

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 U.A. LOCAL 13 & EMPLOYERS GROUP INSURANCE FUND
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 07/22/1952
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) UA LOCAL 13 JOINT BOARD OF TRUSTEES EMPLOYERS GROUP INSURANCE FUND 1850 MT. READ BLVD ROCHESTER, NY 14615-3703
2b	Employer Identification Number (EIN) 16-0766976
2c	Plan Sponsor's telephone number 585-338-2310
2d	Business code (see instructions) 238220

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.	10/03/2025	TIMOTHY MEEHAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/03/2025	GAVIN BROWNLIE
	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	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 911
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) 836 6a(2) 850 6b 66 6c 6d 916 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 48

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

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 9
- (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	B Three-digit plan number (PN)	501
U.A. LOCAL 13 & EMPLOYERS GROUP INSURANCE FUND		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
UA LOCAL 13 JOINT BOARD OF TRUSTEES EMPLOYERS GROUP INSURANCE FUND		
16-0766976		

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

EXCELLUS BLUECROSS BLUESHIELD

(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
15-0329043	55107	00089831	710	05/01/2024	04/30/2025

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
17501	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

GALLAGHER BENEFIT SERVICES, INC. 100 MERIDIAN CENTRE BLVD SUITE 100
ROCHESTER, NY 14618

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17501			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
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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)	612527	
(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)		612527
b Benefit charges (1) Claims paid	9b(1)	452893	
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))	9b(3)		452893
(4) Claims charged	9b(4)		
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)	50168	
(B) Administrative service or other fees	9c(1)(B)	69613	
(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)		119781
(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)		60620
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	B Three-digit plan number (PN)	501
U.A. LOCAL 13 & EMPLOYERS GROUP INSURANCE FUND		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
UA LOCAL 13 JOINT BOARD OF TRUSTEES EMPLOYERS GROUP INSURANCE FUND		
16-0766976		

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
HARTFORD LIFE AND ACCIDENT

(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
06-0838648	70815	675428G	936	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
7424	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
GALLAGHER BENEFIT SERVICES, INC.
100 MERIDIAN CENTRE BLVD SUITE 100
ROCHESTER, NY 14618

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7424			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	

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

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(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	158688
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	B Three-digit plan number (PN)	501
U.A. LOCAL 13 & EMPLOYERS GROUP INSURANCE FUND		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
UA LOCAL 13 JOINT BOARD OF TRUSTEES EMPLOYERS GROUP INSURANCE FUND	16-0766976	

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
EXCELLUS BLUECROSS BLUESHIELD

(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
15-0329043	55107	00501621	66	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
9710	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
GALLAGHER BENEFIT SERVICES, INC. 100 MERIDIAN CENTRE BLVD SUITE 100 ROCHESTER, NY 14618

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9710			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

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)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(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)	0
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	277157
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	B Three-digit plan number (PN)	501
U.A. LOCAL 13 & EMPLOYERS GROUP INSURANCE FUND		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
UA LOCAL 13 JOINT BOARD OF TRUSTEES EMPLOYERS GROUP INSURANCE FUND	16-0766976	

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

EXCELLUS BLUECROSS BLUESHIELD

(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
15-0329043	55107	00062732	677	05/01/2024	04/30/2025

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
158381	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

GALLAGHER BENEFIT SERVICES, INC. 100 MERIDIAN CENTRE BLVD SUITE 100
ROCHESTER, NY 14618

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
158381			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) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	12584751
(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)	12584751
b Benefit charges (1) Claims paid	9b(1)	13073278
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2))	9b(3)	13073278
(4) Claims charged	9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	398937
(B) Administrative service or other fees	9c(1)(B)	1284939
(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)	1683876
(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	B Three-digit plan number (PN)	501
U.A. LOCAL 13 & EMPLOYERS GROUP INSURANCE FUND		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
UA LOCAL 13 JOINT BOARD OF TRUSTEES EMPLOYERS GROUP INSURANCE FUND	16-0766976	

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

EXCELLUS BLUECROSS BLUESHIELD

(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
15-0329043	55107	00510978	4	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
415	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

GALLAGHER BENEFIT SERVICES, INC. 100 MERIDIAN CENTRE BLVD SUITE 100
ROCHESTER, NY 14618

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
415			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) ▶

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	12463
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	B Three-digit plan number (PN)	501
U.A. LOCAL 13 & EMPLOYERS GROUP INSURANCE FUND		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
UA LOCAL 13 JOINT BOARD OF TRUSTEES EMPLOYERS GROUP INSURANCE FUND	16-0766976	

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	0233107	661	05/01/2024	04/30/2025

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
14315	2440

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
GALLAGHER BENEFIT SERVICES, INC. PO BOX 3009 ARLINGTON HEIGHTS, IL 60006

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14315	107		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
GALLAGHER BENEFIT SERVICES, INC. PO BOX 95287 CHICAGO, IL 60690-7219

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	2333		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	

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	124349
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	B Three-digit plan number (PN)	501
U.A. LOCAL 13 & EMPLOYERS GROUP INSURANCE FUND		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
UA LOCAL 13 JOINT BOARD OF TRUSTEES EMPLOYERS GROUP INSURANCE FUND	16-0766976	

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	0233108	1246	05/01/2024	04/30/2025

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
12567	1815

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

GALLAGHER BENEFIT SERVICES, INC. PO BOX 3009 ARLINGTON HEIGHTS, IL 60006-3009

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12567	107		3

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

GALLAGHER BENEFIT SERVICES, INC. PO BOX 95287 CHICAGO, IL 60690-7219

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1708		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	

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	90784
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	B Three-digit plan number (PN)	501
U.A. LOCAL 13 & EMPLOYERS GROUP INSURANCE FUND		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
UA LOCAL 13 JOINT BOARD OF TRUSTEES EMPLOYERS GROUP INSURANCE FUND	16-0766976	

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	0233109	1246	05/01/2024	04/30/2025

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
17637	2503

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

GALLAGHER BENEFIT SERVICES, INC. PO BOX 3009 ARLINGTON HEIGHTS, IL 60006-3009

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17637	107		3

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

GALLAGHER BENEFIT SERVICES, INC. PO BOX 95287 CHICAGO, IL 60690-7219

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	2396		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	

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	127062
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	B Three-digit plan number (PN)	501
U.A. LOCAL 13 & EMPLOYERS GROUP INSURANCE FUND		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
UA LOCAL 13 JOINT BOARD OF TRUSTEES EMPLOYERS GROUP INSURANCE FUND	16-0766976	

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	0231738	873	05/01/2024	04/30/2025

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
6606	1356

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	
GALLAGHER BENEFIT SERVICES, INC.	PO BOX 3009 ARLINGTON HEIGHTS, IL 60006-3009

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6606	107		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
GALLAGHER BENEFIT SERVICES, INC.	PO BOX 95287 CHICAGO, IL 60690-7219

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1249		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	

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	74325
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 U.A. LOCAL 13 & EMPLOYERS GROUP INSURANCE FUND	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 UA LOCAL 13 JOINT BOARD OF TRUSTEES EMPLOYERS GROUP INSURANCE FUND	D Employer Identification Number (EIN) 16-0766976

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

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

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

MANNING & NAPIER, INC.

16-0995763

(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?
51 28	NONE	248821	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BONADIO & CO., LLP

16-1131146

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	149615	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LIFETIME BENEFIT SOLUTIONS

13-5581829

(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?
15 50	NONE	100884	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)

ASHER KELLY

25800 NORTHWESTERN HIGHWAY, ST 1100
SOUTHFIELD, MI 48075

(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	97706	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STEVE OSTRANDER

16-0766976

(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?
50 30	FUND MANAGER	93027	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEBORAH EDIZEL

16-0766976

(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?
30 50	ANNUITY SPECIALIST	62275	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)

MODERN ADMINSTRATION SYSTEMS, LLC

3000 SOUTH LENOLA ROAD
MAPLE SHADE, NJ 08052

(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?
50 49	NONE	57318	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PATRICIA MARCIANO

16-0766976

(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?
50 30	BENEFIT SPECIALIST	56834	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BANK OF AMERICA

94-1687665

(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?
51 28	NONE	32163	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)

NATHAN BURDICK

16-0766976

(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?
50 30	FUND MANAGER	26212	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

U.A. LOCAL 13 BUILDING, INC.

23-7358299

(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?
50 49	RELATED PARTY/RENT	20000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL

333 WEST 34TH STREET
NEW YORK, NY 10001

(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?
51 19	NONE	18941	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)

MORGAN STANLEY SMITH BARNEY

11-3658445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 99 50	NONE	17628	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PC RESULTS INC.

333 METRO PARK
ROCHESTER, NY 14623

(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?
15 50	NONE	12719	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PHOENIX GRAPHICS

1525 EMERSON ST
ROCHESTER, NY 14606

(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?
50 36 49	NONE	10948	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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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 U.A. LOCAL 13 & EMPLOYERS GROUP INSURANCE FUND	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 UA LOCAL 13 JOINT BOARD OF TRUSTEES EMPLOYERS GROUP INSURANCE FUND	D Employer Identification Number (EIN) 16-0766976	

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	1803306	2625906
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1185759	1262300
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	433044	543906
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1746635	1639597
(2) U.S. Government securities	1c(2)	23571876	23480678
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	13068238	9710327
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	21607935	27947587
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	13625	7880
f Total assets (add all amounts in lines 1a through 1e)	1f	63430418	67218181
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	1207765	1224925
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1207765	1224925
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	62222653	65993256

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)	14209869	
(B) Participants	2a(1)(B)	30295	
(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)		14240164
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	90806	
(B) U.S. Government securities	2b(1)(B)	809969	
(C) Corporate debt instruments	2b(1)(C)	183948	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	167890	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1252613
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	321380	
(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)		321380
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	53641163	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	52310996	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1330167
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1749648	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		446666
d Total income. Add all income amounts in column (b) and enter total	2d		19340638

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1014917	
(2) To insurance carriers for the provision of benefits	2e(2)	13130385	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		14145302
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)	488082	
(2) Contract administrator fees	2i(2)	100884	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	22490	
(5) Investment advisory and investment management fees	2i(5)	317553	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	14083	
(8) Legal fees	2i(8)	97706	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	383935	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1424733
j Total expenses. Add all expense amounts in column (b) and enter total	2j		15570035

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3770603
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: **BONADIO & CO., LLP**

(2) EIN: **16-1131146**

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?	☒		10000000
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 _____.

**U.A. LOCAL 13 AND EMPLOYERS
GROUP INSURANCE FUND**

**Financial Statements and Supplemental Information
As of December 31, 2024 and 2023
Together with Independent
Auditor's Report**

INDEPENDENT AUDITOR'S REPORT

October 3, 2025

To the Board of Directors of Trustees of the
U.A. Local 13 and Employers Group Insurance Fund:

Opinion

We have audited the accompanying financial statements of U.A. Local 13 and Employers Group Insurance Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of U.A. Local 13 and Employers Group Insurance Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in benefit obligations for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the 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 audit opinion.

Responsibilities of Management for the Financial Statements

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

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

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments; administering the Plan; and determining 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.

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INDEPENDENT AUDITOR'S REPORT

(Continued)

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

INDEPENDENT AUDITOR'S REPORT

(Continued)

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4(j) - 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 the ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Cost of Benefits Paid and Administrative Expenses for the years ended December 31, 2024 and 2023 are presented for purposes of additional analysis and are not a required part of the financial statements. 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, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. 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 our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Bonadio & Co., LLP

U.A. LOCAL 13 AND EMPLOYERS GROUP INSURANCE FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
CASH	\$ 2,625,906	\$ 1,803,306
INVESTMENTS:		
Cash equivalents	1,639,597	1,746,635
Equity securities	27,947,587	21,607,935
U.S. Government securities	12,749,781	18,893,834
Mortgage-backed securities	10,730,897	11,613,328
Corporate bonds	9,034,978	4,678,042
Municipal bonds	675,349	1,323,779
Foreign bonds	-	131,131
Total investments	<u>62,778,189</u>	<u>59,994,684</u>
RECEIVABLES:		
Employer contributions	1,160,925	1,017,098
Reciprocal contributions	101,375	168,661
Accrued investment income	<u>202,496</u>	<u>204,118</u>
Total receivables	<u>1,464,796</u>	<u>1,389,877</u>
DUE FROM DEPOSITORY ACCOUNT	254,647	184,003
DUE FROM AFFILIATE	12,066	-
PREPAID EXPENSE	74,697	44,923
FURNITURE, EQUIPMENT AND LEASEHOLD IMPROVEMENTS, net	<u>7,880</u>	<u>13,625</u>
Total assets	<u>67,218,181</u>	<u>63,430,418</u>
LIABILITIES		
ACCOUNTS PAYABLE	205,102	321,748
DUE TO AFFILIATES	<u>1,019,823</u>	<u>886,017</u>
Total liabilities	<u>1,224,925</u>	<u>1,207,765</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 65,993,256</u>	<u>\$ 62,222,653</u>

The accompanying notes are an integral part of these statements.

U.A. LOCAL 13 AND EMPLOYERS GROUP INSURANCE FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS		
Investment income -		
Net appreciation in fair value of investments	\$ 3,079,815	\$ 4,943,016
Interest	1,252,613	1,181,191
Dividends	<u>321,380</u>	<u>285,532</u>
	4,653,808	6,409,739
Less: Investment management fees	<u>(317,553)</u>	<u>(294,158)</u>
Total investment income, net	<u>4,336,255</u>	<u>6,115,581</u>
Contributions -		
Employer, net	13,271,267	12,368,581
Reciprocal	938,602	673,366
Participant	<u>30,295</u>	<u>14,821</u>
Total contributions	<u>14,240,164</u>	<u>13,056,768</u>
Total additions	<u>18,576,419</u>	<u>19,172,349</u>
DEDUCTIONS		
Cost of benefits paid -		
Directly to and on behalf of participants	1,014,917	1,486,813
Insurance premiums and other costs	<u>13,231,269</u>	<u>11,934,818</u>
Total cost of benefits paid	<u>14,246,186</u>	<u>13,421,631</u>
Administrative expenses	<u>559,630</u>	<u>498,258</u>
Total deductions	<u>14,805,816</u>	<u>13,919,889</u>
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	3,770,603	5,252,460
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	<u>62,222,653</u>	<u>56,970,193</u>
NET ASSETS AVAILABLE FOR BENEFITS - end of year	<u>\$ 65,993,256</u>	<u>\$ 62,222,653</u>

The accompanying notes are an integral part of these statements.

U.A. LOCAL 13 AND EMPLOYERS GROUP INSURANCE FUND

STATEMENTS OF BENEFIT OBLIGATIONS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
POSTEMPLOYMENT BENEFIT OBLIGATION, net of amounts currently payable:		
Accumulated eligibility	<u>\$ 19,623,275</u>	<u>\$ 18,164,343</u>
POSTRETIREMENT BENEFIT OBLIGATION, net of amounts currently payable:		
Retired participants	6,686,259	6,199,506
Other participants fully eligible for benefits	2,267,567	1,937,078
Other participants not yet fully eligible for benefits	<u>12,456,602</u>	<u>10,534,029</u>
	<u>21,410,428</u>	<u>18,670,613</u>
TOTAL BENEFIT OBLIGATIONS	<u>\$ 41,033,703</u>	<u>\$ 36,834,956</u>

The accompanying notes are an integral part of these statements.

U.A. LOCAL 13 AND EMPLOYERS GROUP INSURANCE FUND

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
POSTEMPLOYMENT BENEFIT OBLIGATION, net of amounts currently payable:		
Balance at beginning of year	\$ 18,164,343	\$ 17,113,424
Change in postemployment benefits attributable to -		
Benefits earned	1,826,291	1,905,270
Benefits reclassified to amounts currently payable	<u>(367,359)</u>	<u>(854,351)</u>
Balance at end of year	<u>19,623,275</u>	<u>18,164,343</u>
POSTRETIREMENT BENEFIT OBLIGATION, net of amounts currently payable:		
Balance at beginning of year	18,670,613	16,397,666
Change in postretirement benefits attributable to -		
Benefits accumulated and actuarial gains and losses	1,975,697	262,902
Benefits distributed during the year	(756,415)	(721,678)
Adjustment due to time value of money	662,406	548,304
Impact of assumption change	<u>858,127</u>	<u>2,183,419</u>
Balance at end of year	<u>21,410,428</u>	<u>18,670,613</u>
TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	<u>\$ 41,033,703</u>	<u>\$ 36,834,956</u>

The accompanying notes are an integral part of these statements.

U.A. LOCAL 13 AND EMPLOYERS GROUP INSURANCE FUND

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF THE PLAN

The following description of U.A. Local 13 and Employers Group Insurance Fund (the "Plan") provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General

The Plan is a multiemployer defined benefit welfare plan that provides health and death benefits for eligible employees covered by the collective bargaining agreements (CBAs) between the United Association of Journeymen and Apprentices of the Plumbing and Pipe Fitting Industry of the United States and Canada Local Union No. 13 (the "Local") and the employer contractors signatory to the CBAs (collectively, the "Bargaining Parties"). The jurisdiction is Rochester, New York, and the outlying vicinity. Officers and employees of both the Local and the Plan are also eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

The Plan receives contributions from employers pursuant to CBAs with the Local and other united associations' local unions pursuant to reciprocal agreements. As a condition of participation, employers are required to contribute \$10.60 for each hour a journeyman member works in covered employment and \$5.30 for each hour an apprentice participant works in covered employment. The rates increased effective April 29, 2024, from \$10 effective for each hour a journeyman member works in covered employment and \$5 for each hour an apprentice participant works in covered employment. Contributions are also received from other united associations' local unions at the above amount, or the amounts collected pursuant to their CBAs. In addition, the Plan receives contributions from participants to fund their insurance coverage during periods of low employment.

As of May 1, 2020, the Bargaining Parties approved a memorandum of understanding which allows for the election of certain contributions to the Plan be transferred to the Plan's related U.A. Local 13 Annuity Fund (the "Annuity Fund"). Effective July 1, 2020, a employee with a bank in the Plan between \$30,000 and \$59,999 as of the beginning of an eligibility quarter may elect to have the hourly contribution required to be made to the Plan on his/her behalf reduced by 30% and the corresponding dollar amount increased to the Annuity Fund's required contribution. Further, any employee with a bank in the Plan of \$60,000 or greater may have his/her hourly contribution to the Plan reduced by 60% with the corresponding dollar amount increased to the Annuity Fund's contribution. If after electing to participate, the value of the employee's bank is less than \$30,000 as of the beginning of an eligibility quarter, then the hourly contribution rates will revert to those of the CBA as if no election was made. The balance in the hour banks as of December 31, 2024 and 2023, is \$20,922,248 and \$19,926,336, respectively.

Death Benefit

Upon death, a benefit of \$50,000 for a covered active participant, and \$2,000 for a covered retiree, will be paid to the beneficiary named by the covered participant/retiree.

1. DESCRIPTION OF THE PLAN (Continued)

Benefits and Eligibility

The Plan provides health care, vision, and dental benefits through Excellus BlueCross BlueShield ("BCBS"). Life and accidental death and dismemberment insurance benefits are provided by the Plan through the Hartford Group. The Employee Assistance Program ("EAP") is also provided to both active and retired participants. The \$2,000 death benefit available for certain retired participants is self-insured. Eligibility requirements for working participants are based on hours of service each quarter. Hour banks have been established to account for hours exceeding 360 hours per quarter for participants using single coverage or 430 hours per quarter for participants using family coverage. Participants are able to use their hour banks to continue insurance coverage during periods of unemployment or after retirement. Participants who meet certain criteria are able to use their hour banks for reimbursement of certain medical expenses not covered by BCBS. In addition, retirees have the option of receiving the cost benefit of being part of a group health insurance policy. The Plan acts as an agent for the retirees by collecting the full cost of their coverage and remitting their payments to BCBS. Former participants provided coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA") provisions also contribute to the Plan based upon the current COBRA rates. Adopted and effective March 13, 2019, the Plan was amended to allow active eligible participants that are injured on the job or away from the job to potentially qualify for Supplemental Disability coverage. This coverage will provide credit hours towards the participant's insurance eligibility while he/she is unable to work. For each week of disability, the participant will receive credit equivalent to 1/13th of the minimum hours required each work quarter for eligibility for the coverage selected. This credit shall not be given for more than 26 weeks. This coverage only provides for a participants insurance fund benefit and in no way contributes credit towards Annuity or Pension Fund Benefits.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Estimates

The preparation of financial statements in accordance with generally accepted accounting principles requires management to make estimates and assumptions that affect certain amounts reported in the financial statements. Actual results could differ from those estimates and such differences may be significant.

Cash

Cash (excluding cash equivalents included with investments) consists of bank demand deposit accounts which, at times, may exceed federally insured limits. At December 31, 2024 and 2023, cash balances of \$2,378,310 and \$1,598,838, respectively, were held in commercial banks and exceeded insured amounts by the Federal Deposit Insurance Corporation (FDIC). The Plan has not experienced any losses in these accounts and management believes the Plan is not exposed to any significant credit risk with respect to cash.

Investments

The Plan invests in various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risk. 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 those changes could materially affect the amounts reported in the financial statements. The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investments (Continued)

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

Fair Value Measurements

Accounting Standards Codification (ASC) 820 established a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lower priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under ASC 820 are described below:

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 - Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability; and,
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

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

Cash equivalents: consist of money market funds recorded at fair value.

Equity securities, U.S. Government securities: Valued using Level 1 inputs at the quoted closing price reported on the active market on which the individual securities are traded.

Mortgage-backed securities: Valued using the market approach and Level 2 inputs at the quoted closing price of the underlying assets of the pool or using the income approach based on yields currently available on comparable securities of issuers with similar credit ratings.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurements (Continued)

Corporate bonds, municipal bonds, and foreign bonds: Valued using the income approach and Level 2 inputs based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

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

Employer and Reciprocal Contributions Receivable

Employer and reciprocal contributions receivable represent contributions from employers and other locals pursuant to reciprocal agreements based on hours worked but not received at year-end. Employer contributions receivable have been collected in full by the Plan subsequent to the year-end. Management monitors outstanding balances and estimates uncollectibility based on specific economic conditions. Upon management's determination of uncollectibility, the specific balance of such account is written off through the allowance for expected credit losses for potentially uncollectible employer contributions. No allowance for uncollectible receivables was considered necessary at December 31, 2024 nor 2023.

Furniture, Equipment and Leasehold Improvements, net

Furniture, equipment, and leasehold improvements are stated at cost less depreciation and amortization. Depreciation and amortization are provided using a straight-line method over the estimated useful lives of the related assets or the remaining lease term. The Plan capitalizes additions that exceed \$1,000 and have useful lives greater than one year.

Postretirement Benefits

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee services rendered as of the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to or for: (1) currently retired or terminated participants and their beneficiaries and dependents; and (2) active participants and their beneficiaries and dependents after retirement from service with the participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating employers and from Plan assets. Prior to an active participant's full eligibility date, the total postretirement benefit obligation is estimated evenly over the participant's working life, from the date of hire to the earliest date he or she is fully eligible for postretirement benefits.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is an amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per employee and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Postretirement Benefits (Continued)

Significant actuarial assumptions used to determine the Plan's benefit obligation as of December 31, 2024 are as follows:

Discount rate:	5.70%
Mortality table:	The sex-distinct Blue Collar RP-2014 Healthy and Disabled Mortality Tables, adjusted backwards to 2006 with Scale MP-2014 and then adjusted with generational improvement from 2006 using Scale AA.
Turnover:	None assumed.
Retirement age and rates:	50 to 54 - 10%; 55 - 30%; 56 to 59 - 10%; 60 to 61 - 15%; 62 to 64 - 25%; 65 and over - 100%
Health care trend rate – premiums and claims:	2024 - 13.00%; 2025 - 8.50%; 2026 - 8.10%; 2027 - 7.70%; 2028 - 7.35%; 2029-2043 - Transition to Ultimate; 2044 and after - 4.00%
Marriage rates and age of spouse:	60% of eligible members were assumed to elect spousal coverage as well. For all active participants where the spouse date of birth was not provided, males were assumed to be three years older than females.

During 2024, the discount rate was updated from 5.10% to 5.70% based on the December 31, 2024 Above Median FTSE curve and updated cash flows, as required by Paragraph 23 of ASC 965. The healthcare cost trend rate assumptions were updated based on current expectation of future health care trend. Medical per capita claims costs were updated based on recent experience and demographics.

The foregoing assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

Postemployment Benefits

Plan obligations for accumulated eligibility credits (postemployment benefits) at year-end are estimated by an actuary based on all hours worked in 2024 to be used for benefit coverage in 2025 including the participants' hour bank. The hour bank portion represents hours worked in excess of the eligibility requirement. It is increased by excess hours worked at the current contribution rate and decreased by the hours needed to continue coverage at the current contribution rate for active participants and the current insurance coverage cost for retired participants. In the event of a participant's death, available hour bank benefits are transferred to a surviving spouse or minor children. The estimate for the retired participants is included in the postretirement benefit obligation.

Risks and Uncertainties

Plan contributions and the Plan's benefit obligation are prepared based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to the uncertainties inherent in this process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Employer Contributions, Net

Employer contributions, net, represent contributions from employers and other local unions pursuant to reciprocal agreements based on the hours worked during the year, net of any reciprocal payments in accordance with such agreements as well as any amounts transferred to the Plan's related Annuity Fund in accordance with the memorandum of understanding detailed in Note 1 for hour bank balances. Reciprocal payments to other local's for the years ended December 31, 2024 and 2023 totaled \$455,318 and \$259,622, respectively. Amounts transferred to the Plan's related Annuity Fund for the years ended December 31, 2024 and 2023, respectively, totaled \$896,139 and \$855,049.

Leases

The Plan leases office space from a related party. See Note 6. The Plan determines if an arrangement is a lease at inception.

Benefit Payments

Benefits are recorded as an expense when paid.

Administrative Expenses

Administrative expenses are paid by the Plan.

3. BENEFIT OBLIGATION

The Plan's net assets as of December 31, 2024 and 2023, are in excess of the benefit obligation as determined by the calculation completed by the Plan's actuary and detailed in Note 2.

The annual rate of increase in the per capita cost of covered healthcare benefits assumption as stated in Note 2 has a significant effect on the amounts reported in the financial statements. If the assumed rate increased by one percentage point in each year, it would increase the obligation as of December 31, 2024 and 2023, by \$2,812,443 and \$2,423,286, respectively.

4. DEPOSITS WITH INSURANCE COMPANIES

The Plan has experience-rated contracts with BCBS for medical and dental benefits. At December 31, 2024 and 2023, reserve amounts remain because the cost of the actual claims was less than the premiums remitted for these years. Although these reserves remain, they are not recorded as potential assets in the Plan's financial statements because the amount to be realized ultimately cannot be reasonably estimated as of the date of this report.

5. FAIR VALUE

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash equivalents	\$ 1,639,597	\$ -	\$ -	\$ 1,639,597
Equity securities	27,947,587	-	-	27,947,587
U.S. Government securities	12,749,781	-	-	12,749,781
Mortgage-backed securities	-	10,730,897	-	10,730,897
Corporate bonds	-	9,034,978	-	9,034,978
Municipal bonds	-	675,349	-	675,349
	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Total assets at fair value	<u>\$42,336,965</u>	<u>\$20,441,224</u>	<u>\$ -</u>	<u>\$62,778,189</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash equivalents	\$ 1,746,635	\$ -	\$ -	\$ 1,746,635
Equity securities	21,607,935	-	-	21,607,935
U.S. Government securities	18,893,834	-	-	18,893,834
Mortgage-backed securities	-	11,613,328	-	11,613,328
Corporate bonds	-	4,678,042	-	4,678,042
Municipal bonds	-	1,323,779	-	1,323,779
Foreign bonds	-	131,131	-	131,131
	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Total investments at fair value	<u>\$42,248,404</u>	<u>\$17,746,280</u>	<u>\$ -</u>	<u>\$59,994,684</u>

6. RELATED PARTY TRANSACTIONS

The Plan has an agreement with the U.A. Local 13 Pension Fund (the "Pension Fund"), the Annuity Fund and other affiliates to share administrative wages, office expenses and other related expenses. The Pension Fund, Annuity Fund, and other affiliates are related by common membership. The Plan receives reimbursement monthly from the Pension Fund, Annuity Fund, and other affiliates according to an administrative expense-sharing agreement. Total reimbursements from the Pension Fund for the years ended December 31, 2024 and 2023 were \$260,802 and \$229,328, respectively. Total reimbursements from the Annuity Fund for the years ended December 31, 2024 and 2023 were \$162,478 and \$143,306, respectively. Total reimbursements from other affiliates for the years ended December 31, 2024 and 2023 were \$23,386 and \$22,064, respectively. This reimbursement of expenses from affiliates is treated as a reduction of "administrative expenses" in the financial statements. At December 31, 2024 the Plan was owed \$12,066 from the Annuity Fund for the reimbursement of Annuity Fund expenses paid by the Plan. These amounts are presented as "due from affiliate" in the financial statements.

6. RELATED PARTY TRANSACTIONS (Continued)

The Plan maintains a deposit account for all related organizations' employer and reciprocal contributions. Once a month, the Plan distributes to the related benefit funds and other affiliates their share of those contributions. As of December 31, 2024 and 2023, the Plan owed \$1,019,823 and \$886,017, respectively, related to amounts received during the current year and allocated after year end. This balance is presented as "due to affiliates" in the financial statements. As of December 31, 2024 and 2023, the Plan was owed \$254,647 and 184,003, respectively from the depository account. The Plan is related to the Local, the Plumbing and Heating Joint Apprenticeship and Training Council of UA Local 13 (the "JATC"), and the United Association Local #13 Independent Contractors - Industry Advancement Program (the "IAP") through common membership. Total amounts collected on behalf of affiliates were as follows for the year ended December 31:

	<u>2024</u>	<u>2023</u>
Pension Fund	\$ 13,207,903	\$ 12,677,628
Annuity Fund	9,432,149	8,910,096
IAP	3,006,188	2,854,617
Local	1,994,420	1,869,203
JATC	<u>1,235,511</u>	<u>1,141,923</u>
	<u>\$ 28,876,171</u>	<u>\$ 27,453,467</u>

The Plan also has a lease agreement with U.A. Local 13 Building, Inc. (the "Building Corporation"), an entity related through common membership, to lease office space for its building. The rent is \$20,000, payable annually and is cancelable at any time, without penalty. The current lease is for a period of five years effective January 1, 2021 through 2025. Total rent paid to the Building Corporation for the years ended December 31, 2024 and 2023 was \$20,000. Future minimum lease payments of \$20,000 are to be paid under this agreement for the year ended December 31, 2025.

7. PARTY-IN-INTEREST TRANSACTIONS

The Plan utilizes Morgan Stanley Smith Barney, LLC ("Morgan Stanley") as the custodian of its investments. Certain assets of the Plan are held in Morgan Stanley investments. Morgan Stanley also provides administrative and investment management services to the Plan during the year ended December 31, 2024. The Plan did not pay direct fees to Morgan Stanley during the year ended December 31, 2024 as fees are paid directly from an investment fund.

The Plan previously utilized Bank of America as a custodian of certain investments. This relationship was terminated during the year ended December 31, 2024. The Plan did not pay direct fees to Bank of America during the years ended December 31, 2024 or 2023 as fees are paid directly from an investment fund.

8. FURNITURE, EQUIPMENT AND LEASEHOLD IMPROVEMENTS, NET

Furniture, equipment and leasehold improvements consist of the following as of December 31:

	<u>2024</u>	<u>2023</u>
Furniture and equipment	\$ 119,357	\$ 119,357
Leasehold improvements	<u>28,881</u>	<u>28,881</u>
	148,238	148,238
Less: Accumulated depreciation and amortization	<u>(140,358)</u>	<u>(134,613)</u>
	<u>\$ 7,880</u>	<u>\$ 13,625</u>

Depreciation and amortization expense for the years ended December 31, 2024 and 2023 was \$5,745 and \$6,105, respectively.

9. PARTICIPATION IN MULTIEMPLOYER PLANS

Defined Benefit Pension Plan

The Plan currently participates in one multiemployer pension plan in the United States of America, the Pension Fund. The Plan contributes to the Pension Fund based on a participation agreement covering union-represented and non-union represented employees. The Plan's share of contributions is based on a fixed rate per hour worked over the term of the CBA. The Pension Fund is managed by a Board of Trustees and put in place by the Local and employers signatory to the CBA, which shares common members with the Plan's Board of Trustees.

The risks of participating in multiemployer plans are different from single-employer plans in the following aspects: (1) assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers; (2) if a participating employer stops contributing to the Pension Fund, the unfunded obligations of the Pension Fund may be borne by the remaining participating employers; (3) if the Plan chooses to stop participating in the Pension Fund, the Plan may be required to pay the Pension Fund an amount based on the underfunded status of the Pension Fund, referred to as a withdrawal liability. If the Pension Fund were to terminate, if participants voluntarily withdrew or there was a mass withdrawal, the Plan may also be required to make additional payments to the Pension Fund for its proportionate share of underfunded liabilities.

The Pension Protection Act (PPA) requires under-funded pension plans to improve their funding ratios based on the level of their underfunding. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded. The Multiemployer Pension Reform Act of 2014 created a new zone status of "critical and declining" for those plans 1) projected to be insolvent in the current year or any of the 14 succeeding plan years; or 2) projected to be insolvent in the current year or any of the 19 succeeding plan years and a) the ratio of inactive to active participants exceeds 2 to 1, or b) the plan is less than 80% funded. Based upon the information available from plan administrators, management does not believe the multiemployer plan is underfunded.

9. PARTICIPATION IN MULTIEMPLOYER PLANS (Continued)

Based upon information available, details of the multiemployer pension plan are as follows:

		<u>Pension Protection Act ("PPA")</u>		<u>FIP/RP Status Pending/</u>
<u>Pension Fund</u>	<u>EIN (Plan Number)</u>	<u>Certified Zone Status¹</u>		<u>Implemented ²</u>
		<u>2024</u>	<u>2023</u>	
U.A. Local 13	EIN: 16-0778864	Green	Green	
Pension Fund	Plan #001	1/1/2024	1/1/2023	No

		<u>Contributions for the years</u>		<u>Surcharge</u>	<u>Expiration Date of</u>
<u>Pension Fund</u>	<u>EIN (Plan Number)</u>	<u>ended December 31, ³</u>		<u>Imposed</u>	<u>Collective Bargaining</u>
		<u>2024</u>	<u>2023</u>		<u>Agreement⁴</u>
U.A. Local 13	EIN: 16-0778864				
Pension Fund	Plan #001	\$ 46,371	\$ 39,558	No	4/30/2025

¹ The most recent PPA zone status available is for the plan's year-end as noted in the table above. The zone status is based on information received from the plan and is certified by the plan's actuary.

² The "FIP/RP Status Pending/Implemented" column indicates plans for which a financial improvement plan ("FIP") or a rehabilitation plan ("RP") is either pending or has been implemented. As part of the "FIP" or "RP," changes to the plan such as rate increases, or benefit reductions might have occurred.

³ The Plan's share of contributions to the plan did not represent 5% or more of total contributions of the plan for the years ended December 31, 2024 and 2023, respectively.

⁴ Lists the expiration date of the collective bargaining agreement to which the plan is subject.

The Plan currently has no intention of withdrawing from the multiemployer pension plan in which it participates.

Defined Contribution Retirement Plan

In addition to the contributions to the defined benefit pension plan described above, the Plan also contributes to the Annuity Fund, a defined contribution multiemployer plan that provides retirement benefits to the Plan's union and non-union-represented employees. The Plan contributed \$30,703 and \$25,713 to the Annuity Plan for the years ended December 31, 2024 and 2023, respectively.

10. PLAN TERMINATION

Although it has expressed no intent to do so, the Board of Trustees has the right to discontinue or terminate the Plan at any time.

The following is a list of priorities if the Plan is terminated:

- To satisfy any outstanding benefit obligations and expenses incurred in the normal administration of the Plan.
- To disburse any remaining funds in an appropriate manner as determined by the Board of Trustees.

11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Postemployment and postretirement benefit obligations are required to be reported in the “Statements of Benefit Obligation” and not in Schedule H of Form 5500. Therefore, postemployment and postretirement benefit obligations per the financial statements for the years ended December 31, 2024 and 2023, totaling \$41,033,703 and \$36,834,956, respectively, are not included as liabilities on Schedule H of the Form 5500.

12. INCOME TAX STATUS

The trust established under the Plan to hold the Plan’s assets obtained its latest determination letter on January 8, 1954, in which the Internal Revenue Service stated that the trust, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The trust has been amended since receiving the determination letter. However, the Plan administrator and the Plan’s tax counsel believe that the trust is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

For employee benefit plans, their tax-exempt status itself is deemed to be an uncertainty since events could potentially occur to jeopardize their tax-exempt status. The Plan files the Return of Exempt Organization from Income Tax (Form 990) and the Annual Return/Report of Employee Benefit Plan (Form 5500) in the U.S. federal jurisdiction.

13. PLAN AMENDMENTS

Effective and adopted November 15, 2023, the Plan amended definition of an active participant and contributing employer. The amendment also extended the deadline of expenses for reimbursement to 180 days.

Effective May 1, 2023, and adopted December 24, 2023, the Plan removed the Extension of Certain Timeframes for Employee Benefit Plans, Participants and Beneficiaries Affected by the COVID-19 Outbreak, following the expiration of the COVID-19 National Emergency. The Plan amended the Outpatient Deductible and Coinsurance Reimbursement expenses and claims submissions.

14. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 3, 2025, which is the date the financial statements were available to be issued.

U.A. LOCAL 13 AND EMPLOYERS GROUP INSURANCE FUND

SCHEDULES OF COSTS OF BENEFITS PAID AND ADMINISTRATIVE EXPENSES FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

SCHEDULE I

	<u>2024</u>	<u>2023</u>
COST OF BENEFITS PAID:		
Directly to and on behalf of members -		
Hour bank reimbursements	\$ 950,897	\$ 1,236,956
Death benefits	38,000	28,000
Self-funded medical	<u>26,020</u>	<u>221,857</u>
	<u>1,014,917</u>	<u>1,486,813</u>
Insurance premiums and other costs -		
Health insurance	11,940,274	10,649,352
Dental insurance	591,428	569,846
Life insurance, hospital, accident, critical care, and short term disability	569,694	596,276
Contract administrator fees - Lifetime Benefit Solutions	100,884	90,544
Employee assistance program	<u>28,989</u>	<u>28,800</u>
	<u>13,231,269</u>	<u>11,934,818</u>
	<u>\$ 14,246,186</u>	<u>\$ 13,421,631</u>
ADMINISTRATIVE EXPENSES:		
Salaries, benefits, and payroll taxes	\$ 488,082	\$ 411,463
Auditing and accounting services	149,615	91,165
Legal	97,706	75,555
Computer supplies and expense	79,325	81,093
Insurance	49,708	49,827
Office expense	47,946	64,909
Meetings and conferences	35,393	67,053
Rent	20,000	20,000
Actuarial	14,083	-
Bank fees	13,321	20,735
Depreciation and amortization	5,745	6,105
Telephone	3,517	3,497
Postage	<u>1,855</u>	<u>1,554</u>
	1,006,296	892,956
Less: Reimbursement of expenses from affiliates	<u>(446,666)</u>	<u>(394,698)</u>
	<u>\$ 559,630</u>	<u>\$ 498,258</u>

The accompanying notes are an integral part of these schedules.

U.A. LOCAL 13 AND EMPLOYERS GROUP INSURANCE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0766976, PLAN NUMBER 501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

SCHEDULE II

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Par, or Maturity Value	(d) Cost	(e) Current Value
CASH AND CASH EQUIVALENTS				
	Cash	Cash and cash equivalents	\$ 1,390,177	\$ 1,390,179
*	MORGAN STANLEY PRIVATE BANK NA	Cash and cash equivalents	249,418	249,418
			<u>1,639,595</u>	<u>1,639,597</u>
EQUITY SECURITIES				
	AIR LIQUIDE ADR (AIQUY)	Common Stock	536,993	498,389
	ALBEMARLE CORPORATION (ALB)	Common Stock	402,084	329,514
	ALPHABET INC CL A (GOOGL)	Common Stock	547,619	1,093,775
	AMAZON COM INC (AMZN)	Common Stock	768,447	1,299,008
	APPLIED MATERIALS INC (AMAT)	Common Stock	487,184	463,821
	ASTRAZANECA PLC ADR (AZN)	Common Stock	1,154,381	1,140,572
	BAE SYS PLC SPON ADR (BAESY)	Common Stock	153,883	218,575
	BLACKROCK INC (BLK)	Common Stock	440,816	511,530
	CADENCE DESIGN SYSTEM (CDNS)	Common Stock	485,854	478,332
	CANADIAN NATL RAILWAY CO (CNI)	Common Stock	481,175	405,126
	CBRE GROUP INC - A (CBRE)	Common Stock	770,774	738,638
	COCA COLA CO (KO)	Common Stock	720,673	827,871
	COPART INC (CPRT)	Common Stock	166,511	540,614
	CSX CORP (CSX)	Common Stock	472,566	481,146
	DEUTSCHE BOERSE AG UNSPON ADR (DBOXY)	Common Stock	233,122	276,072
	ELECTRONIC ARTS INC (EA)	Common Stock	352,866	451,482
	EPAM SYSTEMS (EPAMS)	Common Stock	429,490	499,440
	EVERGY INC (EVRG)	Common Stock	344,050	376,809
	EXTRA SPACE STORAGE INC (EXR)	Common Stock	514,760	471,240
	FISERV INC (FI)	Common Stock	276,534	368,729
	GLOBALANT S.A (GLOB)	Common Stock	199,833	246,154
	HDFC BANK LTD ADR (HDB)	Common Stock	419,654	487,507
	HERMES INTL SCA UNSPON ADR (HESAY)	Common Stock	261,129	270,497
	INFINEON TECHNOLOGIES AG (IFNNY)	Common Stock	905,229	783,807
	INTERCONTINENTAL EXCHANGE INC (ICE)	Common Stock	164,851	250,188
	INTUITIVE SURGICAL INC (ISRG)	Common Stock	101,816	245,321
	JOHNSON & JOHNSON (JNJ)	Common Stock	619,450	788,179
	LONZA GROUP AG ZUERICH ADR (LZAGY)	Common Stock	267,232	265,699
	LVMH MOET HENNESSY LOUIS VUITT (LVMUY)	Common Stock	816,931	801,912
	L3HARRIS TECHNOLOGIES INC (LHX)	Common Stock	413,974	455,677
	MASCO CORP (MAS)	Common Stock	198,505	274,315
	MASTERCARD INC CL A (MA)	Common Stock	423,388	1,260,082
	MERCADOLIBRE INC (MELI)	Common Stock	283,405	345,189
	META PLATFORMS INC CL A (META)	Common Stock	829,363	1,524,667
	MICROSOFT CORP (MSFT)	Common Stock	974,832	1,244,690
	MOODYS CORP (MCO)	Common Stock	195,186	402,838
	MSCI INC COM (MSCI)	Common Stock	234,075	291,005
	NASDAQ INC COM (NDQ)	Common Stock	242,211	247,083
	NORTHROP GRUMMAN CP(HLDG CO) (NOC)	Common Stock	371,085	388,572
	ROCHE HOLDINGS ADR (RHHBY)	Common Stock	509,549	556,894
	S&P GLOBAL INC COM (SPGI)	Common Stock	139,077	260,470
	SERVICENOW INC (NOW)	Common Stock	317,037	487,655
	SOCIEDAD QUIMICA Y MINERA ADS (SQM)	Common Stock	392,378	370,218
	TAIWAN SMCNDCTR MFG CO LTD ADR (TSM)	Common Stock	326,243	762,706
	TECHTRONIC IND LTD SPONS ADR (TTNDY)	Common Stock	489,475	473,906
	THERMO FISHER SCIENTIFIC (TMO)	Common Stock	512,227	635,201
	TRANSUNION (TRU)	Common Stock	465,258	475,602
	UNION PACIFIC CORP (UNP)	Common Stock	338,085	376,494
	VERTEX PHARMACEUTICALS (VRTX)	Common Stock	123,551	235,177
	VISA INC CL A (V)	Common Stock	333,689	918,412
	WEST FRASER TIMBER CO (WFG)	Common Stock	332,036	350,787
			<u>21,940,536</u>	<u>27,947,587</u>

(Continued)

The accompanying notes are an integral part of these schedules.

U.A. LOCAL 13 AND EMPLOYERS GROUP INSURANCE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0766976, PLAN NUMBER 501
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 DECEMBER 31, 2024

SCHEDULE II

(a)	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value
U.S. GOVERNMENT SECURITIES				
	UNITED STATES TRTEASURY NOTE	Treasury Securities, 05/15/2029, 2.375%	2,880,607	2,802,738
	UNITED STATES TRTEASURY NOTE	Treasury Securities, 05/15/2033, 3.375%	1,549,075	1,473,089
	UNITED STATES TRTEASURY NOTE	Treasury Securities, 05/15/2047, 3.000%	2,635,792	2,481,266
	UNITED STATES TRTEASURY NOTE	Treasury Securities, 09/30/2030, 4.625%	3,061,029	2,976,010
	UNITED STATES TRTEASURY NOTE	Treasury Securities, 05/15/2031, 1.625%	3,120,597	3,016,679
			13,247,100	12,749,781
MORTGAGE-BACKED SECURITIES				
	FEDERAL NATIONAL MTG ASSN POOL MA4807	Federal Agencies, 11/01/2052, 5.500%	867,570	857,772
	FEDERAL NATIONAL MTG ASSN POOL MA4203	Federal Agencies, 11/01/2040, 2.500%	168,768	165,499
	FEDERAL NATIONAL MTG ASSN POOL A00800	Federal Agencies, 04/01/2027, 3.000%	16,783	16,792
	FEDERAL NATIONAL MTG ASSN POOL AT8912	Federal Agencies, 07/01/2043, 3.000%	18,156	17,779
	FEDERAL NATIONAL MTG ASSN POOL AB8464	Federal Agencies, 02/01/2043, 2.500%	96,763	94,790
	FEDERAL NATIONAL MTG ASSN POOL BC7093	Federal Agencies, 04/01/2046, 3.500%	35,613	34,842
	FEDERAL NATIONAL MTG ASSN POOL MA3277	Federal Agencies, 02/01/2048, 4.000%	47,559	46,700
	FEDERAL NATIONAL MORTGAGE ASSOC RELOCATION LOAN MA4644	Federal Agencies, 05/01/2052, 4.000%	776,696	762,490
	FEDERAL NATIONAL MTG ASSN POOL FM7556	Federal Agencies, 05/01/2051, 3.500%	687,334	674,183
	FEDERAL NATIONAL MTG ASSN POOL FM3463	Federal Agencies, 12/01/2036, 3.500%	124,716	123,844
	FEDERAL NATIONAL MTG ASSN POOL 888209	Federal Agencies, 05/01/2036, 5.500%	43,148	42,672
	FEDERAL NATIONAL MTG ASSN POOL 889579	Federal Agencies, 05/01/2038, 6.000%	5,256	5,215
	FEDERAL NATIONAL MTG ASSN POOL FM1395	Federal Agencies, 08/01/2034, 3.000%	188,427	186,898
	FEDERAL NATIONAL MTG ASSN POOL BD5559	Federal Agencies, 11/01/2046, 3.000%	66,268	64,810
	FEDERAL NATIONAL MTG ASSN POOL BJ1323	Federal Agencies, 11/01/2047, 3.500%	77,012	75,341
	FEDERAL NATIONAL MTG ASSN POOL AE0313	Federal Agencies, 09/01/2040, 4.500%	73,210	71,975
	FHLMC REMIC SERIES K-071 A-2	Federal Agencies, 11/25/2027, 3.286%	597,429	597,695
	FHLMC 30 YR GOLD A89760	Federal Agencies, 12/01/2039, 4.500%	19,550	19,223
	FHLMC 30 YR GOLD C09059	Federal Agencies, 03/01/2044, 4.500%	43,657	42,920
	FHLMC 30 YR GOLD G08699	Federal Agencies, 03/01/2046, 4.000%	112,683	110,366
	FHLMC 30 YR GOLD G60342	Federal Agencies, 05/01/2042, 4.500%	49,866	49,032
	FHLMC 30 YR GOLD QA5131	Federal Agencies, 12/01/2049, 3.500%	291,479	285,530
	FHLMC 30 YR GOLD Q52401	Federal Agencies, 11/01/2047, 3.500%	66,827	65,382
	FHLMC 30 YR GOLD SD8276	Federal Agencies, 12/01/2052, 5.000%	1,326,120	1,307,461
	FHLMC 30 YR GOLD SD1684	Federal Agencies, 09/01/2052, 4.500%	1,617,788	1,589,478
	FHLMC 30 YR GOLD SD3235	Federal Agencies, 06/01/2053, 5.500%	1,645,553	1,630,992
	FHLMC 30 YR GOLD SD4113	Federal Agencies, 11/01/2053, 6.000%	1,536,700	1,523,750
	SLM STUDENT LOAN TR 2006-10 A-6	Federal Agencies, 03/25/2044, 5.466%	267,385	267,466
			10,868,317	10,730,897
CORPORATE BONDS				
	BANK OF AMERICA CORP FXD TO 042031 VAR THRAFR 2.6870%	Corporate Obligation, 04/22/2032, 2.687%	236,548	219,290
	CAPITAL ONE FINANCIAL CORP FXD TO 102030 VAR THRAFR 7.624%	Corporate Obligation, 10/30/2031, 7.624%	348,711	347,864
	CENOVUS ENERGY INC CITIGROUP INC FXD TO 062026 VAR THRAFR 1.4620%	Corporate Obligation, 11/15/2039, 6.750%	119,140	129,150
	CITIZENS FINANCIAL GROUP INC FXD TO 012029 VAR THFR 5.841%	Corporate Obligation, 06/09/2027, 1.462%	290,752	309,436
	CROWN CASTLE INC	Corporate Obligation, 01/23/2030, 5.841%	171,248	177,692
	ENERGY TRANSFER LP	Corporate Obligation, 11/15/2029, 3.100%	340,089	305,088
	ENERGY TRANSFER LP	Corporate Obligation, 06/01/2027, 5.500%	168,902	146,849
	FIFTH THIRD BANCORP FXD TO 102027 VAR THRAFR 6.3610%	Corporate Obligation, 02/01/2042, 6.500%	191,750	176,230
	FORD CR AUTO LEA TR 2024-A A-2B	Corporate Obligation, 10/27/2028, 6.361%	171,685	175,804
	GOLDMAN SACHS GROUP INC/THE	Other Fixed Income, 07/15/2026, 5.097%	389,801	415,004
	HUNTINGTON BANCSHARES INC/OH	Corporate Obligation, 01/23/2025, 3.500%	279,036	254,771
	INTERCONTINENTAL EXCHANGE INC	Corporate Obligation, 02/04/2030, 2.550%	173,858	180,302
	JEFFERIES FINANCIAL GROUP INC	Corporate Obligation, 06/15/2031, 5.250%	245,370	247,677
		Corporate Obligation, 04/14/2034, 6.200%	260,367	268,128

(Continued)

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U.A. LOCAL 13 AND EMPLOYERS GROUP INSURANCE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0766976, PLAN NUMBER 501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

SCHEDULE II

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Par, or Maturity Value	(d) Cost	(e) Current Value
CORPORATE BONDS (Continued)				
	JPMORGAN CHASE & CO			
	FXD TO 032030 VAR THRAFR 4.4930%	Corporate Obligation, 03/24/2031, 4.493%	364,168	355,718
	KEYCORP	Corporate Obligation, 04/06/2027, 2.250%	184,193	184,047
	MEFA 2020-A A	Other Fixed Income, 02/25/2040, 2.300%	219,500	210,748
	NAVSL 2014-1 A3	Other Fixed Income, 08/25/2024, 5.973%	296,256	296,311
	PEPSICO INC	Corporate Obligation, 07/18/2032, 3.900%	276,496	257,186
	PNC FINANCIAL SERVICES GRP			
	FXD TO 062025 VAR THRAFR 5.812%	Corporate Obligation, 06/12/2026, 5.812%	260,751	261,105
	PRIVATE EXPORT FUNDING CORP	Corporate Obligation, 12/15/2028, 4.300%	639,942	632,019
	QUALCOMM INC	Corporate Obligation, 05/20/2032, 4.250%	293,666	279,151
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	SIRIUSPOINT LTD	Corporate Obligation, 04/05/2029, 7.000%	184,317	190,219
	TRUIST FINANCIAL CORP			
	FXD TO 062028 VAR THRAFR 1.8870%	Corporate Obligation, 06/07/2029, 1.887%	259,992	270,639
	US BANCORP FXD TO 022028 VAR THRAFR 4.653%	Corporate Obligation, 02/01/2029, 4.653%	260,564	267,335
	VERIZON COMMUNICATIONS INC	Corporate Obligation, 12/15/2029, 4.016%	134,120	134,322
	VIRGINIA POWER FUEL SECURITIZATION LLC	Corporate Obligation, 05/01/2031, 4.877%	739,974	739,396
	VZMT 2024-1 A1A	Other Fixed Income, 12/20/2028, 5.000%	729,978	733,715
	WELLS FARGO & CO			
	FXD TO 042027 VAR THRAFR 5.707%	Corporate Obligation, 04/22/2028, 5.707%	260,057	264,311
			<u>9,170,627</u>	<u>9,034,978</u>
MUNICIPAL BONDS				
	HAWAII ST	Municipal Bonds, 10/01/2037, 2.632%	318,176	231,995
	PENNSYLVANIA ECONOMIC DEV FING AUTH REV	Municipal Bonds, 06/15/2025, 1.164%	450,000	443,354
			<u>768,176</u>	<u>675,349</u>
TOTAL INVESTMENTS			<u>\$ 57,634,352</u>	<u>\$ 62,778,189</u>

* Denotes party-in-interest.

U.A. LOCAL 13 AND EMPLOYERS GROUP INSURANCE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0766976, PLAN NUMBER 501
 SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
 FOR THE YEAR ENDED DECEMBER 31, 2024

SCHEDULE III

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
<u>I. Individual 5% Transactions</u>							
BlackRock FedFund	Cash Equivalents	\$ -	\$ 3,416,979	\$ -	\$ 3,416,979	\$ 3,416,979	\$ -
<u>II. Series of Transactions, Not Involving Securities, with the Same Person</u>							
BlackRock FedFund Bank of America Temporary Overnight Deposit Custody U.S. Treasury Note 1.625% 5/15/2031 U.S. Treasury Note 2.250% 11/15/2027	Cash Equivalents	\$ 14,212,816	15,959,451	\$ -	\$ 30,172,267	\$ 30,172,267	\$ -
	Cash Equivalents	\$ 4,417,820	4,417,820	\$ -	\$ 8,835,640	\$ 8,835,640	\$ -
	U.S. Government Securities	\$ 3,110,636	1,280,847	\$ -	\$ 4,391,483	\$ 4,391,483	\$ -
	U.S. Government Securities	\$ -	3,791,167	\$ -	\$ 3,791,167	\$ 3,791,167	\$ -
<u>III. Series of Transactions Involving Securities of the Same Issue</u>							
None.							
<u>IV. Series of Transactions, Involving Securities, with the Same Person</u>							
None.							

U.A. LOCAL 13 AND EMPLOYERS GROUP INSURANCE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0766976, PLAN NUMBER 501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

SCHEDULE II

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Par, or Maturity Value	(d) Cost	(e) Current Value
CASH AND CASH EQUIVALENTS				
	Cash	Cash and cash equivalents	\$ 1,390,177	\$ 1,390,179
*	MORGAN STANLEY PRIVATE BANK NA	Cash and cash equivalents	249,418	249,418
			<u>1,639,595</u>	<u>1,639,597</u>
EQUITY SECURITIES				
	AIR LIQUIDE ADR (AIQUY)	Common Stock	536,993	498,389
	ALBEMARLE CORPORATION (ALB)	Common Stock	402,084	329,514
	ALPHABET INC CL A (GOOGL)	Common Stock	547,619	1,093,775
	AMAZON COM INC (AMZN)	Common Stock	768,447	1,299,008
	APPLIED MATERIALS INC (AMAT)	Common Stock	487,184	463,821
	ASTRAZANECA PLC ADR (AZN)	Common Stock	1,154,381	1,140,572
	BAE SYS PLC SPON ADR (BAESY)	Common Stock	153,883	218,575
	BLACKROCK INC (BLK)	Common Stock	440,816	511,530
	CADENCE DESIGN SYSTEM (CDNS)	Common Stock	485,854	478,332
	CANADIAN NATL RAILWAY CO (CNI)	Common Stock	481,175	405,126
	CBRE GROUP INC - A (CBRE)	Common Stock	770,774	738,638
	COCA COLA CO (KO)	Common Stock	720,673	827,871
	COPART INC (CPRT)	Common Stock	166,511	540,614
	CSX CORP (CSX)	Common Stock	472,566	481,146
	DEUTSCHE BOERSE AG UNSPON ADR (DBOXY)	Common Stock	233,122	276,072
	ELECTRONIC ARTS INC (EA)	Common Stock	352,866	451,482
	EPAM SYSTEMS (EPAMS)	Common Stock	429,490	499,440
	EVERGY INC (EVRG)	Common Stock	344,050	376,809
	EXTRA SPACE STORAGE INC (EXR)	Common Stock	514,760	471,240
	FISERV INC (FI)	Common Stock	276,534	368,729
	GLOBANT S.A (GLOB)	Common Stock	199,833	246,154
	HDFC BANK LTD ADR (HDB)	Common Stock	419,654	487,507
	HERMES INTL SCA UNSPON ADR (HESAY)	Common Stock	261,129	270,497
	INFINEON TECHNOLOGIES AG (IFNNY)	Common Stock	905,229	783,807
	INTERCONTINENTAL EXCHANGE INC (ICE)	Common Stock	164,851	250,188
	INTUITIVE SURGICAL INC (ISRG)	Common Stock	101,816	245,321
	JOHNSON & JOHNSON (JNJ)	Common Stock	619,450	788,179
	LONZA GROUP AG ZUERICH ADR (LZAGY)	Common Stock	267,232	265,699
	LVMH MOET HENNESSY LOUIS VUITT (LVMUY)	Common Stock	816,931	801,912
	L3HARRIS TECHNOLOGIES INC (LHX)	Common Stock	413,974	455,677
	MASCO CORP (MAS)	Common Stock	198,505	274,315
	MASTERCARD INC CL A (MA)	Common Stock	423,388	1,260,082
	MERCADOLIBRE INC (MELI)	Common Stock	283,405	345,189
	META PLATFORMS INC CL A (META)	Common Stock	829,363	1,524,667
	MICROSOFT CORP (MSFT)	Common Stock	974,832	1,244,690
	MOODYS CORP (MCO)	Common Stock	195,186	402,838
	MSCI INC COM (MSCI)	Common Stock	234,075	291,005
	NASDAQ INC COM (NDQ)	Common Stock	242,211	247,083
	NORTHROP GRUMMAN CP(HLDG CO) (NOC)	Common Stock	371,085	388,572
	ROCHE HOLDINGS ADR (RHHBY)	Common Stock	509,549	556,894
	S&P GLOBAL INC COM (SPGI)	Common Stock	139,077	260,470
	SERVICENOW INC (NOW)	Common Stock	317,037	487,655
	SOCIEDAD QUIMICA Y MINERA ADS (SQM)	Common Stock	392,378	370,218
	TAIWAN SMCNDCTR MFG CO LTD ADR (TSM)	Common Stock	326,243	762,706
	TECHTRONIC IND LTD SPONS ADR (TTNDY)	Common Stock	489,475	473,906
	THERMO FISHER SCIENTIFIC (TMO)	Common Stock	512,227	635,201
	TRANSUNION (TRU)	Common Stock	465,258	475,602
	UNION PACIFIC CORP (UNP)	Common Stock	338,085	376,494
	VERTEX PHARMACEUTICALS (VRTX)	Common Stock	123,551	235,177
	VISA INC CL A (V)	Common Stock	333,689	918,412
	WEST FRASER TIMBER CO (WFG)	Common Stock	332,036	350,787
			<u>21,940,536</u>	<u>27,947,587</u>

(Continued)

The accompanying notes are an integral part of these schedules.

U.A. LOCAL 13 AND EMPLOYERS GROUP INSURANCE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0766976, PLAN NUMBER 501
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 DECEMBER 31, 2024

SCHEDULE II

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value
U.S. GOVERNMENT SECURITIES				
	UNITED STATES TRTEASURY NOTE	Treasury Securities, 05/15/2029, 2.375%	2,880,607	2,802,738
	UNITED STATES TRTEASURY NOTE	Treasury Securities, 05/15/2033, 3.375%	1,549,075	1,473,089
	UNITED STATES TRTEASURY NOTE	Treasury Securities, 05/15/2047, 3.000%	2,635,792	2,481,266
	UNITED STATES TRTEASURY NOTE	Treasury Securities, 09/30/2030, 4.625%	3,061,029	2,976,010
	UNITED STATES TRTEASURY NOTE	Treasury Securities, 05/15/2031, 1.625%	3,120,597	3,016,679
			13,247,100	12,749,781
MORTGAGE-BACKED SECURITIES				
	FEDERAL NATIONAL MTG ASSN POOL MA4807	Federal Agencies, 11/01/2052, 5.500%	867,570	857,772
	FEDERAL NATIONAL MTG ASSN POOL MA4203	Federal Agencies, 11/01/2040, 2.500%	168,768	165,499
	FEDERAL NATIONAL MTG ASSN POOL A00800	Federal Agencies, 04/01/2027, 3.000%	16,783	16,792
	FEDERAL NATIONAL MTG ASSN POOL AT8912	Federal Agencies, 07/01/2043, 3.000%	18,156	17,779
	FEDERAL NATIONAL MTG ASSN POOL AB8464	Federal Agencies, 02/01/2043, 2.500%	96,763	94,790
	FEDERAL NATIONAL MTG ASSN POOL BC7093	Federal Agencies, 04/01/2046, 3.500%	35,613	34,842
	FEDERAL NATIONAL MTG ASSN POOL MA3277	Federal Agencies, 02/01/2048, 4.000%	47,559	46,700
	FEDERAL NATIONAL MORTGAGE ASSOC RELOCATION LOAN MA4644	Federal Agencies, 05/01/2052, 4.000%	776,696	762,490
	FEDERAL NATIONAL MTG ASSN POOL FM7556	Federal Agencies, 05/01/2051, 3.500%	687,334	674,183
	FEDERAL NATIONAL MTG ASSN POOL FM3463	Federal Agencies, 12/01/2036, 3.500%	124,716	123,844
	FEDERAL NATIONAL MTG ASSN POOL 888209	Federal Agencies, 05/01/2036, 5.500%	43,148	42,672
	FEDERAL NATIONAL MTG ASSN POOL 889579	Federal Agencies, 05/01/2038, 6.000%	5,256	5,215
	FEDERAL NATIONAL MTG ASSN POOL FM1395	Federal Agencies, 08/01/2034, 3.000%	188,427	186,898
	FEDERAL NATIONAL MTG ASSN POOL BD5559	Federal Agencies, 11/01/2046, 3.000%	66,268	64,810
	FEDERAL NATIONAL MTG ASSN POOL BJ1323	Federal Agencies, 11/01/2047, 3.500%	77,012	75,341
	FEDERAL NATIONAL MTG ASSN POOL AE0313	Federal Agencies, 09/01/2040, 4.500%	73,210	71,975
	FHLMC REMIC SERIES K-071 A-2	Federal Agencies, 11/25/2027, 3.286%	597,429	597,695
	FHLMC 30 YR GOLD A89760	Federal Agencies, 12/01/2039, 4.500%	19,550	19,223
	FHLMC 30 YR GOLD C09059	Federal Agencies, 03/01/2044, 4.500%	43,657	42,920
	FHLMC 30 YR GOLD G08699	Federal Agencies, 03/01/2046, 4.000%	112,683	110,366
	FHLMC 30 YR GOLD G60342	Federal Agencies, 05/01/2042, 4.500%	49,866	49,032
	FHLMC 30 YR GOLD QA5131	Federal Agencies, 12/01/2049, 3.500%	291,479	285,530
	FHLMC 30 YR GOLD Q52401	Federal Agencies, 11/01/2047, 3.500%	66,827	65,382
	FHLMC 30 YR GOLD SD8276	Federal Agencies, 12/01/2052, 5.000%	1,326,120	1,307,461
	FHLMC 30 YR GOLD SD1684	Federal Agencies, 09/01/2052, 4.500%	1,617,788	1,589,478
	FHLMC 30 YR GOLD SD3235	Federal Agencies, 06/01/2053, 5.500%	1,645,553	1,630,992
	FHLMC 30 YR GOLD SD4113	Federal Agencies, 11/01/2053, 6.000%	1,536,700	1,523,750
	SLM STUDENT LOAN TR 2006-10 A-6	Federal Agencies, 03/25/2044, 5.466%	267,385	267,466
			10,868,317	10,730,897
CORPORATE BONDS				
	BANK OF AMERICA CORP FXD TO 042031 VAR THRAFR 2.6870%	Corporate Obligation, 04/22/2032, 2.687%	236,548	219,290
	CAPITAL ONE FINANCIAL CORP FXD TO 102030 VAR THRAFR 7.624%	Corporate Obligation, 10/30/2031, 7.624%	348,711	347,864
	CENOVUS ENERGY INC CITIGROUP INC FXD TO 062026 VAR THRAFR 1.4620%	Corporate Obligation, 11/15/2039, 6.750%	119,140	129,150
	CITIZENS FINANCIAL GROUP INC FXD TO 012029 VAR THFR 5.841%	Corporate Obligation, 06/09/2027, 1.462%	290,752	309,436
	CROWN CASTLE INC	Corporate Obligation, 01/23/2030, 5.841%	171,248	177,692
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U.A. LOCAL 13 AND EMPLOYERS GROUP INSURANCE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0766976, PLAN NUMBER 501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

SCHEDULE II

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TOTAL INVESTMENTS			<u>\$ 57,634,352</u>	<u>\$ 62,778,189</u>

* Denotes party-in-interest.

5500 EFILE AUTHORIZATION

PLAN NAME: U.A. Local 13 & Employers Group Insurance Fund

PLAN NUMBER: 501

PLAN YEAR: 12/31/2024

PLAN ADMINISTRATOR: Timothy Meehan

PLAN SPONSOR: Gavin Brownlie

On behalf of the above-named plan sponsor/plan administrator, the undersigned hereby grants permission to Bonadio & Co., LLP to electronically file the plan sponsor's/plan administrator's Form 5500, but only upon Bonadio & Co., LLP receipt of a copy of the manually signed pages one through three of Form 5500.

The sponsor has been notified that the image of the plan administrator's/plan sponsor's manual signature will be included with the rest of the return/report posted by the Department of Labor on the internet for public disclosure.

The employer, on behalf of the plan sponsor/plan administrator, may revoke or change this authorization any time by notification in writing to Bonadio & Co., LLP

The plan sponsor/plan administrator understand that by authorizing Bonadio & Co., LLP to submit its Form 5500 electronically to DOL the following agencies may communicate directly with Bonadio & Co., LLP with respect to plan sponsor's/plan administrator's Form 5500: DOL, EFAST2, IRS and/or PBGC.

Timothy Meehan
SIGNATURE (PLAN ADMINISTRATOR)

10/03/2025
DATE

Gavin Brownlie
SIGNATURE (PLAN SPONSOR)

10/03/2025
DATE

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.)
B	This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

Part II	Basic Plan Information - enter all requested information
1a	Name of plan U.A. LOCAL 13 & EMPLOYERS GROUP INSURANCE FUND
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 07/22/1952
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) UA LOCAL 13 JOINT BOARD OF TRUSTEES EMPLOYERS GROUP 1850 MT. READ BLVD ROCHESTER NY 14615-3703
2b	Employer Identification Number (EIN) 16-0766976
2c	Plan Sponsor's telephone number (585) 338-2310
2d	Business code (see instructions) 238220

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

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

SIGN HERE	<i>Timothy Meehan</i>	10/03/2025	TIMOTHY MEEHAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Gavin Brownlie</i>	10/03/2025	GAVIN BROWNLIE
	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	3b Administrator's EIN 3c Administrator's telephone number
--	--

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	911
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	6a(1)	836
a (2) Total number of active participants at the end of the plan year	6a(2)	850
b Retired or separated participants receiving benefits	6b	66
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	916
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	48

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

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 9
(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 _____

U.A. LOCAL 13 AND EMPLOYERS GROUP INSURANCE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0766976, PLAN NUMBER 501
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

SCHEDULE III

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Expense Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
I. <u>Individual 5% Transactions</u>							
BlackRock FedFund	Cash Equivalents	\$ -	\$ 3,416,979	\$ -	\$ 3,416,979	\$ 3,416,979	\$ -
II. <u>Series of Transactions, Not Involving Securities, with the Same Person</u>							
BlackRock FedFund	Cash Equivalents	\$ 14,212,816	15,959,451	\$ -	\$ 30,172,267	\$ 30,172,267	\$ -
Bank of America Temporary Overnight Deposit Custody	Cash Equivalents	\$ 4,417,820	\$ 4,417,820	\$ -	\$ 8,835,640	\$ 8,835,640	\$ -
U.S. Treasury Note 1.625% 5/15/2031	U.S. Government Securities	\$ 3,110,636	1,280,847	\$ -	\$ 4,391,483	\$ 4,391,483	\$ -
U.S. Treasury Note 2.250% 11/15/2027	U.S. Government Securities	\$ -	\$ 3,791,167	\$ -	\$ 3,791,167	\$ 3,791,167	\$ -
III. <u>Series of Transactions Involving Securities of the Same Issue</u>							
None.							
IV. <u>Series of Transactions, Involving Securities, with the Same Person</u>							
None.							

The accompanying notes are an integral part of these schedules.