance.

The Adjusted Funding Shortfall is equal to the Applicable Funding Target, less the Actuarial Value of Assets, reduced by the Prefunding Balance and the Carryover Balance.

A Shortfall Amortization Base is established for a plan year equal to the Adjusted Funding Shortfall less the present value of the existing Shortfall Amortization Installments and Waiver Amortization Installments, if any. Under some circumstances, no Shortfall Amortization Base may need to be established and/or prior Shortfall Amortization Bases may be eliminated.

A Shortfall Amortization Installment is the amount necessary to amortize the Shortfall Amortization Base over the 15-plan-year period beginning with the plan year it is established. Before the American Rescue Plan Act (ARPA), plans were generally required to amortize any Shortfall Amortization Base over a 7-plan-year period. Effective with the 2021 plan year, the ARPA allowed the plan sponsor to eliminate all prior amortization installments and reamortize the

Professional Group Plans, Inc. Defined Benefit Pension Plan

EIN: 11-3144545 PN: 002

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

Funding Shortfall over a period of 15 years. A 15-year period is then be used for any new Shortfall Amortization Installments established in future plan years. The sponsor may have chosen to reamortize in the 2020 or 2021 plan years but was required to do so by the 2022 plan year.

Professional Group Plans, Inc. Defined Benefit Pension Plan

EIN: 11-3144545 PN: 002

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

B. Actuarial Assumptions

Interest:

For minimum funding:

Segment rates prescribed under ARPA for plan years beginning in 2024.

<u>Discount period</u>	<u>Segment rate</u>
0 to 5 years	4.75%
5 to 20 years	4.96%
20 years or longer	5.59%

For maximum deductible:

Segment rates prescribed by the IRS in Section 430(h)(2)(C) for the month of January 2024.

<u>Discount period</u>	<u>Segment rate</u>
0 to 5 years	4.37%
5 to 20 years	4.96%
20 years or longer	4.95%

For recommended maximum & ASC 960:

5.50% per annum.

Mortality:

For funding:

Pre-retirement: 2024 Mortality Tables prescribed by the IRS under Section 430(h)(3) for Non-Annuitants, Males and Females, respectively.

Post-retirement (Annuity Distributions): 2024 Mortality Tables prescribed by the IRS under Section 430(h)(3) for Annuitants, Males and Females, respectively.

Post-retirement (Lump Sum Distributions): 2024 Mortality Tables prescribed by the IRS under Section 430(h)(3) for Lump Sum Distributions.

For ASC 960:

Pre-retirement: None presumed.

Post-retirement: 2024 Mortality Tables prescribed by the IRS under Section 430(h)(3) for Lump Sum Distributions.

Professional Group Plans, Inc. Defined Benefit Pension Plan
EIN: 11-3144545 PN: 002
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Turnover:	None.
Retirement:	The later of attained age or normal retirement age.
Salary:	0.00% per annum.
Lump Sum Election Percentage:	100.00%
Compensation Limit Indexation:	0.00% per annum.
Social Security:	N/A.
Spouse's Benefit:	Based on actual data. When actual data is not available, it is assumed that male (female) participants are 3 years older (younger) than their spouses, and that spouses are of the opposite sex.
Married Percentage:	100% of participants are assumed to be married.
Disability:	None assumed.
Expenses:	\$0.
C. Valuation of Assets:	The actuarial value of assets is the market value.

**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**

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 Professional Group Plans, Inc. Defined Benefit Pension Plan		B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Professional Group Plans, Inc.		D Employer Identification Number (EIN) 11-3144545	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	10,637,690	
b Actuarial value	2b	10,637,690	
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	0	0	0
b For terminated vested participants	49	744,874	744,874
c For active participants	77	9,565,709	9,752,663
d Total	126	10,310,583	10,497,537
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
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	5.50%	
6 Target normal cost			
a Present value of current plan year accruals	6a	668,383	
b Expected plan-related expenses	6b	0	
c Target normal cost	6c	668,383	

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		<u>9/25/2025</u>
	Signature of actuary	Date
	Steve Schumpp, ASA, EA, MAAA	2307734
	Type or print name of actuary	Most recent enrollment number
	The Benefit Practice	203-517-3537
	Firm name	Telephone number (including area code)
	1055 Washington Boulevard Suite 610 Stamford CT 06901	
	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

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

Schedule SB (Form 5500) 2024
v. 240311

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	668,383	
b Excess assets, if applicable, but not greater than line 31a	31b	140,153	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
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	528,230	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35).....	36	528,230	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	550,217	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	21,987	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021

Professional Group Plans, Inc. Defined Benefit Pension Plan
EIN: 11-3144545 PN: 002
Schedule SB, Line 19 – Discounted Employer Contributions

<u>Date</u>	<u>Amount</u>	<u>Plan Year Applied</u>	<u>Applicable Rate</u>	<u>Discounted Amount</u>
6/16/2025	594,843	2024	5.50%	550,217

Total: 594,843

Total: 550,217

Professional Group Plans, Inc. Defined Benefit Pension Plan

EIN: 11-3144545 PN: 002

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Each participant is assumed to retire at the latest of the following:

- (A) Age 62
- (B) The fifth anniversary of participation
- (C) Valuation Date

The Weighted Average Retirement Age is obtained by averaging the assumed retirement age of each active participant. Such Weighted Average Retirement Age for the 2024 Plan Year is 62.

Professional Group Plans, Inc. Defined Benefit Pension Plan

EIN: 11-3144545 PN: 002

Schedule SB, Part V – Summary of Plan Provisions

Summary of Plan Provisions

DEFINITIONS:

Compensation:	Participant's Wages for each Year of Service, as defined in Internal Revenue Code Section 3401(a).
Years of Service:	All years of participation with the employer from date of participation to termination of employment, or Normal Retirement Date, based on 1,000 hours equaling one year of service. For accrual purposes, only years of service while a plan participant are included.
Pension Shares:	Units of value in which a participant's benefits are measured. The cost and redemption value of one's Pension Shares increases if the plan's Annual Asset Rate exceeds the Hurdle Rate and decreases if the plan's Annual Asset Rate falls short of the Hurdle Rate.
Annual Asset Rate:	The plan's Annual Asset Rate is equal to the actual rate of return on the plan's assets.
Hurdle Rate:	5.5%
Normal Form of Annuity:	Life annuity.
Normal Retirement Date:	The first day of the month coinciding with or following the attainment of age 62 or the Participant's 5 th anniversary of joining the Plan, if later.

PENSION BENEFITS:

Eligibility for Plan Participation:	Age 21 and 1 year of service. Leased Employees or all employees who are not the CEO, CFO, President, Kerry Phelan, Robert Masucci, or Clerical Staff, who are not owner related, are excluded.
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Professional Group Plans, Inc. Defined Benefit Pension Plan

EIN: 11-3144545 PN: 002

Schedule SB, Part V – Summary of Plan Provisions

Benefit Formula: Amanda Louro get 10%, Robert Masucci gets 8%, Stephen Louro Jr. gets 6.75%, Kerry Phelan gets 6.5%, Keith Zuckerman gets 3.25%, Eligible Clerical Staff (including Sales Assistants), CEO, and COO and get 0.5% of Compensation times Years of Service.

Prior to January 1, 2024, CEO & COO received 10% of Compensation times Years of Service.

Early Retirement:

Eligibility: N/A

Benefit formula: None.

Vesting:

Eligibility:	Years of Service	Percentage
	1	20%
	2	40%
	3	60%
	4	80%
	5	100%

Benefit Formula: Same as normal retirement benefit, based on service and compensation at date of termination, actuarially reduced for commencement prior to normal retirement age.

Pre-Retirement Death Benefit:

Eligibility: All participants.

Benefit Formula: Same as normal retirement benefit, based on service and compensation at date of death, actuarially reduced for commencement prior to normal retirement age and the age of the beneficiary.

PROFESSIONAL GROUP PLANS, INC. DEFINED BENEFIT PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

Employer Identification No. 11-3144545
Plan No. 002

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value	
Allianzim US Eqt Bfr15	Exchange Traded Funds; 6,947 shares	\$ 174,959	\$ 181,916	
Fidelity MSCI Infor Tech	Exchange Traded Funds; 122 shares	15,731	22,555	
First Trust ISE Water	Exchange Traded Funds; 367 shares	31,977	37,452	
Graniteshares Nvda Lng	Exchange Traded Funds; 3,667 shares	225,847	243,452	
Invesco Building And	Exchange Traded Funds; 599 shares	31,984	45,353	
Investco S and P 500 Garp	Exchange Traded Funds; 357 shares	31,938	37,442	
Invesco Semiconductors	Exchange Traded Funds; 714 shares	31,866	41,355	
Invsc QQQ Trust SRS 1	Exchange Traded Funds; 405 shares	147,010	207,048	
Invsc S P 500 Top 50	Exchange Traded Funds; 925 shares	32,013	46,213	
Invsc Water Resc	Exchange Traded Funds; 577 shares	32,000	37,961	
Ishares Core S&P 500	Exchange Traded Funds; 72 shares	31,737	42,385	
Ishares Russell Top 200	Exchange Traded Funds; 202 shares	31,764	47,525	
Ishares Semiconductor	Exchange Traded Funds; 282 shares	46,913	60,768	
Ishares US Home	Exchange Traded Funds; 1,141 shares	96,185	117,968	
Proshares Ultra	Exchange Traded Funds; 9,822 shares	305,382	639,805	
Proshares Ultapro QQQ	Exchange Traded Funds; 1,500 shares	85,500	118,695	
Spdr S&P Homebuilders	Exchange Traded Funds; 606 shares	48,080	63,327	
Spdr S&P 500 ETF IV	Exchange Traded Funds; 72 shares	31,568	42,198	
Technology Select Sector	Exchange Traded Funds; 186 shares	31,910	43,249	
Vaneck Fallen Angel High	Exchange Traded Funds; 13,704 shares	434,435	392,894	
Vaneck Retail ETF	Exchange Traded Funds; 183 shares	31,721	41,030	
Vaneck Semiconductor	Exchange Traded Funds; 718 shares	107,648	173,878	
Vanguard Extended Market	Exchange Traded Funds; 1,542 shares	268,687	292,949	
Vanguard Growth ETF	Exchange Traded Funds; 2,976 shares	812,898	1,221,469	
Vanguard Information	Exchange Traded Funds; 72 shares	31,442	44,770	
Vanguard Intermediate	Exchange Traded Funds; 2,949 shares	255,501	220,379	
Vanguard Mid Cap Growth	Exchange Traded Funds; 3,823 shares	842,702	970,086	
Vanguard S&P 500 ETF	Exchange Traded Funds; 2,062 shares	789,264	1,111,026	
Vanguard Short Term Cor	Exchange Traded Funds; 2,006 shares	163,468	156,488	
Vanguard Small Cap	Exchange Traded Funds; 3,387 shares	605,610	948,563	
Vanguard Total	Exchange Traded Funds; 4,359 shares	272,052	256,876	
Vanguard Value ETF	Exchange Traded Funds; 2,929 shares	394,483	495,880	
Diversified Heal	Corporate Bond; 76,000 par	74,737	76,000	
Transocean Ltd	Corporate Bond; 40,000 par	39,490	39,800	
Beazer Homes USA	Corporate Bond; 50,000 par	49,020	50,375	
L Brands, Inc.	Corporate Bond; 100,000 par	90,817	101,000	
Apache Corp.	Corporate Bond; 50,000 par	48,550	52,044	
Abercrombie & Fitch	Equities; 383 shares	51,157	57,247	
Advanced Micro Device	Equities; 938 shares	115,083	113,301	
Alpha Metallurgical Res	Equities; 149 shares	37,244	29,818	
Amazon.com Inc	Equities; 221 shares	37,637	48,485	

See independent auditors' report.

PROFESSIONAL GROUP PLANS, INC. DEFINED BENEFIT PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - (Continued)
DECEMBER 31, 2024

Employer Identification No. 11-3144545
Plan No. 002

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value		Cost	Current Value
Apple Inc		Equities; 193 shares	37,416	48,331
ARM Hldgs PLC		Equities; 1570 shares	178,472	193,675
Boise Cascade Co		Equities; 445 shares	56,854	52,893
Broadcom Inc		Equities; 634 shares	89,153	146,987
Builders Firstsource Inc		Equities; 231 shares	37,837	33,017
Cardinal Health Inc		Equities; 473 shares	43,538	55,942
Celestica Inc		Equities; 268 shares	11,146	24,736
Celsius Hldgs Inc		Equities; 1612 shares	70,473	42,460
Comfort Sys USA Inc		Equities; 120 shares	37,034	50,887
Costco Whsl Corp New		Equities; 196 shares	141,084	179,589
CRA Intl Inc		Equities; 315 shares	31,914	58,968
Crocs Inc		Equities; 420 shares	43,561	46,003
Deckers Outdoor Corp		Equities; 246 shares	35,730	49,960
ELF Beauty Inc		Equities; 384 shares	60,445	48,211
Eli Lilly and Co		Equities; 142 shares	87,639	109,624
Fortinet Inc		Equities; 1,160 shares	70,748	109,597
Installed Bldg Prods Inc		Equities; 141 shares	31,925	24,710
JP Morgan Chase & Co		Equities; 396 shares	58,906	94,925
Krystal Biotech Inc		Equities; 174 shares	32,150	27,259
McKesson Corp		Equities; 168 shares	70,599	95,745
Meta Platforms Inc		Equities; 196 shares	96,297	114,760
Microsoft Corp		Equities; 284 shares	100,572	119,706
Microstrategy Inc		Equities; 584 shares	78,746	169,138
Modine Mfg Co		Equities; 389 shares	37,736	45,097
Netflix Inc		Equities; 125 shares	57,709	111,415
Nucor Corp		Equities; 450 shares	70,706	52,520
Nvidia Corp		Equities; 2,150 shares	161,447	288,723
Powell Inds Inc		Equities; 122 shares	18,725	27,041
Pultegroup Inc		Equities; 651 shares	62,620	70,894
Radnet Inc		Equities; 683 shares	37,740	47,701
Saia Inc		Equities; 23 shares	11,178	10,482
Servicenow Inc		Equities; 178 shares	115,253	188,701
Smith Midland Corp		Equities; 710 shares	22,772	31,567
Soundhound AI Inc		Equities; 5,500 shares	78,750	109,120
Sterling Infrastructure		Equities; 354 shares	37,859	59,631
Super Micro Computer Inc		Equities; 2,390 shares	135,755	72,847
Taiwan Semiconductor		Equities; 107 shares	16,704	21,131
TJX Cos Inc New		Equities; 383 shares	31,958	46,270
US Antimony Corp		Equities; 20,000 shares	43,539	35,400
Vertiv Hldgs Co		Equities; 492 shares	34,305	55,896
Viking Therapeutics Inc		Equities; 674 shares	37,955	27,122
Vanguard International		Mutual Fund; 2,697 shares	201,317	273,922

See independent auditors' report.

PROFESSIONAL GROUP PLANS, INC. DEFINED BENEFIT PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - (Continued)
DECEMBER 31, 2024

Employer Identification No. 11-3144545
Plan No. 002

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value		Cost	Current Value
* Schwab Treasury Oblig Mo		Money Market Fund	27,225	27,225
* Schwab U.S. Treasury Money		Money Market Fund	43,612	43,612
* Cash - Charles Schwab Bank		Registered Investment Company	267,407	267,407
Total investments, at fair value			<u>\$ 10,072,521</u>	<u>\$ 12,781,872</u>

* Denotes party in interest.

See independent auditors' report.