

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110  
1210-0089

**2024**

**This Form is Open to Public Inspection**

**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**

<b>1a</b> Name of plan <u>PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANA 403</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) 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>PRIMARY CARE PROVIDERS FOR A HEALTHY FEL</u>  <u>11990 JACKSON STREET</u> <u>CLINTON, LA 70722-3210</u>	<b>1c</b> Effective date of plan <u>01/01/2007</u>  <b>2b</b> Employer Identification Number (EIN) <u>72-1443732</u>  <b>2c</b> Plan Sponsor's telephone number <u>225-683-5292</u>  <b>2d</b> Business code (see instructions) <u>621399</u>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/02/2025	CHRISTI HUNT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/02/2025	CHRISTI HUNT
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	261
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	200
	<b>6a(2)</b>	214
	<b>6b</b>	
	<b>6c</b>	41
	<b>6d</b>	255
	<b>6e</b>	0
	<b>6f</b>	255
	<b>6g(1)</b>	165
	<b>6g(2)</b>	162
<b>h</b>	0	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p><b>A</b> Name of plan <span style="color: blue;">PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANA 403</span></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><span style="color: blue;">001</span></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">PRIMARY CARE PROVIDERS FOR A HEALTHY FEL</span></p>	<p><b>D</b> Employer Identification Number (EIN) <span style="color: blue;">72-1443732</span></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  
THE VARIABLE ANNUITY LIFE 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
74-1625348	70238	68583	61	01/01/2024	12/31/2024

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

<p><b>(a)</b> Total amount of commissions paid</p> <p style="color: blue;">93</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="color: blue;">0</p>
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**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

KIMELY PITRE  
2929 ALLEN PARKWAY  
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
93			3

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	158605
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	1543412
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input checked="" type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 350131
<b>c</b>	(1) Contributions deposited during the year .....	<b>7c(1)</b>
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 5079
	(4) Transferred from separate account .....	<b>7c(4)</b>
	(5) Other (specify below)..... ▶	<b>7c(5)</b>
	(6) Total additions .....	<b>7c(6)</b> 5079
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 355210
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 176311
	(2) Administration charge made by carrier.....	<b>7e(2)</b>
	(3) Transferred to separate account .....	<b>7e(3)</b> 19019
	(4) Other (specify below)..... ▶ <b>CONTRACT SURRENDER CHARGES</b>	<b>7e(4)</b> 1275
(5) Total deductions .....	<b>7e(5)</b> 196605	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 158605

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <span style="color: blue;">PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANA 403</span></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><span style="color: blue;">001</span></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">PRIMARY CARE PROVIDERS FOR A HEALTHY FEL</span></p>	<p><b>D</b> Employer Identification Number (EIN) <span style="color: blue;">72-1443732</span></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  
VOYA RETIREMENT INSURANCE AND ANNUITY 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
71-0294708	86509	664FC2	129	01/01/2024	12/31/2024

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

<p><b>(a)</b> Total amount of commissions paid</p> <p style="color: blue;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="color: blue;">0</p>
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**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
	(c) Amount	(d) Purpose	

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

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	(c) Amount	(d) Purpose	

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	372716
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	4632644
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration      (2) <input checked="" type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment      (4) <input type="checkbox"/> other ▶	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 437712
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b> 73161
	(2) Dividends and credits.....	<b>7c(2)</b> 6890
	(3) Interest credited during the year.....	<b>7c(3)</b> 495
	(4) Transferred from separate account .....	<b>7c(4)</b> 4287
	(5) Other (specify below)..... ▶	<b>7c(5)</b>
	(6) Total additions .....	<b>7c(6)</b> 84833
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 522545
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 21602
	(2) Administration charge made by carrier.....	<b>7e(2)</b> 5813
	(3) Transferred to separate account .....	<b>7e(3)</b> 122414
	(4) Other (specify below)..... ▶	<b>7e(4)</b>
(5) Total deductions .....	<b>7e(5)</b> 149829	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 372716

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<b>A</b> Name of plan <b>PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANA 403</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PRIMARY CARE PROVIDERS FOR A HEALTHY FEL</b>	<b>D</b> Employer Identification Number (EIN) <b>72-1443732</b>	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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**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)

VOYA RETIREMENT INSURANCE AND ANNUI

PO BOX 990067  
HARTFORD, CT 06199

71-0294708

(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?
26	ANNUITY PROVIDER	47147	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VARIABLE ANNUITY LIFE INSURANCE COM

2929 ALLEN PKWY  
HOUSTON, TX 77019

74-1625348

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 26 28 33 37 38 50 52 58	ANNUITY PROVIDER	5426	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

**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.

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <u>PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANA 403</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PRIMARY CARE PROVIDERS FOR A HEALTHY FEL</u>	<b>D</b> Employer Identification Number (EIN) <u>72-1443732</u>	

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

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIDELITY 500 INDEX FUND</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</u>				
<b>c</b> EIN-PN <u>71-0294708-001</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>1032189</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AGGRESSIVE GROWTH LIFESTYLE</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>COREBRIDGE RETIREMENT SERVICES</u>				
<b>c</b> EIN-PN <u>27-3191150-001</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>683395</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGRD TOT INT STK IN F ADM</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</u>				
<b>c</b> EIN-PN <u>71-0294708-001</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>602033</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FID US BD ID FD</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</u>				
<b>c</b> EIN-PN <u>71-0294708-001</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>383581</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BAIRD CORE PLUS BOND FD INS</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</u>				
<b>c</b> EIN-PN <u>71-0294708-001</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>344504</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIDELITY MID CAP IDX FD</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</u>				
<b>c</b> EIN-PN <u>71-0294708-001</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>312488</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AB LARGE CAP GRW PORT Z</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</u>				
<b>c</b> EIN-PN <u>71-0294708-001</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>295896</u>	

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGRD TRGT RETIRE 2035 FD INV</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</b>			
<b>c</b> EIN-PN <b>71-0294708-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>264577</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGRD TRGT RETIRE 2020 FD INV</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</b>			
<b>c</b> EIN-PN <b>71-0294708-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>226187</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MFS INTERNATION GRW FD R6</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</b>			
<b>c</b> EIN-PN <b>71-0294708-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>225192</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MODERATE GROWTH LIFESTYLE</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>COREBRIDGE RETIREMENT SERVICES</b>			
<b>c</b> EIN-PN <b>27-3191150-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>154867</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>AMERICAN FUNDS AM BALANCED R6</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</b>			
<b>c</b> EIN-PN <b>71-0294708-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>154549</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SCIENCE &amp; TECHNOLOGY FUND</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>COREBRIDGE RETIREMENT SERVICES</b>			
<b>c</b> EIN-PN <b>27-3191150-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>132114</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGRD EQUITY INCOME FUND ADM</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</b>			
<b>c</b> EIN-PN <b>71-0294708-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>125249</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIDELITY SM CP IND FD</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</b>			
<b>c</b> EIN-PN <b>71-0294708-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>124899</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGRD TRGT RETIRE 2040 FD INV</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</b>			
<b>c</b> EIN-PN <b>71-0294708-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>97978</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>JPMORGAN MID CAP GROWTH FD R6</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</b>			
<b>c</b> EIN-PN <b>71-0294708-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>92648</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGRD TRGT RETIRE 2060 FD INV</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</b>			
<b>c</b> EIN-PN <b>71-0294708-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>67409</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>STOCK INDEX FUND</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>COREBRIDGE RETIREMENT SERVICES</b>			
<b>c</b> EIN-PN <b>27-3191150-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>65543</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INTERNATL EQUITIES INDEX FUND</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>COREBRIDGE RETIREMENT SERVICES</b>			
<b>c</b> EIN-PN <b>27-3191150-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>57814</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PIMCO GLBL BD OP US D-HG INS</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</b>			
<b>c</b> EIN-PN <b>71-0294708-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>52279</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGRD TRGT RETIRE 2055 FD INV</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</b>			
<b>c</b> EIN-PN <b>71-0294708-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>49440</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VC I CONSERV GROWTH LIFESTYLE</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>COREBRIDGE RETIREMENT SERVICES</b>			
<b>c</b> EIN-PN <b>27-3191150-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>49409</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGUARD WINDSOR II</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>COREBRIDGE RETIREMENT SERVICES</b>			
<b>c</b> EIN-PN <b>27-3191150-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>49025</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGRD TRGT RETIRE 2045 FD INV</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</b>			
<b>c</b> EIN-PN <b>71-0294708-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>47525</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>AMBCN SMALL CAP VALUE FUND R6</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</b>			
<b>c</b> EIN-PN <b>71-0294708-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>43964</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGRD TRGT RETIRE 2030 RD INV</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</b>			
<b>c</b> EIN-PN <b>71-0294708-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>40512</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: ALLSPG SPEC MDCP VL FD R6		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38015
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND		
<b>b</b> Name of sponsor of entity listed in (a): COREBRIDGE RETIREMENT SERVICES		
<b>c</b> EIN-PN 27-3191150-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36857
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN SMALL CAP GROWTH FD K6		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33878
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING ECONOMIES		
<b>b</b> Name of sponsor of entity listed in (a): COREBRIDGE RETIREMENT SERVICES		
<b>c</b> EIN-PN 27-3191150-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31160
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CORE BOND FUND		
<b>b</b> Name of sponsor of entity listed in (a): COREBRIDGE RETIREMENT SERVICES		
<b>c</b> EIN-PN 27-3191150-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24282
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: US SOCIALLY RESPONSIBLE FUND		
<b>b</b> Name of sponsor of entity listed in (a): COREBRIDGE RETIREMENT SERVICES		
<b>c</b> EIN-PN 27-3191150-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24178
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAPITAL GROWTH		
<b>b</b> Name of sponsor of entity listed in (a): COREBRIDGE RETIREMENT SERVICES		
<b>c</b> EIN-PN 27-3191150-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21705
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP VALUE FUND		
<b>b</b> Name of sponsor of entity listed in (a): COREBRIDGE RETIREMENT SERVICES		
<b>c</b> EIN-PN 27-3191150-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20898
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL VALUE FUND		
<b>b</b> Name of sponsor of entity listed in (a): COREBRIDGE RETIREMENT SERVICES		
<b>c</b> EIN-PN 27-3191150-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17924
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL REAL ESTATE FUND		
<b>b</b> Name of sponsor of entity listed in (a): COREBRIDGE RETIREMENT SERVICES		
<b>c</b> EIN-PN 27-3191150-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17833

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INFLATION PROTECTED FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>COREBRIDGE RETIREMENT SERVICES</b>		
<b>c</b> EIN-PN <b>27-3191150-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>16565</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SMALL CAP VALUE FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>COREBRIDGE RETIREMENT SERVICES</b>		
<b>c</b> EIN-PN <b>27-3191150-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>15439</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INTL SOCIALLY RESPONSIBLE FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>COREBRIDGE RETIREMENT SERVICES</b>		
<b>c</b> EIN-PN <b>27-3191150-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>14758</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INTL OPPORTUNITIES</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>COREBRIDGE RETIREMENT SERVICES</b>		
<b>c</b> EIN-PN <b>27-3191150-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>13695</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>HIGH YIELD BOND FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>COREBRIDGE RETIREMENT SERVICES</b>		
<b>c</b> EIN-PN <b>27-3191150-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>12194</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGRD TRGT RETIRE 2025 FD INV</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</b>		
<b>c</b> EIN-PN <b>71-0294708-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>11500</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MID CAP STRATEGIC GWTH</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>COREBRIDGE RETIREMENT SERVICES</b>		
<b>c</b> EIN-PN <b>27-3191150-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>11250</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGRD TRGT RETIRE 2050 FD INV</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</b>		
<b>c</b> EIN-PN <b>71-0294708-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>10277</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VC I CAPITAL APPRECIATION FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>COREBRIDGE RETIREMENT SERVICES</b>		
<b>c</b> EIN-PN <b>27-3191150-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>10238</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SMALL CAP INDEX FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>COREBRIDGE RETIREMENT SERVICES</b>		
<b>c</b> EIN-PN <b>27-3191150-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>5627</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>GOVERNMENT SECURITIES FUND</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>COREBRIDGE RETIREMENT SERVICES</b>			
<b>c</b> EIN-PN <b>27-3191150-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>5028</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SYSTEMATIC CORE FUND</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>COREBRIDGE RETIREMENT SERVICES</b>			
<b>c</b> EIN-PN <b>27-3191150-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>2840</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>ARIEL APPRECIATION FUND</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>COREBRIDGE RETIREMENT SERVICES</b>			
<b>c</b> EIN-PN <b>27-3191150-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>1741</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGRD TRGT RETIRE 2065 FD INV</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</b>			
<b>c</b> EIN-PN <b>71-0294708-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>804</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SYSTEMATIC GROWTH FUND</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>COREBRIDGE RETIREMENT SERVICES</b>			
<b>c</b> EIN-PN <b>27-3191150-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>785</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>DIVIDEND VALUE</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>COREBRIDGE RETIREMENT SERVICES</b>			
<b>c</b> EIN-PN <b>27-3191150-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>486</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>ASSET ALLOCATION FUND</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>COREBRIDGE RETIREMENT SERVICES</b>			
<b>c</b> EIN-PN <b>27-3191150-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>458</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGUARD LIFESTRATEGY CONSER</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>COREBRIDGE RETIREMENT SERVICES</b>			
<b>c</b> EIN-PN <b>27-3191150-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>335</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>GROWTH FUND</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>COREBRIDGE RETIREMENT SERVICES</b>			
<b>c</b> EIN-PN <b>27-3191150-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>29</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VOYA GOV MONEY MKT FND A HOLD ACCT</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</b>			
<b>c</b> EIN-PN <b>71-0294708-001</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>11</b>



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANA 403</b>	<b>B</b> Three-digit plan number (PN) <b>▶</b> <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PRIMARY CARE PROVIDERS FOR A HEALTHY FEL</b>	<b>D</b> Employer Identification Number (EIN) <b>72-1443732</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	28358
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	5283424
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	830567
<b>(15)</b> Other.....	<b>1c(15)</b>	91764
		6176056
		576259

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	6142349	6844079
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	6142349	6844079

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	323125	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	567470	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	18361	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		908956
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	190923	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	4883	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		195806
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		546603
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		1651365

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	897062	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		897062
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	52573	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		52573
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		949635

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		701730
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: LAPORTE, APAC

(2) EIN: 72-1088864

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANA 403</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>PRIMARY CARE PROVIDERS FOR A HEALTHY FEL</u>	<b>D</b> Employer Identification Number (EIN) <u>72-1443732</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 74-1625348

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	
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<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

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

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

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

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

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

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

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

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500551A.

**PRIMARY CARE PROVIDERS  
FOR A HEALTHY FELICIANA  
403(b) PENSION PLAN**

Audits of Financial Statements

December 31, 2024 and 2023



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## Independent Auditor's Report

To the Retirement Plan and Investment Committee  
Primary Care Providers for a  
Healthy Feliciana 403(b) Pension Plan

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

We have performed audits of the financial statements of the Primary Care Providers for a Healthy Feliciana 403(b) Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statement of changes in net assets available for benefits for the year the ended December 31, 2024, and the related notes to the financial statements.

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

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

### Opinion

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

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

### **Basis for Opinion**

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

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

#### **Other Matters - Supplemental Schedule Required by ERISA**

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

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

In our opinion:

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

A handwritten signature in cursive script that reads "LaPorte".

A Professional Accounting Corporation

Baton Rouge, LA  
September 23, 2025

**PRIMARY CARE PROVIDERS FOR A  
HEALTHY FELICIANA 403(b) PENSION PLAN  
Statements of Net Assets Available for Benefits  
December 31, 2024 and 2023**

	<b>2024</b>	2023
<b>Assets</b>		
<b>Investments</b>		
Investments, at Fair Value	\$ 6,176,056	\$ 5,283,424
Investments, at Contract Value	<u>576,259</u>	830,567
<b>Total Investments</b>	<u>6,752,315</u>	6,113,991
<b>Receivables</b>		
Notes Receivable from Participants	<u>91,764</u>	28,358
<b>Total Receivables</b>	<u>91,764</u>	28,358
<b>Total Assets</b>	<u>6,844,079</u>	6,142,349
<b>Net Assets Available for Benefits</b>	<u>\$ 6,844,079</u>	\$ 6,142,349

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

**PRIMARY CARE PROVIDERS FOR A  
HEALTHY FELICIANA 403(b) PENSION PLAN  
Statement of Changes in Net Assets Available for Benefits  
For the Year Ended December 31, 2024**

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**Additions to Net Assets Attributed to:**

Investment Income	
Net Appreciation in Fair Value of Investments	\$ 546,603
Interest and Dividends	<u>190,923</u>
Total Investment Income	<u>737,526</u>
Interest Income on Notes Receivable from Participants	<u>4,883</u>
Contributions	
Participant	567,470
Employer	323,125
Rollovers	<u>18,361</u>
Total Contributions	<u>908,956</u>
<b>Total Additions</b>	<u><b>1,651,365</b></u>

**Deductions from Net Assets Attributed to:**

Benefits Paid to Participants	897,062
Administrative Expenses	<u>52,573</u>
<b>Total Deductions</b>	<u><b>949,635</b></u>

**Net Increase** 701,730

**Net Assets Available for Benefits**

<b>Beginning of Year</b>	<u>6,142,349</u>
<b>End of Year</b>	<u><u><b>\$ 6,844,079</b></u></u>

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

# PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANA 403(b) PENSION PLAN

## Notes to Financial Statements

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### Note 1. Description of the Plan

The following description of the Primary Care Providers for a Healthy Feliciano 403(b) Pension Plan (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

#### **General**

The Plan is a defined contribution plan covering all eligible employees of Primary Care Providers for a Healthy Feliciano, (the Plan Sponsor). Employees are immediately eligible to make elective deferral contributions to the Plan and are eligible to receive employer matching contributions after one year of service to the Plan Sponsor. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

#### **Contributions**

Each year, participants may contribute up to 100% of their eligible compensation to the Plan, up to the maximum allowable by the Internal Revenue Code (IRC). The Plan allows catch-up contributions for participants that attain the age of 50. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The employer may contribute a discretionary contribution in an amount to be determined annually by the Plan Sponsor. The Plan Sponsor made discretionary matching contributions to the Plan equal to 100% of the participants' elective deferrals that do not exceed 5% of the participants' compensation for the year ended December 31, 2024.

#### **Participant Accounts**

Each participant's account is credited with the participant's contributions, Plan Sponsor discretionary matching contributions, plus allocations of plan earnings. Participants are charged with an allocation of administrative expenses that are charged to the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### **Vesting**

Participants are immediately vested in their elective deferrals plus actual earnings thereon. Vesting in the Plan Sponsor's discretionary portion of their accounts plus actual earnings thereon is based on years of continuous service. Participants become 100% vested in the Plan Sponsor's discretionary matching contributions after three years of credited service.

# PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANA 403(b) PENSION PLAN

## Notes to Financial Statements

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### Note 1. Description of the Plan (Continued)

#### **Payment of Benefits**

Distributions from plan assets are made upon the participant's death, disability, retirement, termination of service, or other circumstances, as described in the Plan Document. Distributions may be made in the form of a lump sum payment or an alternate form of payment as permitted in the Plan Document. After attainment of age 59½, withdrawals can be made from any of the participant's accounts under the Plan.

#### **Plan Termination**

Although it has not expressed any intent to do so, the Plan Sponsor has the right to terminate the Plan at any time. In the event of termination or partial plan termination, the net assets will be allocated to participants as prescribed by ERISA and regulations issued pursuant thereto.

#### **Forfeited Accounts**

When certain terminations of participation in the Plan occur, the non-vested portion of the participant's account, as defined by the Plan, represents a forfeiture. Forfeitures may be used to pay any administrative expenses incurred by the Plan, or to reduce future employer contributions. At December 31, 2024 and 2023, forfeited non-vested accounts totaled \$11 and \$1,029, respectively. During the year ended December 31, 2024, \$17,490 of forfeitures were used to reduce employer contributions and/or pay plan expenses.

#### **Notes Receivable from Participants and Policy Loans**

Notes Receivable from Participants - Voya Retirement Insurance and Annuity Company  
Loans are available from Voya Retirement Insurance and Annuity Company (VOYA) to any individual who has a vested interest under the Plan and are secured by the balance in the participant's account. The minimum amount of any loan is \$1,000. Interest is charged on each loan at a fixed rate equal to 1% above the Wall Street Journal's published prime rate.

#### Policy Loans - Corebridge Retirement Services

Participants investing through Corebridge Retirement Services (Corebridge), formerly AIG Retirement Services, may use their vested balance to collateralize loans directly from Corebridge outside of the Plan. The balances of these policy loans are not paid through payroll deductions and are not included in the Plan assets. However, upon commencement of the loan, an amount equal to the principal amount loaned by Corebridge is transferred from the participant's investment account to the Loan Collateral Fund and Loan Escrow Fund. These Funds are fixed income investments that earn a stated rate of interest that is allocated to the individual participant. As payments are made to Corebridge outside the Plan, the collateral is released from the Loan Collateral and Loan Escrow Funds and reinvested according to participant elections for contributions. Participants may borrow from their fund account a minimum of \$1,000, up to a maximum of \$50,000, reduced by the highest outstanding loan balance during the one-year period ending on the day before the new loan is made, or 50% of their account balance reduced by any outstanding balance on the date the new loan is made, whichever is less.

**PRIMARY CARE PROVIDERS FOR A  
HEALTHY FELICIANA 403(b) PENSION PLAN**

**Notes to Financial Statements**

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**Note 1. Description of the Plan (Continued)**

**Notes Receivable from Participants and Policy Loans (Continued)**

**Policy Loans - Corebridge Retirement Services (Continued)**

The loans bear interest at rates that range from 2.50% to 5.50%, which are commensurate with local prevailing rates as determined periodically by Corebridge. A policy loan is considered to be in default when no payments are made within 45 days after the due date of the payment. Upon default, Corebridge will foreclose on the loan and remove the collateral from the Plan if the participant has a right to a current distribution. If the participant is not eligible for a current distribution, the collateral will remain in the Plan until the loan is paid in full or the participant becomes eligible for a distribution. The balances as of December 31, 2024 and 2023, totaled \$22,684. During the year ended December 31, 2024, \$346 of loans went into default. As of December 31, 2024 and 2023, loans in default amounted to \$22,684 and \$22,338, respectively. Such amount includes the principal and accumulated interest.

**Administrative Expenses**

Administrative expenses of the Plan may be paid by the Plan Sponsor, or the Plan as provided in the Plan Document.

**Note 2. Summary of Significant Accounting Policies**

**Basis of Accounting**

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

**Investment Valuation and Income Recognition**

The Plan's investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Administrator determines the Plan's valuation policies utilizing information provided by custodians. See Note 4 for discussion of fair value measurements.

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

**Notes Receivable from Participants**

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when earned. Delinquent participant loans are reclassified as distributions based on the terms of the Plan Document; thus, no allowance for credit losses has been recorded at December 31, 2024 and 2023.

**PRIMARY CARE PROVIDERS FOR A  
HEALTHY FELICIANA 403(b) PENSION PLAN**

**Notes to Financial Statements**

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**Note 2. Summary of Significant Accounting Policies (Continued)**

**Contributions**

Contributions from plan participants and the matching contributions from the Plan Sponsor are recorded in the year in which the employee contributions are withheld from compensation.

**Tax Status**

The Plan has adopted a preapproved plan document that has received an opinion letter from the Internal Revenue Service (IRS) dated March 31, 2017, stating that the form of the preapproved plan document was in compliance with applicable requirements of the IRC. The Plan has been amended since adopting the preapproved plan document. However, the Plan Administrator believes the Plan is designed, and is being operated, in conformity with the applicable requirements of the IRC and therefore, believes that the Plan is qualified.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**Payment of Benefits**

Benefits are recorded when paid.

**Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**PRIMARY CARE PROVIDERS FOR A  
HEALTHY FELICIANA 403(b) PENSION PLAN**

**Notes to Financial Statements**

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**Note 3. Information Certified by Corebridge Retirement Services (Corebridge) and Voya Retirement Insurance and Annuity Company (Voya)**

The following is a summary of the Plan's asset information as of December 31, 2024 and 2023, and for the year ended December 31, 2024, included throughout the Plan's financial statements and ERISA-required supplemental schedule, obtained by management and agreed to or derived from information certified as complete and accurate by Corebridge and Voya, qualified institutions:

	<b>2024</b>	2023
<b>Investments, at Fair Value</b>		
Pooled Separate Accounts	<b>\$ 6,176,056</b>	\$ 5,283,424
<b>Total Investments, at Fair Value</b>	<b>6,176,056</b>	5,283,424
<b>Investments, at Contract Value</b>		
Group Annuity Contract	<b>158,605</b>	350,131
Insurance Company General Account	<b>372,716</b>	437,712
Loan Collateral and Escrow	<b>44,938</b>	42,724
<b>Total Investments, at Contract Value</b>	<b>576,259</b>	830,567
<b>Total Investments</b>	<b>\$ 6,752,315</b>	\$ 6,113,991
<b>Notes Receivable from Participants</b>	<b>\$ 91,764</b>	\$ 28,358

Corebridge and Voya also certified to the completeness and accuracy of \$546,603 of net appreciation in fair value of investments, \$190,923 of interest and dividends related to the aforementioned assets, and \$4,883 of interest income on notes receivable from participants for the year ended December 31, 2024.

**PRIMARY CARE PROVIDERS FOR A  
HEALTHY FELICIANA 403(b) PENSION PLAN**

**Notes to Financial Statements**

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**Note 4. Fair Value Measurements**

The *Fair Value Measurement* Topic of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2 Inputs other than the quoted prices included within the Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

Level 3 Inputs that are unobservable inputs for the asset or liability.

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

**PRIMARY CARE PROVIDERS FOR A  
HEALTHY FELICIANA 403(b) PENSION PLAN**

**Notes to Financial Statements**

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**Note 4. Fair Value Measurements (Continued)**

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

*Pooled Separate Accounts:* The net asset value (NAV) of a pooled separate account is based on the market value of the underlying investments as adjusted for the Plan's units of participation in the pooled accounts. Units are established for each investment division of the pooled separate accounts. The value of these units is determined at the close of the stock exchange each day the exchange is open for regular trading. The pooled separate NAV is not a publicly quoted price in an active market. Therefore, the NAV is used as a practical expedient to estimate fair value. The value increases or decreases based on the investment performance of the corresponding underlying portfolios.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

<b>December 31, 2024</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
<b>Investments in Fair Value Hierarchy</b>				<b>\$ -</b>
<b>Investments Measured, at NAV <sup>(a)</sup></b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>6,176,056</b>
<b>Total Investments, at Fair Value</b>				<b>\$ 6,176,056</b>
<b>December 31, 2023</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
<b>Investments in Fair Value Hierarchy</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Investments Measured, at NAV <sup>(a)</sup></b>				<b>5,283,424</b>
<b>Total Investments, at Fair Value</b>				<b>\$ 5,283,424</b>

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

**PRIMARY CARE PROVIDERS FOR A  
HEALTHY FELICIANA 403(b) PENSION PLAN**

**Notes to Financial Statements**

**Note 4. Fair Value Measurements (Continued)**

**Investments Measured Using the NAV per Share Practical Expedient**

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2024 and 2023. There are no participant redemption restrictions for these investments.

	Fair Value at December 31, 2024	Fair Value at December 31, 2023	Unfunded Commitment
<b>Pooled Separate Accounts</b>			
Fixed Income <sup>(a)</sup>	\$ 838,433	\$ 632,752	\$ -
Global & International Equity <sup>(b)</sup>	962,576	805,142	-
Hybrid <sup>(c)</sup>	1,859,222	1,594,713	-
Large Cap <sup>(d)</sup>	1,617,925	1,424,702	-
Mid Cap <sup>(e)</sup>	524,135	517,621	-
Small Cap <sup>(f)</sup>	223,807	186,552	-
Specialty <sup>(g)</sup>	149,958	121,942	-
<b>Total</b>	<b>\$ 6,176,056</b>	<b>\$ 5,283,424</b>	<b>\$ -</b>

(a) This category includes funds seeking current income, with a secondary objective of preservation of capital. The funds invest primarily in investment grade, publicly traded debt securities, bonds, U.S. Government and agency securities, mortgage-backed securities, and zero-coupon securities.

(b) This category is made up of funds investing in assets outside of the United States primarily seeking long-term capital growth.

(c) This category is made up of conservative, moderate, and aggressive allocation funds, all seeking current income and capital appreciation. The funds invest in fixed income and equity funds. The degree of allocation in fixed income and equity funds varies, with the conservative funds investing a larger percentage in fixed income, and the aggressive funds investing a larger percentage in equity funds.

(d) This category includes equity investments in companies with a market capitalization value of more than \$10 billion. Large Cap is an abbreviation of the term "large market capitalization". Market capitalization is calculated by multiplying the number of a company's shares outstanding by its stock price per share.

(e) This category includes equity investments in companies with a market capitalization between \$2 and \$10 billion, which is calculated by multiplying the number of a company's shares outstanding by its stock price. Mid Cap is an abbreviation for the term "middle capitalization".

**PRIMARY CARE PROVIDERS FOR A  
HEALTHY FELICIANA 403(b) PENSION PLAN**

**Notes to Financial Statements**

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**Note 4. Fair Value Measurements (Continued)**

**Investments Measured Using the NAV per Share Practical Expedient (Continued)**

- (f) This category includes equity investments in companies with a relatively small market capitalization. The definition of Small Cap can vary among brokerages, but generally it is a company with a market capitalization of between \$300 million and \$2 billion.
- (g) This category is comprised of funds which invest specialized sectors or industries such as real estate, healthcare, commodities, and science related investments.

**Note 5. Related-Party and Party-in-Interest Transactions**

Certain plan investment options are managed by Corebridge and Voya, the Plan's custodians. Therefore, these transactions qualify as party-in-interest. Consequently, such transactions are permitted under the provisions of the Plan and are exempt from the provision of the party-in-interest transactions under ERISA. The Plan pays administrative fees to these parties, which totaled \$52,573 for the year ended December 31, 2024, and is included in the accompanying statement of changes in net assets available for benefit.

**Note 6. Risks and Uncertainties**

The Plan invests in various investments as directed by participants. The underlying 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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

**Note 7. Investments, at Contract Value**

Group Annuity Contracts - Corebridge

The Plan's annuity contract provides two guaranteed fixed options that are invested in accordance with applicable state regulations to provide fixed-rate earnings and guarantee safety of principal. The guarantees are backed by the claims-paying ability of Corebridge. A minimum rate is contractually guaranteed by Corebridge. The Fixed Account Plus provides fixed-return investment growth for the long-term. It is credited with interest rates set by Corebridge for the years ended December 31, 2024 and 2023. The Fixed Account Plus is designed for long-term investing and may limit transfers out of the account. The Short-Term Fixed Account provides fixed-return investment growth for the short-term. It is credited with interest at rates (3%) set by Corebridge which may be lower than the interest rates credited to Fixed Account Plus for the years ended December 31, 2024 and 2023. As of December 31, 2024 and 2023, the amounts held in the guaranteed fixed options are \$203,543 and \$392,855, respectively.

**PRIMARY CARE PROVIDERS FOR A  
HEALTHY FELICIANA 403(b) PENSION PLAN**

**Notes to Financial Statements**

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**Note 7. Investments, at Contract Value (Continued)**

Group Annuity Contracts - Corebridge (Continued)

Because the group annuity contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the group annuity contract. The group annuity contract is presented on the face of the statements of net assets available for benefits at contract value. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Certain events limit the Plan's ability to transact at contract value with Corebridge. Such events include the following: (a) amendments to the Plan Documents (including complete or partial plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Plan Sponsor or other plan sponsors events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the ERISA. The Plan Administrator does not believe that any event that would limit the Plan's ability to transact at contract value with plan participants are probable of occurring.

Investment Contract with Voya

The Plan allows participants to invest in a traditional annuity contract in which the invested funds are held in an insurance company general account which supports insurance and annuity obligations. This option is the Voya Fixed Account. As of December 31, 2024 and 2023, the amounts held in the Voya Fixed Account are \$372,716 and \$437,712, respectively.

As described in Note 2, because the investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the investment contract. Contract value, as reported in the Plan by Voya, represents contributions made under the contract, plus earnings less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The investment contract has a guarantee that the interest rate will not go below a floor rate, which is 1%. Such interest rate is reviewed on a quarterly basis for resetting.

**PRIMARY CARE PROVIDERS FOR A  
HEALTHY FELICIANA 403(b) PENSION PLAN**

**Notes to Financial Statements**

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**Note 7. Investments, at Contract Value (Continued)**

Investment Contract with Voya (Continued)

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan Documents (including complete or partial plan termination or merger with another plan); (2) changes to the Plan's prohibition on competing investment options; (3) bankruptcy of the Plan Sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that significantly affect the Plan's normal operations; (4) the failure of the Plan to qualify under 401(a) of the IRC or the failure of the trust to be tax exempt under Section 501(a) of the IRC; or (5) premature termination of the contract.

The Plan Administrator believes that no events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer, and that also would limit the ability of the Plan to transact at contract value with the participants.

**Note 8. Subsequent Events**

The Plan Administrator has evaluated subsequent events through the date that the financial statements were available to be issued, September 23, 2025, and determined that no events occurred that require disclosure. No subsequent events occurring after this date have been evaluated for inclusion in these financial statements.

**PRIMARY CARE PROVIDERS FOR A  
HEALTHY FELICIANA 403(b) PENSION PLAN  
Supplemental Information - EIN 72-1443732 - Plan#001  
Schedule of Assets (Held at End of Year)  
As of December 31, 2024**

(a) Party-in- Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Asset	(d) Cost	(e) Current Value
<b>Investments</b>				
<b>Pooled Separate Accounts</b>				
*	Voya Retirement Insurance and Annuity Company	FIDELITY 500 INDEX FUND	**	\$ 1,032,189
*	Corebridge Retirement Services	AGGRESSIVE GROWTH LIFESTYLE	**	683,395
*	Voya Retirement Insurance and Annuity Company	VANGRD TOT INT STK IN F ADM	**	602,033
*	Voya Retirement Insurance and Annuity Company	FID US BD ID FD	**	383,581
*	Voya Retirement Insurance and Annuity Company	BAIRD CORE PLUS BOND FD INS	**	344,504
*	Voya Retirement Insurance and Annuity Company	FIDELITY MID CAP IDX FD	**	312,488
*	Voya Retirement Insurance and Annuity Company	AB LARGE CAP GRW PORT Z	**	295,896
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2035 FD INV	**	264,577
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2020 FD INV	**	226,187
*	Voya Retirement Insurance and Annuity Company	MFS INTERNATIONAL GRW FD R6	**	225,192
*	Corebridge Retirement Services	MODERATE GROWTH LIFESTYLE	**	154,867
*	Voya Retirement Insurance and Annuity Company	AMERICAN FUNDS AMBALANCED R6	**	154,549
*	Corebridge Retirement Services	SCIENCE & TECHNOLOGY FUND	**	132,114
*	Voya Retirement Insurance and Annuity Company	VANGRD EQUITY INCOME FUND ADM	**	125,249
*	Voya Retirement Insurance and Annuity Company	FIDELITY SM CP IND FD	**	124,899
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2040 FD INV	**	97,978
*	Voya Retirement Insurance and Annuity Company	JPMORGAN MID CAP GROWTH FD R6	**	92,648
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2060 FD INV	**	67,409
*	Corebridge Retirement Services	STOCK INDEX FUND	**	65,543
*	Corebridge Retirement Services	INTERNATL EQUITIES INDEX FUND	**	57,814
*	Voya Retirement Insurance and Annuity Company	PIMCO GLBL BD OP US D-HG INS	**	52,279
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2055 FD INV	**	49,440
*	Corebridge Retirement Services	VC I CONSERV GROWTH LIFESTYLE	**	49,409
*	Corebridge Retirement Services	VANGUARD WINDSOR II	**	49,025
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2045 FD INV	**	47,525
*	Voya Retirement Insurance and Annuity Company	AMBCN SMALL CAP VALUE FUND R6	**	43,964
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2030 FD INV	**	40,512
*	Voya Retirement Insurance and Annuity Company	ALLSPG SPEC MDCP VL FD R6	**	38,015
*	Corebridge Retirement Services	MID CAP INDEX FUND	**	36,857
*	Voya Retirement Insurance and Annuity Company	JPMORGAN SMALL CAP GROWTH FD K6	**	33,878
*	Corebridge Retirement Services	EMERGING ECONOMIES	**	31,160
*	Corebridge Retirement Services	CORE BOND FUND	**	24,282
*	Corebridge Retirement Services	US SOCIALLY RESPONSIBLE FUND	**	24,178
*	Corebridge Retirement Services	LARGE CAPITAL GROWTH	**	21,705
*	Corebridge Retirement Services	MID CAP VALUE FUND	**	20,898
*	Corebridge Retirement Services	INTERNATIONAL VALUE FUND	**	17,924
*	Corebridge Retirement Services	GLOBAL REAL ESTATE FUND	**	17,833
*	Corebridge Retirement Services	INFLATION PROTECTED FUND	**	16,565
*	Corebridge Retirement Services	SMALL CAP VALUE FUND	**	15,439
*	Corebridge Retirement Services	INTL SOCIALLY RESPONSIBLE FUND	**	14,758
*	Corebridge Retirement Services	INTL OPPORTUNITIES	**	13,695
*	Corebridge Retirement Services	HIGH YIELD BOND FUND	**	12,194
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2025 FD INV	**	11,500
*	Corebridge Retirement Services	MID CAP STRATEGIC GWTH	**	11,250
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2050 FD INV	**	10,277
*	Corebridge Retirement Services	VC I CAPITAL APPRECIATION FUND	**	10,238
*	Corebridge Retirement Services	SMALL CAP INDEX FUND	**	5,627
*	Corebridge Retirement Services	GOVERNMENT SECURITIES FUND	**	5,028
*	Corebridge Retirement Services	SYSTEMATIC CORE FUND	**	2,840
*	Corebridge Retirement Services	ARIEL APPRECIATION FUND	**	1,741
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2065 FD INV	**	804
*	Corebridge Retirement Services	SYSTEMATIC GROWTH FUND	**	785
*	Corebridge Retirement Services	DIVIDEND VALUE	**	486
*	Corebridge Retirement Services	ASSET ALLOCATION FUND	**	458

**PRIMARY CARE PROVIDERS FOR A  
HEALTHY FELICIANA 403(b) PENSION PLAN  
Supplemental Information - EIN 72-1443732 - Plan#001  
Schedule of Assets (Held at End of Year) (Continued)  
As of December 31, 2024**

(a) Party-in- Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Asset	(d) Cost	(e) Current Value
*	Corebridge Retirement Services	VANGUARD LIFESTRATEGY CONSER	**	335
*	Corebridge Retirement Services	GROWTH FUND	**	29
*	Voya Retirement Insurance and Annuity Company	VOYA GOV MONEY MKT FND A (HOLD ACCT)	**	<u>11</u>
	<b>Total Investments, at Fair Value</b>			6,176,056
	<b>Fixed Accounts Held in Loan Collateral and Escrow</b>			
*	Variable Annuity Life Insurance Company	LOAN COLLATERAL FUND	**	44,561 ***
*	Variable Annuity Life Insurance Company	LOAN ESCROW FUND	**	<u>377</u> ***
	<b>Total Pooled Separate Accounts</b>			44,938
	<b>Fixed Accounts Held in Group Annuity Contracts</b>			
*	Variable Annuity Life Insurance Company	FIXED ACCOUNT PLUS	**	120,633 ***
*	Variable Annuity Life Insurance Company	SHORT-TERM FIXED ACCOUNT	**	<u>37,972</u> ***
				158,605
	<b>Fixed Accounts Held in Insurance Company</b>			
*	Voya Retirement Insurance and Annuity Company	VOYA FIXED ACCOUNT (4452)	**	<u>372,716</u> ***
	<b>Total Investments, at Contract Value</b>			<u>576,259</u>
	<b>Total Investments</b>			<u>6,752,315</u>
	<b>Notes Receivable from Participants</b>			
*	Voya Retirement Insurance and Annuity Company	Participant Loans (interest rates from 4.25% - 9.50%)		<u>91,764</u>
	<b>Total</b>			<u>\$ 6,844,079</u>

- \* Represents a party-in-interest as defined by ERISA.
- \*\* Cost omitted for participant-directed investments.
- \*\*\* Reported at contract value.

**PRIMARY CARE PROVIDERS FOR A  
HEALTHY FELICIANA 403(b) PENSION PLAN  
Supplemental Information - EIN 72-1443732 - Plan#001  
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As of December 31, 2024**

(a) Party-in- Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Asset	(d) Cost	(e) Current Value
<b>Investments</b>				
<b>Pooled Separate Accounts</b>				
*	Voya Retirement Insurance and Annuity Company	FIDELITY 500 INDEX FUND	**	\$ 1,032,189
*	Corebridge Retirement Services	AGGRESSIVE GROWTH LIFESTYLE	**	683,395
*	Voya Retirement Insurance and Annuity Company	VANGRD TOT INT STK IN F ADM	**	602,033
*	Voya Retirement Insurance and Annuity Company	FID US BD ID FD	**	383,581
*	Voya Retirement Insurance and Annuity Company	BAIRD CORE PLUS BOND FD INS	**	344,504
*	Voya Retirement Insurance and Annuity Company	FIDELITY MID CAP IDX FD	**	312,488
*	Voya Retirement Insurance and Annuity Company	AB LARGE CAP GRW PORT Z	**	295,896
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2035 FD INV	**	264,577
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2020 FD INV	**	226,187
*	Voya Retirement Insurance and Annuity Company	MFS INTERNATIONAL GRW FD R6	**	225,192
*	Corebridge Retirement Services	MODERATE GROWTH LIFESTYLE	**	154,867
*	Voya Retirement Insurance and Annuity Company	AMERICAN FUNDS AMBALANCED R6	**	154,549
*	Corebridge Retirement Services	SCIENCE & TECHNOLOGY FUND	**	132,114
*	Voya Retirement Insurance and Annuity Company	VANGRD EQUITY INCOME FUND ADM	**	125,249
*	Voya Retirement Insurance and Annuity Company	FIDELITY SM CP IND FD	**	124,899
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2040 FD INV	**	97,978
*	Voya Retirement Insurance and Annuity Company	JPMORGAN MID CAP GROWTH FD R6	**	92,648
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2060 FD INV	**	67,409
*	Corebridge Retirement Services	STOCK INDEX FUND	**	65,543
*	Corebridge Retirement Services	INTERNATL EQUITIES INDEX FUND	**	57,814
*	Voya Retirement Insurance and Annuity Company	PIMCO GLBL BD OP US D-HG INS	**	52,279
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2055 FD INV	**	49,440
*	Corebridge Retirement Services	VC I CONSERV GROWTH LIFESTYLE	**	49,409
*	Corebridge Retirement Services	VANGUARD WINDSOR II	**	49,025
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2045 FD INV	**	47,525
*	Voya Retirement Insurance and Annuity Company	AMBCN SMALL CAP VALUE FUND R6	**	43,964
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2030 FD INV	**	40,512
*	Voya Retirement Insurance and Annuity Company	ALLSPG SPEC MDCP VL FD R6	**	38,015
*	Corebridge Retirement Services	MID CAP INDEX FUND	**	36,857
*	Voya Retirement Insurance and Annuity Company	JPMORGAN SMALL CAP GROWTH FD K6	**	33,878
*	Corebridge Retirement Services	EMERGING ECONOMIES	**	31,160
*	Corebridge Retirement Services	CORE BOND FUND	**	24,282
*	Corebridge Retirement Services	US SOCIALLY RESPONSIBLE FUND	**	24,178
*	Corebridge Retirement Services	LARGE CAPITAL GROWTH	**	21,705
*	Corebridge Retirement Services	MID CAP VALUE FUND	**	20,898
*	Corebridge Retirement Services	INTERNATIONAL VALUE FUND	**	17,924
*	Corebridge Retirement Services	GLOBAL REAL ESTATE FUND	**	17,833
*	Corebridge Retirement Services	INFLATION PROTECTED FUND	**	16,565
*	Corebridge Retirement Services	SMALL CAP VALUE FUND	**	15,439
*	Corebridge Retirement Services	INTL SOCIALLY RESPONSIBLE FUND	**	14,758
*	Corebridge Retirement Services	INTL OPPORTUNITIES	**	13,695
*	Corebridge Retirement Services	HIGH YIELD BOND FUND	**	12,194
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2025 FD INV	**	11,500
*	Corebridge Retirement Services	MID CAP STRATEGIC GWTH	**	11,250
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2050 FD INV	**	10,277
*	Corebridge Retirement Services	VC I CAPITAL APPRECIATION FUND	**	10,238
*	Corebridge Retirement Services	SMALL CAP INDEX FUND	**	5,627
*	Corebridge Retirement Services	GOVERNMENT SECURITIES FUND	**	5,028
*	Corebridge Retirement Services	SYSTEMATIC CORE FUND	**	2,840
*	Corebridge Retirement Services	ARIEL APPRECIATION FUND	**	1,741
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2065 FD INV	**	804
*	Corebridge Retirement Services	SYSTEMATIC GROWTH FUND	**	785
*	Corebridge Retirement Services	DIVIDEND VALUE	**	486
*	Corebridge Retirement Services	ASSET ALLOCATION FUND	**	458

**PRIMARY CARE PROVIDERS FOR A  
HEALTHY FELICIANA 403(b) PENSION PLAN  
Supplemental Information - EIN 72-1443732 - Plan#001  
Schedule of Assets (Held at End of Year) (Continued)  
As of December 31, 2024**

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