

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

Part II	Basic Plan Information—enter all requested information			
1a	Name of plan THE PLAN FOR GROUP INSURANCE	1b	Three-digit plan number (PN) ▶	580
		1c	Effective date of plan 01/01/2002	
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) VERIZON COMMUNICATIONS INC. ONE VERIZON WAY, BASKING RIDGE, NJ 07920	2b	Employer Identification Number (EIN) 23-2259884	
		2c	Plan Sponsor's telephone number 908-559-3342	
		2d	Business code (see instructions) 517000	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2025	KEVIN CAMMARATA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2025	KEVIN CAMMARATA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor CHAIRPERSON OF THE VERIZON EMPLOYEE BENEFITS COMMITTEE ONE VERIZON WAY, BASKING RIDGE, NJ 07920	3b Administrator's EIN 30-0940361
	3c Administrator's telephone number 908-559-3342
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN
	4d PN
5 Total number of participants at the beginning of the plan year	5 78885
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 74764
	6a(2) 68030
	6b 9372
	6c 0
	6d 77402
	6e
	6f
	6g(1)
	6g(2)
6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

4A 4B 4D 4E 4F 4H 4L 4Q

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 30
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE PLAN FOR GROUP INSURANCE	B Three-digit plan number (PN) ▶	580
C Plan sponsor's name as shown on line 2a of Form 5500 VERIZON COMMUNICATIONS INC.	D Employer Identification Number (EIN) 23-2259884	

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.
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1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN 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
13-5581829	65978	0144481	216	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	75

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
AMERICAN BENEFITS & COMP SYSTEMS
101 PARK AVE
14TH FLOOR
NEW YORK, NY 10178

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	75	NON-MONETARY COMPENSATION	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	

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	39600
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE PLAN FOR GROUP INSURANCE	B Three-digit plan number (PN) ▶	580
C Plan sponsor's name as shown on line 2a of Form 5500 VERIZON COMMUNICATIONS INC.	D Employer Identification Number (EIN) 23-2259884	

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.
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1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN 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
13-5581829	65978	119015	3486	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	5447448	
(2) Increase (decrease) in amount due but unpaid	9a(2)	30441	
(3) Increase (decrease) in unearned premium reserve	9a(3)	0	
(4) Earned ((1) + (2) - (3))	9a(4)	5477889	
b Benefit charges (1) Claims paid	9b(1)	6736426	
(2) Increase (decrease) in claim reserves	9b(2)	5595589	
(3) Incurred claims (add (1) and (2))	9b(3)	12332015	
(4) Claims charged	9b(4)		
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)	0	
(B) Administrative service or other fees	9c(1)(B)	0	
(C) Other specific acquisition costs	9c(1)(C)	0	
(D) Other expenses	9c(1)(D)	1325649	
(E) Taxes	9c(1)(E)	0	
(F) Charges for risks or other contingencies	9c(1)(F)	0	
(G) Other retention charges	9c(1)(G)	-8179775	
(H) Total retention	9c(1)(H)	-6854126	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)	9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	75914535	
(2) Claim reserves	9d(2)	129845353	
(3) Other reserves	9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE PLAN FOR GROUP INSURANCE	B Three-digit plan number (PN) ▶	580
C Plan sponsor's name as shown on line 2a of Form 5500 VERIZON COMMUNICATIONS INC.	D Employer Identification Number (EIN) 23-2259884	

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.
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1 Coverage Information:

(a) Name of insurance carrier PRUDENTIAL INSURANCE COMPANY OF AMERICA
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(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
22-1211670	68241	50904-1	22062	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.
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(a) Total amount of commissions paid 23906	(b) Total amount of fees paid 0
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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 AMERICAN BENEFITS & COMP SYSTEMS 101 PARK AVENUE 14TH FLOOR NEW YORK, NY 10178

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
23906			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

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

Part II Investment and Annuity Contract Information

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	9512653
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE PLAN FOR GROUP INSURANCE	B Three-digit plan number (PN) ▶	580
C Plan sponsor's name as shown on line 2a of Form 5500 VERIZON COMMUNICATIONS INC.	D Employer Identification Number (EIN) 23-2259884	

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.
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1 Coverage Information:

(a) Name of insurance carrier PRUDENTIAL INSURANCE COMPANY OF AMERICA
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	50904-2	2290	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1500149
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THE PLAN FOR GROUP INSURANCE	B Three-digit plan number (PN) ▶ 580
C Plan sponsor's name as shown on line 2a of Form 5500 VERIZON COMMUNICATIONS INC.	D Employer Identification Number (EIN) 23-2259884

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.
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1 Coverage Information:

(a) Name of insurance carrier PRUDENTIAL INSURANCE COMPANY OF AMERICA
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	51389-LTC	145	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	442481
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE PLAN FOR GROUP INSURANCE	B Three-digit plan number (PN) ▶	580
C Plan sponsor's name as shown on line 2a of Form 5500 VERIZON COMMUNICATIONS INC.	D Employer Identification Number (EIN) 23-2259884	

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.
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1 Coverage Information:

(a) Name of insurance carrier
ACE AMERICAN 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
95-2371728	22667	N1087712A	75655	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 22788	(b) Total amount of fees paid 0
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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
MERCER HEALTH & BENEFITS LLC
1166 AVENUE OF THE AMERICAS
23RD FLOOR
NEW YORK, NY 10036

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22788			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	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	227876
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE PLAN FOR GROUP INSURANCE	B Three-digit plan number (PN) ▶	580
C Plan sponsor's name as shown on line 2a of Form 5500 VERIZON COMMUNICATIONS INC.	D Employer Identification Number (EIN) 23-2259884	

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.
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1 Coverage Information:

(a) Name of insurance carrier
AETNA LIFE INSURANCE CO.

(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
06-6033492	60054	0719987	160964	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	56632488
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE PLAN FOR GROUP INSURANCE	B Three-digit plan number (PN) ▶	580
C Plan sponsor's name as shown on line 2a of Form 5500 VERIZON COMMUNICATIONS INC.	D Employer Identification Number (EIN) 23-2259884	

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.
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1 Coverage Information:

(a) Name of insurance carrier AETNA HEALTH INC					
(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
23-2169745	95109	E00063633396	2	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	3632
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE PLAN FOR GROUP INSURANCE	B Three-digit plan number (PN) ▶	580
C Plan sponsor's name as shown on line 2a of Form 5500 VERIZON COMMUNICATIONS INC.	D Employer Identification Number (EIN) 23-2259884	

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.
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1 Coverage Information:

(a) Name of insurance carrier
AETNA LIFE INSURANCE CO.

(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
06-6033492	60054	E00067097567PPO	1	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	592
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THE PLAN FOR GROUP INSURANCE	B Three-digit plan number (PN) ▶ 580
C Plan sponsor's name as shown on line 2a of Form 5500 VERIZON COMMUNICATIONS INC.	D Employer Identification Number (EIN) 23-2259884

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.
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1 Coverage Information:

(a) Name of insurance carrier CIGNA HEALTH AND 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
59-1031071	67369	08358A	2	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	48223
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE PLAN FOR GROUP INSURANCE	B Three-digit plan number (PN) ▶	580
C Plan sponsor's name as shown on line 2a of Form 5500 VERIZON COMMUNICATIONS INC.	D Employer Identification Number (EIN) 23-2259884	

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.
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1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY (DAVIS VISION)

(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
13-5581829	65978	710	728	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	5891
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE PLAN FOR GROUP INSURANCE	B Three-digit plan number (PN) ▶	580
C Plan sponsor's name as shown on line 2a of Form 5500 VERIZON COMMUNICATIONS INC.	D Employer Identification Number (EIN) 23-2259884	

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.
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1 Coverage Information:

(a) Name of insurance carrier
EYEMED VISION CARE

(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
43-0949844	71870	9762881	16	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	692
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE PLAN FOR GROUP INSURANCE	B Three-digit plan number (PN) ▶	580
C Plan sponsor's name as shown on line 2a of Form 5500 VERIZON COMMUNICATIONS INC.	D Employer Identification Number (EIN) 23-2259884	

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.
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1 Coverage Information:

(a) Name of insurance carrier HEALTH NET					
(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
95-4402957	95567	5028DA/5028BN	87	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1204200
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THE PLAN FOR GROUP INSURANCE	B Three-digit plan number (PN) ▶ 580
C Plan sponsor's name as shown on line 2a of Form 5500 VERIZON COMMUNICATIONS INC.	D Employer Identification Number (EIN) 23-2259884

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.
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1 Coverage Information:

(a) Name of insurance carrier
HIGHMARK INC.

(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
23-1294723	54771	014119	1	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1086
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE PLAN FOR GROUP INSURANCE	B Three-digit plan number (PN) ▶	580
C Plan sponsor's name as shown on line 2a of Form 5500 VERIZON COMMUNICATIONS INC.	D Employer Identification Number (EIN) 23-2259884	

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.
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1 Coverage Information:

(a) Name of insurance carrier
HAWAII MEDICAL SERVICE ASSOCIATION

(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
99-0040115	49948	017670-1	220	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1030180
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE PLAN FOR GROUP INSURANCE	B Three-digit plan number (PN) ▶	580
C Plan sponsor's name as shown on line 2a of Form 5500 VERIZON COMMUNICATIONS INC.	D Employer Identification Number (EIN) 23-2259884	

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.
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1 Coverage Information:

(a) Name of insurance carrier HUMANA 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
39-1263473	73288	176230	17	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	36679
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE PLAN FOR GROUP INSURANCE	B Three-digit plan number (PN) ▶	580
C Plan sponsor's name as shown on line 2a of Form 5500 VERIZON COMMUNICATIONS INC.	D Employer Identification Number (EIN) 23-2259884	

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.
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1 Coverage Information:

(a) Name of insurance carrier
HUMANA MEDICAL PLAN, INC.

(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
61-1103898	95270	176230	21	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	6312
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE PLAN FOR GROUP INSURANCE	B Three-digit plan number (PN) ▶	580
C Plan sponsor's name as shown on line 2a of Form 5500 VERIZON COMMUNICATIONS INC.	D Employer Identification Number (EIN) 23-2259884	

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.
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1 Coverage Information:

(a) Name of insurance carrier KAISER FOUNDATION HEALTH PLAN OF GEORGIA

(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
58-1592076	96237	10066	724	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	6276800
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE PLAN FOR GROUP INSURANCE	B Three-digit plan number (PN) ▶	580
C Plan sponsor's name as shown on line 2a of Form 5500 VERIZON COMMUNICATIONS INC.	D Employer Identification Number (EIN) 23-2259884	

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.
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1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN, INC. (HAWAII)

(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
94-1340523	60053	00097	92	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	558585
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE PLAN FOR GROUP INSURANCE	B Three-digit plan number (PN) ▶	580
C Plan sponsor's name as shown on line 2a of Form 5500 VERIZON COMMUNICATIONS INC.	D Employer Identification Number (EIN) 23-2259884	

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 KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC.

(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
52-0954463	95639	14455	765	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	5427896
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE PLAN FOR GROUP INSURANCE	B Three-digit plan number (PN) ▶	580
C Plan sponsor's name as shown on line 2a of Form 5500 VERIZON COMMUNICATIONS INC.	D Employer Identification Number (EIN) 23-2259884	

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.
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1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN INC, (NORTHERN CA)

(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
94-1340523	00000	33222	1359	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	8852170
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE PLAN FOR GROUP INSURANCE	B Three-digit plan number (PN) ▶	580
C Plan sponsor's name as shown on line 2a of Form 5500 VERIZON COMMUNICATIONS INC.	D Employer Identification Number (EIN) 23-2259884	

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.
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1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

(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
93-0798039	95540	1344	106	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	688615
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE PLAN FOR GROUP INSURANCE	B Three-digit plan number (PN) ▶	580
C Plan sponsor's name as shown on line 2a of Form 5500 VERIZON COMMUNICATIONS INC.	D Employer Identification Number (EIN) 23-2259884	

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.
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1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN, INC. (SOUTHERN CA)

(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
94-1340523	00000	106000	2440	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	14850353
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE PLAN FOR GROUP INSURANCE	B Three-digit plan number (PN) ▶	580
C Plan sponsor's name as shown on line 2a of Form 5500 VERIZON COMMUNICATIONS INC.	D Employer Identification Number (EIN) 23-2259884	

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.
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1 Coverage Information:

(a) Name of insurance carrier PRUDENTIAL INSURANCE COMPANY OF AMERICA
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	50901 APA		01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 3852579**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b****c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)**
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**
▶(6) Total additions **7c(6)****d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d****e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**
▶(5) Total deductions **7e(5)****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f**

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE PLAN FOR GROUP INSURANCE	B Three-digit plan number (PN) ▶	580
C Plan sponsor's name as shown on line 2a of Form 5500 VERIZON COMMUNICATIONS INC.	D Employer Identification Number (EIN) 23-2259884	

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 PRUDENTIAL INSURANCE COMPANY OF AMERICA
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	50801-1	35945	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 28875	(b) Total amount of fees paid 7452
---	---------------------------------------

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 AMERICAN BENEFITS & COMPENSATION SYSTEMS INC. 101 PARK AVE 14TH FLOOR NEW YORK, NY 10178
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
28875			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid IMG 2960 NORTH MERIDIAN STREET INDIANAPOLIS, IN 46208
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	7452	THIRD PARTY ADMINISTRATION FEES	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	4606023
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE PLAN FOR GROUP INSURANCE	B Three-digit plan number (PN) ▶	580
C Plan sponsor's name as shown on line 2a of Form 5500 VERIZON COMMUNICATIONS INC.	D Employer Identification Number (EIN) 23-2259884	

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.
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1 Coverage Information:

(a) Name of insurance carrier PRUDENTIAL INSURANCE COMPANY OF AMERICA
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	50801-2	26391	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	9884803
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE PLAN FOR GROUP INSURANCE	B Three-digit plan number (PN) ►	580
C Plan sponsor's name as shown on line 2a of Form 5500 VERIZON COMMUNICATIONS INC.	D Employer Identification Number (EIN) 23-2259884	

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
PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	50901-1	32567	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 80396	(b) Total amount of fees paid 3178
---	---------------------------------------

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
AMERICAN BENEFITS & COMPENSATION SYSTEMS INC.
101 PARK AVE 14TH FLOOR
NEW YORK, NY 10178

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
80396			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
IMG 2960 NORTH MERIDIAN STREET
INDIANAPOLIS, IN 46208

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	3178	THIRD PARTY ADMINISTRATION FEES	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	7438908
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE PLAN FOR GROUP INSURANCE	B Three-digit plan number (PN) ▶	580
C Plan sponsor's name as shown on line 2a of Form 5500 VERIZON COMMUNICATIONS INC.	D Employer Identification Number (EIN) 23-2259884	

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.
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1 Coverage Information:

(a) Name of insurance carrier PRUDENTIAL INSURANCE COMPANY OF AMERICA
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	50901-2	32156	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	23320103
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THE PLAN FOR GROUP INSURANCE	B Three-digit plan number (PN) ▶ 580
C Plan sponsor's name as shown on line 2a of Form 5500 VERIZON COMMUNICATIONS INC.	D Employer Identification Number (EIN) 23-2259884

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.
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1 Coverage Information:

(a) Name of insurance carrier TAKECARE					
(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
98-0223187	11093	WORLDCOM	5	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	38383
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE PLAN FOR GROUP INSURANCE	B Three-digit plan number (PN) ▶	580
C Plan sponsor's name as shown on line 2a of Form 5500 VERIZON COMMUNICATIONS INC.	D Employer Identification Number (EIN) 23-2259884	

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.
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1 Coverage Information:

(a) Name of insurance carrier
UNITEDHEALTHCARE BENEFITS OF TEXAS, INC.

(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
33-0115163	95174	H0609	1	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	2893
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE PLAN FOR GROUP INSURANCE	B Three-digit plan number (PN) ▶	580
C Plan sponsor's name as shown on line 2a of Form 5500 VERIZON COMMUNICATIONS INC.	D Employer Identification Number (EIN) 23-2259884	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GMO EMER COUNTRY DEBT FUND CLASS IV
04-6757436

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GMO HIGH YIELD FUND CLASS VI
82-4512611

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GMO MULTI-SECTOR FIXED INCOME FUND
04-3363496

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GMO OPPORTUNISTIC INCOME FUND
76-0719520

(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

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

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

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

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

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

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

GRANTHAM,MAYO,VAN OTTERLOO&CO (GMO)

04-2691242

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 55 57 59 71	NONE	325922	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

ALLIANCE BERNSTEIN LP.

13-4064930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	201965	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE BANK OF NEW YORK MELLON

13-5160382

(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?
18 19 21 28 49 50 51	TRUSTEE	119143	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

AON HEWITT INVESTMENT

36-3109431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	98339	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VERIZON COMMUNICATIONS INC.

23-2259884

(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?
14 50	EMPLOYER	29717	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THOMPSON HINE LLP

34-0575300

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	8784	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

COMPSYCH

35-3739783

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 73	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	110920	Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
COMPSYCH	13 73	110920

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRUDENTIAL INSURANCE CO OF AMERICA 22-1211670	THIRD PARTY ADMINISTRATION FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan THE PLAN FOR GROUP INSURANCE				B Three-digit plan number (PN) ▶ 580	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 VERIZON COMMUNICATIONS INC.				D Employer Identification Number (EIN) 23-2259884	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: CF SL ACWI FUND					
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON					
c EIN-PN 35-6787007-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53558497	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end	

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

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

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

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

A Name of plan THE PLAN FOR GROUP INSURANCE	B Three-digit plan number (PN) ▶ 580
C Plan sponsor's name as shown on line 2a of Form 5500 VERIZON COMMUNICATIONS INC.	D Employer Identification Number (EIN) 23-2259884

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	59807	61549
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	46141	29180
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	17149891	18489640
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	61780720	69671464
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	88540176	90224026
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	46307055	53558497
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	6651569	2967218
(15) Other.....	1c(15)	3643148	2836392

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	224178507	237837966
Liabilities			
g Benefit claims payable.....	1g	144768000	137146000
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	144768000	137146000
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	79410507	100691966

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1304746872	
(B) Participants.....	2a(1)(B)	259856394	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		1564603266
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	3522018	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		3522018
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	2606517	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C).....	2b(2)(D)		2606517
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	8727614	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1856494	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		8182188
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		34673
d Total income. Add all income amounts in column (b) and enter total	2d		1589532770

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1400614714	
(2) To insurance carriers for the provision of benefits	2e(2)	164679128	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1565293842
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	2153581	
(2) Contract administrator fees	2i(2)	32095	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	618732	
(6) Bank or trust company trustee/custodial fees	2i(6)	29487	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	8810	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	114764	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2957469
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1568251311

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		21281459
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: MITCHELL & TITUS, LLP

(2) EIN: 13-2781641

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		100000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

EIN 23-2259884 P/N 580
THE PLAN FOR GROUP INSURANCE

**Financial Statements and Supplemental Schedules
As of December 31, 2024 and 2023 and
For the Year Ended December 31, 2024
With Independent Auditor's Report**

EIN 23-2259884 P/N 580
THE PLAN FOR GROUP INSURANCE
December 31, 2024 and 2023

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** All other schedules required by Section 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted as they are not applicable or not required.*



INDEPENDENT AUDITOR'S REPORT

Verizon Employee Benefits Committee
The Plan for Group Insurance

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

We have performed audits of the accompanying financial statements of The Plan for Group Insurance (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 and benefit obligations as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits and changes in benefit obligations for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from 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 1 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.

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- 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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 accounting principles generally accepted in the United States of America.

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

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



Other Matter — Supplemental Schedules Required by ERISA

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules 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 institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Mitchell Titus, LLP

October 3, 2025

EIN 23-2259884 P/N 580
THE PLAN FOR GROUP INSURANCE
 Statements of Net Assets Available for Benefits
 As of December 31, 2024 and 2023

(in thousands)		
	2024	2023
Assets		
Investments, at fair value		
Welfare Trust for the Verizon Long-Term Disability VEBA	\$ 234,871	\$ 217,527
Assets held by the insurance carrier	2,967	6,652
Total assets	237,838	224,179
Net assets available for benefits	\$ 237,838	\$ 224,179

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

EIN 23-2259884 P/N 580
THE PLAN FOR GROUP INSURANCE
Statement of Changes in Net Assets Available for Benefits
For the year ended December 31, 2024

(in thousands)

	2024
Investment income (loss)	
Net increase in Plan's interest in Welfare Trust for the Verizon Long-Term Disability VEBA	\$ 23,845
Interest income	310
Total investment income	24,155
Contributions	
Employer	1,304,747
Participants	259,856
Total contributions	1,564,603
Deductions	
Benefits paid to participants	1,408,237
Payments to insurance carriers	164,679
Administrative expenses	2,183
Total deductions	1,575,099
Net increase	13,659
Net assets available for benefits - beginning of year	224,179
Net assets available for benefits - end of year	\$ 237,838

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

EIN 23-2259884 P/N 580
THE PLAN FOR GROUP INSURANCE
 Statements of Plan's Benefit Obligations
 As of December 31, 2024 and 2023

(in thousands)

	2024	2023
Amounts currently payable		
Claims incurred but not reported	\$ 137,146	\$ 144,768
Total amounts currently payable	<u>137,146</u>	<u>144,768</u>
Postretirement benefit obligations, net of amounts currently payable		
Current retirees	212,762	237,817
Other participants fully eligible for benefits	18,366	21,575
Other participants not yet fully eligible for benefits	6,520	10,074
Total postretirement benefit obligations	<u>237,648</u>	<u>269,466</u>
Long-term disability benefits		
Claims incurred but not reported reserve	9,844	11,996
Long-term disability benefits reserve	131,090	141,718
Total long-term disability benefits obligations	<u>140,934</u>	<u>153,714</u>
Plan's total benefit obligations	<u>\$ 515,728</u>	<u>\$ 567,948</u>

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

EIN 23-2259884 P/N 580
THE PLAN FOR GROUP INSURANCE
Statement of Changes in Plan's Benefit Obligations
For the year ended December 31, 2024

(in thousands)

	2024
Amounts currently payable	
Balance at beginning of year	\$ 144,768
Claims and benefits reported and approved for payment, including benefits reclassified from benefit obligations	1,565,294
Claims and premiums paid	(1,572,916)
Balance at end of year	137,146
Postretirement benefit obligations, net of amounts currently payable	
Balance at beginning of year	\$ 269,466
Increase/(decrease) in postretirement benefits attributable to:	
Benefits reclassified to amounts currently payable	(38,746)
Benefits earned	430
Interest	12,326
Changes in actuarial assumptions and other (gains)/losses	(5,828)
Net decrease	(31,818)
Balance at end of year	237,648
Long-term disability benefits	
Balance at beginning of year	\$ 153,714
Increase/(decrease) in postretirement benefits attributable to:	
Benefits reclassified to amounts currently payable	(24,201)
Benefits earned	24,573
Interest	7,258
Changes in actuarial assumptions and other (gains)/losses	(20,410)
Net decrease	(12,780)
Balance at end of year	140,934
Plan's total benefit obligations at end of year	\$ 515,728

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

EIN 23-2259884 P/N 580
THE PLAN FOR GROUP INSURANCE
Notes to Financial Statements
December 31, 2024

1. Plan Description

The following description of The Plan for Group Insurance (the “Plan”) provides only general information on the Plan’s provisions. Participants should refer to the applicable summary plan description and plan document for a complete description of the Plan’s provisions. The Plan is an employee welfare benefit plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Plan Benefits

The Plan covers active employees and certain retired employees of Verizon Communications Inc. or its subsidiaries (the “Company”). The Plan provides the following benefits: (1) Active and non-Medicare eligible disabled Management employees: medical, dental, vision, short-term disability (“STD”) and long-term disability (“LTD”), long-term care (“LTC”), basic life insurance, basic accidental death and dismemberment (“AD&D”) insurance, supplemental life insurance, supplemental AD&D insurance and business travel accident (“BTA”) insurance; (2) Active and disabled West Associate Employees: medical, dental, vision, STD and LTD, basic and supplemental life insurance, basic AD&D insurance for certain union populations, supplemental AD&D insurance and BTA insurance; and (3) West Associate Retirees (with a retirement date on or after January 1, 2011): medical, dental, vision, and West Associate Retirees (regardless of retirement date): basic and supplemental life insurance.

Current medical and dental claim payments of active and retired participants, their dependents and beneficiaries may be fully insured under group insurance contracts with multiple Health Maintenance Organizations (“HMOs”) including Medicare Advantage plans in different geographic regions, a national Group Medicare Advantage PPO and one regional Dental Maintenance Organization (“DMO”). The Plan transfers 100% of the risk of payment for services to the national Group Medicare Advantage PPO insurer or these individual HMOs and DMO. Certain medical and dental plans are self-insured. Participant’s benefits are based on their employment status or union contract. Additionally, the LTD plans provide benefits that are self-insured. The life insurance benefits are fully insured under the group insurance contracts with Prudential Insurance Company of America (“Prudential” or the “Insurance Carrier”). The Plan has “non-experience-rated” contracts. In the collective bargaining agreements ratified in June 2016, Verizon’s annual postretirement benefit obligation (“PBO”) for retiree healthcare remains capped at the levels established by the previous contracts ratified in 2012. Effective January 2016, certain retirees began to pay for the costs of retiree healthcare in accordance with the provisions relating to caps in the previous contracts. In reaching new collective bargaining agreements in 2016, there is a mutual understanding that the substantive postretirement benefit plans provide that Verizon’s annual PBO for retiree healthcare is capped and, accordingly, the Plan began accounting for the contractual healthcare caps in June 2016.

Funding Policy

Company and participant contributions are intended to fund current claims and insurance premiums under the Plan. The Company and active employees and retirees make contributions to the Plan on a monthly basis. Employee and retiree contributions to the Plan are established by the Company and are based upon the number of dependents covered and the level of coverage selected. Employer contributions are made each year, in addition to employee and retiree contributions to cover current benefit payments.

Retiree contributions were as follows:

West Post-2010 Retirees (Subject to the 1995 and 1996 subsidy caps) (Pre-Medicare and Medicare eligible participants)	Varies by multiple factors such as collective bargaining agreement, contract effective date, years of service, age, age at retirement and Medicare eligibility. Company subsidy ranges from a monthly fixed rate to a service subsidy rate ranging from 20% to 100%.
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Retiree contributions were approximately \$2.3 million for the year ended December 31, 2024.

The Plan's deficiency of net assets over benefit obligations as of December 31, 2024 and 2023, respectively, relates primarily to its PBO and will be funded in accordance with the terms of the Plan. However, such payments are subject to the Company's right to amend or terminate the Plan, subject to any applicable collective bargaining obligations.

Plan Assets

Voluntary Employees' Beneficiary Association Trust ("VEBA"), as defined in Section 501(c)(9) of the Internal Revenue Code (the "IRC"), is the vehicle through which the Company funds certain benefits of the Plan.

Plan assets covering the participants are held in one or more of the following trusts: (1) the Welfare Trust for the Verizon Long-Term Disability VEBA (the "LTD Trust"), (2) the WorldCom Welfare Trust (the "WorldCom Trust"), and (3) the Welfare Trust for the GTE Bargained Retired Group Insurance Plan (the "Bargained Retired Trust"). The LTD Trust, WorldCom Trust and Bargained Retired Trust (collectively the "Trusts") were established as VEBAs. The Bank of New York Mellon (the "Trustee") is the trustee of the Trusts.

As of December 31, 2024 and 2023, the Plan had no interest in the Bargained Retired Trust.

The Plan has a 100% interest in the WorldCom Trust's investments and investment activities. As of December 31, 2024 and 2023, the trust held no assets. The trust assets were depleted during September 2022.

Additional Plan assets were held by Prudential in the Advance Premium Account ("APA").

Information Certified by the Trustee

As of December 31, 2024 and 2023, and for the year ended December 31, 2024, the investments in the Trusts and the related investment activities, which are included in the financial statements, have been obtained or derived from information certified as complete and accurate by the Trustee.

Information Certified by Prudential

As of December 31, 2024 and 2023, and for the year ended December 31, 2024, the investment assets held in the APA and the related investment income or loss, which are disclosed in the accompanying financial statements and supplemental schedules, have been obtained or derived from information certified as complete and accurate by Prudential.

Plan Termination

Although it has not expressed any intention to do so, the Verizon Employee Benefits Committee or the Company reserves the right to amend or terminate the Plan subject to the provisions of ERISA and the collective bargaining agreements. No amendment to or termination of the Plan shall cause or permit the assets of the Plan held in the Trusts to be used for any purpose other than the defrayal of administrative expenses and payments of benefits on behalf of participants. Upon termination, the assets of the Plan shall be used to pay benefits that participants have become entitled to receive and pay administrative expenses incurred by the Plan and Trusts in connection with the termination.

2. Summary of Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting and in conformity with generally accepted accounting principles in the United States ("U.S. GAAP").

Use of Estimates

U.S. GAAP requires Plan management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Administrative Expenses

Administrative expenses are paid either out of the Plan's assets or by the Company.

Payment of Benefits and Premiums

Benefits and premiums are recorded when paid.

Claims Incurred But Not Reported

Plan obligations at year end for claims incurred but not reported ("IBNR") are estimated by the Plan's actuary in accordance with generally accepted actuarial principles based on existing Plan provisions and claims data provided by the Plan's third-party claims administrators. IBNR claims represent estimated benefits that have been earned by participants but not yet received, processed, or paid on behalf of the Plan.

Investment Valuation and Income Recognition

The Statement of Changes in Net Assets Available for Benefits reflects the Plan's share in the investment activities of the assets held by Prudential and the net increase/(decrease) in the Plan's interest in the Trusts, which consist of the realized gains or losses and unrealized appreciation/(depreciation) in fair value of investments as well as interest and dividends earned. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation/(depreciation) includes gains and losses on investments bought and sold, as well as held during the year.

3. Fair Value Measurements

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

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2 – Inputs to the valuation methodology include

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

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

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

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

4. Postretirement Benefit Obligations

A PBO has been recognized for retiree welfare benefits for eligible participants and their dependents upon retirement. The PBO, which is determined by an actuary, represents the actuarial present value of those estimated future benefits, net of retiree contributions, which are attributed to employee service rendered through December 31, 2024 and 2023. Postretirement benefits include future benefits expected to be paid to (1) currently retired or terminated employees and their dependents or beneficiaries, and (2) active employees and their dependents or beneficiaries after retirement from service with the Company. Prior to an active employee's full eligibility date, the PBO is the portion of the expected PBO that is attributed to that employee's service rendered to the valuation date. The PBO also includes an amount that results from applying actuarial assumptions to company-provided retiree life insurance benefits.

The gross medical cost trend rates in 2024 for postretirement benefits were approximately 7.80% (pre-65) and 9.70% (post-65). The rates are assumed to decrease to an ultimate rate of 4.50% by 2034 for pre-65 and post-65.

The gross medical cost trend rates in 2023 for postretirement benefits were approximately 7.10% (pre-65) and 7.80% (post-65). The rates in 2023 were assumed to decrease to an ultimate rate of 4.50% by 2032 for pre-65 and post-65.

A one-percentage point increase in the assumed healthcare cost trend rates for each future year would have decreased the accumulated PBO by approximately \$4.6 million and \$2.4 million December 31, 2024 and 2023, respectively.

The assumed discount rate used to measure the accumulated PBO for retiree medical and life insurance benefits was 5.54% and 4.92% as of December 31, 2024 and 2023, respectively.

The mortality table used for the December 31, 2024 PBO was the PRI-2012 fully generational table with a blue collar version for associates and a white collar version for managers. The projection scale used was the MP-2021, with a long-term COVID-19 adjustment.

The mortality table used for the December 31, 2023 PBO was the PRI-2012 base table with a blue collar version for associates and a white collar version for managers. The projection scale used was the MP-2021, with both near-term and long-term COVID-19 adjustments.

Long-Term Disability Benefit Obligations

A benefit obligation has been recognized for LTD benefits for eligible participants and their dependents. The benefit obligation, which is determined by an actuary, represents the actuarial present value of those estimated future benefits, net of retiree contributions, for those employees currently on LTD. This includes welfare continuation benefits as well as life insurance continuation benefits and income replacement benefits for certain employees.

The benefit obligation is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual claims-costs per participant adjusted for the time value of money and the probability of payment between the valuation date and the expected date of payment. The benefit obligation also includes an amount that results from applying actuarial assumptions to company-provided life insurance benefits as well as company-provided income replacement benefits.

The assumed discount rate to measure the benefit obligation for LTD benefits was 4.93% and 5.12% as of December 31, 2024 and 2023, respectively. The gross medical cost trend rate in 2024 for medical continuation benefits was approximately 6.70%. The rate is assumed to decrease to an ultimate rate of 4.70% by 2032. The mortality/recovery table used in both 2024 and 2023 is the 2012 Group Long-Term Disability Table.

When necessary, the Company contributes to the Plan an amount sufficient to provide for the Plan benefit obligations as they become due.

The foregoing assumptions are based on the presumption that the Plan will continue. Should the Plan terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the PBO and the LTD benefit obligations.

5. Assets held by Prudential

Assets held in the APA are recorded at contract value as determined by Prudential. Contract value equals contributions and reinvested income, less any withdrawals plus accrued interest. The contract value of the investment contracts as of December 31, 2024 and 2023 approximates fair value due to the short-term nature of the funds.

Advance Premium Account

The APA was established with funds that were transferred from the former carrier, Metropolitan Life Insurance Company's ("MetLife") Premium Stabilization Reserves ("PSR"), which represent accumulated employee paid program surpluses from prior years that may be used to supplement or replace employee premiums for life insurance benefits. The funds are included in the general account and the interest earned is aligned with the expected yield of short-term Federal Government Treasury instruments since these funds can be withdrawn on demand from the APA at the Company's discretion.

The fair value of the assets held in the APA was \$3.0 million and \$6.7 million as of December 31, 2024 and 2023, respectively, consisting of short-term investments measured under the fair value guidance at Level 2. The investment income of the APA for the year ended December 31, 2024 was \$309,541.

6. Welfare Trust for the Verizon Long-Term Disability VEBA

The Plan has a 100% interest in the LTD Trust's investments and investment activities. The investments measured at NAV of \$53.6 million and \$46.3 million as of December 31, 2024 and 2023, respectively, consist of U.S. equity securities with a daily redemption frequency and redemption notice.

The following table sets forth by level, within the fair value hierarchy, the investments of the LTD Trust and an interest in a Non-taxable Limited Partnership (the "NLP") at December 31, 2024 and 2023, was as follows (in thousands):

	2024	2023
Cash and cash equivalents	\$ 8,091	\$ 8,278
Total investments in the fair value hierarchy	8,091	8,278
Investments measured at NAV	53,558	46,307
Interest in NLP	173,160	162,882
<i>Plus: Net receivables</i>	62	60
Total net assets at fair value	\$ 234,871	\$ 217,527

The net investment income of the LTD Trust for the year ended December 31, 2024, including interest and net appreciation in the fair value of investments, was approximately \$23.8 million. The commingled fund is measured under the fair value guidance at Level 2.

7. Limited Partnership

Certain VEBAs formed a NLP to enhance investment returns. Each participating VEBA has a partnership interest in proportion to its VEBA assets held by the NLP. The Plan's interest in the NLP was approximately \$173.2 million and \$162.9 million as of December 31, 2024 and 2023, respectively.

The Plan's interest in the fair value of the investments in the NLP and the related investment gains or losses are reported in "Investments, at fair value" and "Investment income (loss)" in the Statements of Net Assets Available for Benefits and in the Statement of Changes in Net Assets Available for Benefits, respectively.

The accounting records of the NLP are maintained in U.S. dollars. Foreign currency denominated assets and liabilities are translated into U.S. dollars at the prevailing rates of exchange at the end of each

accounting period, with the impact of fluctuations in foreign exchange rates reflected as an unrealized gain or loss in the fair value of the investments.

Cash receipts and payments derived from investment trades involving foreign currency denominated investments are translated into U.S. dollars at the prevailing exchange rate on the respective transaction date. Net realized gains and losses on foreign currency transactions result from the disposition of foreign currency denominated investments that arise from fluctuations in foreign exchange rates between the trade and settlement dates and the difference between the amount of net investment income accrued and the U.S. dollar amount actually received.

The foreign exchange effect on foreign currency denominated investments is not segregated from the impact of changes in market prices in the Statement of Changes in Net Assets Available for Benefits.

Valuation of Investments

Cash and cash equivalents include short-term investment funds (less than 90 days to maturity), primarily in diversified portfolios of investment grade money market instruments and are valued using quoted market prices or other valuation methods. The carrying value of cash equivalents approximates fair value due to the short-term nature of these investments.

Investments in securities traded on national and foreign securities exchanges are valued by the custodian at the last reported sale prices on the last business day of the year or, if no sales were reported on that date, at the last reported bid prices. Government obligations, corporate bonds and international bonds are valued using matrix prices with input from independent third-party valuation sources. Over-the-counter securities are valued at the bid and ask prices or the average of the bid and ask prices on the last business day of the year from published sources or, if not available, from other sources considered reliable such as multiple broker quotes.

Commingled funds not traded on national exchanges are valued by the custodian or fund administrator at their NAV. Commingled funds held by third-party custodians appointed by the fund managers provide the fund manager with a NAV. The fund managers have the responsibility for providing this information to the custodian of the respective plan. Commingled funds for which fair value is measured using the NAV per share as a practical expedient are not leveled within the fair value hierarchy and are included as a component of the total investments in the NLP.

The following table sets forth by level, within the fair value hierarchy, the NLP's investments at fair value as of December 31, 2024 (in thousands):

Assets at Fair Value at December 31, 2024			
	Level 1	Level 2	Total
Investments			
Cash and cash equivalents	\$ 149	\$ 26,460	\$ 26,609
<i>Equity securities:</i>			
U.S. equities	105,337	—	105,337
International equities	200,923	212	201,135
<i>Fixed income securities:</i>			
U.S. treasuries and agencies	185,968	19,383	205,351
U.S. fixed income	43,338	18,913	62,251
U.S. private placements	—	11,868	11,868
International fixed income	15,568	4,783	20,351
International private placements	—	2,556	2,556
Derivatives	(232)	(417)	(649)
Total investments in the fair value hierarchy	551,051	83,758	634,809
Investments measured at NAV			10,674
Less: Net payables			(8,003)
Total partnership net assets at fair value	\$ 551,051	\$ 83,758	\$ 637,480

Interest and dividend income for the NLP was \$20.7 million for the year ended December 31, 2024. The total net appreciation of \$39.2 million for the year ended December 31, 2024 includes gains and losses on investments bought and sold as well as held during the year for all the NLP investments.

The following table summarizes redemption restrictions for investments in the NLP for which fair value is estimated using NAV per share as of December 31, 2024 (in thousands):

Asset Type	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice
<u>Commingled funds:</u>				
Hedge funds	\$ 10,674	N/A	Monthly	10 days
Total	\$ 10,674			

The Plan's principal financial instruments subject to credit risk are the investments in the NLP. The degree and concentration of credit risk varies by investment depending upon the type and diversity.

The following table sets forth by level, within the fair value hierarchy, the NLP's investments at fair value as of December 31, 2023 (in thousands):

Assets at Fair Value at December 31, 2023			
	Level 1	Level 2	Total
Investments			
Cash and cash equivalents	\$ 328	\$ 33,836	\$ 34,164
<i>Equity securities:</i>			
U.S. equities	204,952	255	205,207
International equities	104,024	—	104,024
<i>Fixed income securities:</i>			
U.S. treasuries and agencies	158,860	27,372	186,232
U.S. fixed income	39,577	15,963	55,540
U.S. private placements	—	10,957	10,957
International fixed income	13,226	3,350	16,576
International private placements	—	4,593	4,593
Derivatives	320	2,195	2,515
Total investments in the fair value hierarchy	521,287	98,521	619,808
Investments measured at NAV			13,699
Less: Net payables			(6,747)
Total partnership net assets at fair value	\$ 521,287	\$ 98,521	\$ 626,760

The following table summarizes redemption restrictions for investments in the NLP for which fair value is estimated using NAV per share as of December 31, 2023 (in thousands):

Asset Type	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice
<u>Commingled funds:</u>				
Hedge funds	\$ 13,699	N/A	Monthly	10 days
Total	\$ 13,699			

In the normal course of operations, the NLP's assets may include derivative financial instruments. Derivatives are synthetic instruments used to get various market exposures with limited margin requirements and therefore with leverage risk involved. The notional amounts disclosed in this footnote provide a measure of the NLP's involvement in such instruments but are not indicative of potential exposure. The intent is to use derivative financial instruments to gain market exposure or as economic hedges to manage various risks associated with the NLP's investment assets or to express investment managers' views of future market movements efficiently.

At December 31, 2024 and 2023, the NLP utilized futures and forwards derivatives to manage risks such as price risk and foreign currency exchange rate risk. At December 31, 2024 and 2023, the gross notional value of the derivative instruments was \$245.8 million and \$248.3 million, respectively. At December 31, 2024 and 2023, the fair value of the derivative instruments, and the related gains/losses, were not significant.

8. Securities Lending

The NLP maintained a Securities Lending Agreement (the “Agreement”) with the Trustee. The Agreement permits the Trustee to loan certain domestic and international securities held by the NLP to borrowing counterparties who provide collateral for the loans. There is generally no stated repayment term for such loans and either party can terminate the loans at any time. Upon loan termination, the loan securities are returned to the NLP and the collateral is paid back to the borrowing counterparty.

Risk of credit loss from securities lending is mitigated by obtaining sufficient collateral, transacting only with borrowing counterparties of high credit quality and being indemnified against borrowing counterparty default by the Trustee. During the years ended December 31, 2024 and 2023, the NLP did not experience any losses arising from securities lending transactions.

The securities on loan may be sold at the manager's discretion, in which case the Trustee will reallocate or recall positions in order to satisfy sale delivery. Securities on loan may not be re-pledged by the NLP.

Securities on loan continue to be recorded as assets in the LTD Trust and are included in the listing of investments in Note 6. The LTD Trust recognizes loan collateral, held in separate accounts managed by the Trustee, as an asset and also recognize an equal and offsetting liability, representing their obligation to return the collateral upon termination of the loan. The loan collateral and offsetting liability have not been included in the listing of investments in Note 6 but are detailed below. Loan collateral can be in the form of cash equivalents or non-cash assets. Collateral in cash equivalents can be invested and reinvested in approved investments by the Trustee according to guidelines set forth in the Agreement. Non-cash collateral is held in the form received and not subject to investing activities by the Trustee. Collateral received are not sold or pledged as loaned securities. Investment gains are shared amongst the NLP, Trustee and borrowing counterparties based on an agreed allocation. Investment losses, if any, arising from such investing activities are borne by the NLP.

The required collateral ranges from an amount equal to or greater than 102% to 105% of the fair value of the securities loaned for U.S. and non-U.S. securities, respectively. Additional collateral is required if the fair value of the borrowed securities increase.

The NLP fees earned from this Agreement amounted to approximately \$25,984 and \$20,541 for the years ended December 31, 2024 and 2023, respectively. The Plan's portion of fees earned amounted to approximately \$7,058 and \$5,132 for the years ended December 31, 2024 and 2023, respectively. These earnings are included in the Statement of Changes in Net Assets in the Net investment activities for the Trust.

Total securities on loan were approximately \$7.3 million and \$3.5 million as of December 31, 2024 and 2023, respectively. Total collateral assets to repay borrowing counterparties were approximately \$7.6 million and \$3.6 million as of December 31, 2024 and 2023, respectively. The percentage of collateral was approximately 104% of the fair value of securities on loan as of December 31, 2024 and 2023. As of December 31, 2024 and 2023, total fair value of collateral included cash equivalents of \$2.5 million and \$437,867, of which \$690,733 and \$113,793, respectively, represents the Plan's estimated allocated interest. Cash equivalents collateral is generally held in U.S. and foreign currency denominations and non-cash collateral is generally held in U.S. and international fixed income securities. Cash equivalents collateral assets are classified as Level 2 fair value measurements.

9. Related-Party Transactions

Verizon Investment Management Corp. (“VIMCO”), an indirect, wholly-owned subsidiary of Verizon Communications Inc., qualifies as a related party. VIMCO is the investment advisor for certain investment funds and received no compensation from the Plan other than reimbursement of certain expenses directly attributable to its investment advisory and investment management services rendered to the Plan.

The Company is the Plan Sponsor. The Company employs the administrator of the Plan and members of the administrator’s staff. The Company received no compensation from the Plan other than reimbursement of certain expenses directly attributable to administrative services rendered to the Plan.

The Trustee rendered various trustee services to the Trusts for which it was compensated in accordance with its agreements with the Company and VIMCO.

The related-party transactions described in this section are exempt from the prohibited transaction rules.

10. Income Tax Status

The Company has received tax determination letters from the Internal Revenue Service (“IRS”) for the VEBAs that hold the Plan’s assets, or are designated to receive future assets from terminated trusts, as identified below with the respective exemption letter dates. The letters state that the trusts are exempt from federal income tax under the IRC for qualifying VEBAs. The Plan and Trusts are required to operate in conformity with the IRC to maintain the tax-exempt status of the Trusts. The Plan Administrator believes the Plan is operating in compliance with the applicable requirements of the IRC, and therefore, believes that the related trusts are tax-exempt.

Trust Name	Dates of IRS Determination Letter
Welfare Trust for the Verizon Long-Term Disability VEBA	November 17, 2005
WorldCom Welfare Trust	February 1, 2004
Welfare Trust for the GTE Bargained Retired Group Insurance Plan	June 15, 1993

U.S. GAAP requires the Plan’s management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan Administrator has analyzed tax positions taken by the Plan and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to 2021.

11. Risks and Uncertainties

Plan contributions and the Plan benefit obligations are determined based on certain actuarial assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the financial statements.

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility, 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 such changes could materially affect the amounts reported and disclosed in the financial statements and notes.

12. Subsequent Events

Management has evaluated subsequent events for the Plan through October 3, 2025, the date the financial statements were available to be issued.

13. Reconciliation of Financial Statements to Form 5500

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

	2024	2023
Net assets available for benefits per the financial statements	\$ 237,838	\$ 224,179
<i>Less: Claims incurred but not reported</i>	<i>(137,146)</i>	<i>(144,768)</i>
Net assets available for benefits per the Form 5500	\$ 100,692	\$ 79,411

Claims incurred but not reported are not considered liabilities under U.S. GAAP and therefore are not presented as benefits paid in the accompanying financial statements, but are recorded on the Form 5500 as benefits claims payable.

The following is a reconciliation of benefits paid to participants per the financial statements to the Form 5500 for the year ended December 31, 2024 (in thousands):

	2024
Benefits paid to participants per the financial statements	\$ 1,408,237
<i>Add: Claims incurred but not reported as of December 31, 2024</i>	<i>137,146</i>
<i>Less: Claims incurred but not reported as of December 31, 2023</i>	<i>(144,768)</i>
Total benefits paid to participants per the Form 5500	\$ 1,400,615

THE PLAN FOR GROUP INSURANCE

EIN 23-2259884/ P/N 580

SCHEDULE H, PART IV - LINE 4i

SCHEDULE OF ASSETS
(HELD FOR INVESTMENT AT END OF YEAR)
AS OF DECEMBER 31, 2024

EIN 23-2259884 P/N 580
The Plan for Group Insurance
Schedule H, Part IV, Line 4i—Schedule of Assets
(Held at End of Year)
As of December 31, 2024

Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investments including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Fair Value
The Prudential Insurance Company of America	Advance Premium Accounts (interest-bearing cash)	\$2,967,218



Summary of Investments at End of Plan Year at Revalued Cost

Report ID: M1102ES

Status: FINAL

TOT WELFARE TRST LTD - VONG30000000

1/1/2024 - 12/31/2024

UH+LTD LEHMAN AGG+CASH ACCT

Description	Cost	Market Value	Unrealized Gain/Loss
GENERAL INVESTMENTS			
INTEREST-BEARING CASH	8,061,812.12	8,061,812.12	0.00
TOTAL GENERAL INVESTMENTS	8,061,812.12	8,061,812.12	0.00
CERTAIN INVESTMENT ARRANGEMENTS			
COMMON/COLLECTIVE TRUST	32,723,004.76	53,558,497.10	20,835,492.34
MASTER TRUSTS	173,159,709.52	173,159,709.52	0.00
TOTAL CERTAIN INVESTMENT ARRANGEMENTS	205,882,714.28	226,718,206.62	20,835,492.34
GRAND TOTALS	213,944,526.40	234,780,018.74	20,835,492.34



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E
Status: FINAL

TOT WELFARE TRST LTD - VONG30000000			1/1/2024 - 12/31/2024		UH+LTD LEHMAN AGG+CASH ACCT	
Security ID		Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
INTEREST-BEARING CASH						
VONF08088102	07799AAC1	BELL ATLANTIC VEBA COLLECTIVE 10.000% 12/31/2049 DD 08/01/98	4,403,364.350	4,403,364.35	4,403,364.35	0.00
VONF30020002	07799AAC1	BELL ATLANTIC VEBA COLLECTIVE 10.000% 12/31/2049 DD 08/01/98	3,658,447.770	3,658,447.77	3,658,447.77	0.00
TOTAL INTEREST-BEARING CASH				8,061,812.12	8,061,812.12	0.00
COMMON/COLLECTIVE TRUST						
VONF08088102	990057143	BNYM-M CF SL ACWI FUND	190,573.155	32,723,004.76	53,558,497.10	20,835,492.34
TOTAL COMMON/COLLECTIVE TRUST				32,723,004.76	53,558,497.10	20,835,492.34
MASTER TRUSTS						
VONF30010002	990034415	LIMITED PARTNERSHIP N	173,159,709.520	173,159,709.52	173,159,709.52	0.00
TOTAL MASTER TRUSTS				173,159,709.52	173,159,709.52	0.00
GRAND TOTAL				213,944,526.40	234,780,018.74	20,835,492.34

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20,835,492.34 I

EIN 23-2259884 P/N 580

The Plan for Group Insurance

Schedule H, Part IV, Line 4i—Schedule of Assets Held for Investments

As of December 31, 2024

VERIZON NON-TAXABLE LIMITED PARTNERSHIP				
Security Description	Shares/Par	Base Cost	Base Market Value	Base Unrealized Gain/Loss
1ST SOURCE CORP	592	58	34,561	5,626
3I GROUP PLC	34,398	45	1,535,373	978,690
AB MERGERS ARB FUND	10,674,180	1	10,674,180	905,412
ABB LTD	11,449	108	619,920	-19,120
ABBOTT LABORATORIES	6,069	113	686,465	123,152
ABBVIE INC	1,460	178	259,442	-22,347
ABM INDUSTRIES INC	880	51	45,038	5,674
ACADIA REALTY TRUST	1,885	24	45,542	13,343
ACCENTURE PLC	4,481	352	1,576,371	36,735
ACCO BRANDS CORP	38,448	5	201,852	-77,766
ACI WORLDWIDE INC	337	52	17,494	7,169
ACUITY BRANDS INC	327	292	95,527	9,592
ACV AUCTIONS INC	2,359	22	50,954	10,380
ADECCO GROUP AG	1,306	25	32,223	-22,872
ADIDAS AG	380	245	93,178	-1,177
ADIENT PLC	1,699	17	29,274	-25,333
ADOBE INC	453	445	201,440	-23,140
ADT INC	5,685	7	39,283	-452
ADTALEM GLOBAL EDUCATION INC	4,809	91	436,898	211,252
ADVANSIX INC	1,298	28	36,980	-6,198
AENA SME SA	217	204	44,356	5,981
AEROVIRONMENT INC	179	154	27,546	-3,695
AES CORP/THE	1,684	13	21,673	-7,777
AFFIRM ASSET SECURIT X1 A 144A	63,830	201	64,031	200
AFFIRM ASSET SECURIT X2 A 144A	100,000	100	100,145	148
AFFIRM ASSET SECURIT Z2 A 144A	5,472	99	5,424	-44
AFLAC INC	2,323	103	240,291	-12,769
AGC INC	5,200	29	153,029	-31,178
AGCO CORP	1,165	93	108,904	-25,158
AGEAS SA/NV	13,689	97	664,806	46,184
AIA GROUP LTD	9,400	7	68,129	-30,852
AIG CLO 2021-3 LLC 3A D 144A	250,000	100	250,901	901
AIR LEASE CORP	65,000	98	63,616	-4,302
AIRCASTLE LTD	62,000	99	61,338	-6,649
AIRCASTLE LTD 144A	87,000	100	87,029	-10,367
AISIN CORP	14,500	11	163,997	-2,175
AKAMAI TECHNOLOGIES INC	334	96	31,947	-223
AKERO THERAPEUTICS INC	415	28	11,545	-4,183
ALEXANDRIA REAL ESTATE EQUITIE	939	98	91,599	-20,820
ALIBABA GROUP HOLDING LTD	200,000	84	168,532	-2,844
ALKAMI TECHNOLOGY INC	1,147	37	42,072	-736
ALLIANZ SE	1,245	306	381,474	22,192
ALLISON TRANSMISSION HOLDINGS	2,170	108	234,490	69,100
ALLSTATE CORP/THE	922	193	177,752	30,654
ALLY FINANCIAL INC	144,949	239	182,338	2,826
ALPHABET INC	56,127	761	10,657,824	4,030,221
ALTAIR ENGINEERING INC	266	109	29,023	10,410
ALTRIA GROUP INC	449,124	378	1,552,040	-8,520
ALUMINUM HG FUTURE (LME)	-2	2,555	2,312	2,312
AMADEUS IT GROUP SA	3,837	141	270,973	26,235
AMAZON.COM INC	39,500	658	8,665,905	3,444,112
AMDOCS LTD	6,455	255	549,579	568
AMEREN CORP	4,458	89	397,386	47,534
AMERICAN ELECTRIC POWER CO INC	89,041	196	460,555	-11,926
AMERICAN EXPRESS CO	250,567	498	1,307,016	492,104
AMERICAN HOMES 4 RENT	1,340	37	50,143	-1,851
AMERICAN HOMES 4 RENT LP	106,000	97	103,173	-2,280
AMERICAN TOWER CORP	167,000	385	163,652	762
AMERIPRISE FINANCIAL INC	330	532	175,702	35,399
AMKOR TECHNOLOGY INC	1,161	26	29,826	-1,536
AMN HEALTHCARE SERVICES INC	422	24	10,094	-31,252
AMUNDI SA	456	66	30,314	-3,674
AOKI HOLDINGS INC	1,700	9	14,473	-7,263
APOGEE THERAPEUTICS INC	323	45	14,632	-2,827
APPLE INC	177,871	581	10,344,479	4,381,714
APPLIED MATERIALS INC	9,014	325	1,465,947	-113,656
APPLOVIN CORP	950	324	307,639	31,348

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VERIZON NON-TAXABLE LIMITED PARTNERSHIP				
Security Description	Shares/Par	Base Cost	Base Market Value	Base Unrealized Gain/Loss
APTIV PLC	599	60	36,228	-5,517
ARAMARK	872	37	32,534	-729
ARCBEST CORP	1,803	187	168,256	-27,152
ARCH CAPITAL GROUP LTD	13,760	92	1,270,736	72,825
ARCHER-DANIELS-MIDLAND CO	1,562	51	78,912	-13,596
AREIT 2022-CRE6 TR CRE6 A 144A	283,830	100	282,795	-1,035
ARISAWA MANUFACTURING CO LTD	900	10	8,636	857
ARISTA NETWORKS INC	16,886	221	1,866,410	625,209
ARISTOCRAT LEISURE LTD	8,664	85	366,705	38,516
ARMSTRONG WORLD INDUSTRIES INC	267	141	37,735	3,531
ARS PHARMACEUTICALS INC	911	11	9,611	-4,163
ASAHI GROUP HOLDINGS LTD	9,300	11	98,054	-15,647
ASCENDIS PHARMA A/S	109	138	15,006	1,037
ASGN INC	2,286	83	190,515	-15,400
ASML HOLDING NV	923	2,099	646,493	-95,533
ASSOCIATED BANC-CORP	1,919	24	45,864	4,287
ASTERA LABS INC	1,110	132	147,020	24,296
ASTRAZENECA PLC	1,622	131	212,646	-33,298
AT&T INC	65,776	115	318,090	21,487
ATHENE GLOBAL FUNDING 144A	266,000	468	253,371	5,978
ATRICURE INC	898	31	27,443	-20,226
AUSTRALIAN 10YR BOND FUT (SFE)	-31	59	19,665	19,665
AUTO TRADER GROUP PLC	8,199	10	81,429	2,413
AUTONATION INC	246	170	41,781	2,396
AUTOZONE INC	53	3,202	169,706	295
AVIENT CORP	825	41	33,710	-1,692
AVIVA PLC	24,045	6	141,174	1,453
AXA SA	6,227	71	221,297	23,990
AXON ENTERPRISE INC	299	594	177,702	28,076
AZEK CO INC/THE	693	47	32,897	8,616
BAE SYSTEMS PLC	10,366	14	149,103	6,348
BAKER HUGHES CO	11,137	41	456,840	69,762
BANCA IFIS SPA	2,456	22	53,865	4,907
BANCO BILBAO VIZCAYA ARGENTARI	348,941	129	1,677,051	511,689
BANCO DE SABADELL SA	370,545	2	720,204	410,554
BANCO SANTANDER SA	400,000	213	426,352	26,352
BANK LEUMI LE-ISRAEL BM	6,265	12	74,537	20,853
BANK OF AMERICA CORP	243,008	187	2,818,392	246,335
BANK OF MARIN BANCORP	744	24	17,685	-7,781
BANK OF NEW YORK MELLON CORP/T	151,225	251	1,756,758	459,506
BANK OF NOVA SCOTIA	2,100	54	112,710	-5,094
BANKUNITED INC	1,167	38	44,544	4,525
BARCLAYS PLC	263,902	105	370,167	18,902
BARRATT REDROW PLC	70,961	6	391,124	-117,425
BARRETT BUSINESS SERVICES INC	1,200	43	52,128	22,704
BARRICK GOLD CORP	13,824	16	214,272	-47,478
BAT CAPITAL CORP	432,000	191	405,146	-31,725
BATH & BODY WORKS INC	2,475	39	95,956	18,226
BAXTER INTERNATIONAL INC	919	29	26,798	-6,492
BAYERISCHE MOTOREN WERKE AG	1,629	75	122,126	-2,805
BEKAERT SA	1,585	35	54,917	-16,753
BELDEN INC	167	113	18,806	8,870
BELL ATLANTIC VEBA COLLECTIVE	25,830,674	1,800	25,830,674	0
BELLEMEADE RE 2022- 1 M1B 144A	113,970	100	114,494	524
BELLRING BRANDS INC	502	75	37,821	10,288
BELLWAY PLC	4,625	31	144,345	-21,864
BERKSHIRE HATHAWAY INC	2,734	907	1,239,268	147,652
BERKSHIRE HILLS BANCORP INC	1,248	28	35,481	1,452
BEST BUY CO INC	418	86	35,864	3,720
BETSSON AB	5,887	13	76,510	10,954
BHG SECURITIZATION TR A D 144A	150,000	92	137,367	-12,551
BHP GROUP LTD	4,372	24	107,059	-17,945
BICARA THERAPEUTICS INC	313	17	5,452	-1,445
BIPROGY INC	4,200	30	127,342	-2,497
BLOCK INC	1,645	85	139,809	26,249
BLOCK INC 144A	70,000	101	70,676	676
BLUE BIRD CORP	971	39	37,510	16,086

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Security Description	Shares/Par	Base Cost	Base Market Value	Base Unrealized Gain/Loss
BLUEPRINT MEDICINES CORP	272	87	23,724	2,914
BLUESCOPE STEEL LTD	5,634	12	65,196	-11,451
BNY MELLON CASH RESERVE	149,062	300	149,062	0
BOC AVIATION LTD	13,400	8	104,106	1,523
BOC HONG KONG HOLDINGS LTD	20,500	3	65,844	-813
BOEING CO/THE	256,000	492	250,069	4,774
BOOKING HOLDINGS INC	15	4,968	74,526	24,952
BOOT BARN HOLDINGS INC	339	152	51,467	17,784
BOOZ ALLEN HAMILTON HOLDING CO	1,907	129	245,431	-37,016
BORGWARNER INC	8,292	64	263,603	-19,693
BP CAPITAL MARKETS AMERICA INC	110,000	101	111,194	1,194
BPCE SA 144A	250,000	100	250,575	575
BPER BANCA SPA	18,299	6	116,231	-2,505
BRADY CORP	823	74	60,779	16,605
BRAMBLES LTD	48,978	24	583,448	49,752
BRAZE INC	739	42	30,949	-2,600
BRENNTAG SE	1,200	60	71,922	-26,371
BREX COMMERCIAL CHAR 1 A1 144A	115,000	101	116,319	1,324
BRIDGEBIO PHARMA INC	648	27	17,781	-1,920
BRIGHTSPRING HEALTH SERVICES I	1,247	17	21,236	5,066
BRIGHTVIEW HOLDINGS INC	2,629	16	42,038	11,294
BRISTOL-MYERS SQUIBB CO	3,226	57	182,463	24,341
BRITISH AMERICAN TOBACCO PLC	27,505	36	998,982	-23,980
BROADCOM INC	126,108	431	1,074,638	417,795
BROADRIDGE FINANCIAL SOLUTIONS	219	226	49,514	1,925
BROADSTONE NET LEASE INC	1,616	16	25,630	-12,580
BROOKFIELD CORP	1,469	57	84,394	-3,303
BROOKFIELD CORPORATION	3,500	57	201,064	28,203
BROWN & BROWN INC	1,595	102	162,722	9,755
BT GROUP PLC	406,326	2	733,046	24,775
BUILD-A-BEAR WORKSHOP INC	1,018	46	46,869	16,813
BUILDERS FIRSTSOURCE INC	1,703	143	243,410	-31,181
BUNGE GLOBAL SA	349	78	27,138	-6,249
BUNZL PLC	3,996	41	164,951	-25,541
BURLINGTON STORES INC	128	285	36,488	3,939
BXP INC	637	74	47,367	-5,950
CACI INTERNATIONAL INC	1,891	404	764,077	-27,753
CACTUS INC	702	58	40,969	12,101
CADENCE DESIGN SYSTEMS INC	1,036	300	311,277	103,237
CAIXABANK SA	6,294	5	34,125	404
CAJUN GLOBAL LLC 1 A2 144A	262,870	95	250,770	-12,100
CALIX INC	763	35	26,606	-4,057
CAMECO CORP	3,079	51	158,230	35,513
CANADA 10YR BOND FUTURE (MSE)	-45	85	53,511	53,511
CANADIAN NATIONAL RAILWAY CO	840	101	85,256	-5,222
CANADIAN TIRE CORP LTD	600	105	63,087	-3,508
CANON INC	25,100	33	824,263	178,161
CANON MARKETING JAPAN INC	500	33	16,448	6,280
CAPITAL CITY BANK GROUP INC	700	37	25,655	3,064
CAPITAL ONE FINANCIAL CORP	177,000	205	182,294	5,582
CARDINAL HEALTH INC	917	118	108,454	12,561
CARGURUS INC	5,672	37	207,255	1,492
CARMAX INC	436	82	35,647	631
CARNIVAL CORP	2,337	25	58,238	9,255
CARTER BANKSHARES INC	272	18	4,784	75
CARVANA AUTO RECEIVABLES P3 A2	187,000	100	186,989	4
CARVANA AUTO RECEIVABLES P4 A2	114,000	100	114,091	91
CATERPILLAR FINANCIAL SERVICES	238,000	100	238,055	240
CAWACHI LTD	800	16	13,031	-8,229
CBOE GLOBAL MARKETS INC	2,006	195	391,972	-27,661
CBRE GROUP INC	11,441	263	1,502,089	178,271
CCP_IRS. P NZD-BKBM FRA 3M CME	6,181,000	4	44,788	44,788
CCP_IRS. P SEK-STIBOR 3M CME	20,212,000	-2	-73,111	-73,111
CCP_IRS. R NOK-NIBOR 6M CME	23,599,000	1	40,056	40,056
CCP_IRS._P NZD-BKBM FRA 3M CME	-6,181,000	0	0	0
CCP_IRS._P SEK-STIBOR 3M CME	-20,212,000	0	0	0
CCP_IRS._R NOK-NIBOR 6M CME	-23,599,000	0	0	0

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CCP_OIS_P CHF-SARON-OIS COMPO	795,000	0	-932	-932
CCP_OIS_P CHF-SARON-OIS COMPO	-795,000	0	0	0
CCPC COLLATERALÉWITH	268,841	1	268,841	0
CELANESE CORP	249	69	17,233	-14,106
CELANESE US HOLDINGS LLC	5,000	206	5,155	157
CELESTICA INC	4,252	185	392,352	334,413
CELSIUS HOLDINGS INC	4,370	26	115,106	-160,791
CENCORA INC	439	225	98,635	16,423
CENTENE CORP	1,494	61	90,507	-16,707
CENTERPOINT ENERGY HOUSTON ELE	213,000	196	208,306	-4,092
CENTERPOINT ENERGY INC	1,174	32	37,251	2,570
CENTRICA PLC	98,601	2	164,980	8,111
CG ONCOLOGY INC	454	29	13,021	8,450
CGI INC	400	109	43,744	-2,663
CH ROBINSON WORLDWIDE INC	4,346	207	449,029	5,959
CHAMPION HOMES INC	416	88	36,650	9,360
CHARLES RIVER LABORATORIES INT	172	185	31,751	-6,112
CHARLES SCHWAB CORP/THE	398,128	171	906,113	26,358
CHARTER COMMUNICATIONS OPERATI	80,000	88	70,546	2,557
CHEFS' WAREHOUSE INC/THE	852	49	42,021	14,819
CHEVRON CORP	287	145	41,569	-4,039
CHIPOTLE MEXICAN GRILL INC	9,350	60	563,805	239,498
CHUGAI PHARMACEUTICAL CO LTD	2,500	45	111,336	41,428
CHUGOKU MARINE PAINTS LTD	2,100	15	31,668	10,832
CIE DE SAINT-GOBAIN SA	19,220	177	1,705,628	546,698
CIGNA GROUP/THE	121,421	650	1,060,311	327
CIMPRESS PLC	726	72	52,069	1,748
CIRRUS LOGIC INC	4,676	100	465,636	-107,998
CISCO SYSTEMS INC	55,874	59	3,307,741	497,870
CITIGROUP INC	375,039	333	1,266,639	201,306
CITIZENS FINANCIAL GROUP INC	840	44	36,758	10,914
CK ASSET HOLDINGS LTD	23,500	4	96,506	-5,702
CK HUTCHISON HOLDINGS LTD	93,000	5	496,849	-23,507
CLEARWATER ANALYTICS HOLDINGS	1,747	28	48,077	12,738
CME GROUP INC	866	232	201,111	15,773
CNH INDUSTRIAL CAPITAL LLC	189,000	200	188,521	603
CNH INDUSTRIAL NV	14,533	11	164,659	-13,218
COCA-COLA CO/THE	9,996	125	622,351	27,915
COCA-COLA HBC AG	4,577	34	156,605	739
COCHLEAR LTD	877	179	157,403	-30,655
COCOA FUTURE (NYB)	2	11,040	46,293	46,293
COFACE SA	3,107	15	46,265	13,173
COFFEE 'C' FUTURE (NYB)	-2	315	-16,372	-16,372
COGECO INC	200	41	8,201	-4,178
COGNIZANT TECHNOLOGY SOLUTIONS	17,160	154	1,319,604	49,358
COLGATE-PALMOLIVE CO	1,725	91	156,820	-12,152
COLLEGE AVE STUDENT C A2 144A	118,868	89	105,290	-13,509
COLOMBIA GOVERNMENT INTERNATIO	218,000	79	172,983	-31,665
COLUMBIA PIPELINES HOLDIN 144A	68,000	98	66,341	-1,656
COMCAST CORP	31,176	75	1,170,035	-99,056
COMERICA INC	435	62	26,905	6,926
COMFORTDELGRO CORP LTD	54,600	1	59,235	9,181
COMISION FEDERAL DE ELECT 144A	293,000	94	275,212	-17,729
COMMIT TO PUR FNMA SF MTG	10,227,245	921	9,423,532	-183,872
COMMIT TO PUR GNMA II JUMBOS	3,866,217	391	3,773,366	-31,963
COMMONWEALTH BANK OF AUSTRALIA	413	95	39,187	44
COMMUNITY TRUST BANCORP INC	800	53	42,424	4,871
COMPASS GROUP PLC	23,812	67	793,866	308,174
CONNECTICUT AVENU R01 1M1 144A	117,155	103	120,428	3,273
CONNECTICUT AVENU R01 1M2 144A	319,981	100	321,460	1,478
CONNECTICUT AVENU R02 1M1 144A	135,120	202	136,827	1,707
CONNECTICUT AVENU R02 2M1 144A	75,308	100	75,331	187
CONNECTICUT AVENU R03 1M2 144A	370,730	206	381,323	10,593
CONNECTICUT AVENU R03 2M1 144A	116,442	100	116,449	7
CONNECTICUT AVENU R04 1M1 144A	113,669	100	113,703	34
CONNECTICUT AVENU R05 2M1 144A	61,782	100	61,809	27
CONNECTICUT AVENU R05 2M2 144A	404,658	104	419,404	14,746

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CONNECTICUT AVENU R06 1M1 144A	217,925	203	220,989	3,063
CONNECTICUT AVENU R07 1M1 144A	149,751	103	154,724	4,973
CONOCOPHILLIPS	323	99	32,066	720
CONOCOPHILLIPS CO	212,000	95	200,503	-11,408
CONSTELLATION BRANDS INC	1,893	221	418,353	-25,549
CONSTELLATION SOFTWARE INC	273	3,091	247,249	140,130
CONTINENTAL RESOURCES INC 144A	331,000	181	288,056	-51,416
CONTRA ABIOMED INC	941	1	960	960
COPART INC	11,657	57	668,995	259,391
COPT DEFENSE PROPERTIES	5,671	62	175,517	-2,290
CORE & MAIN INC	1,342	51	68,321	4,962
COREBRIDGE FINANCIAL INC	9,638	30	288,465	6,373
CORN FUTURE (CBT)	-15	466	-14,890	-14,890
CORTEVA INC	4,859	57	276,769	24,120
COSTCO WHOLESALE CORP	1,303	1,833	1,193,900	500,286
COTTON NO 2 FUTURE (NYB)	-4	69	5,519	5,519
COVIVIO SA/FRANCE	2,811	50	141,930	-9,648
CPS AUTO RECEIVABLES A C 144A	58,963	100	58,735	-220
CPS AUTO RECEIVABLES D A 144A	1,129	100	1,130	1
CREDIT SAISON CO LTD	3,400	24	80,003	11,317
CREDO TECHNOLOGY GROUP HOLDING	564	67	37,906	14,202
CRH PLC	3,537	262	327,103	33,283
CRITEO SA	910	40	36,000	1,995
CSL LTD	986	174	171,899	-3,738
CSW INDUSTRIALS INC	130	353	45,864	10,252
CSX CORP	22,525	65	726,882	-69,814
CTS EVENTIM AG & CO KGAA	1,410	85	119,213	-2,201
CULLINAN THERAPEUTICS INC	652	12	7,941	-7,284
CUMMINS INC	6,454	349	2,249,864	399,347
CURTISS-WRIGHT CORP	98	355	34,777	18,154
CVS HEALTH CORP	109,304	288	342,286	-133,577
CYTOKINETICS INC	322	47	15,147	-11,230
DAIICHI SANKYO CO LTD	7,500	28	207,686	-61,467
DAIWA SECURITIES GROUP INC	2,800	7	18,671	439
DANSKE BANK A/S	2,985	28	84,432	-2,055
DARDEN RESTAURANTS INC	207	187	38,645	9,115
DASSAULT SYSTEMES SE	4,589	35	159,189	-7,426
DBS GROUP HOLDINGS LTD	23,766	64	761,655	165,052
DCC PLC	2,373	64	152,758	-17,053
DEERE & CO	1,051	424	445,309	42,472
DELL INTERNATIONAL LLC / EMC C	218,000	97	210,898	-6,847
DELTA AIR LINES INC	1,153	61	69,757	18,530
DELTA AIR LINES INC / SKY 144A	164,501	198	162,585	-19,456
DELUXE CORP	7,388	23	166,895	-26,414
DENALI THERAPEUTICS INC	777	20	15,835	-1,222
DENTSU GROUP INC	5,100	24	123,703	-3,516
DERICHEBOURG SA	6,190	6	34,324	-29,223
DEUTSCHE BANK AG	54,833	34	944,812	-4,965
DEUTSCHE BANK AG/NEW YORK NY	300,000	202	303,189	386
DEUTSCHE TELEKOM AG	4,186	30	125,227	14,646
DEVON ENERGY CORP	245,201	220	299,025	-89,118
DEXCOM INC	1,449	78	112,689	4,942
DIAGEO PLC	6,965	32	221,345	-60,765
DIAMOND ISSUER LLC 1A A 144A	272,757	93	252,988	-19,769
DIAMONDBACK ENERGY INC	522	164	85,519	-15,515
DIANTHUS THERAPEUTICS INC	391	22	8,524	-2,710
DICK'S SPORTING GOODS INC	162	229	37,072	3,733
DIGITAL REALTY TRUST INC	1,154	177	204,639	-3,793
DINE BRANDS GLOBAL INC	473	30	14,237	-20,929
DISCOVER FINANCIAL SERVICES	2,276	173	394,271	179,892
DISCOVERY COMMUNICATIONS LLC	109,000	154	83,782	-52,479
DOCUSIGN INC	544	90	48,927	21,885
DOLLAR GENERAL CORP	411	76	31,162	-19,484
DOLLAR TREE INC	480	75	35,971	4,016
DOMINION ENERGY INC	3,045	54	164,004	-15,860
DOMINO'S PIZZA INC	79	420	33,161	-72
DR HORTON INC	150,614	237	925,183	-10,548

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Security Description	Shares/Par	Base Cost	Base Market Value	Base Unrealized Gain/Loss
DRAEGERWERK AG & CO KGAA	140	48	6,741	-5,522
DSM-FIRMENICH AG	843	101	85,302	-25,321
DTS CORP	500	27	13,346	3,676
DUNDEE PRECIOUS METALS INC	4,700	9	42,614	10,786
DUTCH BROS INC	769	52	40,280	8,597
EATON CORP PLC	817	332	271,138	27,422
EBAY INC	36,576	62	2,265,883	356,887
ECOVYST INC	5,429	8	41,478	-7,775
EDWARDS LIFESCIENCES CORP	1,665	74	123,260	4,685
ELEMENT SOLUTIONS INC	2,254	25	57,319	9,455
ELEVANCE HEALTH INC	1,510	369	557,039	-141,847
ELI LILLY & CO	1,438	1,544	1,110,136	610,763
ELKEM ASA	8,816	2	13,600	-11,711
EMBRAER NETHERLANDS FINAN 144A	200,000	104	208,002	-4,198
E-MINI RUSS 1000 FUTURE (CME)	-2	5,921	-81,660	-81,660
E-MINI RUSS 2000 FUTURE (CME)	-23	2,250	163,243	163,243
ENACT HOLDINGS INC	2,846	32	92,153	7,254
ENCOMPASS HEALTH CORP	3,156	92	291,457	16,929
ENDESA SA	7,522	22	161,778	1,770
ENEL SPA	49,128	7	350,305	23,771
ENEOS HOLDINGS INC	20,100	5	105,680	2,917
ENERGY TRANSFER LP	231,000	100	230,797	395
ENOVA INTERNATIONAL INC	4,857	96	465,689	278,269
ENTEGRIS INC 144A	141,000	96	135,009	-5,196
EOG RESOURCES INC	2,601	123	318,831	-9,051
EPAM SYSTEMS INC	170	234	39,749	3,981
EQUIFY ABS 2024-1 LL 1A A 144A	96,762	100	96,782	26
EQUINOR ASA	20,540	47	479,981	-115,560
ERSTE GROUP BANK AG	8,553	124	528,387	164,125
ESAB CORP	307	120	36,822	11,894
ESPRINET SPA	3,420	4	15,313	-37,528
ETHAN ALLEN INTERIORS INC	3,559	28	100,043	10,134
EURAZEO SE	2,138	75	159,290	1,795
EURO STOXX 50 FUTURE (EUX)	23	10,109	-11,001	-11,001
EURO-BUND FUTURE (EUX)	-7	138	17,705	17,705
EURONEXT NV	1,672	112	187,506	38,658
EUROPRIS ASA	1,959	6	12,540	1,321
EVEREST GROUP LTD	86	362	31,172	-1,910
EVERGY INC	545	62	33,545	775
EVERUS CONSTRUCTION GROUP INC	331	66	21,763	-1,068
EXELON CORP	2,461	38	92,632	2,143
EXOR NV	7,198	183	660,010	98,938
EXPAND ENERGY CORP	411	100	40,915	6,446
EXPEDIA GROUP INC	120,000	100	119,489	-17,039
EXPEDIA GROUP INC 144A	59,000	100	59,040	-9,088
EXPERIAN PLC	1,609	43	69,421	8,875
EXTREME NETWORKS INC	2,455	17	41,097	8,057
EXXON MOBIL CORP	4,014	108	431,786	-14,760
F5 INC	153	251	38,475	5,744
FABRINET	169	220	37,160	7,827
FAIRFAX FINANCIAL HOLDINGS LTD	200	1,391	278,125	97,485
FANNIE MAE CONNEX R02 2M1 144A	39,600	100	39,577	-23
FARMERS NATIONAL BANC CORP	4,900	14	69,678	-6,226
FDJ UNITED	3,943	39	151,968	3,885
FEDERAL FARM CR BK CONS BD	2,000,000	100	1,995,280	4,528
FEDERAL HOME LN BK CONS BD	840,000	99	832,205	-5,561
FEDERAL NATL MTG ASSN	1,900,000	202	1,764,315	82,776
FEDERATED HERMES INC	3,834	82	157,616	30,089
FEDEX CORP	887	563	249,540	6,154
FERGUSON ENTERPRISES INC	2,258	347	391,921	-26,467
FERRARI NV	555	425	235,786	88,407
FERREXPO PLC	26,389	1	34,966	-59,751
FHLMC POOL #QC-9154	527,628	86	454,626	-93,448
FHLMC POOL #QD-5194	523,588	86	448,720	-93,766
FHLMC POOL #QE-0805	206,664	82	169,372	-26,604
FHLMC POOL #QE-0808	124,554	82	102,695	-15,476
FHLMC POOL #RA-6138	527,294	83	435,170	-94,266

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VERIZON NON-TAXABLE LIMITED PARTNERSHIP				
Security Description	Shares/Par	Base Cost	Base Market Value	Base Unrealized Gain/Loss
FHLMC POOL #SD-8213	517,607	85	439,640	-4,067
FIRST BANCORP/PUERTO RICO	2,183	19	40,582	9,960
FIRST BANCORP/SOUTHERN PINES N	955	44	41,991	2,830
FIRST CITIZENS BANCSHARES INC/	77	2,113	162,703	8,732
FIRST FINANCIAL CORP	600	46	27,714	389
FIRST HAWAIIAN INC	1,380	26	35,811	-1,974
FIRST INDUSTRIAL REALTY TRUST	634	50	31,782	-1,143
FIRST RESOURCES LTD	13,800	1	15,073	764
FISERV INC	189,100	299	606,820	54,421
FIVE BELOW INC	198	105	20,782	-726
FLAGSHIP CREDIT AUTO 3 A 144A	79,388	100	79,522	140
FLOWSERVE CORP	137,000	85	116,534	-19,573
FLUOR CORP	657	49	32,403	11,986
FNMA POOL #0BU1240	610,723	86	523,628	-95,898
FNMA POOL #0BU1349	473,575	86	406,072	-80,897
FNMA POOL #0BU8919	129,098	83	106,526	-15,915
FNMA POOL #0BU8922	156,207	82	128,508	-19,620
FNMA POOL #0CB1113	663,136	78	518,665	-68,573
FNMA POOL #0FS0329	498,977	86	427,903	-88,305
FNMA POOL #0MA4492	1,055,623	78	824,241	-959
FORD MOTOR CO	174,595	103	930,486	-94,444
FORD MOTOR CREDIT CO LLC	200,000	100	199,332	11,188
FORMFACTOR INC	1,000	44	44,000	2,654
FORTESCUE LTD	13,975	11	157,910	-79,305
FOX CORP	57,000	105	60,082	376
FRANKLIN COVEY CO	833	38	31,304	-1,023
FREDDIE MAC STAC DNA1 M1A 144A	155,664	201	156,775	2,158
FREDDIE MAC STAC DNA1 M1B 144A	174,343	101	176,820	2,477
FREDDIE MAC STAC DNA2 M1B 144A	184,463	102	188,814	4,351
FREDDIE MAC STAC DNA3 M1A 144A	80,494	101	81,522	1,028
FREDDIE MAC STAC DNA4 M1B 144A	149,389	105	156,279	6,890
FREDDIE MAC STAC DNA5 M1B 144A	269,670	107	289,173	19,503
FREDDIE MAC STAC DNA7 M1A 144A	109,813	102	111,886	2,072
FREDDIE MAC STAC HQA1 M1B 144A	44,046	105	46,049	2,003
FREDDIE MAC STACR DNA1 M1 144A	135,924	100	136,145	220
FREDDIE MAC STACR DNA3 A1 144A	191,199	100	191,591	392
FREDDIE MAC STACR DNA7 M2 144A	339,042	101	342,219	3,177
FREDDIE MAC STACR HQA1 M1 144A	140,306	100	140,444	138
FREDDIE MAC STACR HQA2 M1 144A	186,158	100	186,350	164
FREDDIE MAC STACR HQA3 A1 144A	199,451	101	201,655	2,204
FREDDIE MAC STACR HQA4 M1 144A	177,352	100	177,352	0
FREEPORT-MCMORAN INC	3,765	38	143,371	-33,239
FRESENIUS SE & CO KGAA	8,604	35	298,823	20,871
FRESHPET INC	243	148	35,991	19,633
FRONTDOOR INC	1,715	55	93,759	-6,332
FTI CONSULTING INC	136	191	25,994	753
FTSE 100 INDEX FUTURE (ICF)	-8	20,491	-2,103	-2,103
FTSE CHINA A50 FUTURE (SGX)	54	13,465	-6,322	-6,322
FTSE KLCI FUTURE (MDE)	-49	367	-15,497	-15,497
FTSE TAIWAN INDEX FUTURE (SGX)	-23	1,914	9,915	9,915
FTSE/JSE TOP 40 FUTURE (SAF)	-44	4,045	49,757	49,757
FUJI ELECTRIC CO LTD	1,600	54	87,126	-2,826
FUJIFILM HOLDINGS CORP	14,700	21	309,508	12,463
FUJITSU LTD	9,100	18	162,099	-17,616
GALENICA AG	848	82	69,571	10,535
GAMING AND LEISURE PROPERTIES	1,004	48	48,353	-2,861
GARMIN LTD	7,052	206	1,454,546	679,975
GASOLINE RBOB FUTURE (NYM)	2	203	1,355	1,355
GATES INDUSTRIAL CORP PLC	1,744	21	35,874	11,966
GE HEALTHCARE TECHNOLOGIES INC	6,289	156	491,674	-49,013
GE VERNOVA INC	696	329	228,935	112,965
GEA GROUP AG	2,274	50	112,603	-1,023
GEBERIT AG	296	568	168,079	-5,416
GEN DIGITAL INC	10,833	27	296,608	35,070
GENERAL MILLS INC	211,000	199	210,036	-237
GENERAL MOTORS CO	54,463	107	2,901,244	563,375
GENERAL MOTORS FINANCIAL CO IN	299,000	203	303,087	2,975

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VERIZON NON-TAXABLE LIMITED PARTNERSHIP				
Security Description	Shares/Par	Base Cost	Base Market Value	Base Unrealized Gain/Loss
GENERALI	32,669	28	922,510	99,384
GENESCO INC	1,136	43	48,564	-2,588
GENMAB A/S	5,516	228	199,174	-63,473
GENPACT LTD	3,977	43	170,812	-8,960
GENUINE PARTS CO	309	117	36,079	619
GETINGE AB	7,542	16	123,922	2,436
GILDAN ACTIVEWEAR INC	722	47	33,970	-773
GILEAD SCIENCES INC	424,000	98	417,598	-4,702
GLANBIA PLC	7,091	13	95,456	-33,721
GLAUKOS CORP	201	150	30,138	252
GLOBAL PAYMENTS INC	86,075	204	198,365	-17,420
GLP CAPITAL LP / GLP FINANCING	182,000	177	158,295	-13,294
GLS AUTO RECEIVABLE 3A A2 144A	171,681	100	172,229	559
GMO EMERG COUNTRY DEBT-IV	795,531	20	15,568,548	-3,939,510
GMO HIGH YIELD FUND-VI	197,330	17	3,289,495	-110,505
GMO MULTI-SECT FIX INC-IV	895,081	17	15,189,529	-3,895,077
GMO OPPORTUNISTIC INCOME-III	1,029,358	24	24,858,994	45,097
GNMA II POOL #OMA8801	384,039	99	381,946	442
GODADDY INC	1,477	197	291,515	9,273
GOLD 100 OZ FUTURE (CMX)	-1	2,641	-4,330	-4,330
GOLDMAN SACHS GROUP INC/THE	360,317	753	2,214,582	703,803
GRAB HOLDINGS LTD	3,733	5	17,620	-1,514
GRAHAM HOLDINGS CO	188	872	163,921	47,510
GRAINCORP LTD	8,371	5	38,043	-14,649
GRAND CANYON EDUCATION INC	861	164	141,032	35,778
GREAT LAKES DREDGE & DOCK CORP	3,596	11	40,599	1,043
GRID DYNAMICS HOLDINGS INC	1,919	22	42,679	20,533
GRIFOLS SA	7,616	9	72,145	-4,855
GROUP 1 AUTOMOTIVE INC	130	421	54,792	7,037
GSK PLC	46,898	51	1,310,735	-325,296
GUNGHO ONLINE ENTERTAINMENT IN	2,400	21	50,914	14,113
H&R BLOCK INC	18,643	53	985,096	-48,387
HALEON PLC	102,487	9	484,411	26,331
HALLIBURTON CO	2,981	27	81,053	-8,377
HALOZYME THERAPEUTICS INC	508	48	24,287	3,319
HANESBRANDS INC	6,090	8	49,573	7,968
HANG SENG INDEX FUTURE (HKG)	3	2,586	2,662	2,662
HANOVER INSURANCE GROUP INC/TH	239	155	36,964	4,056
HARBORONE BANCORP INC	713	12	8,435	-2,028
HARLEY-DAVIDSON FINANCIAL 144A	219,000	297	210,141	11,752
HARMONIC INC	2,738	13	36,224	6,956
HARTFORD INSURANCE GROUP INC/T	8,852	109	968,409	225,879
HASBRO INC	57,000	100	57,259	423
HAYWARD HOLDINGS INC	2,397	15	36,650	6,014
HEIDELBERG MATERIALS AG	5,340	247	659,678	94,705
HEIDRICK & STRUGGLES INTERNATI	1,300	44	57,603	3,329
HEIWADO CO LTD	900	15	13,137	-7,254
HENDERSON LAND DEVELOPMENT CO	9,000	3	27,343	-2,067
HERITAGE FINANCIAL CORP/WA	1,753	25	42,949	1,442
HEWLETT PACKARD ENTERPRISE CO	110,099	142	538,541	-1,054
HIKARI TSUSHIN INC	700	219	153,576	31,649
HIKMA PHARMACEUTICALS PLC	2,018	25	50,370	1,044
HILLMAN SOLUTIONS CORP	3,201	10	31,178	2,362
HILTON DOMESTIC OPERATING 144A	85,000	200	84,818	-182
HILTON WORLDWIDE HOLDINGS INC	1,458	247	360,359	45,487
HIOKI EE CORP	200	48	9,583	1,572
HITACHI CONSTRUCTION MACHINERY	2,700	22	60,422	-4,389
HITACHI LTD	14,900	50	373,258	73,204
HKT TRUST & HKT LTD	65,000	1	80,330	664
HNI CORP	2,873	50	144,713	25,223
HOEGH AUTOLINERS ASA	7,453	10	74,285	12,145
HOME DEPOT INC/THE	2,831	778	1,101,231	117,637
HONDA MOTOR CO LTD	24,205	38	409,309	-54,576
HONEYWELL INTERNATIONAL INC	981	226	221,598	25,084
HONG KONG EXCHANGES & CLEARING	2,700	38	102,467	-1,797
HOULIHAN LOKEY INC	191	174	33,169	14,404
HP INC	28,668	65	935,437	130,886

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VERIZON NON-TAXABLE LIMITED PARTNERSHIP				
Security Description	Shares/Par	Base Cost	Base Market Value	Base Unrealized Gain/Loss
HSBC HOLDINGS PLC	405,175	201	432,925	13,719
HUMANA INC	353	254	89,560	-3,122
HUNTINGTON INGALLS INDUSTRIES	128	189	24,188	-3,783
IA FINANCIAL CORP INC	500	93	46,350	-2,051
IBERDROLA SA	5,798	14	79,851	-5,021
ICF INTERNATIONAL INC	2,234	119	266,315	27,973
ICHOR HOLDINGS LTD	761	32	24,519	1,855
ICON PLC	770	210	161,477	-15,619
IDACORP INC	397	109	43,384	1,804
IDEXX LABORATORIES INC	491	827	202,999	-43,786
IFSC NIFTY 50 FUT (NGC)	48	23,770	-2,097	-2,097
IG GROUP HOLDINGS PLC	14,399	25	178,620	21,773
IGG INC	25,000	1	13,034	-16,185
IMPERIAL BRANDS PLC	19,635	64	627,805	101,697
IMPINJ INC	175	145	25,421	-2,196
INDEPENDENCE REALTY TRUST INC	2,544	20	50,473	4,302
INDEPENDENT BANK CORP/MI	3,509	35	122,218	26,828
INDUSTRIA DE DISENO TEXTIL SA	25,422	103	1,306,747	409,957
INFORMA PLC	9,990	10	99,892	12,893
ING GROEP NV	286,411	114	301,247	-8,188
INPEX CORP	13,000	13	162,996	-10,553
INPOST SA	703	17	12,019	-1,660
INSMED INC	520	69	35,901	20,526
INSULET CORP	145	261	37,855	13,730
INTAPP INC	691	64	44,286	16,906
INTEGRA LIFSCIENCES HOLDINGS	887	23	20,117	-32,476
INTEL CORP	104,017	40	2,085,541	-1,863,755
INTERACTIVE BROKERS GROUP INC	242	177	42,754	13,161
INTERFOR CORP	1,100	12	12,842	-12,282
INTERNATIONAL BUSINESS MACHINE	181,187	320	3,285,596	948,001
INTESA SANPAOLO SPA	53,037	4	212,155	16,201
INTESA SANPAOLO SPA 144A	215,000	108	232,581	17,793
INTRA-CELLULAR THERAPIES INC	182	84	15,201	4,261
INTUITIVE SURGICAL INC	1,994	1,044	1,040,788	492,901
INVESTOR AB	26,739	53	708,329	26,907
INVITATION HOMES INC	3,177	32	101,569	-7,851
IPSEN SA	1,352	115	154,980	-758
IQVIA INC	70,000	103	72,376	2,540
ISHARES MSCI EMERGING MARKET	94,830	42	3,965,791	-382,161
ISRACARD LTD	0	4	0	0
ITOCHU CORP	27,100	50	1,350,517	655,836
ITT INC	267	143	38,149	9,530
JABIL INC	281	144	40,436	8,801
JACKSON FINANCIAL INC	8,097	87	705,087	249,882
JACOBS SOLUTIONS INC	255	134	34,073	-2,072
JANUS HENDERSON GROUP PLC	11,673	43	496,453	198,976
JAPAN 10YR MINI BD FUT (SGX)	1	1	-189	-189
JAPAN POST BANK CO LTD	17,400	10	165,464	-4,783
JAPAN POST HOLDINGS CO LTD	17,900	9	169,763	7,521
JAPAN POST INSURANCE CO LTD	8,300	18	153,526	-9,780
JAPAN TOBACCO INC	45,200	26	1,173,428	257,717
JB HI-FI LTD	5,053	57	289,955	52,266
JB HUNT TRANSPORT SERVICES INC	196	171	33,449	-2,801
JBS USA HOLDING LUX SARL/ JBS	79,000	106	83,622	4,726
JBT MAREL CORP	403	127	51,221	12,243
JERONIMO MARTINS SGPS SA	1,384	19	26,441	1,145
JG WENTWORTH INC CL A 144A	0	0	0	-379,740
JOHNSON & JOHNSON	16,828	289	2,433,665	-196,981
JOHNSON ELECTRIC HOLDINGS LTD	5,500	1	7,718	-12,223
JONES LANG LASALLE INC	1,072	506	271,366	-6,110
JPMORGAN CHASE & CO	361,948	668	1,766,881	598,065
JUNIPER NETWORKS INC	866	37	32,432	-1,520
KAGA ELECTRONICS CO LTD	800	18	14,737	-3,038
KAKAKU.COM INC	3,400	15	52,354	4,394
KAUFMAN & BROAD SA	193	34	6,525	-3,204
KB HOME	4,080	131	268,138	8,703
KBC GROUP NV	1,790	77	138,163	25,531

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VERIZON NON-TAXABLE LIMITED PARTNERSHIP				
Security Description	Shares/Par	Base Cost	Base Market Value	Base Unrealized Gain/Loss
KDDI CORP	18,600	32	596,724	17,931
KIMBERLY-CLARK CORP	1,188	131	155,676	-6,979
KINDER MORGAN INC	26,319	27	721,141	184,050
KINDERCARE LEARNING COS INC	1,097	18	19,527	-6,555
KINGFISHER PLC	78,652	3	244,979	-51,598
KINROSS GOLD CORP	5,106	9	47,333	4,066
KIRBY CORP	296	106	31,317	-4,254
KITZ CORP	2,500	7	18,087	-1,833
KLA CORP	390	630	245,747	42,906
KLAVIYO INC	953	41	39,302	14,160
KLN LOGISTICS GROUP LTD	9,000	1	7,971	-11,482
KLOECKNER & CO SE	1,853	5	8,519	-15,460
KNIFE RIVER CORP	408	102	41,469	-1,555
KNORR-BREMSE AG	1,006	73	73,285	-24,685
KOMERI CO LTD	1,500	21	31,544	-9,682
KONAMI GROUP CORP	900	94	84,754	-4,167
KONGSBERG GRUPPEN ASA	1,237	113	139,413	47,557
KONINKLIJKE AHOLD DELHAIZE NV	36,841	65	1,201,307	65,329
KONINKLIJKE KPN NV	43,289	7	157,563	-16,125
KORRO BIO INC	247	38	9,403	-4,918
KROGER CO/THE	29,557	61	1,807,411	482,766
L3HARRIS TECHNOLOGIES INC	271	210	56,986	764
LABCORP HOLDINGS INC	1,941	229	445,110	15,497
LAD AUTO RECEIVABLES 1A A 144A	30,243	100	30,290	51
LAM RESEARCH CORP	8,491	144	613,305	27,133
LASERTEC CORP	100	97	9,662	-5,168
LEAD FUTURE (LME)	3	1,948	-2,826	-2,826
LEGEND BIOTECH CORP	358	33	11,649	-5,994
LEGRAND SA	727	97	70,794	-5,874
LEHMAN BRTH HLD (RICI) ESCROW	50,000	0	0	0
LEIDOS HOLDINGS INC	6,828	144	983,642	126,942
LENDBUZZ SECURITIZA 1A A2 144A	136,006	102	138,187	2,201
LENDBUZZ SECURITIZA 3A A2 144A	71,389	103	73,212	1,825
LENNAR CORP	3,155	136	430,247	-19,898
LEONARDO DRS INC	1,271	32	41,066	14,851
LEONARDO SPA	6,095	27	163,654	757
LINCOLN ELECTRIC HOLDINGS INC	176	187	32,995	-1,141
LIVE CATTLE FUTURE (CME)	3	194	3,537	3,537
LIVE NATION ENTERTAINMENT INC	424	130	54,908	14,705
LKQ CORP	846	37	31,091	-6,229
LLOYDS BANKING GROUP PLC	212,000	100	212,210	210
LOAR HOLDINGS INC	248	74	18,330	6,723
LOBLAW COMPANIES LTD	734	132	96,545	30,169
LOCKHEED MARTIN CORP	328	486	159,388	10,036
LOEWS CORP	427	85	36,163	11,171
LOGITECH INTERNATIONAL SA	8,578	166	710,282	-47,640
LONDON STOCK EXCHANGE GROUP PL	1,470	141	207,760	50,825
LONG GILT FUTURE (ICF)	23	116	-81,721	-81,721
LOTTERY CORP LTD/THE	46,744	3	142,971	-14,742
LOWE'S COS INC	1,774	247	437,823	27,321
LPL FINANCIAL HOLDINGS INC	145	327	47,344	15,120
LULULEMON ATHLETICA INC	1,316	765	503,252	12,510
LUMENTUM HOLDINGS INC	34	84	2,854	-279
LVMH MOET HENNESSY LOUIS VUITT	519	1,316	341,533	28,658
LY CORP	55,900	3	149,176	-6,162
LYONDELLBASELL INDUSTRIES NV	5,486	74	407,445	-122,571
M&T BANK CORP	2,053	376	385,985	3,661
M/I HOMES INC	1,821	133	242,102	46,496
MACOM TECHNOLOGY SOLUTIONS HOL	302	130	39,233	17,835
MAGNOLIA OIL & GAS CORP	1,764	23	41,242	1,623
MANHATTAN ASSOCIATES INC	977	270	264,024	116,976
MANULIFE FINANCIAL CORP	50,467	61	1,549,631	496,504
MAPLEBEAR INC	2,657	41	110,053	-16,276
MARATHON PETROLEUM CORP	1,108	140	154,566	-8,626
MARKEL GROUP INC	68	1,726	117,384	20,260
MARLETTE FUNDING TRU 1A A 144A	55,301	100	55,550	251
MARRIOTT INTERNATIONAL INC/MD	234,000	398	233,057	-7,246

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VERIZON NON-TAXABLE LIMITED PARTNERSHIP				
Security Description	Shares/Par	Base Cost	Base Market Value	Base Unrealized Gain/Loss
MASCO CORP	410	73	29,754	6,409
MASIMO CORP	203	165	33,556	5,499
MASTEC INC	239	136	32,537	17,242
MASTERBRAND INC	9,678	15	141,396	-24,741
MASTERCARD INC	155,000	96	148,123	-6,530
MASTERCRAFT BOAT HOLDINGS INC	3,589	19	68,442	-28,439
MATADOR RESOURCES CO	854	56	48,046	-4,367
MATAS A/S	1,142	19	21,471	9,281
MATSON INC	1,260	135	169,898	14,557
MAZDA MOTOR CORP	23,100	7	159,257	-18,540
MCDONALD'S CORP	1,398	290	405,266	21,290
MCJ CO LTD	1,900	9	17,349	-1,825
MCKESSON CORP	353	570	201,178	62,148
MDC HOLDINGS INC	108,000	100	107,676	-28,499
MEDIBANK PVT LTD	32,648	2	76,611	-3,906
MEDTRONIC PLC	5,726	160	457,393	-17,380
MEITEC GROUP HOLDINGS INC	3,900	19	73,578	6,387
MERCK & CO INC	38,323	199	3,812,372	247,019
MERITAGE HOMES CORP	1,232	308	189,506	-27,044
MERUS NV	270	42	11,354	-1,768
META PLATFORMS INC	252,548	1,269	8,751,006	3,483,255
METHANEX CORP	865	50	43,198	5,197
METLIFE CAPITAL TRUST IV 144A	195,000	109	212,685	-60,653
METTLER-TOLEDO INTERNATIONAL I	160	1,224	195,789	-12,973
MGIC INVESTMENT CORP	40,330	24	956,224	304,346
MICROSOFT CORP	24,162	1,265	10,184,283	3,493,694
MILLERKNOLL INC	1,834	23	41,430	-11,307
MISSION LANE CREDIT A A1 144A	114,000	101	114,651	664
MISSION LANE CREDIT C B A 144A	214,000	100	213,792	-187
MITSUBISHI CHEMICAL GROUP CORP	31,300	5	159,268	-31,925
MITSUBISHI CORP	800	17	13,255	-2,900
MITSUBISHI UFJ FINANCIAL GROUP	14,100	12	165,618	34,620
MITSUI & CO LTD	28,600	21	602,536	261,185
MITSUI CHEMICALS INC	7,200	22	158,972	893
MITSUI FUDOSAN CO LTD	9,200	8	74,345	-21,759
MITSUI OSK LINES LTD	1,400	35	49,066	1,505
MIZUHO FINANCIAL GROUP INC	220,900	126	268,048	9,457
MODINE MANUFACTURING CO	377	116	43,706	10,150
MOLINA HEALTHCARE INC	286	291	83,240	-8,634
MOLSON COORS BEVERAGE CO	587	57	33,647	855
MONDAY.COM LTD	115	235	27,076	9,426
MONSTER BEVERAGE CORP	13,008	53	683,700	79,373
MONY GROUP PLC	5,241	2	12,609	-4,043
MOODY'S CORP	123,000	98	120,386	-2,191
MOONLAKE IMMUNOTHERAPEUTICS	245	54	13,267	4,598
MORGAN ADVANCED MATERIALS PLC	4,616	3	15,725	-4,020
MORGAN SINDALL GROUP PLC	920	49	44,936	28,165
MORGAN STANLEY	7,589	251	954,089	84,489
MORGAN STANLEY BANK NA	250,000	101	253,485	3,485
MOTOROLA SOLUTIONS INC	743	462	343,437	162,869
MR COOPER GROUP INC	1,267	96	121,645	-1,109
MSCI EAFE FUTURE (NYF)	10	4,535	-34,380	-34,380
MSCI SINGAPORE INDEX FUT (SGX)	-90	274	5,434	5,434
MUELLER INDUSTRIES INC	2,323	79	184,353	2,059
MUENCHENER RUECKVERSICHERUNGS-	270	504	136,186	32,785
MVW 2021-2 LLC 2A B 144A	52,756	94	49,628	-3,119
NASDAQ INC	2,337	77	180,673	58,486
NATIONAL GRID PLC	14,088	12	167,616	-5,871
NATIONAL STORAGE AFFILIATES TR	495	38	18,765	-4,373
NATWEST GROUP PLC	747,303	305	1,132,192	141,028
NAVIGATOR CO SA/THE	9,543	4	35,476	-2,663
NCR ATLEOS CORP	2,657	34	90,125	18,437
NEC CORP	12,700	175	1,108,704	294,418
NEIGHBORLY ISSUER 2 1A A2 144A	354,648	192	338,904	-12,541
NELNET STUDENT LOAN DA B 144A	270,000	85	229,603	-40,347
NESTLE SA	6,027	165	497,988	-131,099
NETFLIX INC	1,521	891	1,355,698	618,400

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Security Description	Shares/Par	Base Cost	Base Market Value	Base Unrealized Gain/Loss
NETSTREIT CORP	1,149	14	16,258	-9,213
NEWAMSTERDAM PHARMA CO NV	447	26	11,488	938
NEWMARK GROUP INC	11,318	13	144,984	-21,093
NEXGEN ENERGY LTD	4,210	7	27,744	-2,145
NEXSTAR MEDIA GROUP INC	245	158	38,703	949
NEXT PLC	1,265	119	150,475	20,183
NIAGARA MOHAWK POWER CORP 144A	81,000	98	79,231	-1,769
NICE LTD	215	170	36,655	-5,045
NICHIHA CORP	700	19	13,006	-6,702
NICKEL FUTURE (LME)	2	15,303	-6,882	-6,882
NICOLET BANKSHARES INC	401	105	42,069	10,163
NIPPON YUSEN KK	5,400	34	181,180	12,681
NISSAN MOTOR CO LTD	67,100	3	204,938	-24,745
NISSHIN OILIO GROUP LTD/THE	900	33	29,607	291
NMEF FUNDING 2024-A A A2 144A	239,000	100	239,466	492
NMI HOLDINGS INC	5,656	37	207,915	54,141
NN GROUP NV	15,269	87	665,171	-46,677
NOKIA OYJ	227,260	4	1,005,908	45,144
NOMAD FOODS LTD	2,951	17	49,518	-15,507
NOMURA HOLDINGS INC	305,000	97	437,554	-22,657
NOMURA RESEARCH INSTITUTE LTD	2,800	30	83,006	12,359
NORDEA BANK ABP	11,845	11	128,964	15,209
NORSK HYDRO ASA	21,808	6	120,087	-19,624
NORTHERN OIL & GAS INC	1,247	37	46,339	1,522
NORTHERN TRUST CORP	379	103	38,848	8,543
NORTHROP GRUMMAN CORP	340	469	159,559	9,879
NOVANTA INC	230	153	35,137	-989
NOVARTIS AG	4,743	98	464,225	-350
NOVO NORDISK A/S	7,033	87	609,587	63,961
NRG ENERGY INC	371	90	33,472	697
NRG ENERGY INC 144A	144,000	108	155,436	11,602
NUCOR CORP	533	117	62,206	-21,761
NUTANIX INC	570	61	34,873	-325
NVIDIA CORP	62,688	403	8,418,372	5,452,219
NXP SEMICONDUCTORS NV	6,886	416	1,431,255	-250,880
NY HARB ULSD FUTURE (NYM)	-1	229	-1,984	-1,984
OAKTOWN RE VII LTD 2 M1A 144A	17,340	100	17,344	3
OBAYASHI CORP	12,000	13	159,812	9,156
OCCIDENTAL PETROLEUM CORP	211,764	351	297,654	-17,383
OCHSNER LSU HEALTH SYSTEM OF N	208,000	77	160,580	-44,508
OCTANE RECEIVABLES T 2A B 144A	270,000	98	264,184	-5,742
O-I GLASS INC	3,070	11	33,279	-11,113
OKTA INC	454	79	35,775	2,962
OLD DOMINION FREIGHT LINE INC	244	176	43,042	-8,502
OLLIE'S BARGAIN OUTLET HOLDING	371	110	40,710	6,014
OMXS30 INDEX FUT (SSE)	22	225	-7,646	-7,646
ON HOLDING AG	3,850	55	210,865	75,137
ONCOR ELECTRIC DELIVERY C 144A	213,000	99	210,936	-1,657
ONEOK INC	358,000	306	361,003	-36,895
ONEOK PARTNERS LP	53,000	100	52,826	-15,799
ONESTREAM INC	1,068	29	30,459	6,382
ONTO INNOVATION INC	61	167	10,167	4,485
OPEN HOUSE GROUP CO LTD	2,200	34	74,598	-7,775
OPEN TEXT CORP	2,719	28	77,002	-5,370
OPORTUN FUNDING TRUST 3 A 144A	85,251	100	85,330	83
OPORTUN ISSUANCE TRUS 2 A 144A	85,225	100	85,429	206
ORACLE CORP	15,524	333	2,586,919	254,448
ORACLE CORP JAPAN	1,600	96	154,289	11,344
ORANGE SA	50,223	20	500,713	-69,665
ORGANON & CO / ORGANON FO 144A	244,000	94	229,218	20,918
ORIGIN ENERGY LTD	24,927	7	168,226	18,657
ORIX CORP	14,800	22	320,937	3,982
ORKLA ASA	13,327	9	115,406	-3,767
OTIS WORLDWIDE CORP	8,033	185	743,936	95,646
OTSUKA HOLDINGS CO LTD	8,200	55	448,715	-1,431
OVERSEA-CHINESE BANKING CORP L	106,700	24	1,305,397	257,358
OVINTIV INC	36,881	142	72,192	-2,728

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Security Description	Shares/Par	Base Cost	Base Market Value	Base Unrealized Gain/Loss
OVS SPA	8,514	4	29,958	5,091
OWENS CORNING	192	170	32,701	9,866
PACCAR INC	4,015	104	417,640	7,442
PACIFIC GAS AND ELECTRIC CO	42,000	102	42,675	703
PACIFIC PREMIER BANCORP INC	1,607	25	40,046	-14,784
PACTIV EVERGREEN INC	1,419	17	24,790	8,449
PAGAYA AI DEBT GRANTO 9 B 144A	221,385	100	220,847	-538
PAGAYA AI DEBT TRUST 2 A 144A	50,508	101	50,995	487
PAGAYA AI DEBT TRUST 3 A 144A	56,716	101	57,067	351
PAGAYA AI DEBT TRUST 7 A 144A	0	100	0	0
PALLADIUM FUTURE (NYM)	1	910	180	180
PALMER SQUARE CLO 20 3A D 144A	270,000	100	271,133	1,133
PANAMA GOVERNMENT INTERNATIONA	186,000	110	204,972	-66,356
PANASONIC HOLDINGS CORP	119,300	10	1,247,200	16,343
PANDORA A/S	947	183	173,184	40,693
PARAMOUNT GLOBAL	200,000	108	216,462	-834
PARKER-HANNIFIN CORP	176,000	99	173,538	-1,055
PARSONS CORP	1,402	92	129,335	19,847
PAYCHEX INC	435	140	60,996	-778
PAYPAL HOLDINGS INC	8,929	171	762,090	29,294
PEARSON PLC	10,602	16	170,223	40,064
PEDIATRIX MEDICAL GROUP INC	3,613	13	47,403	-14,589
PENGUIN SOLUTIONS INC	2,440	19	46,824	-2,632
PENTAIR PLC	3,012	101	303,128	52,722
PEOPLES BANCORP INC/OH	574	32	18,190	995
PEPSICO INC	1,087	152	165,289	-17,432
PERDOCEO EDUCATION CORP	20,268	26	536,494	260,769
PERFORMANCE FOOD GROUP CO	431	85	36,441	10,385
PERMIAN RESOURCES CORP	115	14	1,654	229
PETROPLUS HOLDINGS AG CHF7.48	1,668	0	0	-22,944
PFIZER INC	71,347	27	1,892,836	-413,260
PHILIP MORRIS INTERNATIONAL IN	435,298	524	592,027	41,027
PHILIP SVCS CORP DEL COM	90	0	0	-1
PHILLIPS 66	1,363	114	155,287	11,812
PILGRIM'S PRIDE CORP	133,000	106	141,383	10,988
PINNACLE WEST CAPITAL CORP	382	85	32,382	-1,772
PIPER SANDLER COS	146	300	43,793	5,334
PLAINS ALL AMERICAN PIPELINE L	232,000	100	231,522	-369
PLATINUM FUTURE (NYM)	5	911	-8,904	-8,904
PLUS500 LTD	109	34	3,697	1,716
PORTLAND GENERAL ELECTRIC CO	336	44	14,656	-2,246
POSTE ITALIANE SPA	11,024	14	155,477	33,845
POWER CORP CANADA	25,600	31	798,153	18,141
PPG INDUSTRIES INC	586	119	69,998	-9,846
PREMIER FINANCIAL CORP	912	26	23,320	-3,556
PRIMORIS SERVICES CORP	545	76	41,638	2,996
PRINCIPAL LIFE GLOBAL FUN 144A	163,000	100	163,355	1,357
PRO MEDICUS LTD	471	155	72,940	-4,973
PROCEPT BIOROBOTICS CORP	422	81	33,979	20,618
PROCTER & GAMBLE CO/THE	1,744	168	292,382	1,469
PROG HOLDINGS INC	4,171	42	176,266	29,984
PROGRESS SOFTWARE CORP	4,378	65	285,227	-13,194
PROGRESSIVE CORP/THE	1,388	240	332,579	5,439
PROSPER MARKETPLACE 1A A 144A	85,331	100	85,578	248
PROSUS NV	29,936	79	1,188,801	-80,296
PRYSMIAN SPA	3,056	64	195,122	59,499
PUBLIC SERVICE ELECTRIC AND GA	131,000	97	127,086	-3,128
PUBLICIS GROUPE SA	5,000	107	533,283	128,412
PULTEGROUP INC	5,199	218	566,171	-923
PUMA SE	1,063	46	48,829	-1,785
QANTAS AIRWAYS LTD	26,661	6	148,069	33,628
QUADIENT SA	886	19	17,211	-11,500
QUALCOMM INC	14,964	307	2,298,770	204,528
QUANTERIX CORP	978	11	10,396	-11,323
QUEST DIAGNOSTICS INC	1,790	151	270,039	86,596
RADIAN GROUP INC	23,018	32	730,131	166,498
RAPPORT THERAPEUTICS INC	434	18	7,699	130

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VERIZON NON-TAXABLE LIMITED PARTNERSHIP				
Security Description	Shares/Par	Base Cost	Base Market Value	Base Unrealized Gain/Loss
RAYMOND JAMES FINANCIAL INC	2,729	311	423,896	-1,705
REA GROUP LTD	1,044	144	150,810	-6,957
RECORDATI INDUSTRIA CHIMICA E	1,493	52	78,228	-7,632
RECRUIT HOLDINGS CO LTD	20,500	71	1,453,757	133,431
REDDIT INC	870	163	142,193	-1,762
REGENERON PHARMACEUTICALS INC	249	712	177,370	-101,256
REGIONS FINANCIAL CORP	4,160	24	97,843	-11,371
REINSURANCE GROUP OF AMERICA I	155	214	33,113	3,477
RELIANCE INC	116	269	31,234	-3,735
RELX PLC	6,983	136	317,115	58,612
RENAISSANCERE HOLDINGS LTD	124	249	30,852	1,460
RENASAS ELECTRONICS CORP	1,700	13	22,137	40
REPLIGEN CORP	207	144	29,796	-7,628
REPUBLIC SERVICES INC	1,807	201	363,532	24,541
RESEARCH-DRIVEN PAGA 1A A 144A	68,487	101	69,326	840
RESEARCH-DRIVEN PAGA 3A A 144A	40,296	100	40,323	27
RESEARCH-DRIVEN PAGA 4A A 144A	163,825	101	166,137	2,320
RESMED INC	439	229	100,395	19,608
RESOURCES CONNECTION INC	6,700	9	57,151	-59,346
REV GROUP INC	1,341	32	42,738	22,246
REXEL SA	6,189	25	157,654	-642
REXFORD INDUSTRIAL REALTY INC	5,671	39	219,241	-61,269
RH	78	394	30,700	-1,521
RHEINMETALL AG	288	636	183,288	7,521
RICOH CO LTD	3,400	12	39,190	53
RIO TINTO LTD	3,455	145	251,266	530
RIO TINTO PLC	1,007	59	59,222	-6,651
RLI CORP	187	165	30,823	5,100
ROBERT HALF INC	3,320	70	233,927	34,043
ROCHE HOLDING AG	8,347	1,144	2,353,895	72,895
ROCKWOOL A/S	82	354	29,058	-7,950
ROHM CO LTD	4,700	9	44,425	626
ROSS STORES INC	296,000	99	291,853	-49,542
ROYAL BANK OF CANADA	459	121	55,315	16,385
ROYALTY PHARMA PLC	1,194	26	30,459	-10,728
RTL GROUP SA	585	28	16,174	-18,821
RTX CORP	298,000	97	290,023	-49,858
RUBRIK INC	596	65	38,955	19,060
RYDER SYSTEM INC	176,000	101	178,225	2,269
RYERSON HOLDING CORP	5,266	19	97,474	-81,371
RYMAN HOSPITALITY PROPERTIES I	1,767	209	184,369	9,067
S&P/TSE 60 INDEX FUTURES (MSE)	1	1,033	-5,050	-5,050
S&P500 EMINI FUTURE (CME)	15	11,872	-142,673	-142,673
SAFRAN SA	4,144	439	910,145	242,374
SAGE GROUP PLC/THE	4,047	16	64,522	-3,754
SAIA INC	657	911	299,415	-2,227
SALESFORCE INC	1,661	334	555,322	202,109
SALMAR ASA	1,024	48	48,733	-5,774
SAMPO OYJ	2,975	41	121,315	-7,698
SANDOZ GROUP AG	4,439	82	180,381	45,313
SANOFI SA	16,997	194	1,649,861	47,374
SANTANDER DRIVE AUTO RECE 4 A2	159,951	100	160,424	482
SANTANDER HOLDINGS USA INC	7,000	205	7,157	175
SANTANDER UK GROUP HOLDINGS PL	202,000	95	191,332	-10,668
SAP SE	9,917	734	2,426,577	490,888
SCHNEIDER ELECTRIC SE	1,059	499	264,170	21,131
SEA LTD	1,783	106	189,176	47,574
SECOM CO LTD	1,600	34	54,660	8,261
SEKISUI CHEMICAL CO LTD	10,600	17	183,119	28,904
SEKISUI HOUSE LTD	41,200	24	991,463	167,172
SEMPRA	2,131	88	186,931	4,267
SEMTECH CORP	781	62	48,305	21,125
SENSATA TECHNOLOGIES HOLDING P	4,747	27	130,068	-40,710
SERVICENOW INC	329	1,060	348,779	199,899
SERVICETITAN INC	61	103	6,275	1,587
SET50 FUTURES (TEF)	-57	26	-1,828	-1,828
SGS SA	1,676	100	168,072	11,552

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VERIZON NON-TAXABLE LIMITED PARTNERSHIP				
Security Description	Shares/Par	Base Cost	Base Market Value	Base Unrealized Gain/Loss
SHARKNINJA INC	373	97	36,315	14,151
SHELL PLC	10,881	31	337,414	25,487
SHENG SIONG GROUP LTD	10,100	1	12,142	852
SHERWIN-WILLIAMS CO/THE	1,157	340	393,299	72,759
SHIFT4 PAYMENTS INC	328	104	34,040	12,176
SHINMAYWA INDUSTRIES LTD	900	9	7,994	-3,194
SHIONOGI & CO LTD	3,000	14	42,358	-388
SHOPIFY INC	1,241	106	131,956	-2,977
SIEMENS AG	3,308	391	645,900	24,255
SIGMA CF LIQUIDATING POOL	1,022,121	0	0	-1,022,121
SILGAN HOLDINGS INC	605	52	31,490	6,606
SILVER POINT CLO 3 3A A1 144A	250,000	101	251,644	1,644
SIMON PROPERTY GROUP LP	125,000	95	118,401	-5,735
SINGAPORE EXCHANGE LTD	21,500	9	200,784	25,441
SINKO INDUSTRIES LTD	2,100	8	17,064	7,043
SIRIUS XM RADIO LLC 144A	200,000	92	184,272	-19,978
SITC INTERNATIONAL HOLDINGS CO	13,000	3	34,642	1,421
SKYWORKS SOLUTIONS INC	4,191	177	371,658	-49,346
SLM CORP	4,141	28	114,209	28,507
SMB PRIVATE EDUCATI E A1A 144A	95,119	92	87,750	-7,365
SMURFIT WESTROCK PLC	1,517	54	81,706	12,283
SNAP-ON INC	117	339	39,719	1,712
SOCIETE BIC SA	282	66	18,630	-261
SOCIETE GENERALE SA	6,353	28	178,673	969
SOFTBANK CORP	149,700	1	189,459	-1,447
SONAE SGPS SA	28,364	1	26,845	-3,485
SOYBEAN MEAL FUTURE (CBT)	7	323	14,985	14,985
SOYBEAN OIL FUTURE (CBT)	-7	41	8,989	8,989
SPAREBANK 1 NORD NORGE	1,741	11	18,929	4,800
SPI 200 FUTURE (SFE)	-8	10,090	16,565	16,565
SPIN MASTER CORP	1,600	24	37,680	-15,145
SPS COMMERCE INC	243	184	44,710	8,475
SPX TECHNOLOGIES INC	283	146	41,182	12,287
STAG INDUSTRIAL INC	705	34	23,843	-2,558
STANDARD CHARTERED PLC	14,207	12	175,900	48,566
STANDARDAERO INC	722	25	17,877	-2,450
STANLEY BLACK & DECKER INC	1,451	80	116,501	-21,933
STANTEC INC	1,579	78	123,821	15,870
STARBUCKS CORP	222,000	100	223,039	1,130
STATE STREET CORP	12,771	196	1,253,474	267,354
STEEL DYNAMICS INC	274	114	31,255	-3,637
STEELCASE INC	18,161	12	214,663	-13,931
STELLA-JONES INC	2,000	49	98,999	14,234
STEPSTONE GROUP INC	731	58	42,310	13,843
STIFEL FINANCIAL CORP	366	106	38,825	13,716
STMICROELECTRONICS NV	18,977	25	473,856	-234,630
STRIDE INC	6,770	104	703,606	291,052
SUGAR #11 WORLD FUTURE (NYB)	3	18	-740	-740
SUMCO CORP	19,400	8	146,031	-8,803
SUMITOMO CHEMICAL CO LTD	65,700	2	145,898	-6,844
SUMITOMO ELECTRIC INDUSTRIES L	1,600	18	29,051	-673
SUMITOMO FORESTRY CO LTD	23,600	34	794,976	226,653
SUMITOMO MITSUI FINANCIAL GROU	281,900	125	443,336	68,376
SUN HUNG KAI PROPERTIES LTD	9,000	10	86,490	-12,662
SUN LIFE FINANCIAL INC	2,344	59	139,093	22,075
SUNCOR ENERGY INC	104,000	106	110,749	-37,653
SUNOCO LP / SUNOCO FINANCE COR	247,000	93	229,083	19,456
SUPER RETAIL GROUP LTD	3,952	9	37,144	5,129
SWAP COLLATERAL WITH BARCLAYS	591,000	1	591,000	0
SWAP COLLATERAL WITH CITIBANK	-543,000	3	-543,000	0
SWAP COLLATERAL WITH MORGAN	312,000	1	312,000	0
SWISS RE FINANCE LUXEMBOU REGS	200,000	99	198,343	-31,557
SYENSQO SA	732	73	53,483	-16,406
SYNAPTICS INC	138	76	10,532	-2,899
SYNCHRONY FINANCIAL	21,170	130	1,376,050	476,192
SYNOPSIS INC	380	485	184,437	66,777
SYSCO CORP	1,165	76	89,076	-586

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The Plan for Group Insurance

Schedule H, Part IV, Line 4i—Schedule of Assets Held for Investments

As of December 31, 2024

VERIZON NON-TAXABLE LIMITED PARTNERSHIP				
Security Description	Shares/Par	Base Cost	Base Market Value	Base Unrealized Gain/Loss
T ROWE PRICE GROUP INC	5,099	226	576,646	13,863
T&D HOLDINGS INC	9,000	18	166,388	21,280
TAIWAN SEMICONDUCTOR MANUFACTU	7,382	230	535,551	135,969
TAKEDA PHARMACEUTICAL CO LTD	3,100	27	82,471	-8,987
TALANX AG	1,823	85	155,076	1,683
TAPESTRY INC	4,058	65	265,109	85,707
TARGA RESOURCES CORP	255,000	106	269,678	14,808
TAYLOR MORRISON HOME CORP	8,565	122	524,264	229,440
TAYLOR WIMPEY PLC	20,989	2	32,096	-5,566
TE CONNECTIVITY PLC	999	143	142,827	-4,093
TECHNIPFMC PLC	539	29	15,599	6,343
TECHTRONIC INDUSTRIES CO LTD	13,500	13	178,136	-16,458
TECNOGLASS INC	259	79	20,544	7,311
TELEDYNE TECHNOLOGIES INC	201	464	93,290	-1,452
TELEFLEX INC	137	178	24,383	-9,100
TELEFONAKTIEBOLAGET LM ERICSSO	6,823	8	55,502	-941
TELEFONICA SA	30,276	4	123,428	-19,664
TELEVISION FRANCAISE 1 SA	2,264	8	17,149	-4,227
TELSTRA GROUP LTD	17,801	2	44,196	-1,099
TEMPUS AI INC	409	34	13,808	-1,792
TENET HEALTHCARE CORP	199	126	25,120	-1,795
TENNANT CO	633	82	51,608	-16,824
TESCO PLC	83,792	5	386,498	11,176
TESLA AUTO LEASE TRU A A3 144A	72,000	101	72,419	428
TETRA TECH INC	672	40	26,772	6,473
TEXAS CAPITAL BANCSHARES INC	597	78	46,685	10,917
TEXAS INSTRUMENTS INC	6,796	375	1,274,318	227,836
TEXAS ROADHOUSE INC	158	180	28,508	13,945
TEXTRON INC	378	76	28,913	-5,551
THERMO FISHER SCIENTIFIC INC	1,567	1,040	815,200	-84,225
TIME WARNER CABLE LLC	62,000	75	46,424	-21,551
TJX COS INC/THE	2,697	121	325,825	162,116
TKO GROUP HOLDINGS INC	390	142	55,423	10,381
T-MOBILE US INC	1,373	221	303,062	33,273
T-MOBILE USA INC	39,000	94	36,694	509
TOLL BROTHERS INC	1,178	126	148,369	-21,583
TOPGOLF CALLAWAY BRANDS CORP	2,690	8	21,143	-7,988
TOPIX INDEX FUTURE (OSE)	6	35	19,010	19,010
TOTALENERGIES SE	10,510	165	580,581	15,478
TOYOTA MOTOR CORP	3,100	20	62,055	2,759
TOYOTA TSUSHO CORP	45,100	36	811,547	79,472
TRACTOR SUPPLY CO	7,645	53	405,644	40,763
TRANE TECHNOLOGIES PLC	2,312	369	853,937	426,021
TRAVEL + LEISURE CO	2,387	50	120,424	-11,649
TREND MICRO INC/JAPAN	2,900	55	158,083	11,723
TREX CO INC	3,229	69	222,898	-21,084
TRI POINTE HOMES INC	11,587	36	420,145	181,307
TRICO BANCSHARES	856	44	37,407	473
TRICOLOR AUTO SECURI 2A A 144A	63,905	101	64,392	491
TRIMBLE INC	544	71	38,439	5,520
TRS EL KOSPI 200 FUTURES CONT	1,000,000	0	216,622	216,622
TRS EL KOSPI 200 FUTURES CONT.	11,500,000	0	2,491,154	2,491,154
TRS EL LBSTRUU INDEX	9,855	2,189	21,572,103	21,572,103
TRS EL SWISS MKT IDX FUT	110	51,046	1,403,752	1,403,752
TRS_FL KOSPI 200 FUTURES CONT	-325,992,964	0	-221,440	-221,440
TRS_FL KOSPI 200 FUTURES CONT.	-3,640,553,457	0	-2,472,952	-2,472,952
TRS_FL LBSTRUU INDEX	-22,000,000	100	-22,000,000	-22,000,000
TRS_FL SWISS MKT IDX FU	-467,860	110	-516,260	-516,260
TRS_FL SWISS MKT IDX FUT	-816,091	331	-900,514	-900,514
TRUIST FINANCIAL CORP	5,980	43	259,412	4,736
TSMC ARIZONA CORP	200,000	98	196,424	-250
TTM TECHNOLOGIES INC	1,667	25	41,258	17,791
TWFG INC	437	31	13,460	4,717
TWILIO INC	518	108	55,985	18,951
TXNM ENERGY INC	721	49	35,452	404
U S TREASURY BILL	20,080,700	492	19,784,507	0
U S TREASURY BOND	44,861,500	904	39,119,146	-5,004,786

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The Plan for Group Insurance

Schedule H, Part IV, Line 4i—Schedule of Assets Held for Investments

As of December 31, 2024

VERIZON NON-TAXABLE LIMITED PARTNERSHIP				
Security Description	Shares/Par	Base Cost	Base Market Value	Base Unrealized Gain/Loss
U S TREASURY NOTE	126,838,600	2,077	125,672,509	-1,499,717
U-BLOX HOLDING AG	307	81	24,729	-11,741
UBS GROUP AG 144A	272,000	101	273,942	1,942
ULTA BEAUTY INC	87	435	37,839	1,307
ULTRAGENYX PHARMACEUTICAL INC	247	42	10,391	-4,427
UNICREDIT SPA	20,382	80	813,092	207,506
UNICREDIT SPA 144A	336,000	87	291,752	-49,547
UNILEVER PLC	14,708	171	837,431	29,353
UNION PACIFIC CORP	578	228	131,807	-6,798
UNIPOL ASSICURAZIONI SPA	36,324	12	452,490	93,698
UNITED AIRLINES HOLDINGS INC	605	97	58,746	25,795
UNITED AUTO CREDIT SE 1 A 144A	14,437	100	14,463	26
UNITED OVERSEAS BANK LTD	29,700	53	790,940	120,561
UNITED PARCEL SERVICE INC	5,719	252	721,166	-51,886
UNITED RENTALS INC	380	704	267,687	-22,344
UNITEDHEALTH GROUP INC	3,948	1,518	1,997,135	45,980
UNIVERSAL CORP/VA	1,535	55	84,179	3,973
UNIVERSAL DISPLAY CORP	18	146	2,632	223
UNUM GROUP	14,071	73	1,027,605	212,898
UPSTREAM BIO INC	444	16	7,299	-708
US 10YR TREAS NTS FUTURE (CBT)	13	218	-24,485	-24,485
US 10YR ULTRA FUTURE (CBT)	-7	111	18,320	18,320
US 2YR TREAS NTS FUT (CBT)	23	308	-1,047	-1,047
US 5YR TREAS NTS FUTURE (CBT)	146	319	-76,008	-76,008
US BANCORP	9,753	48	466,486	49,769
US TREAS BD FUTURE (CBT)	17	228	-87,891	-87,891
US TREAS-CPI INFLAT	1,502,407	93	1,391,424	45,931
US ULTRA BOND (CBT)	9	238	-64,844	-64,844
VALERO ENERGY CORP	706	123	86,549	7,103
VAXCYTE INC	419	82	34,299	10,095
VEEVA SYSTEMS INC	1,344	210	282,576	-3,659
VERALTO CORP	1,902	204	193,719	3,590
VERISIGN INC	178	207	36,839	3,815
VERISK ANALYTICS INC	1,515	275	417,276	49,261
VERTEX PHARMACEUTICALS INC	791	403	318,536	144,290
VERTIV HOLDINGS CO	481	114	54,646	1,180
VESUVIUS PLC	5,541	5	29,354	-14,584
VIATRIS INC	2,910	12	36,230	2,318
VICI PROPERTIES INC	3,558	29	103,929	-4,311
VICTORY CAPITAL HOLDINGS INC	3,438	65	225,051	59,663
VIKING THERAPEUTICS INC	184	40	7,404	3,473
VINCI SA	758	103	78,287	-950
VIRIDIAN THERAPEUTICS INC	788	19	15,106	-3,461
VIRTU FINANCIAL INC	2,668	36	95,194	8,999
VISA INC	7,165	632	2,264,427	702,937
VISTRA OPERATIONS CO LLC 144A	246,000	94	231,614	22,521
VODAFONE GROUP PLC	132,178	8	1,122,191	-87,322
VOLVO AB	26,540	49	645,352	-43,427
VTECH HOLDINGS LTD	3,000	7	20,391	-7,088
W R BERKLEY CORP	591	59	34,585	3,803
WALKER & DUNLOP INC	390	97	37,912	-2,370
WALMART INC	17,513	181	1,582,300	446,265
WALT DISNEY CO/THE	6,349	111	706,961	135,952
WARNER BROS DISCOVERY INC	5,889	11	62,247	16,457
WARNERMEDIA HOLDINGS INC	132,000	96	127,166	-122
WASTE MANAGEMENT INC	213,000	99	211,699	-826
WATERS CORP	652	371	241,879	29,538
WEIBO CORP	200,000	90	179,168	-1,330
WELLS FARGO & CO	487,767	422	1,886,339	324,595
WESFARMERS LTD	1,240	44	54,917	-2,641
WEST PHARMACEUTICAL SERVICES I	1,121	655	367,195	-4,104
WESTERN DIGITAL CORP	4,152	60	247,584	-7,831
WESTINGHOUSE AIR BRAKE TECHNOL	64,000	99	63,488	-4,644
WEYERHAEUSER CO	3,353	28	94,387	-8,269
WH GROUP LTD	537,500	2	415,859	-46,036
WHIRLPOOL CORP	1,245	114	142,528	24,493
WIG20 INDEX FUTURE (WSE)	-43	537	5,023	5,023

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The Plan for Group Insurance

Schedule H, Part IV, Line 4i—Schedule of Assets Held for Investments

As of December 31, 2024

VERIZON NON-TAXABLE LIMITED PARTNERSHIP				
Security Description	Shares/Par	Base Cost	Base Market Value	Base Unrealized Gain/Loss
WILLIAMS COS INC/THE	108,000	99	106,536	-1,259
WINGSTOP INC	111	284	31,546	-2,179
WINNEBAGO INDUSTRIES INC	813	48	38,845	-13,588
WOLTERS KLUWER NV	8,091	332	1,343,868	186,224
WRKCO INC	122,000	97	118,274	-18,642
WSFS FINANCIAL CORP	858	53	45,586	2,250
WTI CRUDE FUTURE (NYM)	1	71	1,490	1,490
WW GRAINGER INC	227	1,054	239,269	114,348
WYNN RESORTS LTD	352	86	30,328	-3,975
XCEL ENERGY INC	1,496	68	101,010	11,910
XENON PHARMACEUTICALS INC	323	39	12,662	1,094
XERO LTD	87	104	9,080	-754
YAMAHA MOTOR CO LTD	67,000	9	598,762	-4,200
YANGZIJANG SHIPBUILDING HOLDI	321,500	2	704,651	375,295
YUE YUEN INDUSTRIAL HOLDINGS L	7,000	2	15,680	-6,932
ZENSHO HOLDINGS CO LTD	1,800	57	102,667	22,070
ZIMMER BIOMET HOLDINGS INC	961	106	101,510	-10,093
ZINC FUTURE (LME)	-2	2,980	5,770	5,770
ZOETIS INC	2,857	326	465,491	-64,975
ZOOM COMMUNICATIONS INC	21,829	163	1,781,465	-24,121
ZOOMINFO TECHNOLOGIES INC	14,389	11	151,228	-7,521
ZURICH INSURANCE GROUP AG	55	595	32,700	3,871
	(3,673,349,891)	372,849	645,483,441	33,315,746
Net payables			(8,003,489)	
Total Net Assets			637,479,952	

THE PLAN FOR GROUP INSURANCE

EIN 23-2259884/ P/N 580

SCHEDULE H, PART IV - LINE 4J

SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024



Series of Transactions in Excess of Five Percent of Plan Assets

Report ID: T6500

Status: FINAL

TOT WELFARE TRST LTD - VONG30000000

1/1/2024 - 12/31/2024

UH+LTD LEHMAN AGG+CASH ACCT

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :		10,876,346.89					
74	07799AAC1	BELL ATLANTIC VEBA COLLECTIVE 10.000% 12/31/2049 DD 08/01/98	24,042,066.050	24,042,066.05	0.00	0.00	0.00
16	07799AAC1	BELL ATLANTIC VEBA COLLECTIVE 10.000% 12/31/2049 DD 08/01/98	24,212,002.130	0.00	24,212,002.13	24,212,002.13	0.00
21	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	11,362,915.980	11,362,915.98	0.00	0.00	0.00
21	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	11,362,915.980	0.00	11,362,915.98	11,362,915.98	0.00