

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) _____ ☐ 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 HARTFORD HEALTHCARE 403(B) PLAN	1b Three-digit plan number (PN) ▶ 010
		1c Effective date of plan 01/01/1990
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) HARTFORD HEALTHCARE CORPORATION C/O HHC SYSTEM SUPPORT OFFICE 9 FARM SPRINGS ROAD FARMINGTON, CT 06032	2b Employer Identification Number (EIN) 22-2672834 2c Plan Sponsor's telephone number 860-696-3500 2d Business code (see instructions) 622000

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.	10/06/2025	PETER MCKAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 6426
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) 4887 6a(2) 4589 6b 74 6c 1355 6d 6018 6e 16 6f 6034 6g(1) 5627 6g(2) 5208 6h 8
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

2L 2M 2T

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

9a Plan funding arrangement (check all that apply) (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 HARTFORD HEALTHCARE 403(B) PLAN	B Three-digit plan number (PN) ▶	010
C Plan sponsor's name as shown on line 2a of Form 5500 HARTFORD HEALTHCARE CORPORATION	D Employer Identification Number (EIN) 22-2672834	

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
BRIGHTHOUSE 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
06-0566090	87726	869815		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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	4979350
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	3063256

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

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

b Balance at the end of the previous year**7b**

7593209

c Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

240355

(4) Transferred from separate account

7c(4)

(5) Other (specify below).....

7c(5)

▶

(6) Total additions

7c(6)

240355

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

7833564

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

2854214

(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)

2854214

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....**7f**

4979350

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan HARTFORD HEALTHCARE 403(B) PLAN	B Three-digit plan number (PN) ▶	010
C Plan sponsor's name as shown on line 2a of Form 5500 HARTFORD HEALTHCARE CORPORATION	D Employer Identification Number (EIN) 22-2672834	

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
BRIGHTHOUSE 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
06-0566090	87726	934533		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 2005	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CETERA ADVISOR NETWORK LLC 2301 ROSECRANS AVE SUITE 5100
EL SEGUNDO, CA 90245

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1130			

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CETERA ADVISOR NETWORK LLC 200 N PACIFIC COAST HWY STE 1200
EL SEGUNDO, CA 90245

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
875			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	2638
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	912623

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year**7b**

2561

c Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

77

(4) Transferred from separate account

7c(4)

(5) Other (specify below).....

7c(5)

▶

(6) Total additions

7c(6)

77

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

2638

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**

2638

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan HARTFORD HEALTHCARE 403(B) PLAN	B Three-digit plan number (PN) ▶	010
C Plan sponsor's name as shown on line 2a of Form 5500 HARTFORD HEALTHCARE CORPORATION	D Employer Identification Number (EIN) 22-2672834	

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
BRIGHTHOUSE 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
06-0566090	87726	010588		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 1365	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CETERA ADVISOR NETWORK LLC 200 N PACIFIC COAST HWY STE 1200
EL SEGUNDO, CA 90245

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1296			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MML INSURANCE AGENCY LLC 400 ATRIUM DR
SOMERSET, NJ 08873-4152

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
61			3

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

CETERA ADVISOR NETWORK LLC

2301 ROSECRANS AVE SUITE 5100
EL SEGUNDO, CA 90245

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8			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	

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	45638534
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	18516570

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year**7b**

50953470

c Additions: (1) Contributions deposited during the year**7c(1)**

122911

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

1655333

(4) Transferred from separate account

7c(4)

81896

(5) Other (specify below).....

7c(5)

▶

(6) Total additions

7c(6)

1860140

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

52813610

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

7152077

(2) Administration charge made by carrier.....

7e(2)

(3) Transferred to separate account

7e(3)

22999

(4) Other (specify below).....

7e(4)

▶

(5) Total deductions

7e(5)

7175076

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....**7f**

45638534

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan HARTFORD HEALTHCARE 403(B) PLAN	B Three-digit plan number (PN) ▶	010
C Plan sponsor's name as shown on line 2a of Form 5500 HARTFORD HEALTHCARE CORPORATION	D Employer Identification Number (EIN) 22-2672834	

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
BRIGHTHOUSE 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
06-0566090	87726	942121		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 224379	(b) Total amount of fees paid
--	-------------------------------

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
CETERA ADVISOR NETWORK LLC 2301 ROSECRANS AVE, SUITE 5100
EL SEGUNDO, CA 90245

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
123106			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CETERA ADVISOR NETWORK LLC 200 N PACIFIC COAST HWY STE 1300
EL SEGUNDO, CA 90245

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
100835			3

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

CETERA ADVISOR NETWORK LLC

200 N PACIFIC COAST HWY STE 1300
EL SEGUNDO, CA 90245

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
244			3

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

PRIVATE CLIENT SERVICES LLS

2225 LEXINGTON ROAD
LOUISVILLE, KY 40206

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
81			3

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

AMERIPRISE FINANCIAL SERVICES, LLC

16414 SAN PEDRO AVE STE 300
SAN ANTONIO, TX 78232

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
38			3

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

AMERIPRISE FINANCIAL SERVICES, LLC

5221 AMERIPRISE FINANCIAL CENTER
MINNEAPOLIS, MN 55474

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
30			3

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

CETERA FINANCIAL SPECIALISTS LLC

200 N PACIFIC COAST HWY STE 1200
EL SEGUNDO, CA 90245

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
23			3

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

LPL FINANCIAL LLC

PO BOX 509026
SAN DIEGO, CA 92150

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12			3

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

LPL FINANCIAL LLC

9785 TOWNE CENTRE DRIVE
SAN DIEGO, CA 92121-1968

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10			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	

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	9915280
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	103392061

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 ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	11315598
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c Additions: (1) Contributions deposited during the year	7c(1)	1526	
	7c(2)		
	7c(3)	320008	
	7c(4)	145226	
	7c(5)		

▶

(6) Total additions	7c(6)	466760
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d Total of balance and additions (add lines 7b and 7c(6))	7d	11782358
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1866905	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)	173	
(4) Other (specify below)	7e(4)		

▶

(5) Total deductions	7e(5)	1867078
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	9915280
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan HARTFORD HEALTHCARE 403(B) PLAN	B Three-digit plan number (PN) ▶ 010
C Plan sponsor's name as shown on line 2a of Form 5500 HARTFORD HEALTHCARE CORPORATION	D Employer Identification Number (EIN) 22-2672834

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
EMPOWER ANNUITY INSURANCE COMPANY (FORMER PRIAC)

(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
06-1050034	93629	074117	493	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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 12660636**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GUARANTEED GENERAL ACCOUNT CONTRACT****b** Balance at the end of the previous year **7b** 14363036**c** Additions: (1) Contributions deposited during the year **7c(1)** 5654
(2) Dividends and credits **7c(2)** 369796
(3) Interest credited during the year **7c(3)** 2530
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)** 3124873
▶ **SEE STATEMENT**(6) Total additions **7c(6)** 3502853**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 17865889**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 3053391
(2) Administration charge made by carrier **7e(2)** 19565
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)** 2132297
▶ **SEE STATEMENT**(5) Total deductions **7e(5)** 5205253**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 12660636

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan HARTFORD HEALTHCARE 403(B) PLAN	B Three-digit plan number (PN) ►	010
C Plan sponsor's name as shown on line 2a of Form 5500 HARTFORD HEALTHCARE CORPORATION	D Employer Identification Number (EIN) 22-2672834	

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
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VE0979	67	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 3780	(b) Total amount of fees paid
--	-------------------------------

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
CETERA ADVISOR NETWORKS INSURANCE 1111 N NORTHSHORE DR STE N325
KNOXVILLE, TN 37919

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3780			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	1682852
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	2190960

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 ▶ **OTHER GROUP PENSION FUNDING**

b Balance at the end of the previous year	7b	1900694
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits.....	7c(2)		
(3) Interest credited during the year.....	7c(3)	65762	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)..... ▶	7c(5)		

(6) Total additions	7c(6)	65762
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d Total of balance and additions (add lines 7b and 7c(6))	7d	1966456
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	283604	
(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)	283604
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	1682852
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan HARTFORD HEALTHCARE 403(B) PLAN	B Three-digit plan number (PN) ▶ 010
C Plan sponsor's name as shown on line 2a of Form 5500 HARTFORD HEALTHCARE CORPORATION	D Employer Identification Number (EIN) 22-2672834

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
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	666046	238	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 72834	(b) Total amount of fees paid 22
---	-------------------------------------

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
CETERA ADVISOR NETWORKS INSURANCE 1111 N NORTHSHORE DR STE N325
KNOXVILLE, TN 37919

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
70184			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ROBERT A. KLEIN 1 ORANGE WAY B1S
WINDSOR, CT 06095

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1717	22	ALLOCATED NON-CASH COMP	3

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

MARTY BARON

1 ORANGE WAY B1S
WINDSOR, CT 06095

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
468			3

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

CETERA ADVISOR NETWORKS LLC

200 N SEPULVEDA BLVD. STE 1200
EL SEGUNDO, CA 90245

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
465			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	

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	2493869
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	26347588

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 ▶ **UNALLOCATED ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	3883561
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)	78139	
	7c(4)		
	7c(5)	1144	

▶ **OTHER**

(6) Total additions	7c(6)	79283
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d Total of balance and additions (add lines 7b and 7c(6))	7d	3962844
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1097826	
	7e(2)		
	7e(3)	371149	
	7e(4)		

▶

(5) Total deductions	7e(5)	1468975
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	2493869
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan HARTFORD HEALTHCARE 403(B) PLAN	B Three-digit plan number (PN) ▶	010
C Plan sponsor's name as shown on line 2a of Form 5500 HARTFORD HEALTHCARE CORPORATION	D Employer Identification Number (EIN) 22-2672834	

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
MUTUAL OF AMERICA 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
13-1614399	88668	903079		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
	19

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
MOA HARTFORD REGIONAL OFFICE 95 GLASTONBURY BLVD., SUITE 410
GLASTONBURY, CT 06033

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	19	PORTION OF INCENTIVE COMP PROGRAM	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	629714
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	3488706

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)****a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

670452

c Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

17958

(4) Transferred from separate account

7c(4)

(5) Other (specify below).....

7c(5)

▶ MISC ADJ

(6) Total additions

7c(6)

17958

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

688410

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

57653

(2) Administration charge made by carrier.....

7e(2)

1043

(3) Transferred to separate account

7e(3)

(4) Other (specify below).....

7e(4)

(5) Total deductions

7e(5)

58696

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....**7f**

629714

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan HARTFORD HEALTHCARE 403(B) PLAN	B Three-digit plan number (PN) ▶	010
C Plan sponsor's name as shown on line 2a of Form 5500 HARTFORD HEALTHCARE CORPORATION	D Employer Identification Number (EIN) 22-2672834	

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 MUTUAL OF AMERICA 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
13-1614399	88668	908683		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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	60135
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	696734

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

58397

c Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

1756

(4) Transferred from separate account

7c(4)

(5) Other (specify below).....

7c(5)

▶

(6) Total additions

7c(6)

1756

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

60153

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier.....

7e(2)

18

(3) Transferred to separate account

7e(3)

(4) Other (specify below).....

7e(4)

▶

(5) Total deductions

7e(5)

18

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....**7f**

60135

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE 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 HARTFORD HEALTHCARE 403(B) PLAN	B Three-digit plan number (PN) ▶	010
C Plan sponsor's name as shown on line 2a of Form 5500 HARTFORD HEALTHCARE CORPORATION	D Employer Identification Number (EIN) 22-2672834	

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	
AMERICAN CENTURY INVESTMENTS	P,O, BOX 419200, 4500 MAIN STREET KANSAS CITY, MO 64141

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
AMERICAN FUNDS	333 SOUTH HOPE STREET LOS ANGELES, CA 90071

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
CALVERT RESEARCH AND MANAGEMENT	1825 CONNECTICUT AVENUE NW SUITE 400 WASHINGTON, DC 20009

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DELAWARE FUNDS BY MACQUARIE	PO BOX 9876 PROVIDENCE, RI 02940

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

DWS 210 WEST 10TH STREET
KANSAS CITY, MO 64105

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

FIDELITY INVESTMENTS 82 DEVONSHIRE STREET
BOSTON, MA 02109

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

GOLDMAN SACHS 200 WEST STREET
NEW YORK, NY 10282

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

INVESCO 11 GREENWAY PLAZA, STE 2500
HOUSTON, TX 77046

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

MFS 111 HUNTINGTON AVENUE
BOSTON, MA 02199

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

MUTUAL OF AMERICA 320 PARK AVE
NEW YORK, NY 10022

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

NEUBERGER BERMAN 1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

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

PIMCO 840 NEWPORT CENTER DRIVE, SUITE 100
NEWPORT BEACH, CA 92660

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

VANGUARD

100 VANGUARD BOULEVARD
MALVERN, PA 19355

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

VICTORY CAPITAL MANAGEMENT INC.

15935 LA CANTERA PARKWAY
BUILDING TWO
SAN ANTONIO, TX 78256

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

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

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

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

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

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

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

FIDUCIENT ADVISORS LLC

36-4001764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	12843	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FID INV INST OPS CO

04-2647786

(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?
37 64 65 71	NONE	25030	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	66925	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)

BRIGHTHOUSE LIFE INSURANCE COMPANY

PO BOX 7108
TROY, MI 48007-7108

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	5684	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	37 64 65 71	
(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.	
ALGER MID CAP GROWTH FUND A 600 PLAZA ONE, 6TH FL JERSEY CITY, NJ 07311	0.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	37 64 65 71	
(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.	
BNY MELLON DYNAMIC VALUE A 144 GLENN CURTISS BLVD 8TH FL UNIONDALE, NY 11556	0.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	37 64 65 71	
(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.	
BARON PARTNERS FUND 767 5TH AVE 49TH FL NEW YORK, NY 10153	0.40	

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
FID INV INST OPS CO	37 64 65 71	
(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.	
BARON HEALTH CARE FDRETAIL 767 5TH AVE 49TH FL NEW YORK, NY 10153	0.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	37 64 65 71	
(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.	
BLACKROCK MID CAP VALUE FUND CL A 40 EAST 52ND ST NEW YORK, NY 10022	0.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	37 64 65 71	
(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.	
CALAMOS PHINEUS LONG /SHORT CL I 2020 CALAMOS COURT NAPERVILLE, IL 60563	0.08	

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
FID INV INST OPS CO	37 64 65 71	
(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.	
DFA EMERGING MARKETS SMALL CAP 6300 BEE CAVES ROAD, BUILDING ONE AUSTIN, TX 78746	0.02	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	37 64 65 71	
(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.	
DFA INTERNATIONAL SMALL COMPANY POR 6300 BEE CAVES ROAD, BUILDING ONE AUSTIN, TX 78746	0.02	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	37 64 65 71	
(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.	
JP MORGAN HEDGED EQUITY 2 FD I 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.15	

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
FID INV INST OPS CO	37 64 65 71	
(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.	
JANUS HENDERSON GROWTH & INCOME T 151 DETROIT ST. DENVER, CO 80206	0.35	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	37 64 65 71	
(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.	
JANUS HENDERSON GLBLRESEARCH FD CL 151 DETROIT ST. DENVER, CO 80206	15	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	37 64 65 71	
(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.	
JPMORGAN MORTGAGE BACKED SEC CLASS 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.15	

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
FID INV INST OPS CO	37 64 65 71	
(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.	
LEADER HIGH QUALITY FLOAT RATE INST PO BOX 7556 PORTLAND, ME 04112-7556	0.10	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	37 64 65 71	
(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.	
CLEARBRIDGE VALUE TRUST CL A 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	0.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	37 64 65 71	
(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.	
MFS INTERNATIONAL DIVERSIFICATION C 111 HUNTINGTON AVE BOSTON, MA 02199-7632	0.15	

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
FID INV INST OPS CO	37 64 65 71	
(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.	
MADISON COVERED CALL & EQUITY INC I 550 SCIENCE DR MADISON, WI 53711	0.15	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	37 64 65 71	
(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.	
KENSINGTON DYNAMIC GROWTH CLASS I 100 SALEM ST SMITHFIELD, RI 02917	0.10	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	37 64 65 71	
(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.	
MFS MA INVESTORS GROWTH STOCK CL I 111 HUNTINGTON AVE BOSTON, MA 02199-7632	0.08	

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
FID INV INST OPS CO	37 64 65 71	
(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.	
NATIONWIDE AMUNDI STRATEGIC INC CL 1000 CONTINENTAL DR STE 400 COLUMBUS, OH 43215	0.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	37 64 65 71	
(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.	
ADVISORS CAPITAL SMALL MID CAP INVS 100 SALEM ST SMITHFIELD, RI 02917	0.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	37 64 65 71	
(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.	
ADVISORS CAPITAL US DIVIDEND FD INV 100 SALEM ST SMITHFIELD, RI 02917	0.40	

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
FID INV INST OPS CO	37 64 65 71	
(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.	
NEUBERGER BERMAN GENESIS TRUST CLAS 1290 AVE OF THE AMERICAS, 22ND FL NEW YORK, NY 10104-0002	0.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	37 64 65 71	
(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.	
NEUBERGER BERMAN LARGE CAP VALUE IN 1290 AVE OF THE AMERICAS, 22ND FL NEW YORK, NY 10104-0002	0.15	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	37 64 65 71	
(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.	
SIERRA TACTICAL CORE INCOME FD INVE 3420 OCEAN PARK BLVD SANTA MONICA, CA 90405	0.40	

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
FID INV INST OPS CO	37 64 65 71	
(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.	
PFG GLOBAL EQUITY INDEX STRATEGY CL 777 108TH AVE NE, STE 2100 BELLEVUE, WA 98004	0.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	37 64 65 71	
(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.	
PFG MFS AGGRESSIVE GROWTH STRATEGY 777 108TH AVE NE, STE 2100 BELLEVUE, WA 98004	0.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	37 64 65 71	
(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.	
PFG JP MORGAN TACTICAGGRESSIVE STRA 777 108TH AVE NE, STE 2100 BELLEVUE, WA 98004	0.40	

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
FID INV INST OPS CO	37 64 65 71	
(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.	
PFG BNY MELLON DIVERSIFIER STRAT R 777 108TH AVE NE, STE 2100 BELLEVUE, WA 98004	0.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	37 64 65 71	
(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.	
PFG MEEDER TACTICAL STRATEGY FUND R 777 108TH AVE NE, STE 2100 BELLEVUE, WA 98004	0.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	37 64 65 71	
(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.	
PFG INVESCO EQ FACTRROTATION STRATE 777 108TH AVE NE, STE 2100 BELLEVUE, WA 98004	0.40	

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
FID INV INST OPS CO	37 64 65 71	

(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.
PFG JANUS HENDERSON BALANCED STRATE 777 108TH AVE NE, STE 2100 BELLEVUE, WA 98004	0.40

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	37 64 65 71	

(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.
PFG FIDELITY INST AMCORE PLUS BD ST 777 108TH AVE NE, STE 2100 BELLEVUE, WA 98004	0.40

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	37 64 65 71	

(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.
PFG TACTICAL INCOME STRATEGY CL R 777 108TH AVE NE, STE 2100 BELLEVUE, WA 98004	0.40

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
FID INV INST OPS CO	37 64 65 71	
(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.	
PFG EQUITY INDEX FOCUSED STRATEGY R 777 108TH AVE NE, STE 2100 BELLEVUE, WA 98004	0.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	37 64 65 71	
(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.	
PFG SECTOR EQUITY BUS CYCLE STRAT R 777 108TH AVE NE, STE 2100 BELLEVUE, WA 98004	0.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	37 64 65 71	
(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.	
PFG BR TRGT ALLOCAT EQ STRATEGY FD 777 108TH AVE NE, STE 2100 BELLEVUE, WA 98004	0.40	

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
FID INV INST OPS CO	37 64 65 71	
(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.	
PFG AMERICAN FUNDS GROWTH STRAT CL 777 108TH AVE NE, STE 2100 BELLEVUE, WA 98004	0.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	37 64 65 71	
(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.	
BITCOIN STRATEGY FD INVESTOR 7501 WISCONSIN AVE, STE 1000 E TOWE BETHESDA, MD 20814	0.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	37 64 65 71	
(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.	
PGIM SHRT DUR MULTI- SECT BND CL Z 655 BROAD ST NEWARK, NJ 07102	0.10	

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
FID INV INST OPS CO	37 64 65 71	

(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.
T ROWE PRICE GLBL ALLOCATION INVEST 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	37 64 65 71	

(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.
TEMPLETON GLOBAL BOND ADVISOR CLASS 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	16

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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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 HARTFORD HEALTHCARE 403(B) PLAN	B Three-digit plan number (PN) ▶	010
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 HARTFORD HEALTHCARE CORPORATION	D Employer Identification Number (EIN) 22-2672834	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: BRIGHTHOUSE 869815		
b Name of sponsor of entity listed in (a): BRIGHTHOUSE LIFE INSURANCE COMPANY		
c EIN-PN 06-0566090-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3063256
a Name of MTIA, CCT, PSA, or 103-12 IE: BRIGHTHOUSE 934533		
b Name of sponsor of entity listed in (a): BRIGHTHOUSE LIFE INSURANCE COMPANY		
c EIN-PN 06-0566090-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 914374
a Name of MTIA, CCT, PSA, or 103-12 IE: BRIGHTHOUSE 010588		
b Name of sponsor of entity listed in (a): BRIGHTHOUSE LIFE INSURANCE COMPANY		
c EIN-PN 06-0566090-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18516570
a Name of MTIA, CCT, PSA, or 103-12 IE: BRIGHTHOUSE 942121		
b Name of sponsor of entity listed in (a): BRIGHTHOUSE LIFE INSURANCE COMPANY		
c EIN-PN 06-0566090-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 103451088
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA VE0979		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2190960
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA VFZ046		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26347588
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan HARTFORD HEALTHCARE 403(B) PLAN	B Three-digit plan number (PN) ▶ 010
C Plan sponsor's name as shown on line 2a of Form 5500 HARTFORD HEALTHCARE CORPORATION	D Employer Identification Number (EIN) 22-2672834

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	3827003	3457777
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	139459070	154483836
(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)	408804526	494537175
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	90847270	13350485
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	642937869	665829273
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	642937869	665829273

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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	497904	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		497904
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	419106	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		419106
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	18987341	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		18987341
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		63324626
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		83228977

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	60129938	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		60129938
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	102962	
(3) Recordkeeping fees	2i(3)	24905	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	66925	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	12843	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		207635
j Total expenses. Add all expense amounts in column (b) and enter total	2j		60337573

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		22891404
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: **FIONDELLA, MILONE & LASARACINA LLP**

(2) EIN: **06-1648707**

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?	☒		5000000
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 _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		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 HARTFORD HEALTHCARE 403(B) PLAN				B Three-digit plan number (PN) ▶	010
C Plan sponsor's name as shown on line 2a of Form 5500 HARTFORD HEALTHCARE CORPORATION				D Employer Identification Number (EIN) 22-2672834	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Financial Statements and Supplemental Schedule

Hartford HealthCare 403(b) Plan

*Years ended December 31, 2024 and 2023
With Independent Auditors' Report*



EXPERIENCE THAT COUNTS
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Hartford HealthCare 403(b) Plan

Financial Statements and Supplemental Schedule

Years ended December 31, 2024 and 2023

Contents

Independent Auditors' Report	1
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to the Financial Statements	6
Supplemental Schedule:	
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)	18



Independent Auditors' Report

To the Retirement Administrative Panel
Hartford HealthCare Corporation

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

We were engaged to perform audits of the financial statements of the Hartford HealthCare 403(b) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate. Investments held by American Funds were not certified.

Disclaimer of Opinion

We do not express an opinion on the financial statements of the Plan referred to in the first paragraph. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to certain current and former employees prior to January 1, 2009 as explained further below. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.



Independent Auditors' Report (continued)

Basis for Disclaimer of Opinion (continued)

As described in Note 2 to the financial statements, the Plan has excluded from investments in the accompanying statement of net assets available for benefits certain annuity contracts and custodial accounts issued to and in the name of current and former employees who were participants of the former William W. Backus Hospital 403(b) Plan and Charlotte Hungerford Hospital 403(b) Plan prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matters described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

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 audit.



Independent Auditors' Report (continued)

Other Matter - Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on this supplemental schedule referred to above.

Fiondella, Milone & LaSaracina LLP

September 24, 2025
Glastonbury, Connecticut



Hartford HealthCare 403(b) Plan

Statements of Net Assets Available for Benefits

	December 31,	
	2024	2023
Assets		
Investments at fair value	\$ 644,835,571	\$ 619,948,688
Investments at contract value	17,535,925	19,162,178
Total investments	662,371,496	639,110,866
Notes receivable from participants	3,457,777	3,827,003
Net assets available for benefits	\$ 665,829,273	\$ 642,937,869

See accompanying notes.

Hartford HealthCare 403(b) Plan

Statements of Changes in Net Assets Available for Benefits

	Years Ended December 31,	
	2024	2023
Additions		
Investment income:		
Net appreciation in fair value of investments	\$ 63,324,626	\$ 77,251,526
Interest and dividends	18,987,341	12,330,874
Total investment income	82,311,967	89,582,400
Interest income on notes receivable from participants	419,106	396,678
Contributions:		
Rollover	497,904	362,844
Total contributions	497,904	362,844
Total additions	83,228,977	90,341,922
Deductions		
Benefits paid to participants	60,129,938	57,101,721
Administrative expenses	207,635	199,126
Total deductions	60,337,573	57,300,847
Net increase	22,891,404	33,041,075
Net assets available for benefits, beginning of year	642,937,869	609,896,794
Net assets available for benefits, end of year	\$ 665,829,273	\$ 642,937,869

See accompanying notes.

Hartford HealthCare 403(b) Plan

Notes to the Financial Statements

Years ended December 31, 2024 and 2023

1. Description of the Plan

The following description of Hartford HealthCare 403(b) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was established effective January 1, 1990. Hartford HealthCare Corporation (the Company) is the sponsor of the Plan. The Hartford HealthCare Corporation Retirement Administrative Panel is responsible for oversight of the Plan, determines the appropriateness of the Plan's investment offerings and monitors investment performance. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective January 1, 2016, the Plan was amended to freeze contributions, with the exception of rollover contributions, and participation in all respects and for all purposes under the Plan. Participants in the Plan are eligible to enroll in either the Hartford HealthCare 401(k) Retirement Plan or the Hartford HealthCare 401(k) Retirement Savings Plan depending on the affiliated entity the participant was employed at as of December 31, 2015.

Effective December 31, 2019, the Charlotte Hungerford Hospital (CHH) 403(b) Plan was amended to freeze all contributions and participation for all employees and merged into the Plan. The CHH 403(b) Plan rules, including vesting, will be grandfathered into the Plan, with loans and withdrawal features continuing to be available. Participants of the CHH 403(b) Plan may elect to enroll in the Hartford HealthCare 401(k) Retirement Plan which began January 1, 2020.

Effective April 1, 2020, Center for Hospice Care Southeast Connecticut, Inc. 403(b) plan merged into the plan.

Effective January 1, 2023, in accordance with SECURE 2.0, the Plan increased the age at which participants must take a required minimum distribution to 73 years old.

Effective January 1, 2024, the Plan adopted in-plan Roth conversions. The Plan also adopted the following provisions of SECURE 2.0 effective January 1, 2024 (1) increase in mandatory cash-out limit to \$7,000, (2) self-certification of hardship withdrawals, and (3) distributions of up to \$5,000 for qualified birth or adoption expenses. Effective May 1, 2024 the Plan allows penalty free distributions to pay for long term care premiums or for individuals who are terminally ill or a victim of domestic abuse.

Eligibility

The Plan is frozen and closed to new participants.

Hartford HealthCare 403(b) Plan
Notes to the Financial Statements (continued)

1. Description of the Plan (continued)

Contributions

No contributions are allowed to the plan, with the exception of rollovers from qualified retirement plans by existing participants.

Participant Accounts

Each participant's account is credited with the participant's rollover contributions as well as allocations of Plan earnings. Participant accounts are also charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant directed transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Each participant directs the investment of his or her account to any of the investment options available under the Plan.

Retirement, Death and Disability

A participant is entitled to 100% of his or her account balance upon retirement, death or disability.

Vesting

Participants are immediately vested in their elective deferrals and rollover contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary non-elective contributions is based on years of service. A participant is 100% vested after three years of service. A participant is credited for a year of service for each year in which they work at least one thousand hours.

Hartford HealthCare 403(b) Plan

Notes to the Financial Statements (continued)

1. Description of the Plan (continued)

Vesting (continued)

Participants who transferred to the Plan from one of the plans which has merged into the Plan during prior years are vested in their employer transition, contract exchange, non-elective contributions, matching, and non-elective contribution sub-accounts transferred from the Legacy Plans as follows:

Legacy Plan	Vesting
William W. Backus Hospital 403(b) Plan	100% vested after 3 years of service for non-elective and employer match contributions.
Midstate Medical Center 403(b) Retirement Account Plan	Immediately 100% vested upon transfer for employer match contributions and graded 5 year vesting schedule for employer non-elective contribution.
403(b) Thrift Plan of VNA Health Care, Inc.	Immediately 100% vested upon transfer
Windham Community Memorial Hospital 403(b) Plan	Immediately 100% vested upon transfer
Central Connecticut Health Alliance & Affiliates 403(b) Plan	100% vested after 3 years of service for non-elective and employer match contributions.
Charlotte Hungerford 403(b) Plan	100% vested after 3 years of service

Payment of Benefits

Upon termination of service, a participant is eligible to receive an amount equal to the value of the participant's vested interest in his or her account. Benefit amounts under \$7,000 are automatically distributed to participants. Participants (or their beneficiaries upon the death of the participant) may elect to receive their vested account balances as a single lump sum or installment payments, as defined. In certain circumstances, participants may make "hardship withdrawals" as defined in the Plan. Active participants may also take distributions from the Plan upon attainment of age 59.5.

Notes Receivable from Participants

Participants may borrow from their account a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates that are commensurate with market rates for similar loans. All loans are covered by demand notes and participants are required to make repayments directly with the Trustees.

Hartford HealthCare 403(b) Plan
Notes to the Financial Statements (continued)

1. Description of the Plan (continued)

Forfeited Accounts

Forfeited nonvested employer matching and discretionary non-elective accounts may be used to pay plan expenses. As of December 31, 2024 and 2023, forfeited nonvested accounts totaled \$696,846 and \$641,526, respectively. Forfeitures used to reduce plan expenses for the years ended December 31, 2024 and 2023 totaled \$13,033 and \$12,460, respectively. During the years ended December 31, 2024 and 2023 there were no forfeited nonvested accounts reallocated to participant accounts.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the plan agreement to discontinue contributions at any time and to terminate the Plan subject to provisions of ERISA. In the event of plan termination, participants would become 100% vested in their Company contributions and earnings thereon.

Administrative and Investment Management Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Plan recordkeeping and trustee fees are paid by the Plan and are reflected in the financial statements as administrative expenses. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment management fees are charged to the Plan as a reduction of the investment income reported by the Plan.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan have been prepared in conformity with accounting principles generally accepted in the United States of America (GAAP).

Hartford HealthCare 403(b) Plan
Notes to the Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Incomplete Presentation

In November 2007, the Department of Labor (DOL) issued amended regulations eliminating an exemption granted to 403(b) plans from the annual Form 5500 reporting and disclosure requirements under Part 1 of Subtitle B of Title 1 of ERISA. Prior to the amended regulations, the William W. Backus Hospital 403(b) Plan (the Backus Plan) and Charlotte Hungerford 403(b) Plan (the Charlotte Plan) were not viewed as separate reporting entities. Historically, the Backus and Charlotte Plans were viewed as a collection of individual contracts with which participants could engage in a range of actions with limited involvement, if any, by the Company. Accordingly, various accounting records related to the 403(b) annuity contracts and custodial accounts issued to current or former participants prior to January 1, 2009, were not sufficiently maintained by the Backus and Charlotte Plans. Consequently, the financial statements have been prepared based on records available by Plan management. As certain records were not available from the inception of the Backus and Charlotte Plans, the effect, if any, on the completeness or accuracy of the Plans' financial statements upon the transfer in of the accounts cannot be determined.

GAAP requires that all accounts and the related income and distributions be included in the accompanying financial statements. However, for reasons above the Plan has excluded from investments in the accompanying statements of net assets available for certain contracts and custodial accounts related to former vendors of the Backus and Charlotte Plans (Excluded Amounts) issued to current and former employees prior to January 1, 2009, as permitted by the DOL's Field Assistance Bulletin No. 2009-02, Annual Reporting Requirements for 403(b) Plans. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these Excluded Amounts and the related income and distributions are not determinable.

The Plan maintains vendor relationships with Fidelity Management Trust Company. Accordingly, the Plan allows previously Excluded Amounts to be contributed to the Plan, which would then be held by Fidelity Management Trust Company. These transfers have been reported as rollovers into the Plan in the accompanying statement of changes in net assets available for benefits.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Hartford HealthCare 403(b) Plan
Notes to the Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

Investments, other than fully benefit responsive investment contracts, are reported at fair value. Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Contract value is the relevant measure for the Plan's fully benefit-responsive investment contracts, because contract value is the amount Plan participants generally receive when executing transactions under the terms of the contract and Plan provisions.

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

Notes Receivable from Participants

Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest, with no allowance for credit losses, as the notes are collateralized by the participants' account balances. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payments of Benefits

Benefits to participants are recorded when paid.

Risks and Uncertainties

The Plan invests in various investments. Investments are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for Plan benefits.

Hartford HealthCare 403(b) Plan
Notes to the Financial Statements (continued)

3. Unaudited Information - Certified Investments and Notes Receivable from Participants

With the exception of information presented below, substantially all information pertaining to the Plan's investments and notes receivable from participants included in the financial statements, including the associated investment income and interest earned on notes receivable from participants, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Fidelity Management Trust Company, Brighthouse Financial, Voya Retirement and Annuity Company and Mutual of America.

Investments held by American Funds were not certified by a qualified certifying institution in 2024 and 2023. The following is a summary of information that has not been certified to be complete and accurate as of December 31, 2024 and 2023:

	2024	2023
Investments, at fair value:		
Mutual funds	\$ 27,934,358	\$26,135,236

The following is a summary of information that has not been certified by a qualified certifying institution to be complete and accurate for the years ended December 31, 2024 and 2023:

	2024	2023
Net appreciation (depreciation) in fair value of investments	\$ 2,195,161	\$ 3,214,067
Interest and dividend income	\$ 1,743,796	\$ 1,065,122

4. Fair Value Measurements

Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1 - Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2 - Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3 - Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

Hartford HealthCare 403(b) Plan
Notes to the Financial Statements (continued)

4. Fair Value Measurements (continued)

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following presents the valuation methods and assumptions used by the Plan to estimate the fair values of investments.

Mutual Funds - The fair values of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges.

Self-Directed Brokerage account – Primarily comprised of mutual funds, common stock, and exchange traded funds. Valued based on the investments held by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

Variable Annuity Contracts - The fair values of accumulation units held in variable annuity contracts are based on the net asset values of the underlying funds, as reported by the fund managers as of the financial statement dates and recent transaction prices. Each of the variable annuity account invests in a single, open-ended mutual fund, which is generally identified in the name of the variable annuity account.

The investment strategies of these variable annuity contracts are consistent with each of the mutual funds identified in the names of the funds. Each variable annuity contract provides for daily redemptions by the Plan with no advance notice requirements, and has redemption prices that are determined by the fund's net asset value per unit.

Fixed Annuity Contracts - The Plan holds certain fixed annuity contracts with Brighthouse and Voya that are not fully benefit responsive due to restrictions on the ability of the contracts to transact at contract value or due to restrictions on participants' ability to initiate certain transactions in the contracts. These fixed annuity contracts are carried at fair value.

The methods described above may produce a fair value estimate 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 the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Hartford HealthCare 403(b) Plan
Notes to the Financial Statements (continued)

4. Fair Value Measurements (continued)

Investments measured at fair value, at December 31, 2024 and 2023, on a recurring basis are summarized below:

Description	Level 1	Level 2	Level 3	Total
2024				
<i>Investments</i>				
Mutual funds	\$415,575,654	\$ -	\$ -	\$415,575,654
Self-directed brokerage account	10,157,887	-	-	10,157,887
Fixed annuity contracts	-	4,176,720	60,497,054	64,673,774
Total investments	<u>\$425,733,541</u>	<u>\$ 4,176,720</u>	<u>\$ 60,497,054</u>	<u>\$490,407,315</u>
Variable annuity contracts*				<u>154,428,256</u>
Total investments at fair value				<u>\$644,835,571</u>
Description	Level 1	Level 2	Level 3	Total
2023				
<i>Investments</i>				
Mutual funds	\$397,779,850	\$ -	\$ -	\$397,779,850
Self-directed brokerage account	6,954,381	-	-	6,954,381
Fixed annuity contracts	-	5,784,255	69,864,837	75,649,092
Total investments	<u>\$404,734,231</u>	<u>\$ 5,784,255</u>	<u>\$ 69,864,837</u>	<u>\$480,383,323</u>
Variable annuity contracts*				<u>139,565,365</u>
Total investments at fair value				<u>\$619,948,688</u>

*Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the hierarchy tables for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in the statement of net assets available for benefits.

The Plan's Level 3 investments had purchases of \$252,584 and \$243,799 for the years ended December 31, 2024 and 2023 and participant redemptions of \$11,892,747 and \$16,169,427 for the years ended December 31, 2024 and 2023.

Hartford HealthCare 403(b) Plan
Notes to the Financial Statements (continued)

5. Fully Benefit-Responsive Investment Contracts

The Plan holds fully benefit-responsive investment contracts that are reported at contract value, which is generally the amount a participant would receive if he or she would initiate a withdrawal or transfer from the contract under the provisions of the Plan. Contract value represents contributions made to the contract, plus earnings, less participant withdrawals and administrative expenses. The contract value of the Plan's fully benefit-responsive traditional investment contracts are presented below:

	December 31, 2024	December 31, 2023
Group annuity contract – Empower Retirement	\$ 12,660,637	\$ 14,363,036
Group annuity contract - MOA	4,875,288	4,799,142
Total investments at contract value	<u>\$ 17,535,925</u>	<u>\$ 19,162,178</u>

Group Annuity Contract – Empower Retirement

The Plan holds a fully benefit-responsive evergreen (no maturity date) group annuity contract with Empower Retirement (formerly Prudential Retirement Insurance & Annuity Contract) (a traditional investment contract). The group annuity contract is record kept as an investment option in the Plan by Fidelity Management Trust Company. The group annuity contract is reported at contract value, which is generally the amount a participant would receive if he or she would initiate a withdrawal or transfer from the contract under the provisions of the Plan. Contract value represents contributions made to the contract, plus earnings, less participant withdrawals and administrative expenses. Fidelity maintains the contributions in its general account. The Issuer guarantees the Plan a return of principal and interest under the terms of the contract. The interest crediting rate is semi-annually based upon contract provisions, and it may not be less than 1.5%. Interest crediting rates were 2.90% and 2.25%, respectively, as of December 31, 2024 and 2023. Fidelity's general account is credited with earnings on the underlying investments and is charged for participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value.

Generally, there are not any events that could limit the ability of the Plan to transact at contract value paid within 90 days or, in rare circumstances, contract value paid over time. The Plan's investment contract specifies certain conditions under which distributions from the contract would be payable beyond 90 days from the requested distribution. Such circumstances include Plan termination, Plan merger, termination initiated by the Company, and certain other Company-initiated events that result in distributions exceeding a set amount. The group annuity contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

Hartford HealthCare 403(b) Plan
Notes to the Financial Statements (continued)

5. Fully Benefit-Responsive Investment Contracts (continued)

Group Annuity Contract – Mutual of America (MOA)

The Plan has a group annuity contract with Mutual of America that is fully benefit-responsive. Mutual of America maintains the contributions in its general and separate accounts. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

There were no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer. The crediting interest rate for the contract, which will not be less than zero, is determined periodically by the issuer and was 2.85% at December 31, 2024 and 2023.

Generally, there are not any events that could limit the ability of the Plan or participants to transact at contract value. The Plan's investment contract specifies certain conditions under which distributions from the contract would be payable beyond 90 days from the requested distribution. Such circumstances include Plan termination, Plan merger, termination initiated by the Company, and certain other Company-initiated events that result in distributions exceeding a set amount. The group annuity contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

6. Tax Status

Effective June 28, 2013, the Internal Revenue Service began accepting applications for opinion and advisory letters for prototype and volume submitter 403(b) Plans. Revenue Procedure 2014-28 has extended the deadline to submit applications for prototype and volume submitter 403(b) plans until April 30, 2015. As of the report date, the Plan has not yet received a favorable opinion or advisory letter. Although the Plan has not received a favorable determination letter and with the exception of the matter described in Note 2 – Incomplete Presentation, Plan management believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

Hartford HealthCare 403(b) Plan
Notes to the Financial Statements (continued)

7. Party-In-Interest and Related Party Transactions

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Some administrative expenses of the Plan are paid directly by the Company. The Plan holds mutual funds issued by Fidelity Management Trust Company, a group annuity contract issued by Empower Retirement, record-kept and maintained as an investment option in the Plan by Fidelity, an interest accumulation fund issued by MOA, fixed and variable annuity contracts issued by Voya and Brighthouse and mutual funds managed by American Funds and MOA. Fidelity Management Trust Company, Brighthouse, Voya, MOA, and American Funds are service providers to the Plan and, therefore, these transactions and the Plan's payment of fees to Fidelity Management Trust Company, Brighthouse, Voya, MOA, and American Funds, and their affiliates, qualify as party-in-interest transactions. Notes receivable from participants also reflect party-in-interest transactions.

8. Subsequent Events

The Plan has evaluated events occurring between December 31, 2024 and September 24, 2025, the date the financial statements were available to be issued.

Effective July 11, 2025 certain Hartford HealthCare 403(b) Plan Brighthouse assets and investment balances have been transferred to Fidelity Investments.

Effective January 1, 2025, the Plan adopted the SECURE 2.0 provision allowing emergency personal expense distributions of up to \$1,000.

Supplemental Schedule

Hartford HealthCare 403(b) Plan

EIN No. 06-0646668 Plan No. 010

Schedule H, Line 4(i)

Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
Group Annuity Contract				
*	Empower Retirement	Guaranteed Income Fund	**	\$ 12,660,637
*	Mutual of America	Group Annuity Contract	**	4,875,288
	Total Group Annuity Contract			17,535,925
Fixed Annuity Contracts				
*	Brighthouse Life Insurance Company	Fixed Account	**	9,915,280
*	Brighthouse Life Insurance Company	Fixed Account II	**	2,638
*	VOYA	Fixed Account	**	1,546,692
*	VOYA	Fixed Plus Account	**	136,159
*	Voya Retirement Insurance and Annuity Company (VOYA)	Fixed Plus Account III	**	2,493,869
*	Brighthouse Life Insurance Company	Fixed Rider	**	167,926
*	Brighthouse Life Insurance Company	Fixed Rider	**	1,379,794
*	Brighthouse Life Insurance Company	Fund 16B	**	129,445
*	Brighthouse Life Insurance Company	Fund 16C	**	1,093
*	Brighthouse Life Insurance Company	Fund 16D	**	3,608
*	Brighthouse Life Insurance Company	T-Flex	**	53,842
*	Brighthouse Life Insurance Company	T-Flex	**	1,610,985
*	Brighthouse Life Insurance Company	T-Flex I	**	4,757,582
*	Brighthouse Life Insurance Company	T-Flex I	**	42,474,861
	Total Fixed Annuity Contracts			64,673,774
Mutual Funds				
*	American Funds	2010 Target Date Retirement Fund	**	37,386
*	American Funds	2015 Target Date Retirement Fund	**	101,909
*	American Funds	2020 Target Date Retirement Fund	**	527,620
*	American Funds	2025 Target Date Retirement Fund	**	482,391
*	American Funds	2030 Target Date Retirement Fund	**	869,292
*	American Funds	2035 Target Date Retirement Fund	**	708,184
*	American Funds	2040 Target Date Retirement Fund	**	1,663,827
*	American Funds	2045 Target Date Retirement Fund	**	1,071,340
*	American Funds	2050 Target Date Retirement Fund	**	641,119
*	American Funds	2060 Target Date Retirement Fund	**	20,171
*	American Funds	AMCAP Fund	**	1,333,422
*	American Funds	American Balanced Fund	**	1,325,908
*	American Funds	American Funds Mortgage Fund	**	15,095
*	American Funds	American High Income Trust	**	407,125
*	American Funds	American Mutual Fund	**	842,505
*	American Funds	Balanced Portfolio	**	50,232
*	American Funds	Capital Income Builder	**	2,044,187
*	American Funds	Capital World Bond Fund	**	110,438
*	American Funds	Capital World Growth and Income Fund	**	2,102,060
*	American Funds	EuroPacific Growth Fund	**	696,906
*	American Funds	Fundamental Investors	**	1,879,548
*	American Funds	Global Balanced Fund	**	91,738
*	American Funds	Global Growth Portfolio	**	8,311
*	American Funds	Growth And Income Portfolio	**	55,390
*	American Funds	Growth Portfolio	**	24,633
*	American Funds	Intermediate Bond Fund of America	**	3,822
*	American Funds	International Growth and Income Fund	**	42,849
*	American Funds	Money Market Fund	**	515,334
*	American Funds	New Perspective Fund	**	1,878,649
*	American Funds	New World Fund	**	209,528
*	American Funds	Preservation Portfolio	**	2,714
*	American Funds	Short-Term Bond Fund of America	**	29,054
*	American Funds	Small Cap World Fund	**	181,547
*	American Funds	The Bond Fund of America	**	337,005
*	American Funds	The Growth Fund of America	**	3,254,531
*	American Funds	The Income Fund of America	**	1,112,746
*	American Funds	The Investment Company of America	**	1,113,146
*	American Funds	The New Economy Fund	**	519,366
*	American Funds	U.S. Government Securities Fund	**	45,517
*	American Funds	Washington Mutual Investors Fund	**	1,452,033
*	American Funds	Strategic Bond Fund	**	6,171
*	American Funds	Inflation Linked Bond Fund	**	57,881
*	American Funds	Emerging Markets Bond Fund	**	20,387
*	American Funds	International Vantage Fund	**	25,383
*	American Funds	Multi-Sector Income Fund	**	15,958
*	American Funds	Target Date 2010 R6	**	2,770,864
*	American Funds	Target Date 2020 R6	**	21,317,901
*	American Funds	Target Date 2030 R6	**	56,853,841
*	American Funds	Target Date 2040 R6	**	42,702,600

Hartford HealthCare 403(b) Plan

EIN No. 06-0646668 Plan No. 010

Schedule H, Line 4(i)
Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	American Funds	Target Date 2050 R6	**	26,326,513
*	American Funds	Target Date 2015 R6	**	8,346,412
*	American Funds	Target Date 2025 R6	**	41,039,890
*	American Funds	Target Date 2035 R6	**	55,736,390
*	American Funds	Target Date 2045 R6	**	31,297,417
*	American Funds	Target Date 2055 R6	**	6,330,303
*	American Funds	Target Date 2060 R6	**	349,874
	Dodge & Cox Funds	International Stock Fund	**	5,925,415
	J.P. Morgan Funds	Disciplined Equity Fund	**	18,257,538
	Dodge & Cox Funds	Income Fund	**	6,509,589
	Neuberger Berman Investments	Genesis Fund Class R6	**	2,550,728
*	Fidelity Investments	Government Money Market Fund	**	575,857
*	Fidelity Investments	U.S. Bond Index Fund	**	2,732,571
*	Fidelity Investments	500 Index Fund	**	43,834,499
*	Fidelity Investments	Global Ex U.S. Index Fund	**	4,685,918
*	Fidelity Investments	Extended Market Index Fund	**	9,021,149
	Brandywine Global	Global Opportunity Bond	**	476,027
	Total Mutual Funds			415,575,654
Variable Annuity Contracts - Variable Annuity Sub-Account Separate accounts of Brighthouse Life Insurance Company Separate Account				
*	Brighthouse Life Insurance Company	American Funds Balanced Allocation Portfolio	**	1,087,756
*	Brighthouse Life Insurance Company	American Funds Global Growth Fund	**	4,703,993
*	Brighthouse Life Insurance Company	American Funds Growth Allocation Portfolio	**	1,439,855
*	Brighthouse Life Insurance Company	American Funds Growth Portfolio	**	11,419,095
*	Brighthouse Life Insurance Company	American Funds Growth-Income Portfolio	**	4,344,147
*	Brighthouse Life Insurance Company	American Funds Moderate Allocation Portfolio	**	309,134
*	Brighthouse Life Insurance Company	Blackrock Bond Income Portfolio	**	120,383
*	Brighthouse Life Insurance Company	Blackrock Capital Appreciation Portfolio	**	723,749
*	Brighthouse Life Insurance Company	Blackrock High Yield Portfolio Class A	**	780,676
*	Brighthouse Life Insurance Company	Blackrock Ultra-Short Term Bond Portfolio	**	911,445
*	Brighthouse Life Insurance Company	Brighthouse Asset Allocation 100 Portfolio	**	432,239
*	Brighthouse Life Insurance Company	Brighthouse Asset Allocation 20 Portfolio	**	157,240
*	Brighthouse Life Insurance Company	Brighthouse Asset Allocation 40 Portfolio	**	418,747
*	Brighthouse Life Insurance Company	Brighthouse Asset Allocation 60 Portfolio	**	3,521,201
*	Brighthouse Life Insurance Company	Brighthouse Asset Allocation 80 Portfolio	**	2,256,176
*	Brighthouse Life Insurance Company	Brighthouse Mid Cap Stock Index Portfolio Class G	**	6,740
*	Brighthouse Life Insurance Company	Brighthouse Small Cap Value Portfolio	**	1,145,417
*	Brighthouse Life Insurance Company	Brighthouse/Abrdn Emerging Markets Equity Portfolio	**	136,190
*	Brighthouse Life Insurance Company	Brighthouse/Wellington Balanced Portfolio	**	1,085,325
*	Brighthouse Life Insurance Company	Brighthouse/Wellington Core Equity Opportunities Portfolio Class A	**	746,941
*	Brighthouse Life Insurance Company	Brighthouse/Wellington Large Cap Research Portfolio	**	8,962
*	Brighthouse Life Insurance Company	Cbre Global Real Estate Portfolio	**	1,114,577
*	Brighthouse Life Insurance Company	Clearbridge Variable Aggressive Growth Portfolio	**	4,728
*	Brighthouse Life Insurance Company	Clearbridge Variable Appreciation Portfolio	**	117,963
*	Brighthouse Life Insurance Company	Clearbridge Variable Dividend Strategy Portfolio Class I	**	1,610,165
*	Brighthouse Life Insurance Company	Clearbridge Variable Large Cap Growth Portfolio	**	321,483
*	Brighthouse Life Insurance Company	Clearbridge Variable Large Cap Value Portfolio	**	878,236
*	Brighthouse Life Insurance Company	Clearbridge Variable Small Cap Growth Portfolio	**	1,371,725
*	Brighthouse Life Insurance Company	Delaware VIP Small Cap Value Series	**	16,581,788
*	Brighthouse Life Insurance Company	Fidelity VIP Contrafund Portfolio Class 2	**	130,594
*	Brighthouse Life Insurance Company	Fidelity VIP Dynamic Capital Appreciation Portfolio	**	1,100,793
*	Brighthouse Life Insurance Company	Fidelity VIP Equity-Income Portfolio	**	240,348
*	Brighthouse Life Insurance Company	Fidelity VIP High Income Portfolio	**	162,081
*	Brighthouse Life Insurance Company	Fidelity VIP Mid Cap Portfolio	**	12,918,304
*	Brighthouse Life Insurance Company	Frontier Mid Cap Growth Portfolio Class D	**	328,412
*	Brighthouse Life Insurance Company	Harris Oakmark International Portfolio Class A	**	300,940
*	Brighthouse Life Insurance Company	Invesco Comstock Portfolio	**	159,871
*	Brighthouse Life Insurance Company	Invesco Global Equity Portfolio	**	1,742,930
*	Brighthouse Life Insurance Company	Invesco Small Cap Growth Portfolio Class A	**	140,873
*	Brighthouse Life Insurance Company	Janus Henderson Enterprise Portfolio	**	921,418
*	Brighthouse Life Insurance Company	Janus Henderson Global Research Portfolio	**	279,024
*	Brighthouse Life Insurance Company	Janus Henderson Overseas Portfolio	**	31,638
*	Brighthouse Life Insurance Company	Jennison Growth Portfolio	**	4,537,544
*	Brighthouse Life Insurance Company	JPMorgan Small Cap Value Portfolio	**	97,869
*	Brighthouse Life Insurance Company	Loomis Sayles Global Allocation Portfolio	**	463,570
*	Brighthouse Life Insurance Company	Loomis Sayles Growth Portfolio	**	8,681,791
*	Brighthouse Life Insurance Company	MACQUARIE VIP SMALL CAP VALUE SERIES	**	3,897,410
*	Brighthouse Life Insurance Company	Metlife Aggregate Bond Index Portfolio	**	141,035
*	Brighthouse Life Insurance Company	Metlife MSCI Eafe Index Portfolio	**	500,448
*	Brighthouse Life Insurance Company	Metlife Russell 2000 Index Portfolio	**	1,400,273
*	Brighthouse Life Insurance Company	Metlife Stock Index Portfolio Class A	**	6,945,818
*	Brighthouse Life Insurance Company	MFS Research International Portfolio	**	780,561

Hartford HealthCare 403(b) Plan

EIN No. 06-0646668 Plan No. 010

Schedule H, Line 4(i)

Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	Brighthouse Life Insurance Company	MFS Total Return Portfolio	**	3,823,170
*	Brighthouse Life Insurance Company	MFS Value Portfolio I	**	2,819,765
*	Brighthouse Life Insurance Company	Morgan Stanley Discovery Portfolio	**	12,203
*	Brighthouse Life Insurance Company	Neuberger Berman Genesis Portfolio	**	1,923,292
*	Brighthouse Life Insurance Company	PIMCO Inflation Protected Bond Portfolio Class A	**	753,197
*	Brighthouse Life Insurance Company	PIMCO Total Return Portfolio	**	1,474,700
*	Brighthouse Life Insurance Company	T. Rowe Price Large Cap Growth Portfolio	**	230,680
*	Brighthouse Life Insurance Company	T. Rowe Price Large Cap Value Portfolio Class B	**	3,760,061
*	Brighthouse Life Insurance Company	T. Rowe Price Large Cap Value Portfolio Class E	**	2,193,495
*	Brighthouse Life Insurance Company	T. Rowe Price Small Cap Growth Portfolio	**	2,573,467
*	Brighthouse Life Insurance Company	Templeton Developing Markets VIP Fund	**	358,840
*	Brighthouse Life Insurance Company	Templeton Foreign VIP Fund	**	451,751
*	Brighthouse Life Insurance Company	Victory Sycamore Mid Cap Value Portfolio	**	343,310
*	Brighthouse Life Insurance Company	Western Asset Core Plus VIT Portfolio	**	145,467
*	Brighthouse Life Insurance Company	Western Asset Management Strategic Bond Opportunities Portfolio Class A	**	1,233,824
*	Brighthouse Life Insurance Company	Western Asset Management U.S. Government Portfolio	**	132,862

Variable Annuity Sub-Account Separate accounts of Voya Retirement Insurance And Annuity Company Separate Account

	Voya Retirement Insurance and Annuity Company			
*	(VOYA)	AIM Charter Fund (A)	**	323,121
*	VOYA	American Century Ultra Fd-A	**	271,422
*	VOYA	Ariel Appreciation F	**	360,070
*	VOYA	Ariel Fund Inv	**	435,805
*	VOYA	Baron Asset Fund	**	286,606
*	VOYA	Baron Growth Fund	**	858,650
*	VOYA	ClrBrg Small Cap Fund C	**	239,444
*	VOYA	ClrBrg Value Trust C	**	1,289,464
*	VOYA	Fidelity Advisor Equity Growth Fund	**	280,113
*	VOYA	Fidelity Advisor Gr Opportunities Fd	**	1,422,265
*	VOYA	Franklin Small-Mid Cap Growth Fund	**	138,573
*	VOYA	Invesco Amer Fran	**	1,074,662
*	VOYA	J.P Morgan Mid Cap Value Port Srv	**	383,582
*	VOYA	Janus Forty FD - Class S	**	2,135,332
*	VOYA	Lord Abbett Affiliated Fund	**	493,702
*	VOYA	Lord Abbett Bond Debenture Fund	**	227,266
*	VOYA	Lord Abbett Sm-Cap Value Fund	**	748,587
*	VOYA	Massachusetts Investors Growth Stk	**	1,886,779
*	VOYA	Pioneer Equity Income Fund	**	301,991
*	VOYA	Pioneer Fund	**	1,775,886
*	VOYA	T. Rowe Price Growth Equity Port Srv	**	924,742
*	VOYA	Templeton Global Bond Fund	**	573,664
*	VOYA	Templeton Growth Fund	**	764,738
*	VOYA	Voya Corporate Leaders 100 Fund	**	722,157
*	VOYA	Voya Intermediate Bo	**	470,463
*	VOYA	Voya Large Cap Value Fund	**	599,552
*	VOYA	Voya MidCap Opportunities Fund A	**	256,151
*	VOYA	Voya Small Company F	**	983,399
*	VOYA	Inv Developing Markets Fund A	**	392,906
*	VOYA	VY Inv Opportunities Global Portfolio Srv	**	366,685
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*	VOYA	Franklin Mutual U.S. Value Fund R	**	376,501
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*	VOYA	Fidelity VIP Esty-Income Port I	**	147,182
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*	VOYA	Voya Global Bond Port I	**	2,050
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*	VOYA	Voya Index Plus Large Cap Portfolio I	**	106,721
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Hartford HealthCare 403(b) Plan

EIN No. 06-0646668 Plan No. 010

Schedule H, Line 4(i)

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December 31, 2024

(a)	(b)	(c)	(d)	(e)
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*	VOYA	Voya Index Plus SmallCap Portfolio I	**	9,629
*	VOYA	Voya Intermediate Bond Port I	**	4,952
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*	VOYA	VY TRwPr Divr MdCp Gr Pt I	**	210,525
*	VOYA	VY Invesco Equity and Income Portfolio I	**	128,733
	Total Variable Annuity Contracts			154,428,256
Self-Directed Brokerage				
	Self-Directed Brokerage	Self-Directed Brokerage		10,157,887
	Total Investments			662,371,496
*	Notes Receivable from Participants	Interest rates of 4.25% to 10.50%, maturities range from 2025 to 2033, balances collateralized by accounts.		\$ 3,457,777

* Indicates a party-in-interest to the Plan

** Cost omitted for participant directed investments

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 1210-0069 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 _____ and ending _____	
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 HARTFORD HEALTHCARE 403 (B) PLAN	1b Three-digit plan number (PN) ▶ 010
	1c Effective date of plan 01/01/1990
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) HARTFORD HEALTHCARE CORPORATION C/O HHC SYSTEM SUPPORT OFFICE 9 FARM SPRINGS ROAD FARMINGTON CT 06032	2b Employer Identification Number (EIN) 22-2672834 2c Plan Sponsor's telephone number 860-696-3500 2d Business code (see instructions) 622000

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>Peter McKay</i>	10/6/2025	PETER MCKAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)

Supplemental Schedule

Hartford HealthCare 403(b) Plan

EIN No. 06-0646668 Plan No. 010

Schedule H, Line 4(i)

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December 31, 2024

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Group Annuity Contract				
*	Empower Retirement	Guaranteed Income Fund	**	\$ 12,660,637
*	Mutual of America	Group Annuity Contract	**	4,875,288
	Total Group Annuity Contract			17,535,925
Fixed Annuity Contracts				
*	Brighthouse Life Insurance Company	Fixed Account	**	9,915,280
*	Brighthouse Life Insurance Company	Fixed Account II	**	2,638
*	VOYA	Fixed Account	**	1,546,692
*	VOYA	Fixed Plus Account	**	136,159
*	Voya Retirement Insurance and Annuity Company (VOYA)	Fixed Plus Account III	**	2,493,869
*	Brighthouse Life Insurance Company	Fixed Rider	**	167,926
*	Brighthouse Life Insurance Company	Fixed Rider	**	1,379,794
*	Brighthouse Life Insurance Company	Fund 16B	**	129,445
*	Brighthouse Life Insurance Company	Fund 16C	**	1,093
*	Brighthouse Life Insurance Company	Fund 16D	**	3,608
*	Brighthouse Life Insurance Company	T-Flex	**	53,842
*	Brighthouse Life Insurance Company	T-Flex	**	1,610,985
*	Brighthouse Life Insurance Company	T-Flex I	**	4,757,582
*	Brighthouse Life Insurance Company	T-Flex I	**	42,474,861
	Total Fixed Annuity Contracts			64,673,774
Mutual Funds				
*	American Funds	2010 Target Date Retirement Fund	**	37,386
*	American Funds	2015 Target Date Retirement Fund	**	101,909
*	American Funds	2020 Target Date Retirement Fund	**	527,620
*	American Funds	2025 Target Date Retirement Fund	**	482,391
*	American Funds	2030 Target Date Retirement Fund	**	869,292
*	American Funds	2035 Target Date Retirement Fund	**	708,184
*	American Funds	2040 Target Date Retirement Fund	**	1,663,827
*	American Funds	2045 Target Date Retirement Fund	**	1,071,340
*	American Funds	2050 Target Date Retirement Fund	**	641,119
*	American Funds	2060 Target Date Retirement Fund	**	20,171
*	American Funds	AMCAP Fund	**	1,333,422
*	American Funds	American Balanced Fund	**	1,325,908
*	American Funds	American Funds Mortgage Fund	**	15,095
*	American Funds	American High Income Trust	**	407,125
*	American Funds	American Mutual Fund	**	842,505
*	American Funds	Balanced Portfolio	**	50,232
*	American Funds	Capital Income Builder	**	2,044,187
*	American Funds	Capital World Bond Fund	**	110,438
*	American Funds	Capital World Growth and Income Fund	**	2,102,060
*	American Funds	EuroPacific Growth Fund	**	696,906
*	American Funds	Fundamental Investors	**	1,879,548
*	American Funds	Global Balanced Fund	**	91,738
*	American Funds	Global Growth Portfolio	**	8,311
*	American Funds	Growth And Income Portfolio	**	55,390
*	American Funds	Growth Portfolio	**	24,633
*	American Funds	Intermediate Bond Fund of America	**	3,822
*	American Funds	International Growth and Income Fund	**	42,849
*	American Funds	Money Market Fund	**	515,334
*	American Funds	New Perspective Fund	**	1,878,649
*	American Funds	New World Fund	**	209,528
*	American Funds	Preservation Portfolio	**	2,714
*	American Funds	Short-Term Bond Fund of America	**	29,054
*	American Funds	Small Cap World Fund	**	181,547
*	American Funds	The Bond Fund of America	**	337,005
*	American Funds	The Growth Fund of America	**	3,254,531
*	American Funds	The Income Fund of America	**	1,112,746
*	American Funds	The Investment Company of America	**	1,113,146
*	American Funds	The New Economy Fund	**	519,366
*	American Funds	U.S. Government Securities Fund	**	45,517
*	American Funds	Washington Mutual Investors Fund	**	1,452,033
*	American Funds	Strategic Bond Fund	**	6,171
*	American Funds	Inflation Linked Bond Fund	**	57,881
*	American Funds	Emerging Markets Bond Fund	**	20,387
*	American Funds	International Vantage Fund	**	25,383
*	American Funds	Multi-Sector Income Fund	**	15,958
*	American Funds	Target Date 2010 R6	**	2,770,864
*	American Funds	Target Date 2020 R6	**	21,317,901
*	American Funds	Target Date 2030 R6	**	56,853,841
*	American Funds	Target Date 2040 R6	**	42,702,600

Hartford HealthCare 403(b) Plan

EIN No. 06-0646668 Plan No. 010

Schedule H, Line 4(i)

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December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	American Funds	Target Date 2050 R6	**	26,326,513
*	American Funds	Target Date 2015 R6	**	8,346,412
*	American Funds	Target Date 2025 R6	**	41,039,890
*	American Funds	Target Date 2035 R6	**	55,736,390
*	American Funds	Target Date 2045 R6	**	31,297,417
*	American Funds	Target Date 2055 R6	**	6,330,303
*	American Funds	Target Date 2060 R6	**	349,874
	Dodge & Cox Funds	International Stock Fund	**	5,925,415
	J.P. Morgan Funds	Disciplined Equity Fund	**	18,257,538
	Dodge & Cox Funds	Income Fund	**	6,509,589
	Neuberger Berman Investments	Genesis Fund Class R6	**	2,550,728
*	Fidelity Investments	Government Money Market Fund	**	575,857
*	Fidelity Investments	U.S. Bond Index Fund	**	2,732,571
*	Fidelity Investments	500 Index Fund	**	43,834,499
*	Fidelity Investments	Global Ex U.S. Index Fund	**	4,685,918
*	Fidelity Investments	Extended Market Index Fund	**	9,021,149
	Brandywine Global	Global Opportunity Bond	**	476,027
	Total Mutual Funds			415,575,654

Variable Annuity Contracts - Variable Annuity Sub-Account Separate accounts of Brighthouse Life Insurance Company Separate Account

*	Brighthouse Life Insurance Company	American Funds Balanced Allocation Portfolio	**	1,087,756
*	Brighthouse Life Insurance Company	American Funds Global Growth Fund	**	4,703,993
*	Brighthouse Life Insurance Company	American Funds Growth Allocation Portfolio	**	1,439,855
*	Brighthouse Life Insurance Company	American Funds Growth Portfolio	**	11,419,095
*	Brighthouse Life Insurance Company	American Funds Growth-Income Portfolio	**	4,344,147
*	Brighthouse Life Insurance Company	American Funds Moderate Allocation Portfolio	**	309,134
*	Brighthouse Life Insurance Company	Blackrock Bond Income Portfolio	**	120,383
*	Brighthouse Life Insurance Company	Blackrock Capital Appreciation Portfolio	**	723,749
*	Brighthouse Life Insurance Company	Blackrock High Yield Portfolio Class A	**	780,676
*	Brighthouse Life Insurance Company	Blackrock Ultra-Short Term Bond Portfolio	**	911,445
*	Brighthouse Life Insurance Company	Brighthouse Asset Allocation 100 Portfolio	**	432,239
*	Brighthouse Life Insurance Company	Brighthouse Asset Allocation 20 Portfolio	**	157,240
*	Brighthouse Life Insurance Company	Brighthouse Asset Allocation 40 Portfolio	**	418,747
*	Brighthouse Life Insurance Company	Brighthouse Asset Allocation 60 Portfolio	**	3,521,201
*	Brighthouse Life Insurance Company	Brighthouse Asset Allocation 80 Portfolio	**	2,256,176
*	Brighthouse Life Insurance Company	Brighthouse Mid Cap Stock Index Portfolio Class G	**	6,740
*	Brighthouse Life Insurance Company	Brighthouse Small Cap Value Portfolio	**	1,145,417
*	Brighthouse Life Insurance Company	Brighthouse/Abrdn Emerging Markets Equity Portfolio	**	136,190
*	Brighthouse Life Insurance Company	Brighthouse/Wellington Balanced Portfolio	**	1,085,325
*	Brighthouse Life Insurance Company	Brighthouse/Wellington Core Equity Opportunities Portfolio Class A	**	746,941
*	Brighthouse Life Insurance Company	Brighthouse/Wellington Large Cap Research Portfolio	**	8,962
*	Brighthouse Life Insurance Company	Cbre Global Real Estate Portfolio	**	1,114,577
*	Brighthouse Life Insurance Company	Clearbridge Variable Aggressive Growth Portfolio	**	4,728
*	Brighthouse Life Insurance Company	Clearbridge Variable Appreciation Portfolio	**	117,963
*	Brighthouse Life Insurance Company	Clearbridge Variable Dividend Strategy Portfolio Class I	**	1,610,165
*	Brighthouse Life Insurance Company	Clearbridge Variable Large Cap Growth Portfolio	**	321,483
*	Brighthouse Life Insurance Company	Clearbridge Variable Large Cap Value Portfolio	**	878,236
*	Brighthouse Life Insurance Company	Clearbridge Variable Small Cap Growth Portfolio	**	1,371,725
*	Brighthouse Life Insurance Company	Delaware VIP Small Cap Value Series	**	16,581,788
*	Brighthouse Life Insurance Company	Fidelity VIP Contrafund Portfolio Class 2	**	130,594
*	Brighthouse Life Insurance Company	Fidelity VIP Dynamic Capital Appreciation Portfolio	**	1,100,793
*	Brighthouse Life Insurance Company	Fidelity VIP Equity-Income Portfolio	**	240,348
*	Brighthouse Life Insurance Company	Fidelity VIP High Income Portfolio	**	162,081
*	Brighthouse Life Insurance Company	Fidelity VIP Mid Cap Portfolio	**	12,918,304
*	Brighthouse Life Insurance Company	Frontier Mid Cap Growth Portfolio Class D	**	328,412
*	Brighthouse Life Insurance Company	Harris Oakmark International Portfolio Class A	**	300,940
*	Brighthouse Life Insurance Company	Invesco Comstock Portfolio	**	159,871
*	Brighthouse Life Insurance Company	Invesco Global Equity Portfolio	**	1,742,930
*	Brighthouse Life Insurance Company	Invesco Small Cap Growth Portfolio Class A	**	140,873
*	Brighthouse Life Insurance Company	Janus Henderson Enterprise Portfolio	**	921,418
*	Brighthouse Life Insurance Company	Janus Henderson Global Research Portfolio	**	279,024
*	Brighthouse Life Insurance Company	Janus Henderson Overseas Portfolio	**	31,638
*	Brighthouse Life Insurance Company	Jennison Growth Portfolio	**	4,537,544
*	Brighthouse Life Insurance Company	JPMorgan Small Cap Value Portfolio	**	97,869
*	Brighthouse Life Insurance Company	Loomis Sayles Global Allocation Portfolio	**	463,570
*	Brighthouse Life Insurance Company	Loomis Sayles Growth Portfolio	**	8,681,791
*	Brighthouse Life Insurance Company	MACQUARIE VIP SMALL CAP VALUE SERIES	**	3,897,410
*	Brighthouse Life Insurance Company	Metlife Aggregate Bond Index Portfolio	**	141,035
*	Brighthouse Life Insurance Company	Metlife MSCI Eafe Index Portfolio	**	500,448
*	Brighthouse Life Insurance Company	Metlife Russell 2000 Index Portfolio	**	1,400,273
*	Brighthouse Life Insurance Company	Metlife Stock Index Portfolio Class A	**	6,945,818
*	Brighthouse Life Insurance Company	MFS Research International Portfolio	**	780,561

Hartford HealthCare 403(b) Plan

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*	Brighthouse Life Insurance Company	MFS Total Return Portfolio	**	3,823,170
*	Brighthouse Life Insurance Company	MFS Value Portfolio I	**	2,819,765
*	Brighthouse Life Insurance Company	Morgan Stanley Discovery Portfolio	**	12,203
*	Brighthouse Life Insurance Company	Neuberger Berman Genesis Portfolio	**	1,923,292
*	Brighthouse Life Insurance Company	PIMCO Inflation Protected Bond Portfolio Class A	**	753,197
*	Brighthouse Life Insurance Company	PIMCO Total Return Portfolio	**	1,474,700
*	Brighthouse Life Insurance Company	T. Rowe Price Large Cap Growth Portfolio	**	230,680
*	Brighthouse Life Insurance Company	T. Rowe Price Large Cap Value Portfolio Class B	**	3,760,061
*	Brighthouse Life Insurance Company	T. Rowe Price Large Cap Value Portfolio Class E	**	2,193,495
*	Brighthouse Life Insurance Company	T. Rowe Price Small Cap Growth Portfolio	**	2,573,467
*	Brighthouse Life Insurance Company	Templeton Developing Markets VIP Fund	**	358,840
*	Brighthouse Life Insurance Company	Templeton Foreign VIP Fund	**	451,751
*	Brighthouse Life Insurance Company	Victory Sycamore Mid Cap Value Portfolio	**	343,310
*	Brighthouse Life Insurance Company	Western Asset Core Plus VIT Portfolio	**	145,467
*	Brighthouse Life Insurance Company	Western Asset Management Strategic Bond Opportunities Portfolio Class A	**	1,233,824
*	Brighthouse Life Insurance Company	Western Asset Management U.S. Government Portfolio	**	132,862

Variable Annuity Sub-Account Separate accounts of Voya Retirement Insurance And Annuity Company Separate Account

	Voya Retirement Insurance and Annuity Company			
*	(VOYA)	AIM Charter Fund (A)	**	323,121
*	VOYA	American Century Ultra Fd-A	**	271,422
*	VOYA	Ariel Appreciation F	**	360,070
*	VOYA	Ariel Fund Inv	**	435,805
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Hartford HealthCare 403(b) Plan

EIN No. 06-0646668 Plan No. 010

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** Cost omitted for participant directed investments