

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

<p>1a Name of plan <u>MDA HEALTH PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>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>BOARD OF TRUSTEES OF THE MDA HEALTH PLAN</u></p> <p><u>ATTN CRAIG START</u> <u>3657 OKEMOS RD. STE 100</u> <u>OKEMOS, MI 48864</u></p>	<p>1c Effective date of plan <u>10/01/2014</u></p> <p>2b Employer Identification Number (EIN) <u>47-1534933</u></p> <p>2c Plan Sponsor's telephone number <u>877-906-9924</u></p> <p>2d Business code (see instructions) <u>621210</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/11/2025	CRAIG START
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/11/2025	CRAIG START
	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 type="checkbox"/> Same as Plan Sponsor THE BOARD OF TRUSTEES OF THE MDA HEALTH PLAN TRUST 3657 OKEMOS ROAD, STE 100 OKEMOS, MI 48864	3b Administrator's EIN 47-1534933 3c Administrator's telephone number 877-906-9924
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 1826
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) 1826 6a(2) 1915 6b 26 6c 6d 1941 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 1 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 163297376

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

<p>A Name of plan MDA HEALTH PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE MDA HEALTH PLAN</p>	<p>D Employer Identification Number (EIN) 47-1534933</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
PRIORITY HEALTH INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
20-1529553	12208	789638	3877	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b** 1454112

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

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

Specify nature of costs ▶

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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 MDA HEALTH PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE MDA HEALTH PLAN	D Employer Identification Number (EIN) 47-1534933	

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)

PRIORITY HEALTH INSURANCE COMPANY

20-1529553

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE KNOWN	2847115	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MDA INSURANCE & FINANCIAL GROUP INC

38-2289903

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 15 49 50	RELATED ENTITY	2428601	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COTTINGHAM & BUTLER INSURANCE SVC

42-0198040

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE KNOWN	135000	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PARTNERS IN PERFORMANCE

5500 INTERSTATE NORTH PKWY, SUITE 4
SANDY SPRINGS, GA 30328

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE KNOWN	122755	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COMERICA SECURITIES

36-2621207

(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?
	NONE KNOWN	70154	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE WAGNER LAW GROUP

04-3323315

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE KNOWN	44304	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

HCP NATIONAL INSURANCE SERVICE

(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?
23	NONE KNOWN	39944	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CC LAW & POLICY

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE KNOWN	36772	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE TERRY GROUP

130 E RANDOLPH ST, SUITE 2810
CHICAGO, IL 60601

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE KNOWN	28808	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

COMMERCIAL BLUEPRINT INC

3125 PINE TREE, SUITE B
LANSING, MI 48911

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 49 50	NONE KNOWN	24765	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HARRIS CPAS

26-4022510

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE KNOWN	24000	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CIGNA

59-1031071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE KNOWN	23724	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MANER COSTERISAN

2425 E GRAND RIVER AVE STE 1
LANSING, MI 48912

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE KNOWN	22339	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GRA BENEFITS GROUP

45-4904455

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE KNOWN	21625	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

QUADIENT LEASING USA

(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?
	NONE KNOWN	18562	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

EMPLOYEE NAVIGATOR

(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?
	NONE KNOWN	10700	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PNC BANK

46-2721901

(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?
21 50	NONE KNOWN	10178	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THIRD HORIZON STRATEGIES

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE KNOWN	8975	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JACKSON LEWS PC

(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?
	NONE KNOWN	8008	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	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 MDA HEALTH PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE MDA HEALTH PLAN	D Employer Identification Number (EIN) 47-1534933

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	2275376	1700285
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	903591	823024
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5184695	4532383
(2) U.S. Government securities	1c(2)	10486485	10200650
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1759022	3436131
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1791956	2022372
(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)	1831782	2020783
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	2421208	2823709

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	26654115	27559337
Liabilities			
g Benefit claims payable.....	1g	2125185	2248376
h Operating payables.....	1h	1700606	905782
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1676339	1731406
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	5502130	4885564
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	21151985	22673773

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)	9649167	
(B) Participants.....	2a(1)(B)	11224021	
(C) Others (including rollovers).....	2a(1)(C)	10838	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		20884026
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)	678112	
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		678112
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	88578	
(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)		88578
(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)		876156
c Other income	2c		-123191
d Total income. Add all income amounts in column (b) and enter total.....	2d		22403681

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	1454112	
(3) Other.....	2e(3)	15810954	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		17265066
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)	1429179	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	70154	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	4589	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	2112905	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3616827
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		20881893

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1521788
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: **HARRIS & CO**

(2) EIN: **26-4022510**

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		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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 _____.

Financial Statements

MDA Health Plan Trust
Includes Supplemental Information
December 31, 2024 and 2023



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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants
MDA Health Plan Trust
Okemos, Michigan

Opinion

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

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial status of MDA Health Plan Trust as of December 31, 2024 and 2023, and the changes in its financial status for the years ended December 31, 2024 and 2023 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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





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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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



2024 Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at year end) as of December 31, 2024 and reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Harrie CPAs P.C.

Meridian, Idaho
April 25, 2025

MDA HEALTH PLAN TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AND BENEFIT OBLIGATIONS
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments at fair value	\$ 25,036,028	\$ 23,475,148
Cash	1,700,285	2,275,376
Related party receivable and other	<u>823,024</u>	<u>903,591</u>
Total Assets	27,559,337	26,654,115
Liabilities		
Unearned plan premiums	1,731,406	1,676,339
Related party payable and other	<u>905,782</u>	<u>1,700,606</u>
Total Liabilities	<u>2,637,188</u>	<u>3,376,945</u>
Net Assets Available for Benefits	24,922,149	23,277,170
Benefit Obligations		
Estimated liability for claims incurred but not reported and unpaid claims	<u>2,248,376</u>	<u>2,125,185</u>
Excess of Net Assets Available For Benefits Over Benefit Obligations	<u>\$ 22,673,773</u>	<u>\$ 21,151,985</u>

See notes to financial statements.

MDA HEALTH PLAN TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Contributions:		
Employee	\$ 11,224,021	\$ 11,500,542
Employer	9,649,167	9,126,008
Other	<u>10,838</u>	<u>0</u>
Total Contributions	20,884,026	20,626,550
Investment income:		
Interest and dividends	766,690	441,285
Net realized and unrealized gains on investments	<u>876,156</u>	<u>1,101,777</u>
Total investment income	<u>1,642,846</u>	<u>1,543,062</u>
Total Additions	22,526,872	22,169,612
Deductions		
Claims:		
Medical	12,723,870	13,071,052
Prescription	3,087,084	2,809,585
Excess loss premiums	1,454,112	1,424,168
Administrative expenses:		
Professional fees	241,800	406,639
Contract administrator fees	1,429,179	1,418,686
Administrative fee – MDA IFG	1,672,466	1,615,849
Investment fees	70,154	49,722
Other	<u>203,228</u>	<u>172,051</u>
Total Deductions	<u>20,881,893</u>	<u>20,967,752</u>
Net Increase before Change in Benefit Obligations	1,644,979	1,201,860
Change in Benefit Obligations – Estimated liability for claims incurred but not reported and unpaid claims	<u>123,191</u>	<u>(5,316)</u>
Increase in Net Assets Available for Benefits Over Benefit Obligations	1,521,788	1,207,176
Net Assets Available for Benefits Over Benefit Obligations		
Beginning of year	<u>21,151,985</u>	<u>19,944,809</u>
End of year	<u>\$ 22,673,773</u>	<u>\$ 21,151,985</u>

See notes to financial statements.

MDA HEALTH PLAN TRUST

NOTES TO FINANCIAL STATEMENTS

Note 1 - Description of Plan

MDA Health Plan and MDA Health Plan Trust were established in 2014 and are collectively referred to as the "Trust." The following description of the Trust provides only general information. Participants should refer to the plan and trust agreement for a more complete description of the Trust's provisions.

General

The Trust was effective October 1, 2014 and was established to provide group health and welfare benefits for beneficiaries of the Trust who are employees of members of the Michigan Dental Association (MDA). The Trust is a self-funded group health plan under Sections 105 and 106 of the Internal Revenue Code of 1986, as amended, to provide certain group medical and prescription drug benefits for eligible employees and dependents. The Trust also constitutes an employee welfare benefit plan under the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Trust is authorized to conduct business as a Multiple Employer Welfare Arrangement (MEWA) in the state of Michigan and received a final certificate of authority effective October 31, 2014.

The Trust also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

The Trust revised and restated the plan document and summary plan description effective January 1, 2023. The Trust revised and restated the trust agreement effective November 3, 2023.

Funding of the Trust

Benefits under the Trust are self-insured. Benefits and administrative costs are paid from the Trust.

Contributions

Employee and employer contributions received by the Trust are based on rates established annually and are based on the level of coverage selected by an individual.

Party-in-interest Transactions

Certain trust assets are in investment funds managed by Comerica Bank. Comerica Bank is the asset custodian of the Trust; therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines.

Excess Loss Insurance

The Trust has excess loss insurance coverage in the amount of \$200,000 per participant per year.

MDA HEALTH PLAN TRUST

NOTES TO FINANCIAL STATEMENTS

Note 2 - Summary of Significant Accounting Policies

Investment Valuation and Income Recognition

The Trust's investments are stated at fair value.

The U.S. government securities and corporate bonds are valued using other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve, as well as other relevant economic measures. The money market funds and certificates of deposit are valued at fair value based on their outstanding balances. All other investments are valued based on quoted market prices reported in active markets. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. See Note 4 for additional information.

Cash

Cash represents amounts not invested and available to pay benefits and obligations of the Trust. Cash is valued at outstanding balance at December 31. Cash balances held in the bank exceed the federal depository insurance limit. The Trust's cash is only insured up to the federal depository insurance limit.

Unearned Premiums

Premium payments remitted to the Trust by participants for benefit coverage in future periods are reported as a liability.

Estimated Liability for Claims Incurred but Not Reported and Unpaid Claims

The Trust's liability for claims incurred but not reported and unpaid claims was developed based on the historical claims lag. The estimated liability for claims incurred but not reported and unpaid claims was \$2,248,376 and \$2,125,185 as of December 31, 2024 and 2023, respectively. The portion of this estimate held for the unpaid claim adjustment expense was \$195,488 and \$187,817 as of December 31, 2024 and 2023, respectively.

Claims

Claims are recorded when paid by the Trust.

MDA HEALTH PLAN TRUST

NOTES TO FINANCIAL STATEMENTS

Note 2 - Summary of Significant Accounting Policies (Continued)

Specific Stop-loss Insurance

The Trust has purchased specific and aggregate stop-loss coverage to protect from individual losses over the specific deductible amount, which is \$200,000 per person per year. At any time during the policy year, if the eligible expenses that the Trust has paid for a covered person exceed the specific deductible, the Trust will be reimbursed in the amount by which eligible expenses incurred and paid during the period exceed the specific deductible. For the years ended December 31, 2024 and 2023, stop-loss refunds were \$847,503 and \$441,497, respectively. Additionally, amounts receivable to the Trust related to stop-loss refunds were \$239,964 and \$65,812 as of December 31, 2024 and 2023, respectively. These amounts are reflected within related party receivable and other on the statement of net assets available for benefits and benefit obligations.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties

The Trust 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 statement of net assets available for benefits and benefit obligations. Benefit obligations are reported based on certain assumptions pertaining to claim experience and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including April 25, 2025, which is the date the financial statements were available to be issued.

MDA HEALTH PLAN TRUST

NOTES TO FINANCIAL STATEMENTS

Note 3 – Restricted Funds as Required by the State of Michigan

The State of Michigan requires Multiple Employer Welfare Arrangements (MEWAs) to comply with certain provisions of the Insurance Code of 1956.

Section 500.7040(1c) of the Michigan Insurance Code requires that a MEWA plan licensed in the State of Michigan maintain minimum cash reserves of no less than 25 percent of the aggregate contributions in the current fiscal year or no less than 35 percent of the net claims paid in the preceding fiscal year, whichever is greater.

For the year ended December 31, 2024, the Trust used 35 percent of net paid claims during the fiscal year during 2023 to determine the reserve amount, which was calculated to be \$5,558,223 as of December 31, 2024. For the year ended December 31, 2023, the Trust used 35 percent of net paid claims during the fiscal year during 2022 to determine the reserve amount, which was calculated to be \$5,192,632 as of December 31, 2023.

The total value of the reserve account was valued \$6,522,904 and \$6,290,051 at December 31, 2024 and 2023, respectively. This account includes amounts to be reserved by the State of Michigan, as noted above, with the remaining reserve account balance reflected within investments on the statement of net assets available for benefits and benefit obligations.

In addition, the State of Michigan requires a deposit with the Michigan Department of Treasury, which has been set aside in a U.S. government security at a par value of \$1,050,000, which matures in February 2025. At December 31, 2024 and 2023, the market value of the deposit was \$1,044,658 and \$1,008,369, respectively.

Note 4 - Fair Value Measurements

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

- | | |
|---------|--|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets. |
| Level 2 | Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument. |

MDA HEALTH PLAN TRUST
NOTES TO FINANCIAL STATEMENTS

Note 4 - Fair Value Measurements (Continued)

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

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The Trust's investments are held in various types of investments. The mutual funds, common stock, and exchange traded products are actively traded and have been valued using unadjusted quoted prices for identical assets in active markets and are considered Level 1 assets. The money market funds, U.S. Government securities, corporate bonds, and certificates of deposit are valued based on the quoted prices for similar assets in active markets. These investments have been determined to be Level 2 assets.

The following table sets forth by level, within the fair value hierarchy, the Trust's investments at fair value as of December 31, 2024 and 2023.

	<u>Fair Value</u>	<u>Fair Value Measurements Using</u>		
		<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
December 31, 2024				
Money market funds	\$ 2,370,211	\$ 0	\$ 2,370,211	\$ 0
Mutual funds	2,020,783	2,020,783		
U.S. government securities	10,200,650		10,200,650	
Common stock	2,022,372	2,022,372		
Corporate bonds	1,065,920		1,065,920	
Certificates of deposit	4,532,383		4,532,383	
Exchange traded products	<u>2,823,709</u>	<u>2,823,709</u>		
Total	<u>\$ 25,036,028</u>	<u>\$ 6,866,864</u>	<u>\$ 18,169,164</u>	<u>\$ 0</u>

	<u>Fair Value</u>	<u>Fair Value Measurements Using</u>		
		<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
December 31, 2023				
Money market funds	\$ 844,068	\$ 0	\$ 844,068	\$ 0
Mutual funds	1,831,782	1,831,782		
U.S. government securities	10,486,485		10,486,485	
Common stock	1,791,956	1,791,956		
Corporate bonds	914,954		914,954	
Certificates of deposit	5,184,695		5,184,695	
Exchange traded products	<u>2,421,208</u>	<u>2,421,208</u>		
Total	<u>\$ 23,475,148</u>	<u>\$ 6,044,946</u>	<u>\$ 17,430,202</u>	<u>\$ 0</u>

MDA HEALTH PLAN TRUST

NOTES TO FINANCIAL STATEMENTS

Note 5 - Plan Termination

Although it has no expressed any intention to do so, the board of trustees has the right, under the Trust, to modify the benefits provided to members and to terminate the Trust subject to the provisions set forth in ERISA and the plan document.

In the event of termination of the Trust, benefits will terminate or cease on the date of such termination, except claims incurred prior to such termination will be processed and paid according to the provisions of the Trust and the schedule of benefit in effect.

Note 6 - Tax Status

The Trust was established as a taxable trust and, as such, is subject to income taxes primarily on its investment income, net of investment expenses, and any distributions made to beneficiaries, along with administrative expenses and medical and prescription claims expense. In 2022 and 2021, the Trust did not incur any tax expense, nor did the Trust make any estimated tax payments.

During 2020, the Department of Labor sent a desk audit request to the Trust, and the desk audit was still ongoing as of December 31, 2022. On March 23, 2023, the Department of Labor issued a letter to the board of trustees of the MDA Health Plan Trust, plan administrator, alleging violations of provisions of the Employee Retirement Income Security Act, including prohibited transactions. The alleged violations concern the plan administrator and relate to dual loyalties and unreasonable plan expenses from 2017 through the first two quarters of 2022 and represent approximately \$8.2 million in expenses during this period. The Trust continued to negotiate with the Department of Labor on this matter through the year ended December 31, 2024, and, as of the date of the report on these financial statements, a verbal agreement had been made with the Department of Labor. The Trust anticipates receiving a closing letter from the Department of Labor on this matter during 2025. As part of this verbal agreement with the Department of Labor the MDA IFG made a payment of \$800,000 to the Trust on February 26, 2025. This amount was not considered realized or realizable as of December 31, 2024, accordingly, the Trust has not recognized any amounts receivable from the plan administrator and/or plan sponsor as of December 31, 2024.

MDA HEALTH PLAN TRUST

NOTES TO FINANCIAL STATEMENTS

Note 7 - Related Party Transactions

The Michigan Dental Association Insurance and Financial Group Inc. (MDA IFG), a subsidiary of Michigan Dental Association, provides administrative services to the Trust in accordance with a service agreement. Amounts charged for the years ended December 31, 2024 and 2023 were \$1,672,466 and \$1,615,849, respectively. There were no amounts receivable to the Trust from MDA IFG as of December 31, 2024 and 2023, respectively, and are reflected within related party receivable and other in the statement of net assets available for benefits and benefit obligations. Amounts payable to MDA IFG from the Trust totaled \$858,615 and \$1,615,849 as of December 31, 2024 and 2023, respectively, and are reflected within related party payable and other in the statement of net assets available for benefits and benefit obligations.

Note 8 – Contingent Liabilities

The Trust is subject to various legal proceedings and claims that arise in the ordinary course of business. No amounts have been recorded, as the Trust believes that the amount, if any, of ultimate liability with respect to legal actions is not probable.

Supplemental Information

MDA HEALTH PLAN TRUST
Schedule H, Line 4i - Schedule of Assets (Held at Year End)
For the Year Ended December 31, 2024

EIN: 46-7271901
Plan Number: 501

(a)	(b)	(c)	(d)	(e)
_____	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
		Money Market Funds:		
	Comerica	Ameriprise Insured Money Market	\$ 1,322,932	\$ 1,322,932
	Comerica	Federated Hermes U.S. Treasury	1,028,460	1,028,460
	Comerica	Cash and cash equivalents	<u>18,819</u>	<u>18,819</u>
		Total Money Market Funds	2,370,211	2,370,211
		Mutual Funds:		
	Comerica	Oakmark International Investor	321,625	299,006
	Comerica	Principal Mid – Cap Institutional	375,401	638,054
	Comerica	Virtus KAR Small - Cap Growth I	<u>1,016,559</u>	<u>1,083,723</u>
		Total Mutual Funds	1,713,585	2,020,783
		Certificates of Deposit:		
		Bank Five Nine Oconomowoc CD FDIC #12517 CPN 5.300%		
	Comerica	Due 10/24/25 D'TD 10/24/23	250,000	252,315
		Wells Fargo Bank CD FDIC #03511 CPN 5.400%		
	Comerica	Due 11/7/25 D'TD 11/7/23	250,000	252,630
		Bank of America CD CD FDIC #03510 CPN 5.400%		
	Comerica	Due 11/10/25 D'TD 11/10/25	250,000	252,763
		Bar Harbor B&T CD FDIC #11971 CPN 4.200%		
	Comerica	Due 12/5/25 D'TD 12/6/24	250,006	250,153

MDA HEALTH PLAN TRUST**Schedule H, Line 4i - Schedule of Assets (Held at Year End) (Continued)****For the Year Ended December 31, 2024**

EIN: 46-7271901

Plan Number: 501

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Comerica	BMW Bank of North America CD FDIC #35141 CPN 4.55% Due 4/14/26 DTD 4/14/23	250,000	251,358
	Comerica	Comenity Capital Bank CD FDIC #57570 CPN 4.55% Due 4/17/23 DTD 4/17/26	250,000	251,428
	Comerica	Morgan Stanley Bank CD FDIC #32992 CPN 4.55% Due 4/20/26 DTD 4/20/23	250,000	251,383
	Comerica	Morgan Stanley PVT Bank CD FDIC #34221 CPN 4.55% Due 4/20/26 DTD 4/20/23	250,000	251,383
	Comerica	Eagle Bank CD FDIC #34742 CPN 4.65% Due 4/21/26 DTD 4/21/23	250,000	251,760
	Comerica	Discover Bank CD FDIC #05649 CPN 4.50% Due 4/27/26 DTD 4/26/23	250,000	251,310
	Comerica	Farmers and Merchants Bank CD FDIC #15779 CPN 4.50% Due 4/2/26 DTD 4/28/23	250,000	251,310
	Comerica	Popular Bank CD CD FDIC #34967 CPN 4.50% Due 5/6/26 DTD 5/3/23	250,000	251,271

MDA HEALTH PLAN TRUST**Schedule H, Line 4i - Schedule of Assets (Held at Year End) (Continued)****For the Year Ended December 31, 2024**

EIN: 46-7271901

Plan Number: 501

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Comerica	BMO Harris Bank FDIC #16571 CPN 450% Due 5/8/25 DTD 5/9/23	250,000	251,680
	Comerica	Cross River Bank CD FDIC #58410 CPN 4.65% Due 5/19/26 DTD 5/19/23	250,000	251,865
	Comerica	BNY Mellon CD INSTL CD FDIC #07946 CPN 4.75% Due 10/4/27 DTD 10/3/23	250,000	254,843
	Comerica	First Financial Bank CD FDIC #01673 CPN 4.75% Due 10/13/27 DTD 10/13/23	250,000	254,883
	Comerica	Goldman Sachs Bank USA CD FDIC #33127 CPN 4.00% Due 12/31/27 DTD 12/31/24	250,006	250,075
	Comerica	Texas Exchange Bank CD FDIC #20099 CPN 4.00% Due 12/20/28 DTD 12/27/24	<u>250,006</u>	<u>249,973</u>
	Total Certificates of Deposit		4,500,018	4,532,383

MDA HEALTH PLAN TRUST**Schedule H, Line 4i - Schedule of Assets (Held at Year End) (Continued)****For the Year Ended December 31, 2024**

EIN: 46-7271901

Plan Number: 501

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
		U.S. Government Securities:		
	Comerica	United States Treasury Note, 1.125% interest, Due 2/28/2025	1,050,000	1,044,658
	Comerica	United States Treasury Note, 5.00% interest, Due 10/31/2025	501,293	502,885
	Comerica	United States Treasury Note, 4.125% interest Due 10/31/2027	491,804	497,970
	Comerica	United States Treasury Note, 3.750% interest, Due 12/31/2028	989,256	977,420
	Comerica	United States Treasury Note, 1.125% interest, Due 1/15/2025	105,164	105,879
	Comerica	United States Treasury Note, 2.00% interest Due 2/15/2025	325,630	324,074
	Comerica	United States Treasury Note, 3.875% interest Due 4/30/2025	345,784	348,470
	Comerica	United States Treasury Note, 3.875% interest, Due 4/30/2025	207,065	207,051

MDA HEALTH PLAN TRUST**Schedule H, Line 4i - Schedule of Assets (Held at Year End) (Continued)****For the Year Ended December 31, 2024**

EIN: 46-7271901

Plan Number: 501

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Comerica	United States Treasury Note, 4.250% interest, Due 10/15/2025	49,029	49,379
	Comerica	United States Treasury Note, 0.250% interest, Due 9/30/2025	976,787	970,930
	Comerica	United States Treasury Note, 2.375% interest, Due 4/30/2026	1,932,109	1,951,480
	Comerica	United States Treasury Note, 4.125% interest, Due 9/30/2022	990,080	995,940
	Comerica	United States Treasury Note, 3.125% interest, Due 11/15/2025	1,938,076	1,913,520
	Comerica	United States Treasury Note, 2.75% interest, Due 8/15/2032	120,962	118,837
	Comerica	United States Treasury Note, 4.50% interest, Due 11/15/2033	<u>197,164</u>	<u>192,157</u>
	Total U.S. Government Securities		10,220,203	10,200,650

MDA HEALTH PLAN TRUST**Schedule H, Line 4i - Schedule of Assets (Held at Year End) (Continued)****For the Year Ended December 31, 2024**

EIN: 46-7271901

Plan Number: 501

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
		Corporate Bonds:		
	Comerica	United States Techs Corp Unsecured Note, 1.625% interest, Due 11/16/2028	50,815	50,608
	Comerica	Best Buy Inc. Unsecured Note, 1.95% interest, Due 10/1/2030	56,318	52,247
	Comerica	Comcast Corp. Note, 1.95% interest, Due 10/1/2030	56,357	51,033
	Comerica	Amgen Inc. Note, 2.30% interest, Due 2/25/2031	57,979	49,393
	Comerica	JPMorgan Chase & Co. Subordinated Note, 2.956% interest, Due 5/13/2031	103,089	94,822
	Comerica	Autodesk Inc Note, 2.40% interest, Due 12/15/2031	51,326	51,262
	Comerica	Charles Schwab Note, 2.90% interest, Due 3/3/2032	54,114	55,949

MDA HEALTH PLAN TRUST**Schedule H, Line 4i - Schedule of Assets (Held at Year End) (Continued)****For the Year Ended December 31, 2024**

EIN: 46-7271901

Plan Number: 501

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Comerica	Northern Trust Note, 6.125% interest, Due 11/2/2032	105,062	109,797
	Comerica	Citigroup Inc. Unsecured Note, 3.057% interest, Due 1/25/2033	91,427	91,079
	Comerica	American Express Subordinated Note, 4.989% interest, Due 5/26/2033	94,294	96,601
	Comerica	Wells Fargo Note, 4.897% interest, Due 7/25/33	118,051	116,839
	Comerica	State Street Corp. Note, 4.164% interest, Due 8/4/2033	57,086	57,873
	Comerica	Bank America Corp Unsecured Note, 5.288% interest, Due 4/25/2034	122,471	123,163
	Comerica	BNY Mellon Unsecured Note, 5.834% interest, Due 10/25/2033	<u>65,134</u>	<u>65,254</u>
	Total Corporate Bonds		1,083,523	1,065,920

MDA HEALTH PLAN TRUST**Schedule H, Line 4i - Schedule of Assets (Held at Year End) (Continued)****For the Year Ended December 31, 2024**

EIN: 46-7271901

Plan Number: 501

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
		Common Stock:		
	Comerica	Allegion Public Ltd.	1,888	1,830
	Comerica	AON PLC	9,924	11,134
	Comerica	Accenture PLC	31,420	65,081
	Comerica	CRH PLC	4,252	7,772
	Comerica	Coca-Cola Europacific Partners	5,947	8,142
	Comerica	Medtronic PLC	1,949	1,917
	Comerica	Smurfit Westrock PLC	4,363	5,332
	Comerica	Chubb Ltd.	7,715	11,052
	Comerica	NXP Semiconductors	4,106	3,949
	Comerica	Flex LTD	9,186	11,133
	Comerica	Abbott Laboratories	9,814	11,650
	Comerica	Abbvie Inc.	63,955	90,449
	Comerica	Alphabet Inc..	14,520	23,663
	Comerica	American Express	5,406	9,794
	Comerica	Cencora Inc.	5,365	9,661
	Comerica	Amgen Inc.	5,743	6,255
	Comerica	Applied Materials Inc.	8,558	8,945
	Comerica	Astrazeneco PLC	1,841	1,835
	Comerica	Automatic Data Processing Inc.	30,885	64,986
	Comerica	Autonation Inc	3,608	4,246
	Comerica	AutoZone Inc.	9,534	16,010
	Comerica	Blue Owl Capital Inc.	451	605
	Comerica	Booking Holdings Inc.	4,111	9,937
	Comerica	Builders Firstsource, Inc.	10,222	9,005
	Comerica	Cigna Group	1,949	1,933
	Comerica	Canadian Natural Res LTD	6,109	9,138
	Comerica	Carrier Global Corp	40,785	60,547
	Comerica	Cenovus Energy Inc.	9,610	7,772
	Comerica	Centerpoint Energy	5,503	6,505
	Comerica	Conoco Phillips	5,525	7,537
	Comerica	Corpay Inc.	4,627	6,430

MDA HEALTH PLAN TRUST**Schedule H, Line 4i - Schedule of Assets (Held at Year End) (Continued)****For the Year Ended December 31, 2024**

EIN: 46-7271901

Plan Number: 501

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Comerica	D.R. Horton Inc.	29,930	54,670
	Comerica	Deere & Co.	8,664	10,169
	Comerica	Dell Technologies Inc.	3,905	10,487
	Comerica	Delta Airlines Inc.	5,157	5,385
	Comerica	Diamondback Energy Inc.	15,877	14,253
	Comerica	Walt Disney Co	4,916	4,899
	Comerica	Discover Financial	8,683	10,567
	Comerica	Dominos Pizza Inc.	53,598	44,495
	Comerica	Emerson Electric Co.	9,924	11,278
	Comerica	Fidelity Natural Information Servs	11,057	11,954
	Comerica	Firstenergy Corp.	10,944	10,581
	Comerica	Inc Fortive Group	2,681	3,375
	Comerica	Arthur J. Gallagher	3,967	5,961
	Comerica	General Dynamics Corp	5,726	7,378
	Comerica	Goldman Sachs Group Corp.	8,907	12,598
	Comerica	Hewlett Packard Enterprise Company	1,190	1,217
	Comerica	Hologic Inc.	818	721
	Comerica	Home Depot Inc.	8,480	9,336
	Comerica	Honeywell Intl Inc.	21,597	22,136
	Comerica	Humana Inc.	2,037	2,030
	Comerica	Huntington Bancshres Inc.	10,839	12,853
	Comerica	Intercontinental Exchange Inc.	3,794	5,513
	Comerica	Intuit Inc.	40,432	57,194
	Comerica	JPMorgan Chase & Co.	24,925	40,751
	Comerica	Jacobs Solutions Inc.	2,881	3,474
	Comerica	Johnson & Johnson	2,026	2,025
	Comerica	KBR Inc.	335	290
	Comerica	Kenvue Inc	8,960	8,561
	Comerica	Keysight Technologies Inc.	9,709	9,477
	Comerica	Kinross Gold Corp	7,811	7,416
	Comerica	LPL Financial Holdings Inc.	8,035	11,427
	Comerica	Leidos Holdings Inc.	4,360	6,771
	Comerica	Lennar Corp	7,270	6,137

MDA HEALTH PLAN TRUST**Schedule H, Line 4i - Schedule of Assets (Held at Year End) (Continued)****For the Year Ended December 31, 2024**

EIN: 46-7271901

Plan Number: 501

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Comerica	Eli Lilly & Co.	25,546	64,076
	Comerica	Lowes Companies Inc.	24,596	63,181
	Comerica	MGM Resorts International	3,305	2,426
	Comerica	Marathon Petroleum Corp.	6,012	12,695
	Comerica	Masco Corp.	3,190	4,209
	Comerica	Mastercard Inc.	13,455	66,348
	Comerica	McKesson Corp.	9,425	12,538
	Comerica	Microchip Technology Inc.	6,170	5,850
	Comerica	Micron Technology Inc.	6,308	6,901
	Comerica	Morgan Stanley	10,162	14,709
	Comerica	Motorola Solutions Inc.	59,952	59,628
	Comerica	Nextera Energy Inc.	2,440	2,437
	Comerica	Nice Ltd.	3,034	2,887
	Comerica	Norfolk Southern Corp	9,281	8,448
	Comerica	Omicom Group Inc.	8,861	8,518
	Comerica	Oracle Corp.	65,495	95,818
	Comerica	PPL Corp	8,883	8,472
	Comerica	Parker-Hannifin Corp	32,589	66,783
	Comerica	Philip Morris	15,321	19,617
	Comerica	Philip Morris International Inc.	5,542	4,899
	Comerica	Robert Half Inc.	398	423
	Comerica	Roper Technologies Inc.	43,830	57,703
	Comerica	S&P Global Inc.	41,167	67,234
	Comerica	Holdings Inc.	482	482
	Comerica	Schlumberger Ltd.	6,437	7,553
	Comerica	Sherwin Williams Co.	17,550	64,927
	Comerica	Sysco Corp	17,721	17,126
	Comerica	TJX Cos Inc.	53,342	57,989
	Comerica	T-Mobile U.S. Inc.	5,160	9,712
	Comerica	Taiwan Semiconductor Manufacturing	45,686	75,836
	Comerica	Teck Resources Ltd.	10,249	8,268
	Comerica	Trimble Inc.	482	565
	Comerica	Uber Technologies Inc.	5,687	5,489

MDA HEALTH PLAN TRUST
Schedule H, Line 4i - Schedule of Assets (Held at Year End) (Continued)
For the Year Ended December 31, 2024

EIN: 46-7271901
Plan Number: 501

(a)	(b)	(c)	(d)	(e)
_____	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Comerica	United Airlines Holdings Inc.	5,071	6,214
	Comerica	United Rentals Inc.	3,856	7,044
	Comerica	U.S. Foods Holding Corp.	3,948	7,690
	Comerica	UnitedHealth Group Inc.	58,529	93,078
	Comerica	Wabtec	5,166	10,238
	Comerica	Discovery Inc.	14,399	19,667
	Comerica	Zoetis Inc.	<u>36,309</u>	<u>55,070</u>
	Total Corporate Stocks		1,373,342	2,022,372
	Exchange Traded Products:			
	Comerica	Invesco S&P 500 GARP ETF	395,355	454,655
	Comerica	iShares US Financial Services ETF	147,326	227,283
	Comerica	Sector Consumer Staples Select Sector	377,001	522,599
	Comerica	Industrial Selects Sector ETF	96,621	203,042
	Comerica	Vanguard Consumer Discretionary ETF	142,244	310,064
	Comerica	Vanguard Consumer Staples ETF	183,826	263,379
	Comerica	Vanguard Utilities ETF	461,394	609,557
	Comerica	Vanguard Growth ETF	<u>93,017</u>	<u>233,130</u>
	Total Exchange Traded Products		<u>1,896,784</u>	<u>2,823,709</u>
	Total Investments		<u>\$ 23,157,668</u>	<u>\$ 25,036,028</u>

(a) – Parties in interest as of December 31, 2024

MDA HEALTH PLAN TRUST
Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2024

EIN: 46-7271901

Plan Number: 501

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Comerica	U.S. Treasury Note Mat 11/15/2028	1,966,949				1,966,949	1,966,949	0

Order Name	Order#	TaxId
Ben Czerniawski DDS MS PLLC COBRA	16730-30	20-3827131
Brown Family Dentistry COBRA	21188-30	38-2039920
Danyal Dental Management Company COBRA	27524-30	82-3134533
Dental Associates Of Marquette COBRA	17375-30	38-2114406
Herremans & Bosscher COBRA	27642-30	38-2218700
James A Kessel DDS PC COBRA	21724-30	38-1885741
James E Mikula DDS PC COBRA	20393-30	38-3727344
John Krawitz DDS COBRA	18142-30	38-2078603
John M McMahon DDS PLC COBRA	19187-30	38-3250003
Kenneth E Grove DDS COBRA	21539-30	38-3047184
Lower Harbor Family Dental COBRA	19757-30	20-4880362
Mashni Dentistry COBRA	18356-30	38-2275510
Northern Shores Dental Group COBRA	28067-30	84-4646490
Patrick L Gadola DDS PC COBRA	16389-30	38-3594506
Paul Mansky DDS COBRA	27531-30	38-2871960
Personalized Dentistry COBRA	19817-30	38-1916059
Pradko Gallagher And Slanec PLLC COBRA	20666-30	32-0095591
Robert Joseph Pacella DMD PLLC DBA Houghton Lake Family Dentistry COBRA	28042-30	88-3799834
Ryan Keener DDS PLLC COBRA	28071-30	92-1071590
Schulyer Hamill DDS PC COBRA	27167-30	38-2853574
SDPA COBRA	27686-30	83-1981066
Smiles On Niles COBRA	27825-30	26-0498882
Steven M Dater DDS & Associates II PLC COBRA	27442-30	46-4946946
Third Coast Dental Group PLLC COBRA	27694-30	82-3527993
Family Dental Care Of Dimondale COBRA	21414-30	38-3239411
Vincent Mack DDS COBRA	18816-30	38-3018589
Scott J Owens DDS COBRA	27429-30	81-3818343
White Lake Dental PLLC COBRA	28164-30	93-4730640
Keweenaw Dental PLLC COBRA	27443-30	81-4722965
Powell & Udrys DDS PC COBRA	20319-30	38-2244639
Sylvania Orthodontics COBRA	27448-30	34-1847894
Michigan Dentists PLLC COBRA	27383-30	47-3002177
Westnedge Family Dentistry COBRA	18990-30	38-3304072
Joshua Smith Dental COBRA	27627-30	38-1375832
MI Smiles Dental Group COBRA	27438-30	81-1994715
Sunsal Dental PLLC COBRA	27464-30	46-2377443
Tally Dental Excellence COBRA	28089-30	92-1368638
Cotter & Easton General Dentistry COBRA	27734-30	83-4411453
Fox And Berman DDS PC Cobra	16802-30	38-1879262
Moeller PC COBRA	19783-30	46-1817177
Childrens Dental Specialists PLLC COBRA	27416-30	47-1814686
Oral Surgery Associates Of Lansing Cobra	17208-30	38-1911085
44th West Dental Professionals	27146-00	47-4242786

616 Dental Studio	27810-00	46-3023237
A Life Of Smiles	27857-00	20-1266019
A One Day Dentures Family Dentistry	27699-00	38-3634747
A1 Family Dentistry Of Waterford	27767-00	83-3938711
A1 Family Dentistry-Lincoln Park	27770-00	47-4363744
A1 Family Dentistry-Pontiac	27802-00	46-3030941
A2 Dental Care	28015-00	88-1932416
Aaron J Kroemer DDS PC	27846-00	38-3317502
AAVO Family Dentistry	27715-00	20-2039692
Adam E Piotrowski DDS PLLC DBA Precision Family Dental	27888-00	81-4912639
Adrian Family Dentistry	27375-00	20-3475966
Advanced Dental Solutions	27659-00	45-4685500
Aesthetic Dental Clinique	27721-00	20-5953417
Alan L Watson DDS	16465-00	38-2092319
Alex T Hoelzel PLLC	27887-00	85-3835698
Algirdas S Vaitas DMD PC	27365-00	38-3361542
Ali Ismail DDS PLLC	27724-00	83-3280442
All Smiles By Dr Phil	27733-00	26-4032860
All Smiles Family Dentistry	16644-00	61-1402909
Allison Kosinski DDS PLLC	28103-00	92-3727598
Allor Family Dentistry	28054-00	87-0900340
Alpha Omega Dental Center	16478-00	36-4532907
Anderson Family And Cosmetic Dentistry	27651-00	86-0592607
Andrea Godawa DDS PLLC	28076-00	88-4327302
Andrew C Tarkington DDS PC	21307-00	38-2339818
Andrew J Peterson DDS PLC	27863-00	82-0898856
Andrew J Reisterer DDS PLLC	20395-00	14-1970436
Andrew N Dill DDS PLLC	27658-00	45-2480484
Andrew Z Green DDS PLLC	16466-00	42-1729775
Anish Gupta DDS PLLC	27886-00	85-1354638
Ann Arbor Dental Care	28059-00	92-0523158
Aragona Oral Appliances LLC	27979-00	47-1427591
Arbor Dental Associates	20057-00	14-1944135
Arbor Lodge Dental	27340-00	45-5421977
Arch Dental	16556-00	90-0734805
Armstrong Endodontics	27703-00	38-3522867
Art Dental Center	27471-00	26-3387137
Ashish Patel MSD DDS PLLC	27929-00	87-1574078
Ashly Bailey DDS	27547-00	30-0827081
Aspire Orthodontics PLLC	27973-00	86-3517553
AT32 Dental PLLC	27931-00	87-1304419
Auburn Village Family Dental Center	20190-00	38-3215518
Ausable Family Dental	19044-00	37-1458502
Austin & Reid Dental Care	28148-00	81-4534590

AZ Dental	28030-00	82-3557334
Bad Axe Family Dentistry	27184-00	33-1034134
Baribeau Pediatric Dental Specialist PC	16480-00	38-2065665
Barnes Dental Care	21082-00	20-4670839
Baypointe Dental Care	20929-00	38-2688564
Beauchamp, Gauss, Gschwind	20651-00	38-3506018
Beechtree Family Dentistry	16575-00	38-3342065
Benjamin Jamo DDS	27613-00	47-0964795
Berrien Dental	17231-00	37-1434763
Betsy Meade DDS MS PC	27494-00	27-2398760
Beyond Dental PLLC	28122-00	93-2300987
Beyond The Bridge PLLC	27701-00	83-1942627
Blane M Bowen DDS PLC DBA Norton Shores Family Dentistry	27289-00	38-2811733
Bloomfield Dentistry	27962-00	87-1295644
Blue Spruce Dental	19731-00	38-3253298
Bohn Dental PLLC	28046-00	84-2749361
Bonnie Patel DDS	21009-00	03-0510540
Booker Family Dentistry	27396-00	46-1321859
Bookwalter Fee & Wright	20307-00	38-1980631
Boucher Family Dentistry	27774-00	45-2745708
Brad D Greenfield DDS PLC	21311-00	20-8599885
Bradford & Rowean DDS PC	19185-00	38-3048031
Brandan L LeBourdais DDS MS PC	20643-00	04-3819455
Brandt Endodontics	21549-00	27-3284035
Brenton D Habecker DDS PLLC	27496-00	47-3581385
Brett S Goymerac DDS PC	21544-00	20-2991561
Brian Carlin DDS	27482-00	26-3957292
Brian Hadeed DDS	27707-00	20-8018568
Brian J Buurma DDS MS	27805-00	38-3555924
Brian J Hunt DDS	21410-00	36-7600409
Brian M Grisdela DDS PLLC	28109-00	87-2755418
Brian Mayday DDS PC	22539-00	38-3462103
Brian S Nylaan DDS	27673-00	38-3137004
Briarwood Valley Dentistry	27599-00	38-3226266
Bright Dental Health	27880-00	81-2395033
Brooklyn Family Dentistry PC	22241-00	38-3504138
Brown & Luczak Family Dentistry	27952-00	87-2555351
Brown Dental Associates PLLC	27666-00	83-1675617
Brown Family Dentistry	21188-00	38-2039920
Bruce A Leonard DDS	17291-00	38-2994846
Bruce A Seitz DDS PC	22258-00	38-2974068
Bruce Harwood DDS PC	20507-00	35-2240131
Bruce P Mercado DDS PC	27418-00	38-2883384
Bruno Orthodontics	17861-00	20-0292782

Bryan Solt DDS	20644-00	36-4605462
Bryan Thomas DDS	16514-00	38-2891740
BT Dental PC	27708-00	81-2151541
Burton Dental Center	20173-00	26-1576955
Cabell Family Dental Care	21310-00	36-4516545
Carla Ellen Skaates DDS PC	20647-00	20-3978683
Carolan Family Dentistry	16679-00	30-0734496
Carpenter Family Dentistry	20262-00	61-1432200
Carrie L Lintner DDS PLLC	27671-00	02-0635163
Cascade Family & Implant Dentistry	28110-00	92-3247001
Cascade Oral Surgery	27726-00	38-1911085
Caseville Family Dentistry	21083-00	20-2520693
Cassopolis Dental	18907-00	38-2996811
Catherine Wilcox DDS PLLC	18795-00	03-0498017
Center For Modern Dentistry	27662-00	47-2986082
Center For Oral Surgery And Dental Implants	19300-00	38-2411137
Centerstone Family Dentistry PLLC	19496-00	27-5432598
Chad L Conlin DDS PLLC	27475-00	45-4950609
Chad W Barber DDS PC	28119-00	38-3327009
Charles P Beckwell DDS	23921-00	27-3071221
Charlevoix Family Dentistry	27502-00	20-1600260
Charlick, Springstead And Wilson Dental Associates	17350-00	38-1943868
Chelsea Mason DDS	17150-00	46-2947699
Chesterfield Family Dental	28056-00	84-4798969
Childrens Dental Care	27447-00	46-1094893
Childrens Dental Care Of Canton	27592-00	47-2431331
Childrens Dental Home	28116-00	82-2460648
Childrens Dental Specialists PLLC	27416-00	47-1814686
Christian VerMeulen DDS	27239-00	20-2151821
Christopher Bartnicki DDS	27387-00	38-3151682
Christopher M Brieden DDS	17001-00	38-2338024
Christopherson Orthodontics	27997-00	38-2380261
Chuandi Wang DDS Pediatric Dentistry PC	16411-00	27-4685333
Clarkston Pediatric Dentistry	27778-00	47-2932806
CLN Dental PLLC	27860-00	84-2331216
Coldwater Family Dentistry PC	20347-00	38-2359570
Comfort Dental Group	27155-00	20-1386426
Complete Dental Care East PC	27197-00	38-2734727
Complete Health Dental Care	27750-00	45-4600873
Comprehensive Dentistry	28135-00	20-4150740
Contemporary Family Dental	27298-00	46-0994190
Coombs And DeLacy Dental Associates	16786-00	02-0807424
Copper Country Family Dentistry	16767-00	27-0401019
Cotter & Easton General Dentistry	27734-00	83-4411453

Craig M VanZyl DDS	21276-00	38-3188153
Creative Smiles	27585-00	20-3817178
Creekside Family Dental	28118-00	26-3955767
Crescent Orthodontics	27829-00	45-4795434
Daniel A Lepri DDS PC	27227-00	38-3245556
Daniel Brayton DDS	25209-00	38-3362406
Daniel D Seitz DDS PC	27966-00	86-1646667
Daniel G Ankoviak DDS PC	27505-00	30-0009935
Daniel Lipnik DDS	17762-00	38-2701709
Daniel P Moylan DDS PLLC	27247-00	26-3427206
Daniel R Blazo DDS PLLC	27903-00	83-1904878
Daniel S Eisinger DDS	27374-00	47-4074471
Danyal Dental Management Company	27524-00	82-3134533
David G Betcher	27426-00	38-3329423
David K Vazquez DDS PLC	28137-00	46-3189675
David M Kaminski DDS PC	27543-00	38-2691561
David M Shabluk DDS PC	17068-00	38-3384104
David R Zwingman DDS PLLC	20358-00	42-1531656
David Ronto DDS	16708-00	61-1429050
David S Novak DDS	16442-00	20-2232799
David T Crandell DDS	17065-00	30-0506028
David Tapani	27959-00	87-1813946
Dawn A Diesing DDS PLLC	27714-00	83-1146309
De Young Dental Associates PLLC	28050-00	87-4725490
Dearborn Dental Group	27680-00	45-2968529
Debra A Chinonis DDS PC	21255-00	38-2416979
Decatur Family Dentistry	19812-00	06-1800935
DeHaan Orthodontics	20331-00	46-0781313
Delaney Plunkett Ralstrom Makowski Thanasas Ker And Associates	17310-00	38-1877722
Delaney, Root And Associates PC	20476-00	32-0017284
Dental Associates Of Marquette	17375-00	38-2114406
Dental Center Of Oxford	27221-00	38-3622069
Dental Design PC	27956-00	38-3000011
Dentist 4 Life	27751-00	32-0087572
Dentistry By Design Of Jackson PLC	27423-00	81-4376449
Dentistry By The Bay	17961-00	38-3116939
Dentistry For Northern Michigan LLC	20561-00	45-5434993
Derek Rice DDS PLLC	27752-00	45-3970665
Dexter Endodontics	27926-00	81-0970316
Dexter Orthodontics	27407-00	38-3406410
Dina Hinkley-Cocco DDS	16844-00	38-3326158
Dina Khoury Hanby INC	27272-00	27-0185216
Dionise Dental PC	28079-00	92-1296682
Diversified Dental PC	22077-00	38-3387951

Donald A Thill DDS	16541-00	38-2396145
Donald Wurtzel DDS	16574-00	32-0269068
Donohue And Donohue DDS	17209-00	38-2912239
Dori A Freeland DDS MS PLC	20909-00	72-1587470
Dorothy A Pasikowski DDS PC	27412-00	38-3582610
Dorr Family Dentistry	19066-00	38-3269410
Douglas Hinterman DDS	16976-00	38-3270311
Douglas S Killian DDS PC	17554-00	27-0325979
Downriver Surgery Center	17797-00	38-2615092
Dr Daniel Roberts PLLC	27722-00	83-4636795
Dr Daniel Ruddy & Dr Joseph Zerafa	16791-00	38-2249528
Dr Lubyansky DDS	27875-00	83-3658980
Dr Pandya PC	27971-00	38-3481237
Dr Robert G Trecapelli DDS PLLC	27792-00	38-2176237
Drake Road Orthodontics	27382-00	90-0745915
Drakeview Dental PLLC	27799-00	81-3688112
Drs Fuhst-Wylie And Kahn Family Dental Care	28043-00	38-3381601
Drs Nevins Family Dentistry	27583-00	38-3627729
Druskovich Dental PC	19739-00	20-0908246
Duski Dentistry	18173-00	38-3036301
East Bay Family Dentistry	20348-00	20-0168829
East Paris Dental Professionals	19001-00	38-2955307
East River Road LLC	27401-00	38-3219506
Edmore Family Dentistry	21111-00	47-5461548
Elan Dental Group Lansing PLLC	27985-00	81-4646064
Elan Lake Lansing PLLC	27986-00	83-0760525
Elan Okemos PLLC DBA Elan Implant Center	28080-00	87-1616562
ElanXLabs LLC	27988-00	84-4568156
Elizabeth Barber DDS MS PC	27648-00	82-5472642
Elizabeth White DDS PLLC	27905-00	86-3906968
Eric T Shugars DDS MS PLC	27373-00	38-3351673
Eric Taylor DDS	19226-00	20-0530120
Erik J Lee DDS PLLC	22166-00	20-8250075
Erin Riley DDS MS PLLC	27999-00	88-0753565
Esmiles	20256-00	38-3211642
Etheridge Dentistry	21553-00	75-2975574
Evan Kowalski DDS PLLC	27790-00	84-3157587
Evanoff Dental	27440-00	81-4154393
Faddi Salim DDS PLLC	27951-00	47-4166316
Family Dentistry Of Caledonia	21845-00	38-3480989
Family Dentistry Of Sandusky	21415-00	26-3662220
Family Dentists PLLC	16729-00	27-3181101
Farmington Family Dental PLLC	27451-00	46-3556816
Farmington Hills Dental	27698-00	26-2914146

Farwell Family Dentistry	19521-00	20-5919472
Fichter McDougal PLLC	19838-00	27-1492534
Fienman Dental PLLC	27682-00	83-3417906
Fischer Family Dentistry	19784-00	38-2370877
Ford Dental Group	21689-00	38-3340209
Forest Hills Endodontics	27661-00	06-1796455
Foster Dental Care	27728-00	83-2210211
Fox And Berman DDS PC	16802-00	38-1879262
Frankenmuth Family Dental Assoc PC	17225-00	38-2105499
Frederick A Harb DDS PC	27534-00	38-3329199
Fronczak Dentistry PLLC	27194-00	85-1526993
Fry Family Dentistry	27948-00	85-3183595
Fry Orthodontics PLLC	27693-00	82-1631981
Gabriel B Holdwick DDS PC	27315-00	47-4190648
Gabriele Bugli DDS	22149-00	38-2670845
Garvin Family Dental Care	16838-00	26-4113957
Gary A Gilbert DDS PC	20056-00	38-2205014
Gary A Schluckebier DDS PLLC	16799-00	38-3607229
Gary Adiska DDS PC	18802-00	38-2687277
Gateway Dental Care	27764-00	20-2916902
Gaynor Family Dental	21872-00	38-2964687
Generations Family Dentistry PC	27936-00	38-2566209
Gentle Family Dentistry - Midland	27628-00	38-3161130
Georgetown Family & Cosmetic Dentistry PLC	27497-00	20-1935170
Gingrich Dental PC	27572-00	27-1404658
Glupker Orthodontics	22273-00	38-2816776
Gordon & Prince Family Dentistry PLC	21426-00	52-2399116
Grand River Dental	27361-00	04-3750775
Grandville Dental Health Center PC	28013-00	38-2373825
Graydon H Coon DDS PLLC	21767-00	20-2003965
Greashaber Dentistry	27044-00	26-0178960
Great Lakes Dental Excellence	28061-00	87-3716904
Great Lakes Endodontics	19983-00	26-4286780
Great Lakes Events And Marketing LLC	27869-00	85-2671363
Great Lakes Smiles PLLC DBA Plymouth General And Cosmetic Dentistry	27713-00	83-2569791
Great Northern Dental Associates	19728-00	38-2222804
Great Smile Dentistry	19851-00	90-0113736
Greenland Advanced Oral Care	27914-00	80-2676567
Gregory Rosecrans DDS PC	17002-00	38-3322014
Growing Smiles Pediatric Dentistry	22250-00	46-3793118
Gull Lake Dental Care	16660-00	38-3393894
Gustafson And Morningstar DDS	18668-00	38-2254931
Haddad Dental PLLC	27850-00	84-2436509
Hagan Rodriguez Periodontics And Implants	27655-00	38-3366777

Halonon Dentistry	28100-00	47-3992801
Hamilton Pediatric Dentistry	27858-00	46-3836558
Hannapel - Pellillo Orthodontics PLLC	27833-00	85-1368259
Happy & Green Dental Group PC	27405-00	27-0833522
Harbor North Dental Associates PLLC	27957-00	84-2886483
Harbor Pointe Dental Of Petoskey	18810-00	20-5875511
Hastings Family Dental Care	27388-00	38-3491686
Heather H Charchut DMD PC	16421-00	20-8375417
Hecker Dental Group	28029-00	85-2628934
Hennig Woodbury Howard PC	18137-00	38-1953537
Hernly Family & Cosmetic Dentistry	21855-00	20-0693923
Herremans & Bosscher PC	27642-00	38-2218700
Hilary Newby DDS PC	19193-00	38-3428279
Hillary V Knight DDS PC	27439-00	81-4515110
Hilltop Dentists	20131-00	38-2357381
Holecek & Stefan DDS PC	27556-00	38-2476850
Hosack Bieszka Halverson	23014-00	38-1903502
Howard A Hamerink DDS PC	20126-00	38-2150774
Howell Dental Excellence	21979-00	46-3158337
HSM Dental	27188-00	26-3855411
Hudsonville Dental	20598-00	30-0146647
Hueston Family Dentistry PC	20494-00	38-3566008
Huntington Group	19229-00	38-1874386
Huron Dentistry	27938-00	82-3608589
Independence Dental	27237-00	20-2139284
Indian River Family Dentistry	27945-00	82-2339742
Ivanrest Family Dentistry	17353-00	20-3771906
J Richard Brooks DDS	20649-00	38-2683040
Jack Ostrowski DDS PLLC DBA Lowell Dental Care	27781-00	84-2555947
Jacob M Fischer DDS PLLC	27977-00	87-2664250
Jaime A Abbott DDS PLLC	28027-00	20-5997524
James A Kessel DDS PC	21724-00	38-1885741
James C Papp DMD PLC	27832-00	42-1599292
James D Thomas DDS PC	22105-00	38-3382540
James E Mikula DDS PC	20393-00	38-3727344
James J Hur DDS PLLC	28131-00	38-3413118
James K Cantwil DDS	16652-00	38-2838066
James M Braun DDS MS	22159-00	38-2244664
James R Hanchett DDS PC	21069-00	20-0282925
James R Stewart DDS PC	27174-00	38-3265928
James Watson DDS PLLC	27638-00	27-1741420
Jamestowne South Dental PC	28010-00	86-2648579
Jane Boeschenstein DDS	27907-00	26-2073095
Janower And Monkman Dentistry	16398-00	38-2910391

Jared Hector DDS PLLC	28033-00 86-2439781
Jason Dopp DDS PLC	27165-00 38-3466210
Jay Balasz DDS	27828-00 38-3145606
Jay Orthodontics	19762-00 46-3246072
JB Zoutendam DDS PC	27488-00 38-3566605
Jean E Driscoll DDS MS PC	20619-00 38-3651372
Jeffrey Ash DDS MC PLC	20952-00 20-0511036
Jeffrey Helmus DDS	21428-00 27-1509520
Jeffrey L Hardenburg DDS	17164-00 38-3125550
Jeffrey Lonier DDS	16814-00 38-3137990
Jeffrey Riggs DDS	22067-00 38-3468677
Jeffrey Selasky DDS PLLC	27994-00 80-2411297
Jeffrey T Baker DDS PC	27826-00 38-3007127
Jeffrey T Huisman DDS PLLC	27395-00 20-8037522
Jehan Wakeem DDS PLLC	27978-00 30-0655568
Jeneen Martin DDS PC	20881-00 38-3087957
Jennifer F McFinton DDS PC	16401-00 20-1525221
Jeremy M Bezzo DDS PC	27465-00 61-1717887
Jessica R Bentoski DDS MS PLLC	27559-00 46-4379759
Jianfu Zhu DDS	17223-00 05-0583324
Jill J Gillhooley DDS PLLC	16715-00 27-2881875
JM Dental Group	27175-00 45-3695525
Joey Arbutante DDS	17681-00 38-3691440
John D Mancini DDS PC	16463-00 38-3628683
John E George DDS PC	19714-00 38-2954941
John E Jostock DDS PLLC	27546-00 46-4842987
John J Spurr DDS PLC	20311-00 38-3496018
John Krawitz DDS	18142-00 38-2078603
John Ludwig DDS PC	27445-00 38-2555122
John M Colasanti DDS PC	16597-00 46-3895048
John M Dee DDS PC	20761-00 38-2383203
John M McMahon DDS PLC	19187-00 38-3250003
John P Blake DDS PC	27278-00 38-3369293
John T Fornetti DDS	16629-00 38-2598824
Jonathan Berns DDS	17965-00 26-4573102
Jones And Secor Family Dentistry PC	16635-00 38-3395654
Joseph Colon DDS	22068-00 46-0807238
Joseph Gondoly DDS	22413-00 20-5548098
Joseph P Zolinski DDS PC	20185-00 20-0503716
Joshua L Secrest DDS PLLC	27509-00 46-3160885
Joshua Smith Dental	27627-00 38-1375832
Judy W Warren DDS	27969-00 38-2818085
Julie Freeman DDS MS PLLC	27761-00 83-4460647
K Bever Dental PC	20111-00 20-0408151

Kai Steele Corporation	21018-00	47-1960909
Kalamazoo Family Smiles PLLC	27621-00	83-0738698
Kalamazoo Pediatric Dentistry	17077-00	38-3924004
Kalamazoo Periodontics PLC	27729-00	83-3899495
Kamil Abraham DDS PC	27922-00	82-2099033
Karl M Hogue DDS	19536-00	38-3242717
Katharine A Murphy DMD PC	28115-00	45-3364288
Kathleen P Vani DDS	16720-00	38-3132880
Keeton Family Dentistry	28068-00	82-2982393
Kellogg And Latz DDS	28113-00	81-4652714
Kelly Dental	27517-00	38-3472865
Kelly J Rigney DDS PLLC	27916-00	84-3433764
Kenneth C Ackley DDS PC	27552-00	46-2733310
Kenneth E Grove DDS	21539-00	38-3047184
Kensington Valley Endodontics	16510-00	38-3406583
Kent City Dental Center	18755-00	38-2754178
Kentwood Family Dentistry	27861-00	85-2628934
Kentwood Premier Dental	28108-00	80-2888062
Kevin M Hallgren DDS MSD PC	27563-00	82-3000645
Keweenaw Dental PLLC	27443-00	81-4722965
Khoury Dental Center PLLC	27727-00	20-1028682
Killian Dentistry PLLC	27972-00	27-0325415
Kimberly A Danta-Dahl DDS PC	20861-00	38-3098044
Klym Entities PLLC	27665-00	82-3691588
Knapp Orthodontics PC	27855-00	81-3327199
Knudsen Dentistry PLC	17343-00	38-3304029
Korte Endodontics DBA Grandville Endodontics	28123-00	87-4240754
Kosnic And Murphy Dental	27935-00	38-3234158
Krampe Dental PLLC	28091-00	92-2172255
Kristen Balutowicz DDS	27390-00	81-1918010
Kristin L Fairbanks DDS	27526-00	38-2813872
Kristina Palmer DDS	27735-00	26-3735095
Kyle McGill DDS PC	21815-00	26-3790245
Kyle T Pullen DDS	27851-00	82-3362801
Laila S Carr DDS PLLC	27579-00	82-2479108
Lakes Family Dentistry PC	22354-00	20-3465302
Lakeshore Dentistry PLLC	20707-00	36-4568082
Lakeside Pediatric Dental Specialists	19017-00	47-1189008
Lakeview Dental	18756-00	20-8742091
Langhorst Family Dentistry	27944-00	82-3733984
Lanlan Zhang DDS	27776-00	38-3481082
LaRock Dental	20169-00	46-2849059
Larry C Black DDS PC	27393-00	38-1919888
Larry DeGroat DDS PC	20238-00	38-2207222

Laurich Dentistry PLLC	19339-00	26-3140515
Legacy Dental Partners PC	19240-00	38-1898822
Legacy Oral And Facial Surgery Center PC	27918-00	86-3119100
Leigh E Snyder DDS	18766-00	38-2822528
Leslie Dental Associates	27225-00	02-0645668
Levan Dental Group	19411-00	20-2432929
Levata Sleep	27749-00	84-2717974
Lifetime Dental Care	16854-00	27-5034427
Lifetime Orthodontics	27862-00	81-3120682
Lighthouse Dental Group	17008-00	27-0380407
Limitless Dental Care PLLC	28112-00	92-2801429
Lincoln Dental Marquette PC	27603-00	38-3573900
Linda Hubbard DDS	16531-00	38-2366827
Livonia Family Dental	28114-00	27-4278744
Livonia Laser Dentistry	27853-00	82-4671001
Lower Harbor Family Dental	19757-00	20-4880362
Ludington Family Dental	28035-00	88-1494707
Luis Perez DDS MS PC	20764-00	42-1634570
Lynn C Hyland DDS PC	22004-00	38-1997733
Madany Dental	27927-00	26-0472734
Madorsky & Pullman	18764-00	38-3634291
Maggie Evans DDS PLLC	27720-00	83-2507120
Main Oak Family Dentistry	27529-00	45-2409879
Main Street Dental PLLC	27677-00	20-3861936
Main Street Family Dental	27755-00	82-1988112
Mario Tomei DDS	17293-00	38-3099899
Mark C Tingey DDS PLC	27458-00	82-1445773
Mark C Wolanin DDS	20671-00	38-2736533
Mark Hanselman DDS LLC	22005-00	38-3448806
Mark J Stevenson DDS PLC	20446-00	26-4210444
Mark Mastellotto DDS PC	19227-00	45-3950214
Mark Peterson DDS	22300-00	38-2632339
Mark S McFerran DDS	21644-00	38-2783383
Marlow Dental PLLC	18134-00	38-3003213
Marquette Family Dental PLLC	27657-00	82-5306615
Marquette Pediatric Dentistry	27647-00	26-1247737
Martin D Vredenburg DDS PC	21316-00	38-2411996
Mashni Dentistry	18356-00	38-2275510
Mason Periodontics & Dental Implants	19513-00	46-1412469
Matteson Family Dental	27896-00	84-4975524
Matthew C Christopher DDS PC	21277-00	38-3694176
Matthew D Cooper DDS PC	27554-00	51-0532274
Matthew D Hudson DDS PC	27246-00	47-5597663
Matthew J Smith DDS	21430-00	38-2900778

Matthew N Fulton DDS PC	20509-00	20-0408263
Matthew R Reck DDS	16400-00	38-1902093
Matthew S McEachran DDS PC	21484-00	38-3722227
Matthew V Lindemann DDS MS PLLC	27730-00	27-1980530
Maureen M Gierucki DDS	27847-00	46-5095280
Maxson Dental PC	17072-00	26-1582372
May And Mallory DDS PC	28073-00	
McCoy Family Dentistry PLC	20226-00	46-1138675
MCDental Care PLLC	16552-00	20-0635043
McLaren Dental Associates	28086-00	37-1491710
McNamara Orthodontics	27164-00	38-2329521
Megan M Faircloth DDS PLLC	28045-00	82-4793362
Mertz-Bricker Family Dentistry	27870-00	35-2678625
Metropolitan Dental Center Of Waterford	16855-00	38-2453639
MI Perio PC	27899-00	46-3306091
MI Smiles Dental Cascade	27806-00	81-1994715
MI Smiles Dental Comstock Park	27942-00	87-2090574
MI Smiles Dental Grand Haven	27402-00	81-1942016
MI Smiles Dental Grand Rapids SE	27943-00	87-2652075
MI Smiles Dental Group	27438-00	81-1994715
MI Smiles Dental Ionia	27993-00	87-3694912
Michael A Izzo DDS PC	27536-00	38-3211245
Michael C Hutchison DDS PLLC	27672-00	14-1977477
Michael D Dincau DDS PC	21164-00	38-3375020
Michael DiRezze DDS	28121-00	92-4021002
Michael E Glass DDS	21655-00	38-3709142
Michael J Vilag DDS PC	27949-00	84-3500534
Michael L Young	27178-00	38-2168207
Michael McNutt DDS PC	17005-00	38-3606757
Michael R Murphy DDS	21013-00	38-2718853
Michelle Guo DDS PLLC	27675-00	27-4072909
Michigan Dentists PLLC	27383-00	47-3002177
Michigan Endodontics	20261-00	38-1989414
Michigan Implants And Periodontics	17865-00	26-3891600
Michigan Prosthetic Dentistry	28094-00	92-1857875
Mid Michigan Dental Associates	27645-00	20-8363029
Mid Michigan Dental Center PC	27484-00	38-3478576
Mid Michigan Oral Surgery	16710-00	38-1881616
Mid-Michigan Pediatric Dentistry	22135-00	46-3896170
Mid-Michigan Periodontics & Dental Implants	27804-00	47-2186120
Mika Orthodontics PLC	27818-00	47-5066468
Mio Family Dentistry	20314-00	38-4782042
Mitchell S Vander Baan DDS PLLC	27990-00	85-0564908
Mitten Kids Dentistry	27739-00	83-4026770

Moeller PC	19783-00 46-1817177
Monica A Lamble DDS MS PLLC	28019-00 88-2932027
Monica L Lewis DDS PC	27574-00 38-3344837
Monroe Family Dentistry	28077-00 38-3161806
Morris Simmons And Associates	19182-00 01-0841114
Mortiere & Gasparotto DDS	27762-00 38-2091123
Mortimer Family Dentistry	17905-00 38-3033201
Nakash Dental Group	27615-00 81-1617193
Nathan E Thomas DDS PLLC	18833-00 47-1381528
Negaunee Family Dentistry	27950-00 86-1746571
Neighborhood Dental Group	27738-00 26-2765219
Neighborhood Family Dentistry	27854-00 86-1076500
Nelson Family Dental PC	28017-00 82-0892547
Nesmith Periodontics & Dental Implants PLLC	28044-00 87-3055346
New Baltimore Dental Center	28145-00 46-1405949
NEW UP Dental	20549-00 38-2357797
Nguyen Family Dentistry PC	23843-00 46-1315751
Nicholas E Nahernak DDS	21314-00 38-2288591
Nichols Family Dentistry PC	20082-00 27-3061301
Norbert E Fernandez DDS PC	20914-00 45-4064280
North Oakland Dental Group	20915-00 38-3359362
Northern Dental Group PC	27404-00 38-3470931
Northern Family Dental PLC	27595-00 20-4406617
Northern Shores Dental Group	28067-00 84-4646490
Northshore Dental Associates	27264-00 38-3326145
Northville Dental Associates	21940-00 26-3851686
Northwood Cosmetic Dental Group	27560-00 30-0086820
Norton Shores Dental PC	27900-00 47-3819618
Nurture Family Dental	27286-00 81-2274175
Oakland Orthodontics	27921-00 85-2112584
Occhietti Selden Dental Clinic	21431-00 36-4517060
Oral Surgery Associates Of Lansing	17208-00 38-1911085
Orthodontic Associates Of Port Huron	22879-00 38-2521737
Otsego Family Dentistry	27607-00 38-3065360
Packard Family Dentistry	28052-00 84-4994436
Padbury Periodontics & Implant Dentistry PC	20898-00 03-0464171
Palte Endodontics PLC	27557-00 47-3878421
Park View Family Dentistry PC	28082-00 46-3927561
Parkside Dental Associates PC	24703-00 20-3601617
Parkside Endodontics	27992-00 87-1330160
Patrick G Smith DDS	21773-00 30-1152298
Patrick J Genrich DDS PC	17228-00 38-2321769
Patrick L Gadola DDS PC	16389-00 38-3594506
Patrick Qatsha DDS	20050-00 90-0434728

Patrick T Ruth DDS PLLC	27987-00	87-2925226
Paul Darmon DDS PC	27678-00	38-3636681
Paul M Blank PC	16451-00	38-3080877
Paula Druskins DDS	17556-00	35-2163762
Paulette S Bass DDS	16427-00	38-3204777
Pediatric Dental Center PC	27934-00	38-3557635
Pediatric Dental Specialists Of West Michigan PLC	27741-00	82-4842529
Pediatric Dentistry & Orthodontics Of Jackson	28087-00	87-1418504
Peninsula Endodontics PC	16982-00	27-0465941
Peninsula Family Dentistry	27965-00	38-3530489
Periodontal Specialists PC	21873-00	38-3083109
Perry Dental PLC	27516-00	27-0139818
Personal Endodontics PC	20782-00	20-4266837
Personalized Dentistry	19817-00	38-1916059
Peter J Jacobs DDS	17793-00	38-2752020
Peter W Blackburn DDS PLC	27809-00	38-3556471
Petrous Orthodontics	27629-00	46-3057142
Pfotenhauer Family Dentistry	27885-00	38-3575211
Pinckney Family Dentistry	20081-00	38-3387262
Plymouth Dental Associates	28040-00	38-1967806
Plymouth Endodontics PC	21769-00	38-2332408
Plymouth Sunsal Dental PLLC	27463-00	81-4599862
Pogoncheff DDS PC	27518-00	38-2276904
Port Pediatric Dentistry PC	27538-00	51-0574354
Portage Lakes Dentistry	21312-00	38-2673823
Positive Family Dental	27910-00	85-2600022
Powell & Udrys DDS PC	20319-00	38-2244639
Powell Dental PLLC	28102-00	92-0912193
Pradko Gallagher And Slanec PLLC	20666-00	32-0095591
Precision Family Dental	28034-00	88-2998213
Preservation Dental	20523-00	38-2196804
ProDental Brighton PLLC	27723-00	83-4513866
Progressive Dental - DR HALL	27551-00	20-1410824
Progressive Dental Group	17911-00	38-3236152
Rajiva Tirtha DDS PC	27624-00	20-0080539
Ralph J Becker DDS PC	27670-00	38-3210277
Raymond Clark DDS	20681-00	38-3361916
Regency Family Dental	16665-00	46-5056217
Renaissance Endodontics PLLC	21540-00	57-1162618
Renee Kirkpatrick DDS PLLC	28022-00	47-5141563
Richard G Raad DDS PC	28106-00	38-3151589
Richard M Dawdy DDS	17055-00	38-2172475
Ritzema Family Dental	27550-00	30-0047674
Riverside Dentistry PLLC	28064-00	92-0555857

Riverside Family Dentistry PC	21080-00 03-0504425
Rivertown Dental Associates	20351-00 47-2256475
Robert A Flory DDS	19823-00 38-2205331
Robert Joseph Pacella DMD PLLC DBA Houghton Lake Family Dentistry	28042-00 88-3799834
Robert P O Bryan DDS PC	22186-00 38-2182114
Robert R Ziaja DDS MS LLC	21315-00 26-3952777
Rochester Family Dentistry	21821-00 38-1918390
Rochester Hills Family Dentistry	27748-00 61-1602124
Rochester Orthodontics	27933-00 81-3685239
Roeser Dental Associates	16784-00 38-2176697
Ronald M Olszewski DDS	22173-00 38-2905269
Root Canal Specialists	27785-00 47-1566203
Rose Street Dental	16647-00 46-0657263
Roy E Margenau III DDS	22003-00 38-2931607
Roy Morgan Arnett DDS PC	16406-00 38-3298133
Ryan E Breasbois DDS PC	16689-00 45-5184596
Ryan E Thomas DDS PC	16511-00 38-1906836
Ryan Keener DDS PLLC	28071-00 92-1071590
S & S Dow Management Co	16819-00 20-0676648
S Bhakta DDS PLC	27796-00 20-0291820
SAB Dentistry PLLC	27902-00 86-2603208
Saline Dental Care PLLC	27915-00 85-3533206
Salvatore S Aragona DDS PC	22007-00 38-2384311
Sam Baydoun DDS	28023-00 83-1111873
Samuel A McGuire DMD PLLC	28028-00 86-3850408
Samuel Daniels DDS MS PLLC	17078-00 91-2187201
Santini Family Dentistry	19858-00 81-4541428
Sarah Paxton DDS	24148-00 38-2733355
Sarazin Dental PC	16823-00 38-2195364
Schmitt And Amin DDS PC	21170-00 38-2328115
Schuyler Hamill DDS PC	27167-00 38-2853574
Scott Doman DDS PC	22150-00 38-3765746
Scott Elsey DDS PLLC	27742-00 84-1984688
Scott F Ellard Dentistry	20365-00 38-2762604
Scott Forsmark DDS	16646-00 38-2897689
Scott J Ferguson & Associates PLLC	16684-00 52-2363667
Scott J Owens DDS	27429-00 81-3818343
Scott J Ribitch DDS PLLC	28085-00 87-1840242
Scott R Smith DDS PC	16566-00 38-2490208
Scott W Taylor DDS PC	27294-00 47-3862938
SDPA	27686-00 83-1981066
Seago Family Dentistry PC	21019-00 38-3245530
Seth A Vrugink DDS PLC	20853-00 38-3635978
Seven Lakes Periodontics	18915-00 32-0062644

Sharp Smile Center	21112-00	38-3575938
Sheila L Armstrong DDS	27711-00	38-3608525
Shelby Family Dental Care	28096-00	30-0272249
Shelby Smile Designs	20473-00	38-2887785
Shoreline Endodontics	16788-00	45-2276488
Shoreside Family Dental	27953-00	20-4398886
Siara-Olds Orthodontics	18392-00	45-5315133
Signature Dental	28107-00	86-3320353
Simply Dentistry	28127-00	47-1517606
SixOneSix Dentistry For Children	16773-00	38-2418878
Smile Farmington Hills	27892-00	86-1221181
Smiles By Design PLC	27499-00	22-3862412
Smiles On Niles	27825-00	26-0498882
Smilies Pediatric Dentistry	27780-00	45-5451552
Smooth Sailing PC	27319-00	20-2138546
Snyder Family Dentistry	20218-00	45-4172131
Soha Shamas DDS DBA Prima Dental	28039-00	88-1062594
Solt Family Dental PLLC	27490-00	82-2945507
Sonja G Norris DDS	27946-00	90-0353701
South Lyon Orthodontics	20333-00	38-3427229
Southgate Dental Group	16845-00	20-1566635
Southshore Dental	20951-00	36-4544110
Southwest Michigan Endodontics	28136-00	92-1748301
Sparta Family Dentistry PLLC	28007-00	88-0899268
St Clair Shores Dental Office PC	19456-00	38-2172495
St Helen Family Dentistry	16697-00	26-2164770
St Joseph Dentistry	27964-00	45-5151330
Stefanski Dental	27268-00	20-2356325
Stellar Smiles Pediatric Dentistry	28133-00	88-1311576
Sterling Endodontics PC	27565-00	38-3154881
Steven B Ray DMD PC	27183-00	26-3762620
Steven Gluck PC	27241-00	38-1900467
Steven H Flath DDS PC	21073-00	38-3214734
Steven Hechtman DDS	18986-00	38-2418928
Steven Hollister DDS	17349-00	38-3027705
Steven M Dater DDS & Associates II PLC	27442-00	46-4946946
Steven Shuster DDS	16675-00	38-3426664
Steven Taft DDS	18799-00	38-2970881
Steven Utecht DDS	20544-00	38-3235004
Steven W Charchut DMD MS PC	28016-00	38-2197412
Stines Dental Associates	27459-00	38-3330810
Stonecastle Dentistry	27814-00	26-3943771
Straight Smiles Orthodontics	27356-00	38-3555178
Strobel Family Dentistry	16663-00	38-2399427

Strong Dental Center PLC	27234-00	38-3217803
Studt & Tironi Dentistry	27525-00	20-5898307
Sue A Reid Parisi DDS	27398-00	36-4523380
Summit Family Dental	21929-00	38-3602903
Summit Heights Dental Care	21812-00	27-1945261
Sunsal Dental PLLC	27464-00	46-2377443
Superior Smiles	16530-00	20-2094369
Susan L Micklow DDS MS PC	17963-00	38-2948934
Susan M Dennis DDS	27882-00	27-4269910
Suttons Bay Dental Center PLLC	27919-00	38-3631756
Sylvania Orthodontics	27448-00	34-1847894
Tally Dental Excellence	28089-00	92-1368638
Terri Todaro DDS	21646-00	38-2779165
Thair Stipho DDS PC	21854-00	38-3576875
Third Coast Dental Group PLLC	27694-00	82-3527993
Thomas E Schulz DDS	27784-00	37-2729656
Thomas P Warner DDS	16494-00	38-3271304
Thomas R Flint DDS PC	27625-00	38-2087124
Timothy F Kosinski MS DDS PC	16491-00	38-3077987
Timothy Harbin DDS PLC	19473-00	46-4440596
Timothy J Zielinski DDS PC	16509-00	38-2436061
Timothy M Ruby DDS PLLC	20650-00	46-4043050
Timothy Thomas DDS	16686-00	38-2770774
Todd H Ryan DDS	21257-00	20-2858579
Toothworks PC	16424-00	38-3312072
Tracy A Ruegsegger DDS PC	28049-00	20-1437091
Troy Periodontics And Dental Implants	27901-00	85-0795388
Troy R Clausen DDS PC	16524-00	38-2972349
Truform Surgery	28075-00	87-1314305
Ultimate Dental	22390-00	20-4418355
Ultimate Smiles	27958-00	86-2274831
Upper Michigan Oral & Maxillofacial Surgery	17867-00	20-1808354
Uppleger Dental	16741-00	38-2509791
Van Alstine Family Dentistry	27588-00	20-5110761
Van Haren Dentistry	27521-00	20-8064878
Van-Anh Peters DDS PC	28000-00	38-3219892
Vander Linde Family And Cosmetic Dentistry	20925-00	46-1630651
VanderLaan Family Dentistry	19976-00	45-4499531
VanTimmeren Family Dentistry PC	21828-00	27-2014583
Vienna Family Dentistry PC	20694-00	38-2223410
Vincent Mack DDS	18816-00	38-3018589
W & W Dentistry PLC	21258-00	46-5702089
Walby Dental PLLC DBA University Dental Associates	27743-00	83-1182701
Walcott Dental PLLC	20998-00	46-3431236

Warren Laser Dentistry DDS PC	27696-00	45-2514989
Wassenaar Frutiger Moeggenborg DDS PLLC	16756-00	26-4026641
Waters Edge Dentistry	28011-00	20-1941464
Watterson Family Dentistry	20676-00	38-3430308
Wayne E Pickett DDS PLC	22100-00	20-8302851
Weaver Dentistry	28078-00	80-2946758
Wesley Orthodontics	27500-00	38-3571940
West Bay Family Dental	28048-00	86-2855800
West Michigan Endodontists PC	27573-00	38-2029990
West Michigan Family Dental PC	21727-00	38-2901263
West Milham Dental	17273-00	27-2949646
Wester Dental Care PC	20511-00	30-0129736
Westnedge Family Dentistry	18990-00	38-3304072
Westside Dental GR PC	21875-00	46-2046898
Westwood Dental	27793-00	38-3444734
White Orthodontics	27619-00	83-0604451
William DesJardins DDS	27605-00	46-1549932
William E Mason DDS MS PC	16794-00	20-8071123
William G Ziecina DDS PC	27604-00	27-3504940
William R Lindow DMD PC	20189-00	38-3337513
William Stutman DDS PC	27824-00	20-2016420
Willow Pediatric Dentistry Of Tecumseh	27941-00	82-3595607
Winkler Dental Center	16986-00	38-3256329
Wolf Family Dentistry	16513-00	38-2083580
Wright Street Dental PC	27633-00	47-1500407
Wunderlich & Chang	16504-00	38-3431913
Zang-Bodis Orthodontics	28004-00	87-3647498
Zeeland Family Dentistry	16676-00	46-4320979
Zoma Dental	27632-00	83-0918311
Zuidema And Hess Family And Cosmetic Dentistry	21017-00	38-2617925
Bechtel Dentistry	28147-00	26-2683292
Castile Dental Group	28134-00	93-1522861
Great Lakes Pediatric Dentistry PLLC	28111-00	92-2768076
Ray-An Buhay PLLC DBA Farmbrook Family Dentistry	28152-00	86-3636819
Ridgeway Dental	28142-00	86-1281869
Troy Dental Studio	28150-00	31-1825490
Farwell Dental PLLC DBA Farwell Family Dentistry	28154-00	93-4194791
Great Lakes Orthodontics	28143-00	82-5430986
MI Roots Family Dental PLLC	28157-00	99-0424620
Tye Family Dentistry PLLC	28149-00	93-4561429
Elias R Gutierrez DDS PLLC	28158-00	88-3520282
Michelle L Piper DDS PLLC	20641-00	38-3432158
White Lake Dental PLLC	28164-00	93-4730640
Baker Dental Studio PLLC	28169-00	99-1576522

Brilliant Smiles Family Dentistry PLLC	28161-00	45-3117384
Discover Smiles Pediatric Dentistry PLLC	27251-00	26-2874224
Drake Dental	28166-00	20-8428133
Greenville Family Dental	27653-00	20-0317584
New Chapter Dentistry	28172-00	93-4894092
Portside Dental PLLC	28170-00	93-3392441
K2 Michigan Orthodontics PLLC	28171-00	93-1563649
Katherine Kelly Orthodontics	28167-00	26-2051389
Keep Smiling Dental James Mularczyk DDS PLLC	28179-00	99-2418781
Ryan Hartley DMD PLLC	28180-00	99-2899876
Ann Arbor Orthodontics	28165-00	88-3792968
Brite White Dental PLLC	28188-00	46-4087808
Paul A Meyering DDS PLC	27216-00	38-2784426
Riverview Dental Center	28177-00	46-1295610
Rochester Endodontics	28176-00	88-2704284
Strive Dental Health PLLC DBA Woods Lake Dental	28181-00	88-2773675
Grand Ledge Family Dentistry	28189-00	85-386476
Royal Oak Surgical Center	28190-00	32-0323562
Clear View Dental	28193-00	93-3024548
HarborSide Dental Associates	28199-00	99-4470562
Namou Dental Care PLLC	28203-00	99-3347072
Tooth Plymouth	28194-00	99-2482952
XYZ PLLC	28183-00	87-4437981
Enjoy Orthodontics	28208-00	99-5048006
Frey Family Dentistry	22189-00	38-3351826
Gauthier Orthodontics PLLC DBA Clawson Orthodontics	28209-00	99-3881628
Michalkow Orthodontics PLLC	28196-00	27-3488814

MDA HEALTH PLAN TRUST
Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2024

EIN: 46-7271901
Plan Number: 501

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Comerica	U.S. Treasury Note Mat 11/15/2028	1,966,949				1,966,949	1,966,949	0