

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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: [X] a multiemployer plan [ ] a multiple-employer plan... B This return/report is: [ ] a single-employer plan [ ] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [ ] automatic extension... 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: ELECTRICAL EMPLOYERS SELF-INSURANCE SAFETY PLAN
1b Three-digit plan number (PN): 502
1c Effective date of plan: 01/01/1967
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES OF THE ELECTRICAL EMPLOYERS SELF-INS SAFETY PLAN
2b Employer Identification Number (EIN): 51-0151311
2c Plan Sponsor's telephone number: 718-591-2000
2d Business code (see instructions): 238210

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<p><b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p style="color: blue;">JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY</p> <p style="color: blue;">158-11 HARRY VAN ARSDALE JR. AVENUE FLUSHING, NY 11365</p>	<p><b>3b</b> Administrator's EIN 13-0891035</p> <p><b>3c</b> Administrator's telephone number 718-591-2000</p>																				
<p><b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:</p> <p><b>a</b> Sponsor's name</p> <p><b>c</b> Plan Name</p>	<p><b>4b</b> EIN</p> <p><b>4d</b> PN</p>																				
<p><b>5</b> Total number of participants at the beginning of the plan year</p>	<p><b>5</b> 11585</p>																				
<p><b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b>, <b>6a(2)</b>, <b>6b</b>, <b>6c</b>, and <b>6d</b>).</p> <p><b>a(1)</b> Total number of active participants at the beginning of the plan year .....</p> <p><b>a(2)</b> Total number of active participants at the end of the plan year .....</p> <p><b>b</b> Retired or separated participants receiving benefits.....</p> <p><b>c</b> Other retired or separated participants entitled to future benefits .....</p> <p><b>d</b> Subtotal. Add lines <b>6a(2)</b>, <b>6b</b>, and <b>6c</b>.....</p> <p><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....</p> <p><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....</p> <p><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....</p> <p><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....</p> <p><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;"><b>6a(1)</b></td><td style="text-align: right;">11585</td></tr> <tr><td><b>6a(2)</b></td><td style="text-align: right;">11592</td></tr> <tr><td><b>6b</b></td><td style="text-align: right;">0</td></tr> <tr><td><b>6c</b></td><td style="text-align: right;">0</td></tr> <tr><td><b>6d</b></td><td style="text-align: right;">11592</td></tr> <tr><td><b>6e</b></td><td></td></tr> <tr><td><b>6f</b></td><td></td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td></td></tr> </table>	<b>6a(1)</b>	11585	<b>6a(2)</b>	11592	<b>6b</b>	0	<b>6c</b>	0	<b>6d</b>	11592	<b>6e</b>		<b>6f</b>		<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	
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<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>																					
<p><b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....</p>	<p><b>7</b> 355</p>																				

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

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

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

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

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

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

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

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

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

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

<p><b>A</b> Name of plan <b>ELECTRICAL EMPLOYERS SELF-INSURANCE SAFETY PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>502</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES OF THE ELECTRICAL EMPLOYERS SELF-INS SAFETY PLAN</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>51-0151311</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**GREAT AMERICAN**

(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
31-0501234	16691	3-58-01-42-17	11592	02/11/2023	02/10/2024

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

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		70700
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>		

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>ELECTRICAL EMPLOYERS SELF-INSURANCE SAFETY PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>502</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES OF THE ELECTRICAL EMPLOYERS SELF-INS SAFETY PLAN</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>51-0151311</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**NAVIGATORS INSURANCE**

(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
13-3138390	42307	NY23EXCZ07B09IV	11592	02/11/2023	02/10/2024

**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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</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

(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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(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.

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		51000
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>		

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <span style="color: blue;">ELECTRICAL EMPLOYERS SELF-INSURANCE SAFETY PLAN</span></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><span style="color: blue;">502</span></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">BOARD OF TRUSTEES OF THE ELECTRICAL EMPLOYERS SELF-INS SAFETY PLAN</span></p>	<p><b>D</b> Employer Identification Number (EIN) <span style="color: blue;">51-0151311</span></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
SAFETY NATIONAL CASUALTY CORP

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
43-0727872	15105	SP4068038	11592	02/11/2023	02/10/2024

**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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</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

(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.

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		733739
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>		

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>ELECTRICAL EMPLOYERS SELF-INSURANCE SAFETY PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>502</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES OF THE ELECTRICAL EMPLOYERS SELF-INS SAFETY PLAN</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>51-0151311</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**ZURICH AMERICAN**

(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
36-4233459	16535	AUC 5918685-17	11592	02/11/2023	02/10/2024

**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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</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

(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.

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

**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>b</b> Balance at the end of the previous year .....	<b>7b</b>	0
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0
<b>e</b> Deductions:	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	0

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		149985
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>		

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>ELECTRICAL EMPLOYERS SELF-INSURANCE SAFETY PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>502</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES OF THE ELECTRICAL EMPLOYERS SELF-INS SAFETY PLAN</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>51-0151311</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**FIREMAN'S FUND 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
94-1610280	21873	USL024832232	11592	02/11/2023	02/10/2024

**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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</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

(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.

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		81600
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>		

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<b>A</b> Name of plan <b>ELECTRICAL EMPLOYERS SELF-INSURANCE SAFETY PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>502</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES OF THE ELECTRICAL EMPLOYERS SELF-INS SAFETY PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>51-0151311</b>	

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

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

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

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

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

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

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

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

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

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

JOINT INDUSTRY BOARD

13-0891035

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	PLAN ADMINISTRATOR	8961266	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MAGNACARE

11-3410766

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	4032816	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MILLIMAN INC

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	316940	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

CLICK SAFETY.COM, INC.

94-3336523

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	305384	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALLIANT INSURANCE SERVICES INC.

33-0785439

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 50	NONE	264804	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INSIGHT NORTH AMERICA LLC

82-0983489

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	217189	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

COLUMBIA MGMT INVESTMENT ADVISORS

13-3180631

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 55 56 68	NONE	146618	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

JW SOFTWARE, INC.

27-0078475

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	113540	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HANDLED CLAIMS

1767 PEAR LOOP  
JUNCTION CITY, OR 97448

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	100394	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

HARLEYSVILLE PREFERRED INSURANCE CO

23-2384978

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 50	NONE	71547	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ELLIOT T. HETCH

158-11 HARRY VAN ARSDALE JR. AVE.  
FLUSHING, NY 11365

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	65500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MYCOMPLY US INC

84-1846590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	65325	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

DEUTSCHE BANK

13-6065488

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 50	NONE	46485	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

IN-TEC INC

23-2458429

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	32475	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FABIANI COHEN & HALL LLP

14-1851894

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	21848	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

WRIGHT RISK MANAGEMENT, LLC

26-2903226

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 50	NONE	20000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILSON ELSER MOSKOWITZ ET. AL.

13-2679447

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	16446	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CARD QUEST

80-0079626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	15600	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

ISO-CLAIMS PARTNERS, INC

20-5722557

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	14750	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PATSON BAGEL INC

93-4667038

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	13868	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

APPELLATE INNOVATIONS LLC

20-0329529

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	12678	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

LEWIS JOHS AVALLONE AVILES LLP

11-3168894

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	12360	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMALGAMATED BANK

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	12341	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MILBER MAKRIS PLOUSADIS & SEIDEN

11-3431286

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	11420	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

LEGACY OFFICE SOLUTIONS, LLC

46-0818763

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	7721	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JONES JONES LLC

45-3071674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	7435	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALICARE INC. / ALIGRAPHICS

13-3432221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	7055	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

STATE STREET BANK & TRUST COMPANY

04-1867445

(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?
25 28 50 62 63 99	NONE	7031	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

SEGAL MARCO ADVISORS

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	5915	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

IMPALA PRESS, LTD

11-2209120

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	5075	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

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

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

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

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

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

<b>Part III</b>	<b>Termination Information on Accountants and Enrolled Actuaries (see instructions)</b> (complete as many entries as needed)
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<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <u>ELECTRICAL EMPLOYERS SELF-INSURANCE SAFETY PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>502</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF THE ELECTRICAL EMPLOYERS SELF-INS SAFETY PLAN</u>	<b>D</b> Employer Identification Number (EIN) <u>51-0151311</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONGVIEW LARGE CAP 500 INDEX FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AMALGAMATED BANK</u>		
<b>c</b> EIN-PN <u>13-4920330-009</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>57724581</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>ELECTRICAL EMPLOYERS SELF-INSURANCE SAFETY PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>502</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES OF THE ELECTRICAL EMPLOYERS SELF-INS SAFETY PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>51-0151311</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	1705984	2289663
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	5814081	6539474
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	10438252	10339932
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	11740932	21104554
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	138860138	155225845
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	4543952	3354173
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	88354	0
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	55734217	55046381
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	52348437	57724581
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	36217876	33743221

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>	907862	739434
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	281494	288633
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	318681579	346395891
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	56770000	54924000
<b>h</b> Operating payables.....	<b>1h</b>	908817	751941
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	1154953	2036643
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	58833770	57712584
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	259847809	288683307

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	80404184	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	3104169	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		83508353
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	728015	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	5336392	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	139148	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	9733759	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		15937314
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	14142	
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	1496497	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		1510639
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	146788095	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	144169220	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		2618875
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	65554	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		12876143
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		116516878

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	70297569	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	2057305	
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		72354874
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	12994082	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	393319	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	46485	
(7) Actuarial fees .....	<b>2i(7)</b>	316940	
(8) Legal fees .....	<b>2i(8)</b>	144444	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	1431236	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		15326506
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		87681380

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		28835498
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: RSM US LLP

(2) EIN: 42-0714325

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		15000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

# **Electrical Employers Self Insurance Safety Plan**

Financial Report and Supplementary Information  
December 31, 2024

## Contents

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## Independent Auditor's Report

Executive Committee  
Electrical Employers Self Insurance Safety Plan

### Opinion

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

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

### Basis for Opinion

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

### Responsibilities of Management for the Financial Statements

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

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

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

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

### **Supplemental Schedules Required by ERISA**

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

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

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

*RSM US LLP*

New York, New York  
July 24, 2025

## Electrical Employers Self Insurance Safety Plan

### Statements of Net Assets Available for Benefits December 31, 2024 and 2023

	2024	2023
<b>Assets</b>		
Investments:		
Investments at fair value	\$ 325,744,237	\$ 299,533,906
Collateral for securities loaned	454,518	-
<b>Total investments at fair value</b>	<b>326,198,755</b>	299,533,906
Cash	2,289,663	1,705,984
Contributions receivable from employers, net	6,539,474	5,814,081
Due from insurance companies and other agencies on account of excess loss coverage and other claims	2,288,953	2,732,770
Security deposits	5,251,000	5,251,000
Accrued interest and dividends receivable	1,130,415	1,046,233
Prepaid expenses	1,285,887	1,279,545
Due from the Joint Industry Board of the Electrical Industry	383,677	128,704
Right-of-use lease asset	739,434	907,862
Fixed assets, net	288,633	281,494
<b>Total assets</b>	<b>346,395,891</b>	318,681,579
<b>Liabilities</b>		
Collateral payable	454,518	-
Due to broker for pending securities purchased	402,430	
Lease liability	751,941	908,817
Other liabilities	1,179,695	1,154,953
<b>Total liabilities</b>	<b>2,788,584</b>	2,063,770
<b>Net assets available for benefits</b>	<b>\$ 343,607,307</b>	<b>\$ 316,617,809</b>

See notes to financial statements.

## Electrical Employers Self Insurance Safety Plan

### Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2024 and 2023

	2024	2023
Additions:		
Employers' contributions:		
Workers' compensation premium income	\$ 76,271,409	\$ 71,678,374
Disability premium income	4,132,775	4,244,065
Employees' contributions:		
Paid family medical leave income	3,104,169	3,477,994
Net appreciation in fair value of investments	15,560,572	18,497,988
Investment and other income	17,447,953	15,533,733
<b>Total additions</b>	<b>116,516,878</b>	<b>113,432,154</b>
Deductions:		
Workers' compensation:		
Claims paid, net of actual and anticipated reimbursements of \$10,758,122 in 2024 and \$14,621,111 in 2023	62,838,269	68,600,683
New York state workers' compensation board administrative assessments	4,025,288	4,342,617
Paid family medical leave paid	3,319,921	3,056,076
Third-party and other administrator fees	4,032,816	4,011,302
Premium for excess insurance coverage and surety bonds	2,057,305	2,169,308
	<b>76,273,599</b>	<b>82,179,986</b>
Disability benefits:		
Claims paid	1,822,859	1,627,888
FICA on disability payments	137,232	108,155
	<b>1,960,091</b>	<b>1,736,043</b>
Administrative and record-keeping expenses, including \$8,961,266 in 2024 and \$9,182,913 in 2023 charged by the Joint Industry Board of the Electrical Industry	10,853,886	10,778,820
Investment management and custodian fees	439,804	355,859
<b>Total deductions</b>	<b>89,527,380</b>	<b>95,050,708</b>
<b>Net increase</b>	<b>26,989,498</b>	<b>18,381,446</b>
Net assets available for benefits:		
Beginning	<b>316,617,809</b>	298,236,363
Ending	<b>\$ 343,607,307</b>	<b>\$ 316,617,809</b>

See notes to financial statements.

## Electrical Employers Self Insurance Safety Plan

### Notes to Financial Statements

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#### Note 1. Organization and Significant Accounting Policies

**Organization:** The Electrical Employers Self Insurance Safety Plan (the Plan or EESISIP) was established pursuant to an Agreement and Declaration of Trust dated January 1, 1967. The Plan amended and restated the Trust Agreement effective December 7, 2011. The Plan is a group of employers organized to self-insure pursuant to Section 50.3a of the Workers' Compensation Law of New York and is an association of employers organized pursuant to Section 211 of the Disability Benefits Law of New York. The Plan, which is administered by the Joint Industry Board of the Electrical Industry (JIB or the Plan Administrator), subject to oversight of the Electrical Employers Self Insurance Safety Plan Trustees (Trustees), has as its principal activity the collection and investment of funds received from electrical contractors for the purpose of providing statutory and collectively bargained workers' compensation and disability benefits to members of Local Union No. 3 of the International Brotherhood of Electrical Workers AFL-CIO (Local 3). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

**Employers' contributions (workers' compensation and disability premium income):** Under the terms of the three-year collective bargaining agreement (the Agreement) between the New York Electrical Contractors Association, Inc., and independent contractors (the Participating Employers) and Local 3, the Participating Employers' premium contributions to the Plan for workers' compensation and disability benefits are based on percentage payments of their gross weekly payrolls.

Contributions are remitted by Participating Employers based on rates established by the Trustees that are applied to employees' weekly wages. The base contributions range from 0.72% to 15.40% of total gross wages based on employees' classification during 2024. The base contributions range from 0.66% to 14.15% of total gross wages based on employees' classification during 2023.

**Workers' compensation, disability and medical benefits:** The benefits, as specified in the Plan, are:

- (a) Workers' compensation benefits, which include the statutory maximum, were paid to the covered employees at 2/3 of the employees' weekly wage to a maximum payment of \$1,280 per week (\$1,125 in statutory benefits and \$155 in supplemental benefit) from July 1, 2022 to June 30, 2023, \$1,300 per week (\$1,145 in statutory benefits and \$155 in supplemental benefits) from July 1, 2023 to June 30, 2024 and \$1,326 per week (\$1,171 in statutory benefits and \$155 in supplemental benefits) from July 1, 2024 to December 31, 2024.
- (b) Disability benefits, payable for a maximum of 26 weeks of disability in the fiscal year with a maximum benefit of \$470 per week (\$170 as statutory and \$300 in supplemental benefits) from May 11, 2017 to December 31, 2024.
- (c) Medical benefits including certain medical care and medical treatment.

Effective May 1, 1996, the Participating Employers and Local 3 entered into an agreement to adopt an Alternate Dispute Resolution Program. This program takes the place of the New York State Workers' Compensation Board (the Board) in dealing with the medical care, medical treatment and monetary compensation of all injured workers covered by the Plan. This program has been designed to streamline the benefit payment and hearings process by providing for a compensation advisor to facilitate discussion on any claim disputes that arise, and for the ultimate resolution of claims to be made by an arbitrator selected by the parties.

In November 2019, the parties to the collective bargaining agreement executed an amendment transferring jurisdiction to the Alternate Dispute Resolution Program for all cases with dates of accident between January 1, 1967 to April 30, 1996.

## Electrical Employers Self Insurance Safety Plan

### Notes to Financial Statements

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#### Note 1. Organization and Significant Accounting Policies (Continued)

**Employees' contributions for Paid Family Medical Leave and related benefits paid:** In 2016, New York State signed into law New York's Paid Family Leave Benefits (PFL), which requires employers to provide paid family leave to employees to care for a new child, care for a family member with a serious health condition, or to assist with an exigency while a family member is on active military duty. PFL contributions are deposited in accounts segregated from accounts used to pay workers' compensation and disability benefits. Premium payroll deductions had been made from each employee's paycheck, as set by the EESISIP Trustees, and forwarded to EESISIP. The premium rate in 2023 and 2024 is \$7.00 for all individuals earning the "A" rated Journeypersons rate or higher, \$4.00 for those people earning \$25.00 or less per hours, and \$3.08 for all others.

**Requirements of the Board and other:** The foregoing description of the Plan provides only general information. Participants should refer to the pamphlets, Agreement and Declaration of Trust for the Electrical Employers Self Insurance Safety Plan, the Workers' Compensation Law and the Disability Benefits Law of New York State for a more complete description of the Plan's provisions. Copies of these pamphlets are available from the Plan Administrator.

The Board monitors the operations of the Plan by: (1) requiring that copies of certain documents processed by the Plan be submitted to the Board for its maintenance of a case index for all claims and related data, (2) reviewing the claims annually and (3) furnishing other administrative services required by the Plan. For these services, the Board charges the Plan an annual administrative assessment based on, among other items, a payroll or indemnity benefits paid based formula.

To comply with the requirements for self-insurers of the Board and the provisions of the Longshore and Harbor Workers' Compensation Act, the Plan has provided the following collateral:

- a. \$4.5 million for workers' compensation and \$200,000 for disability to the Board, included in security deposits on the statements of net assets available for benefits as of December 31, 2024 and 2023.
- b. \$551,000 to the United States Department of Labor for the Longshore and Harbor Workers' Compensation Act, included in security deposits on the statements of net assets available for benefits as of December 31, 2024 and 2023.

New York Workers' Compensation Law requires the Plan to post security for its obligations under the law. The legislation permits a group, including the Plan, to post all its required security to a Regulation 114 Trust. On November 2, 2022, the Board released \$3 million from EESISIP's 114 Trust into operational capital. At December 31, 2024 and 2023, the fair value of the Regulation 114 Trust investments, including accrued interest was \$296.8 million and \$263.2 million, respectively. See Fair Value Measurements (see Note 2) for more detail which includes Regulation 114 Trust investments and other Plan investments held outside of the Regulation 114 Trust. EESISIP also had \$4.5 million of cash, included in security deposits on the statements of net assets available for benefits as of December 31, 2024 and 2023. In addition to the assets of the Regulation 114 Trust, the Plan has met its security obligations by obtaining two \$37.5 million surety bonds, which were held by the Board as of December 31, 2024 and 2023.

This amount of the security deposit is based on the actuarially determined present value of workers' compensation claims. The Board has stipulated that the valuation "should be discounted at the actual protected yield not to exceed 4%." Management has elected to choose 4% as the discount rate to reflect the investment portfolio earning capacity as of December 31, 2024 and 2023. As of December 31, 2024 and 2023, a discount rate of 5.2% and 4.6% is used to compute the benefit obligations for the financial statements, respectively (see Note 6).

## Electrical Employers Self Insurance Safety Plan

### Notes to Financial Statements

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#### Note 1. Organization and Significant Accounting Policies (Continued)

**Basis of accounting:** The financial statements of the Plan have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP).

**Estimates:** The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

**Cash:** The Plan maintains its cash in bank deposit accounts at a high-credit-quality financial institution. These balances are insured by the Federal Deposit Insurance Corporation up to \$250,000. The Plan balances may at times be in excess of the federally insured limit; however, the Plan has not experienced any losses and does not believe it is exposed to any significant credit risk.

The Plan also maintains zero balance checking accounts. As checks are written, they are recorded as disbursements in the financial statements. Checks are funded as presented to the bank for payment. Outstanding checks at year-end are recorded as an offset against cash.

**Investment valuation and income recognition:** Investments held by the Plan are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (i.e., an exit price). See Note 2 for a further discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Investment income is recognized as earned. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Employers' and employees' contributions and related receivables:** Contributions receivable are reported at their outstanding balances net of an estimated reserve for doubtful accounts and are primarily composed of balances due from employers or participants. The Plan estimates doubtful accounts based on historical bad debts, factors related to specific employers' or groups of participants' ability to pay and current economic trends and conditions. As of December 31, 2024 and 2023, the allowance for doubtful accounts was \$342,861 and \$67,816, respectively. Changes in the allowance for doubtful accounts are recorded in employers' contributions in the statements of changes in net assets available for benefits.

**Due from insurance companies and other agencies on account of excess loss coverage and other claims:** Due from insurance companies and other agencies are derived from claims that were already paid from the Plan that exceeded the excess loss coverage or meet certain requirements of the state for reimbursement to the Plan. Management has concluded that it expects to eventually collect all, or substantially all, of the receivables without need for the establishment of a reserve for both years ended December 31, 2024 and 2023.

**Excess loss coverage:** The Plan has arranged for casualty excess insurance providing for reimbursement of incurred statutory workers' compensation benefits and benefits resulting from impleader actions in excess of stated amounts. The insurance carried by the Plan provides statutory workers' compensation benefits on an unlimited basis subject to the self-insured retention of \$3,000,000 per occurrence (\$1,000,000 self-insured retention prior to June 11, 2009). The maximum coverage for employers' liability is \$78,000,000 per accident, subject to certain limitations, as defined. The maximum retention for claims originating on October 27, 2001, and prior was \$500,000 and varied prior to that date.

## Electrical Employers Self Insurance Safety Plan

### Notes to Financial Statements

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#### Note 1. Organization and Significant Accounting Policies (Continued)

**Fixed assets:** Fixed assets of the Plan are used primarily to provide benefits and services to participants of the Plan and are valued at cost, less accumulated depreciation and amortization. Depreciation and amortization of fixed assets are computed using the straight-line method over their estimated useful lives.

**Leases:** The Plan determines if an arrangement is or contains a lease at inception, which is the date on which the terms of the contract are agreed to, and the agreement creates enforceable rights and obligations. Under Topic 842, a contract is or contains a lease when (i) explicitly or implicitly identified assets have been deployed in the contract, and (ii) the customer obtains substantially all of the economic benefits from the use of that underlying asset and directs how and for what purpose the asset is used during the term of the contract. The Plan also considers whether its service agreements include the right to control the use of an asset.

Right-of-use assets represent the Plan's right to use the underlying assets for the lease term and lease liabilities represent the net present value of the Plan's obligation to make payments arising from these leases. The lease liabilities are based on the present value of fixed lease payments over the lease term using the risk-free U.S. Treasury rate on the lease commencement date. If the lease includes one or more options to extend the term of the lease, the renewal option is considered in the lease term if it is reasonably certain the Plan will exercise the options. Operating lease expense is recognized on a straight-line basis over the term of the lease.

As permitted by Accounting Standards Codification (ASC) 842, leases with an initial term of 12 months or less are not recorded on the statements of net assets available for benefits but are recognized as lease expense on a straight-line basis over the applicable lease terms. The Plan has elected not to recognize leases with original lease terms of 12 months or less (short-term leases) on the Plan's statement of net assets available for benefits. Additionally, the Plan has elected to account for any lease and non-lease components for its real estate lease as one lease component.

**Administrative expenses:** The Plan Administrator allocated certain administrative and recordkeeping costs to the Plan, in addition to the cost of payroll and related payroll benefits directly attributable to the Plan. In computing these allocated costs, various factors were considered, including the time spent, space used, costs incurred and volume of transactions relating to the Plan in relation to the various other entities administered by the Plan Administrator.

Expenses incurred to manage and hold the Plan's investments are included in investment management and custodian fees on the statements of changes in net assets available for benefits.

**Benefit obligations:** Obligations for workers' compensation coverage principally represent the actuarial present value of the expected workers' compensation benefit obligations as determined by an actuary. It is the amount that results from applying actuarial assumptions to historical paid loss data to estimate the ultimate cost of incurred but not reported claims and future incurred claim costs and to adjust such estimates for the time value of money through discounts for interest and the reserve for claims currently payable (see Notes 6 and 7 for details).

**Subsequent events:** The Plan evaluates events occurring after the date of the financial statements to consider whether or not the impact of such events needs to be reflected and/or disclosed in the financial statements. Such evaluation is performed through the date the financial statements are available for issuance, which was July 24, 2025, for these financial statements.

## Electrical Employers Self Insurance Safety Plan

### Notes to Financial Statements

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#### Note 2. Fair Value Measurements

Financial Accounting Standards Board (FASB) ASC 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. The framework for measuring fair value provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

**Level 1:** Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

**Level 2:** Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:

- Quoted prices for similar assets and liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in markets that are not active
- Observable inputs other than quoted prices that are used in the valuation of the asset or liability (e.g., interest rate and yield curve quotes at commonly quoted intervals)
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

**Level 3:** Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumption about the estimated valuations that market participants would use in pricing the asset or liability (including assumptions about risk).

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

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

**Common stocks:** Fair values based on the last reported closing price on the active market on which the individual securities are traded.

**Investments in corporate bonds, federal agency obligations, government securities and mortgage-backed securities:** Fair values are based on third-party pricing sources obtained by the custodian. Pricing sources principally obtain broker-dealer quotes of such obligations or similar obligations to value these securities. In instances where broker-dealer quotes are not available, pricing sources utilize models that incorporate pertinent data, such as bid matrices.

## Electrical Employers Self Insurance Safety Plan

### Notes to Financial Statements

#### Note 2. Fair Value Measurements (Continued)

**Investments measured at net asset value (NAV):** Valued at NAV of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund/trust less its liability. This practical expedient is not used when it is determined to be probable that the fund/trust will sell the investment for an amount different than the reported NAV.

The valuation methods described above may produce fair value calculations that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes that 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.

The following tables present the Plan's investments by type at fair value at December 31, 2024 and 2023:

Type of Security	Investments as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Common stocks	\$ 55,046,381	\$ -	\$ -	\$ 55,046,381
Corporate bonds	-	3,354,173	-	3,354,173
Mortgage-backed securities	-	11,003,100	-	11,003,100
Federal agency obligations	-	51,125,061	-	51,125,061
Government securities	-	126,849,960	-	126,849,960
Total assets in the fair value hierarchy	<u>\$ 55,046,381</u>	<u>\$ 192,332,294</u>	<u>\$ -</u>	<u>247,378,675</u>
Investments measured at NAV (a)				78,820,080
Total investments at fair value				<u>\$ 326,198,755</u>

Type of Security	Investments as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Common stocks	\$ 55,734,217	\$ -	\$ -	\$ 55,734,217
Corporate bonds	-	4,543,951	-	4,543,951
Mortgage-backed securities	-	8,019,467	-	8,019,467
Federal agency obligations	-	67,545,457	-	67,545,457
Government securities	-	99,601,445	-	99,601,445
Total assets in the fair value hierarchy	<u>\$ 55,734,217</u>	<u>\$ 179,710,320</u>	<u>\$ -</u>	<u>235,444,537</u>
Investments measured at NAV (a)				64,089,369
Total investments at fair value				<u>\$ 299,533,906</u>

(a) In accordance with the Fair Value Measurements topic, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to line items presented in the statements of net assets available for benefits.

## Electrical Employers Self Insurance Safety Plan

### Notes to Financial Statements

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#### Note 2. Fair Value Measurements (Continued)

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using NAV per share as of December 31, 2024 and 2023:

Investment	2024	2023	Unfunded Commitment	Redemption Frequency	Notice Period
Longview Largecap 500 Index Fund (b) State Street Bank and Trust Company of New Hampshire Global Securities Lending Trust (c)	\$ 57,724,581	\$ 52,348,437	\$ -	Daily	None
State Street Institutional Liquid Reserves Fund (d)	454,518	-	-	Daily	None
	20,640,981	11,740,932	-	Daily	None
	<u>\$ 78,820,080</u>	<u>\$ 64,089,369</u>			

- (b) The Plan's investment in the Longview Largecap 500 Index Fund, direct filing entity, has no restrictions on the NAV price, or its equivalent. There are no known or anticipated redemptions.
- (c) The State Street Bank and Trust Company of New Hampshire Global Securities Lending Trust's investment objective is to provide safety of principal, daily liquidity and a competitive yield over the long term by investing in securities of a short-term nature. The Trust has no restrictions on the NAV price or its equivalent.
- (d) The Plan's investments in the State Street Institutional Liquid Reserves Fund have no restrictions on the NAV price or its equivalent. There are no known or anticipated redemptions. The fund's investment objective is to provide safety of principal, daily liquidity and a competitive yield over the long term by investing in securities of a short-term nature.

#### Note 3. Securities Lending

The Plan has an agreement with its custodian, State Street Bank and Trust Company, to allow it to lend the Plan's securities to various broker-dealers for an agreed-upon revenue-sharing allocation. The custodian obtains cash collateral of 102% of the fair value of the loaned securities in accordance with the terms of the contract with the Plan's custodian and the Plan to secure the loaned securities. The cash collateral obtained is invested in a privately offered commingled cash collateral fund and may not be sold or re-pledged by the Plan. The collateral for securities loaned at December 31, 2024 and 2023, was \$454,518 and \$0, respectively, and is measured at NAV per share as provided by the issuer.

The total fair value of all outstanding securities loaned, which are fully collateralized, at December 31, 2024 and 2023, was approximately \$445,000 and \$0, respectively.

## Electrical Employers Self Insurance Safety Plan

### Notes to Financial Statements

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#### Note 4. Risk and Uncertainties

Investments in any single corporate issue, other than U.S. government and agency issues, U.S. government instruments, agency mortgage-backed securities and highly liquid short-term investment funds, are typically limited to no more than 5% of the portfolio. At December 31, 2024 and 2023, the Plan held 17.70% and 17.48% of the portfolio in the Longview Largecap 500 Index Fund, respectively. The Plan's investment managers regularly evaluate the credit standing of these institutions, which are considered in the Plan's investment strategy. Information about these financial instruments is described in Notes 2 and 3.

The Plan's investment securities are subject to various risks, such as interest rate and credit risk. Due to risks associated with certain investment securities, values of investment securities could change, affecting the amounts reported in the accompanying financial statements.

#### Note 5. Tax Status

The trust funding the Plan has received an exemption letter from the Internal Revenue Service dated May 20, 1986, stating that the trust is tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (the Code) as a Voluntary Employee Beneficiary Association, except to the extent that any unrelated business taxable income is not set aside for the exempt purposes of the Plan. All such set-asides have been made for the years ended December 31, 2024 and 2023. The Plan and trust are required to operate in conformity with the Code to maintain the tax-exempt status of the trust. JIB, as the Plan Administrator, believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust tax-exempt.

Management evaluated all the Plan's tax positions for all open tax years and has concluded the Plan has taken no uncertain tax positions that require adjustment to the financial statements.

#### Note 6. Benefit Obligations

U.S. GAAP requires the discount rate to be determined based on rates of return on high-quality fixed-income investments currently available with cash flows that match the timing and amount of expected benefit payments and expected contributions. Administrative expenses expected to be paid by the Plan (but not those paid directly by the Plan's participating employers) that are associated with providing the Plan's benefits have been calculated separately and are included in the other expenses line below for the December 31, 2024 and 2023 years. No adjustments to the discount rate's calculation have been made. Utilizing this approach for calculating the benefit obligations under U.S. GAAP, the valuation of Plan benefit obligations, and changes in benefit obligations, using a 5.2% and a 4.6% discount rate as of December 31, 2024 and 2023, respectively, is as follows:

	2024	2023
Amounts currently payable:		
Workers' compensation claims	\$ 54,712,000	\$ 56,580,000
Disability benefit claims	212,000	190,000
	<u>54,924,000</u>	<u>56,770,000</u>
Other obligations for current benefit coverage, at present value of estimated amounts:		
Future workers' compensation claims	248,188,000	248,520,000
Plan's total benefit obligations	<u>\$ 303,112,000</u>	<u>\$ 305,290,000</u>

## Electrical Employers Self Insurance Safety Plan

### Notes to Financial Statements

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#### Note 6. Benefit Obligations (Continued)

	<u>2024</u>	<u>2023</u>
Indemnity	\$ 202,500,000	\$ 208,400,000
Medical	26,600,000	29,100,000
Supplemental	1,600,000	2,100,000
Other expenses	5,000,000	4,000,000
September 11th claims	17,500,000	6,900,000
Non-9/11 recoverable booked as asset	1,100,000	1,000,000
Workers' compensation board assessments	4,800,000	6,600,000
Buyback claims	12,300,000	10,400,000
ULAE expense and mediation fees	10,400,000	11,200,000
WAMO claims	20,800,000	23,600,000
Provision for SIR adjustment	300,000	1,800,000
Disability	212,000	190,000
Plan's total benefit obligations, net of recoveries	<u>303,112,000</u>	<u>305,290,000</u>
Estimated excess insurance recoverable for unpaid non-9/11 claims	26,200,000	31,000,000
Estimated excess insurance recoverable for unpaid 9/11 claims		
Known claims	24,700,000	34,900,000
Pure IBNR	76,200,000	90,200,000
Estimated third party liens recoverable for unpaid claims	43,500,000	51,600,000
Total estimated ceded on unpaid claims	<u>170,600,000</u>	<u>207,700,000</u>
Plan's total benefit obligations, gross of recoveries	<u>\$ 473,712,000</u>	<u>\$ 512,990,000</u>

## Electrical Employers Self Insurance Safety Plan

### Notes to Financial Statements

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#### Note 6. Benefit Obligations (Continued)

	2024	2023
Amounts currently payable for workers' compensation claims:		
Balance, beginning of year	\$ 56,580,000	\$ 60,011,000
Benefits reported and approved for payment	64,995,557	69,512,300
Benefits paid—workers' compensation	<u>(66,863,557)</u>	<u>(72,943,300)</u>
Balance, end of year	<u>54,712,000</u>	<u>56,580,000</u>
Amounts currently payable for disability claims:		
Balance, beginning of year	190,000	240,000
Benefits reported and approved for payment	1,982,091	1,686,043
Benefits paid	<u>(1,960,091)</u>	<u>(1,736,043)</u>
Balance, end of year	<u>212,000</u>	<u>190,000</u>
Other obligations for current workers' compensation claims at estimated amounts:		
Balance, beginning of year	248,520,000	249,889,000
Net change during year	<u>(332,000)</u>	<u>(1,369,000)</u>
Balance, end of year	<u>248,188,000</u>	<u>248,520,000</u>
Plan's total benefit obligations	<u>\$ 303,112,000</u>	<u>\$ 305,290,000</u>

Amounts currently payable (which include statutory workers' compensation, medical payments, supplemental benefits and third-party claims) represent that portion of the actuarially and management calculated obligations expected to be paid within one year.

The reserve for claims attributable to disability benefits has been provided at amounts potentially payable under the terms of the collective bargaining agreement.

Included in the benefit obligation are amounts representing a discounted reserve for assessments as of December 31, 2024 and 2023. For the 2024 and 2023 years, the amount was calculated based on 50-5 assessments, which was based on indemnity losses paid for accident years 2024 and prior. Also included is a discounted future workers' compensation and impleader benefits obligation at December 31, 2024 and 2023. See Note 1 for additional details.

The actuarial present value of benefit obligations is based on certain assumptions pertaining to interest rates, employee demographics, and payment pattern risks, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the accompanying financial statements.

## Electrical Employers Self Insurance Safety Plan

### Notes to Financial Statements

#### Note 7. Benefit Obligations—Additional Information

FASB ASC Topic 944 (Financial Services—Insurance) requires insurance entities that issue short-duration contracts to include additional disclosures about those insurance liabilities, including disaggregation of certain disclosures. The following is information about the development of the Plan's benefit obligations as of December 31, 2024, net of reinsurance, as well as cumulative claim frequency and the total benefit obligations plus expected development on reported claims. The information in this note for the years ended December 31, 2015 to 2023, is presented as supplementary information (in thousands).

Accident Year	Incurred Claims and Allocated Claims Adjustment Expenses, Net of Reinsurance										Total Incurred But not Reported Liabilities Plus Expected Development on Reported Claims	Cumulative Number of Reported Lost-Time Claims
	Years Ended December 31											
	2015*	2016*	2017*	2018*	2019*	2020*	2021*	2022*	2023*	2024		
2015	56,950	58,965	54,889	58,982	62,925	61,629	60,812	60,366	58,903	58,993	2,313	654
2016		62,997	61,917	64,838	68,012	66,564	66,576	66,112	66,114	67,180	2,514	727
2017			58,500	62,786	63,347	65,144	63,813	66,577	66,314	65,377	3,020	687
2018				71,596	76,600	78,817	78,986	83,890	83,002	84,263	3,125	781
2019					66,001	66,927	70,363	76,419	76,317	78,213	3,290	620
2020						53,402	55,276	61,342	60,254	62,097	5,800	491
2021							57,057	61,162	59,287	58,786	9,866	446
2022								63,003	62,936	60,580	16,908	404
2023									60,796	56,163	27,818	324
2024										54,488	43,530	238
									Total	646,140		

  

Accident Year	Cumulative Paid Claims and Allocated Claims Adjustment Expenses, Net of Reinsurance									
	Years Ended December 31									
	2015*	2016*	2017*	2018*	2019*	2020*	2021*	2022*	2023*	2024
2015	8,323	21,047	30,963	37,890	42,539	45,196	48,503	50,158	50,787	52,416
2016		10,160	24,320	34,116	40,503	45,420	49,683	52,122	54,793	57,521
2017			9,838	23,430	33,942	40,736	45,566	49,519	52,620	54,320
2018				11,494	29,095	42,052	51,401	58,008	62,943	66,978
2019					10,078	25,841	37,406	46,413	52,598	57,491
2020						7,574	21,385	30,968	37,994	42,439
2021							7,742	20,200	29,218	34,191
2022								8,066	20,564	28,600
2023									7,603	18,154
2024										6,274
									Total	418,385
										79,604
										307,359

\* Unaudited

## Electrical Employers Self Insurance Safety Plan

### Notes to Financial Statements

#### Note 7. Benefit Obligations—Additional Information (Continued)

The reconciliation of the net benefit obligations development tables to the benefit obligations summarized in Note 6 to the financial statements, is as follows (in thousands):

	2024	2023
Net benefit obligations (undiscounted, excluding ULAE, recoverable asset, assessments)	\$ 307,359	\$ 309,427
Discount	(71,659)	(65,827)
September 11th claims, discounted	17,500	6,900
ULAE expense and mediation fees, discounted	10,400	11,200
Non-9/11 recoverable booked as asset	1,100	1,000
Workers' compensation board assessments, discounted	4,800	6,600
WAMO Claims, discounted	20,800	23,600
Buyback claims	12,300	10,400
Provisions for SIR adjustment	300	1,800
Currently payable—disability benefit claims	212	190
Plan's total benefit obligations, net of recoveries	<u>\$ 303,112</u>	<u>\$ 305,290</u>

The following is supplementary information about average historical claims duration as of December 31, 2024 (unaudited):

Years	1	2	3	4	5	6	7	8	9	10+
Payout	14.6%	11.7%	9.6%	7.9%	6.5%	5.6%	4.7%	4.1%	3.6%	31.6%

## Electrical Employers Self Insurance Safety Plan

### Notes to Financial Statements

#### Note 7. Benefit Obligations—Additional Information (Continued)

Activity in the benefit obligations claims is as follows (in thousands):

	2024	2023
Total benefit obligations, beginning of year, net of discount	\$ 305,290	\$ 310,140
Discount	65,827	69,550
September 11th claims, discounted	(6,800)	(5,900)
ULAE expense and mediation fees, discounted	(11,200)	(11,100)
Non-9/11 recoverable booked as asset	(1,000)	(1,000)
Workers' compensation board assessments, discounted	(7,000)	(8,700)
WAMO claims, discounted	(23,500)	(25,400)
Buyback claims, discounted	(10,300)	(5,500)
Provisions for SIR adjustment	(1,700)	(2,100)
Currently payable—disability benefit claims	(190)	(240)
Total adjustments	4,137	9,610
Balance, beginning of year, gross of discount, excluding adjustment items above	309,427	319,750
Incurred (excluding 9/11, WAMO, ULAE, recoverable asset movements, assessments) related to:		
Current year	54,488	60,796
Prior years	834	(8,032)
Total incurred	55,322	52,764
Paid (excluding 9/11, WAMO, ULAE, recoverable asset movements, assessments) related to:		
Current year	6,274	7,603
Prior years	51,117	55,484
Total paid	57,391	63,087
Balance, end of year, gross of discount, excluding adjustment items below	307,359	309,427
Discount	(71,659)	(65,827)
September 11th claims, discounted	17,500	6,800
ULAE expense and mediation fees, discounted	10,400	11,200
Non-9/11 recoverable booked as asset	1,100	1,000
Workers' compensation board assessments, discounted	4,800	7,000
WAMO claims, discounted	20,800	23,500
Buyback claims, discounted	12,300	10,300
Provisions for SIR adjustment	300	1,700
Currently payable—disability benefit claims	212	190
Total reserve balance, end of year, net of discount	(4,247)	(4,137)
Reserve Balance, end of year, net of discount, excluding adjustment items above	\$ 303,112	\$ 305,290

There were no significant changes to estimation methodologies in 2024 or 2023.

## Electrical Employers Self Insurance Safety Plan

### Notes to Financial Statements

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#### Note 8. Operating Leases

The office premises occupied by the Plan are leased from the Educational and Cultural Trust Fund of the Electrical Industry, a related entity, at an annual rental of \$217,664 for two years and \$224,194 for the following three years, together with escalations for real estate taxes and operating expenses through September 30, 2023. As of September 30, 2023, this lease was extended to November 30, 2023. A new five-year lease for this office space was signed effective December 1, 2023, at an annual rent of \$194,752 with a 3% increase annually, maturing in 2028. The Plan also leases various pieces of equipment.

Operating lease cost is recognized on a straight-line basis over the lease term. The components of lease expense are as follows:

	2024	2023
Operating lease cost	\$ 209,270	\$ 222,695

Supplemental Plan's statements of net assets available for benefits information related to leases is as follows:

	2024	2023
Operating lease assets	\$ 739,434	\$ 907,862
Other current liabilities	\$ 170,368	\$ 156,876
Operating lease liabilities	581,573	751,941
Total operating lease liabilities	\$ 751,941	\$ 908,817

	2024	2023
Weighted-average remaining lease term (years):		
Operating leases	3.92	4.92
Weighted-average discount rate:		
Operating leases	4.67%	4.67%

Future minimum lease payments and reconciliation to the lease liabilities recognized on the Plan's statement of net assets available for benefits is as follows:

Years ending December 31:		
2025		\$ 201,096
2026		207,125
2027		213,325
2028		200,891
2029		-
Thereafter		-
Total lease payments		822,437
Less imputed interest		(70,496)
Total present value of lease liabilities		\$ 751,941

## Electrical Employers Self Insurance Safety Plan

### Notes to Financial Statements

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#### Note 9. Due From JIB

	2024	2023
JIB	\$ 383,677	\$ 128,704

Amounts due from JIB are composed of the residual cash balance held in JIB's name used in normal plan operations as well as amount due to the Plan related to the routine annual review of the expense allocation (see Note 1).

#### Note 10. Related-Party and Party-in-Interest Transactions

State Street Bank and Trust Company and Amalgamated Bank are the Plan's custodians and the Plan also invests in a short-term investment fund managed by State Street and the Longview Largecap 500 Index Fund managed by Amalgamated Bank. The Plan also holds bank accounts at Deutsche Bank used for cash transactions in the ordinary course of administering the Plan. In addition, as described in Notes 1, 3, 4, 8 and 9, the Plan has several other arrangements with JIB, service providers and related parties related to Plan operations. These transactions are considered exempt party-in-interest transactions under ERISA.

#### Note 11. Litigation

The Plan has various claims and pending legal proceedings. These proceedings are, in the opinion of management, routine matters incidental to the normal business conducted by the Plan. In the opinion of management (and the Plan's legal counsel), the ultimate disposition of such proceedings is not expected to have a material adverse effect on the Plan's overall results.

#### Note 12. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500:

	2024	2023
Net assets available for benefits per the financial statements	\$343,607,307	\$316,617,809
Less benefit obligations currently payable	54,924,000	56,770,000
Net assets per Form 5500	\$288,683,307	\$259,847,809

Amounts currently payable to participants and others are reported as benefit obligations for financial statement purposes but are recorded as liabilities on Form 5500.

## Electrical Employers Self Insurance Safety Plan

### Notes to Financial Statements

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#### Note 12. Reconciliation of Financial Statements to Form 5500 (Continued)

The following is a reconciliation of benefits paid as reported on the financial statements for the year ended December 31, 2024, to the amounts as reported on the Form 5500:

	<u>2024</u>
Benefits paid for workers' compensation claims as reported on the financial statements	\$ 62,838,269
Board administrative assessments as reported on the financial statements	4,025,288
Benefits paid for disability as reported on the financial statements	1,822,859
Premium for excess insurance coverage and surety bonds as reported on the financial statements	2,057,305
Paid for family medical leave paid as reported on the financial statements	3,319,921
FICA on disability payments as reported on the financial statements	137,232
Add workers' compensation amounts currently payable at December 31, 2024	54,712,000
Less workers' compensation amounts currently payable at December 31, 2023	(56,580,000)
Add disability benefit amounts currently payable at December 31, 2024	212,000
Less disability benefit amounts currently payable at December 31, 2023	<u>(190,000)</u>
Benefits paid directly to participants and others as reported on the Form 5500	<u><u>\$ 72,354,874</u></u>

Electrical Employers Self Insurance Safety Plan

Schedule H, Line 4i—Schedule of Assets (Held at End of Year)  
December 31, 2024

Employer Identification Number: 51-0151311

Plan Number: 502

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	LONGVIEW LARGE CAP 500 INDEX FUND		\$ 31,120,945	\$ 57,724,581
*	STATE STREET BANK AND TRUST COMPANY OF NEW HAMPSHIRE GLOBAL SECURITIES LENDING TRUST		454,518	454,518
*	STATE STREET INSTITUTIONAL LIQUID RESERVES FUND		20,640,548	20,640,981
	AES CORP COMMON STOCK USD.01		2,312,275	1,885,802
	ALPHABET INC CL A COMMON STOCK USD.001		938,160	1,874,070
	AMERICAN INTERNATIONAL GROUP COMMON STOCK USD2.5		1,428,764	1,787,240
	AMERICAN TOWER CORP REIT USD.01		1,613,346	1,583,195
	APPLIED MATERIALS INC COMMON STOCK USD.01		1,128,700	1,554,580
	BANK OF AMERICA CORP COMMON STOCK USD.01		815,402	1,709,347
	BANK OF AMERICA CORP SR UNSECURED 01/48 VAR		226,677	175,182
	BARRICK GOLD CORP COMMON STOCK		944,859	866,156
	BERKSHIRE HATHAWAY FIN COMPANY GUAR 05/43 4.3		216,992	181,711
	BOEING CO/THE COMMON STOCK USD5.0		2,149,145	2,238,519
	BRISTOL MYERS SQUIBB CO COMMON STOCK USD.1		1,557,548	1,704,775
	CALIFORNIA ST CAS 02/28 FIXED 1.7		957,576	921,140
	CALIFORNIA ST CAS 04/39 FIXED 7.55		270,792	242,316
	CALIFORNIA ST CAS 11/31 FIXED 3		1,891,221	1,561,823
	CATERPILLAR INC COMMON STOCK USD1.0		928,226	1,650,558
	CENTENE CORP COMMON STOCK USD.001		1,542,169	1,555,694
	CHEVRON CORP COMMON STOCK USD.75		1,255,353	1,436,668
	CISCO SYSTEMS INC COMMON STOCK USD.001		840,959	1,185,717
	CITIGROUP INC COMMON STOCK USD.01		1,566,940	2,017,096
	CONSUMERS ENERGY CO 1ST MORTGAGE 05/48 4.05		528,498	398,040
	CORNING INC COMMON STOCK USD.5		1,190,378	1,760,426
	CSX CORP COMMON STOCK USD1.0		1,019,412	1,544,991
	CVS HEALTH CORP COMMON STOCK USD.01		1,897,540	1,449,543
	EPAM SYSTEMS INC COMMON STOCK USD.001		1,726,280	2,068,606
	FANNIE MAE FNR 2019 29 A		677,055	658,590
	FANNIE MAE NOTES 01/30 0.00000		2,776,432	2,387,910
	FANNIEMAE STRIPS NOTES 05/28 0.00000		1,454,327	1,294,830
	FED HM LN PC POOL 845728 FH 09/30 FLOATING VAR		3	3
	FED HM LN PC POOL C01120 FG 01/31 FIXED 7		55	57
	FED HM LN PC POOL E09018 FG 01/28 FIXED 2.5		439,515	428,761
	FED HM LN PC POOL G08726 FG 10/46 FIXED 3		731,753	608,715
	FED HM LN PC POOL G14483 FG 08/26 FIXED 4		152,987	151,114
	FED HM LN PC POOL G18581 FG 01/31 FIXED 2.5		261,516	244,641
	FED HM LN PC POOL QA8309 FR 03/50 FIXED 3		565,421	467,308
	FED HM LN PC POOL QB0219 FR 06/50 FIXED 2		1,956,878	1,521,313
	FED HM LN PC POOL QB2836 FR 09/50 FIXED 2.5		973,352	769,369
	FED HM LN PC POOL QE0362 FR 04/52 FIXED 3.5		2,576,507	2,286,474
	FED HM LN PC POOL QF4926 FR 01/53 FIXED 6		941,219	925,090
	FED HM LN PC POOL RA3563 FR 09/50 FIXED 2		2,797,502	2,164,024
	FED HM LN PC POOL RC1875 FR 03/36 FIXED 1.5		1,858,597	1,573,203
	FED HM LN PC POOL SD2605 FR 04/53 FIXED 5.5		1,331,151	1,300,386
	FED HM LN PC POOL SD3621 FR 09/53 FIXED 6		1,013,222	1,024,562
	FED HM LN PC POOL ZS4667 FR 06/46 FIXED 3		782,789	649,215
	FED HM LN PC POOL ZS4677 FR 09/46 FIXED 3		466,903	386,918
	FEDERAL FARM CREDIT BANK BONDS 01/27 1.78		1,256,492	1,257,054

\* Denotes a party in interest as defined by ERISA.

(continued)

Electrical Employers Self Insurance Safety Plan

Schedule H, Line 4i—Schedule of Assets (Held at End of Year)  
December 31, 2024

Employer Identification Number: 51-0151311  
Plan Number: 502

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	FEDERAL FARM CREDIT BANK BONDS 02/31 1.3		\$ 2,441,307	\$ 2,042,400
	FEDERAL FARM CREDIT BANK BONDS 02/37 3.36		1,004,053	841,910
	FEDERAL FARM CREDIT BANK BONDS 03/32 3.54		1,497,829	1,373,355
	FEDERAL FARM CREDIT BANK BONDS 03/36 2.03		795,860	618,112
	FEDERAL FARM CREDIT BANK BONDS 04/27 3.33		976,516	974,320
	FEDERAL FARM CREDIT BANK BONDS 04/42 4.44		993,520	883,350
	FEDERAL FARM CREDIT BANK BONDS 05/41 2.53		1,528,962	1,056,360
	FEDERAL FARM CREDIT BANK BONDS 06/32 VAR		248,124	249,685
	FEDERAL FARM CREDIT BANK BONDS 07/27 VAR		1,999,927	1,999,800
	FEDERAL FARM CREDIT BANK BONDS 07/30 1.23		2,248,118	1,875,825
	FEDERAL FARM CREDIT BANK BONDS 07/30 1.55		1,747,277	1,486,590
	FEDERAL FARM CREDIT BANK BONDS 08/30 1.15		1,679,764	1,644,020
	FEDERAL FARM CREDIT BANK BONDS 10/38 1.625		1,780,422	1,284,115
	FEDERAL FARM CREDIT BANK NOTES 12/28 5.75		1,155,277	1,043,486
	FEDERAL HOME LOAN BANK BONDS 02/27 0.92		1,760,776	1,652,401
	FEDERAL HOME LOAN BANK BONDS 02/27 1.02		1,448,448	1,398,825
	FEDERAL HOME LOAN BANK BONDS 02/27 1.115		950,000	887,861
	FEDERAL HOME LOAN BANK BONDS 03/35 2.22		1,381,291	1,163,100
	FEDERAL HOME LOAN BANK BONDS 04/26 VAR		1,999,555	2,000,400
	FEDERAL HOME LOAN BANK BONDS 04/30 1.62		3,493,021	3,425,520
	FHLMC MULTIFAMILY STRUCTURED P FHMS K056 A1		48,242	47,829
	FHLMC MULTIFAMILY STRUCTURED P FHMS K510 A2		1,610,488	1,627,681
	FHLMC MULTIFAMILY STRUCTURED P FHMS KS03 A4		789,666	786,507
	FHLMC MULTIFAMILY STRUCTURED P FHMS Q001 A3		3,103,444	2,821,360
	FHLMC STRUCTURED PASS THROUGH FSPC T 42 A5		8,898	9,026
	FIRSTENERGY CORP COMMON STOCK USD.1		1,139,444	1,408,968
	FNMA POOL AB9812 FN 07/28 FIXED 2.5		324,311	314,492
	FNMA POOL AS5244 FN 06/45 FIXED 3.5		676,367	588,357
	FNMA POOL AS6322 FN 12/30 FIXED 3		343,357	323,609
	FNMA POOL AS8396 FN 11/31 FIXED 3		694,313	650,930
	FNMA POOL AU1629 FN 07/43 FIXED 3		375,290	323,632
	FNMA POOL BC6815 FN 06/46 FIXED 3		854,924	717,406
	FNMA POOL BC9566 FN 05/46 FIXED 3		1,008,319	851,486
	FNMA POOL BM3266 FN 01/28 FIXED VAR		315,935	307,743
	FNMA POOL BM3417 FN 04/31 FIXED VAR		321,596	308,130
	FNMA POOL BM5850 FN 12/33 FIXED VAR		911,735	860,562
	FNMA POOL BO2256 FN 10/49 FIXED 3		721,563	593,586
	FNMA POOL BO4708 FN 11/49 FIXED 3		717,340	606,130
	FNMA POOL BP6749 FN 09/50 FIXED 2.5		1,167,365	923,555
	FNMA POOL BP6750 FN 09/50 FIXED 2		1,552,053	1,180,089
	FNMA POOL BP7346 FN 06/50 FIXED 3.5		2,146,293	1,823,563
	FNMA POOL BP9369 FN 07/50 FIXED 2		1,773,493	1,357,059
	FNMA POOL BR1316 FN 02/51 FIXED 2		2,589,027	1,998,627
	FNMA POOL BT7301 FN 09/31 FIXED 1.5		1,267,992	1,150,778
	FNMA POOL BV9997 FN 06/52 FIXED 4		264,755	245,538
	FNMA POOL CA4794 FN 12/49 FIXED 3		1,641,113	1,350,724
	FNMA POOL CA5464 FN 03/35 FIXED 3		2,167,469	2,135,500
	FNMA POOL CB4068 FN 07/52 FIXED 4.5		1,011,704	951,864

Electrical Employers Self Insurance Safety Plan

Schedule H, Line 4i—Schedule of Assets (Held at End of Year)  
December 31, 2024

Employer Identification Number: 51-0151311

Plan Number: 502

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	FNMA POOL FM1527 FN 02/49 FIXED VAR		\$ 508,836	\$ 425,701
	FNMA POOL FM3396 FN 02/48 FIXED VAR		571,076	472,581
	FNMA POOL FP0012 FN 08/51 FIXED VAR		2,629,034	2,575,734
	FNMA POOL FS2293 FN 07/52 FIXED VAR		1,266,767	1,199,831
	FNMA POOL FS2323 FN 07/52 FIXED VAR		625,236	582,209
	FNMA POOL FS4049 FN 09/36 FIXED VAR		1,145,836	1,115,577
	FNMA POOL MA2920 FN 03/47 FIXED 3		634,198	549,232
	FNMA POOL MA3061 FN 07/27 FIXED 3		155,819	152,344
	FNMA POOL MA3829 FN 11/34 FIXED 3.5		468,992	433,544
	FNMA POOL MA3937 FN 02/50 FIXED 3		591,192	494,206
	FNMA POOL MA4306 FN 04/51 FIXED 2.5		3,991,925	3,178,019
	FNMA POOL MA4424 FN 09/31 FIXED 1.5		1,263,452	1,269,199
	FNMA POOL MA4644 FN 05/52 FIXED 4		2,470,563	2,282,685
	FNMA PRIN STRIPS NOTES 07/37 0.00000		1,145,225	802,680
	FREDDIE MAC BONDS 07/32 0.00000		3,405,196	3,319,490
	FREDDIE MAC FHR 4125 KC		292,159	284,704
	FREDDIE MAC FHR 4980 DB		154,020	133,557
	FREDDIE MAC NOTES 03/31 0.00000		1,775,587	1,488,926
	FREDDIE MAC NOTES 08/33 1.4		1,154,990	1,129,110
	FREDDIE MAC NOTES 09/27 5		3,999,818	3,998,960
	FREDDIE MAC NOTES 09/36 0.00000		3,546,009	3,347,040
	FREDDIE MAC NOTES 10/32 1.5		2,289,874	1,912,470
	FREDDIE MAC NOTES 11/38 0.00000		1,144,516	1,055,355
	FREDDIE MAC NOTES 12/36 0.00000		1,565,487	1,095,620
	FREEPORT MCMORAN INC COMMON STOCK USD.1		1,103,343	1,699,587
	GEORGIA ST GAS 11/25 FIXED 4.503		219,249	219,602
	GNMA II POOL BD3899 G2 01/48 FIXED 3.5		854,270	750,182
	GNMA II POOL MA5330 G2 07/48 FIXED 4		253,719	229,896
	GNMA II POOL MA7193 G2 02/51 FIXED 2.5		1,167,312	945,455
	GNMA POOL AL9282 GN 03/45 FIXED 3		480,028	404,151
	GOVERNMENT NATIONAL MORTGAGE A GNR 2022 159 MV		4,167,738	4,158,841
	GOVERNMENT NATIONAL MORTGAGE A GNR 2022 177 PL		472,665	475,005
	HOUSING URBAN DEVELOPMNT US GOVT GUAR 08/35 3.485		1,340,023	1,072,163
	HOUSTON TX HOU 03/47 FIXED 3.961		790,899	631,110
	INT DEVELOPMENT FIN CORP US GOVT GUAR 07/38 3.19		2,058,713	1,744,276
	INT DEVELOPMENT FIN CORP US GOVT GUAR 10/29 1.79		987,976	916,733
	INT DEVELOPMENT FIN CORP US GOVT GUAR 10/30 3.25		1,364,927	1,277,360
	JPMORGAN CHASE + CO COMMON STOCK USD1.0		556,758	1,714,885
	JPMORGAN CHASE + CO SR UNSECURED 01/42 5.4		401,706	340,439
	LOWE S COS INC COMMON STOCK USD.5		533,830	1,839,647
	MARATHON PETROLEUM CORP COMMON STOCK USD.01		652,303	1,220,207
	MASSACHUSETTS ST MAS 11/28 FIXED 1.37		250,000	222,535
	MASSACHUSETTS ST SPL OBLG REVE MASOBL 01/31 FIXED 3.881		1,000,000	956,060
	METLIFE INC COMMON STOCK USD.01		756,620	1,353,313
	MORGAN STANLEY COMMON STOCK USD.01		485,726	1,596,393
	MORGAN STANLEY SR UNSECURED 01/26 3.875		599,621	592,379
	NEW JERSEY ST ECON DEV AUTH LE NJSDEV 02/29 FIXED 7.425		1,586,366	1,586,520
	NEW YORK ST ENERGY RESEARCH NYSPWR 07/28 FIXED 4.106		1,524,950	1,525,122

Electrical Employers Self Insurance Safety Plan

Schedule H, Line 4i—Schedule of Assets (Held at End of Year)  
December 31, 2024

Employer Identification Number: 51-0151311  
Plan Number: 502

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	NEW YORK ST NYS 03/29 FIXED 1.74		\$ 2,000,000	\$ 1,773,160
	P G + E CORP COMMON STOCK		1,027,765	1,897,142
	PHILADELPHIA PA PHI 07/32 FIXED 2.964		1,202,338	1,088,363
	PHILIP MORRIS INTERNATIONAL COMMON STOCK		1,042,770	1,404,846
	PORT AUTH OF NEW YORK NEW JE PORTRN 10/51 FIXED 4.926		1,105,010	927,300
	PPL ELECTRIC UTILITIES 1ST MORTGAGE 06/48 4.15		390,654	302,835
	PUBLIC SERVICE ELECTRIC 1ST MORTGAGE 05/28 3.7		314,912	298,676
	QUALCOMM INC COMMON STOCK USD.0001		906,360	1,191,477
	RFC PRINCIPAL STRIP BONDS 01/30 0.00000		2,076,583	1,781,595
	RTX CORP COMMON STOCK USD1.0		916,825	1,555,508
	SOUTHWEST AIRLINES CO COMMON STOCK USD1.0		1,468,465	1,208,505
	STATE PUBLIC SCH BLDG AUTH PA STTEDU 09/27 FIXED 5		1,206,174	1,209,058
	STRIPS 05/44 0.00000		2,794,739	1,317,085
	STRIPS 11/29 0.00000		402,430	401,155
	TECHNIPFMC PLC COMMON STOCK USD1.0		950,910	1,453,888
	TENN VAL AUTH CPN STRIP BONDS 03/28 0.00000		955,558	864,660
	TENN VALLEY AUTHORITY SR UNSECURED 02/27 2.875		554,612	519,860
	TENN VALLEY AUTHORITY SR UNSECURED 09/31 1.5		1,774,786	1,451,986
	TERADATA CORP COMMON STOCK USD.01		1,132,348	978,141
	TEXAS NATURAL GAS SECURITIZTN TNGUTL 04/35 FIXED 5.102		2,358,975	2,363,929
	TEXAS ST TXS 10/36 FIXED 3.974		1,500,000	1,370,220
	THE CIGNA GROUP COMMON STOCK USD.01		832,304	1,334,861
	THIRAX 2 LLC US GOVT GUAR 01/34 2.32		1,204,691	1,064,911
	TVA PRIN STRIP BONDS 09/39 0.00000		771,489	527,580
	TVA PRIN STRIP BONDS 11/25 0.00000		964,038	965,800
	US TREASURY FRN 07/26 VAR		1,248,709	1,250,638
	US TREASURY N/B 01/29 1.75		8,641,394	8,727,592
	US TREASURY N/B 02/27 1.875		2,377,230	2,378,250
	US TREASURY N/B 02/30 4		4,968,437	4,784,764
	US TREASURY N/B 02/50 2		837,871	812,938
	US TREASURY N/B 05/48 3.125		3,983,949	3,958,412
	US TREASURY N/B 05/49 2.875		2,448,262	2,126,610
	US TREASURY N/B 06/29 3.25		4,308,781	4,294,035
	US TREASURY N/B 06/29 4.25		5,029,555	4,972,300
	US TREASURY N/B 07/28 1		830,090	823,472
	US TREASURY N/B 08/30 4.125		311,846	310,152
	US TREASURY N/B 08/34 3.875		995,736	945,540
	US TREASURY N/B 08/40 1.125		1,624,589	1,088,193
	US TREASURY N/B 08/44 3.125		1,162,531	1,029,022
	US TREASURY N/B 11/29 3.875		4,509,633	4,398,930
	US TREASURY N/B 11/31 1.375		1,177,320	1,205,311
	VERIZON COMMUNICATIONS INC COMMON STOCK USD.1		2,593,299	2,141,864
	VIRGINIA ST VAS 06/29 FIXED 1.2		2,000,000	1,731,220
	WELLS FARGO + CO COMMON STOCK USD1.666		659,777	1,268,956
	WILLIAMS COS INC COMMON STOCK USD1.0		742,833	1,488,402
	<b>Total Investment:</b>		<b>\$ 305,564,569</b>	<b>\$ 326,198,755</b>

**Electrical Employers Self Insurance Safety Plan**

**Schedule H, Line 4j—Schedule of Reportable Transactions  
Year Ended December 31, 2024**

**Employer Identification Number: 51-0151311  
Plan Number: 502**

Identity of Party Involved and Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value Transactions Date	Gain or (Loss)
<b>Series Transactions:</b>					
*STATE STREET INSTITUTIONAL LIQUID RESERVES FUND	\$ 84,694,248	\$ -	\$ 84,694,248	\$ 84,694,248	\$ -
*STATE STREET INSTITUTIONAL LIQUID RESERVES FUND	-	75,794,199	75,794,199	\$ 75,794,199	-

\* Denotes a party in interest as defined by ERISA.

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <p>Department of Labor Employee Benefits Security Administration</p> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <p style="font-size: 24pt; font-weight: bold; text-align: center;">2024</p> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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<b>Part I Annual Report Identification Information</b>	
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . .	<input checked="" type="checkbox"/>
<b>D</b> Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
<b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .	<input type="checkbox"/>

<b>Part II Basic Plan Information—enter all requested information</b>	
<p><b>1a</b> Name of plan ELECTRICAL EMPLOYERS SELF-INSURANCE SAFETY PLAN</p> <p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF THE ELECTRICAL EMPLOYERS SELF-INS SAFETY PLAN</p> <p>158-11 HARRY VAN ARSDALE JR. AVENUE</p> <p>FLUSHING NY 11365</p>	<p><b>1b</b> Three-digit plan number (PN) ▶ 502</p> <p><b>1c</b> Effective date of plan 01/01/1967</p> <p><b>2b</b> Employer Identification Number (EIN) 51-0151311</p> <p><b>2c</b> Plan Sponsor's telephone number 718-591-2000</p> <p><b>2d</b> Business code (see instructions) 238210</p>

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

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

<b>SIGN HERE</b>		<u>10-3-25</u>	HUMBERTO J. RESTREPO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

**Attachment to Form 5500**  
**Schedule H, Line 4j – Schedule of Reportable Transactions**

**Plan Name:** Electrical Employers Self Insurance Safety Plan

**Plan Sponsor's Name:** Board of Trustees of the Electrical Employers Self Insurance Safety Plan

**EIN:** 51-0151311

**PN:** 502

**Plan Year End:** 12/31/2024

See Supplemental Schedule attached with IQPA Opinion and Financial Statements.

**Attachment to Form 5500**  
**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)**

**Plan Name:** Electrical Employers Self Insurance Safety Plan

**Plan Sponsor's Name:** Board of Trustees of the Electrical Employers Self Insurance Safety Plan

**EIN:** 51-0151311

**PN:** 502

**Plan Year End:** 12/31/2024

See Supplemental Schedule attached with IQPA Opinion and Financial Statements.