

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information			
1a	Name of plan HCSC POST RETIREMENT BENEFIT PLAN	1b	Three-digit plan number (PN) ▶	512
		1c	Effective date of plan 01/01/1978	
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) HEALTHCARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE CO GENE GEORGE-DVP-HCSC EXECUTIVE DIRECTOR FINANCIAL BENEFITS, PLAN ADMIN A02.012 1001 E LOOKOUT DR RICHARDSON, TX 75082-4144	2b	Employer Identification Number (EIN) 36-1236610	
		2c	Plan Sponsor's telephone number 972-766-6192	
		2d	Business code (see instructions) 524140	

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2025	GENE GEORGE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2025	GENE GEORGE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 4243
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 4243 6a(2) 3735 6b 6c 6d 3735 6e 6f 3735 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

4A 4B 4D 4E 4Q

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☒ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☒ General assets of the sponsor
---	--

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

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 11
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan HCSC POST RETIREMENT BENEFIT PLAN	B Three-digit plan number (PN) ▶	512
C Plan sponsor's name as shown on line 2a of Form 5500 HEALTHCARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE CO	D Employer Identification Number (EIN) 36-1236610	

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
DEARBORN NATION LIFE

(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
30-2598882	71129	RETIREE LIFE	3959	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	401654
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan HCSC POST RETIREMENT BENEFIT PLAN	B Three-digit plan number (PN) ▶	512
C Plan sponsor's name as shown on line 2a of Form 5500 HEALTHCARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE CO	D Employer Identification Number (EIN) 36-1236610	

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
HEALTHCARE SERVICE CORP/BLUE CROSS BLUE SHIELD OF ILLINOIS

(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
36-1233610	70670	RET/LTD DENTAL	4173	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)	1954670	
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	1954670
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)	79113	
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)	-1385501	
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	-1306388
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan HCSC POST RETIREMENT BENEFIT PLAN	B Three-digit plan number (PN) ▶	512
C Plan sponsor's name as shown on line 2a of Form 5500 HEALTHCARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE CO	D Employer Identification Number (EIN) 36-1236610	

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
HEALTHCARE SERVICE CORP/BLUE CROSS BLUE SHIELD OF ILLINOIS

(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
36-1236610	70670	RETIREE/LTD PPO	614	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		24354351
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	24354351
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		-1458730
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		-3607415
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	-5066145
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan HCSC POST RETIREMENT BENEFIT PLAN	B Three-digit plan number (PN) ▶	512
C Plan sponsor's name as shown on line 2a of Form 5500 HEALTHCARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE CO	D Employer Identification Number (EIN) 36-1236610	

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 MEDICAL MUTUAL OF OHIO

(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
36-0648820	29076	RET HLTH MLI	1	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	4852
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan HCSC POST RETIREMENT BENEFIT PLAN	B Three-digit plan number (PN) ▶	512
C Plan sponsor's name as shown on line 2a of Form 5500 HEALTHCARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE CO	D Employer Identification Number (EIN) 36-1236610	

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
HEALTHCARE SERVICE CORP/BLUE CROSS BLUE SHIELD OF NEW MEXICO

(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
36-1233610	70670	NM HMO	35	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		1334928
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	1334928
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		-51412
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		-139138
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	-190550
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan HCSC POST RETIREMENT BENEFIT PLAN	B Three-digit plan number (PN) ▶	512
C Plan sponsor's name as shown on line 2a of Form 5500 HEALTHCARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE CO	D Employer Identification Number (EIN) 36-1236610	

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 HEALTHCARE SERVICE CORP/BLUE CROSS BLUE SHIELD OF TEXAS
--

(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
36-1236610	70670	RET/LTD TX HMO	22	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		649489
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	649489
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		-25081
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		-67192
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	-92273
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan HCSC POST RETIREMENT BENEFIT PLAN	B Three-digit plan number (PN) ▶	512
C Plan sponsor's name as shown on line 2a of Form 5500 HEALTHCARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE CO	D Employer Identification Number (EIN) 36-1236610	

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
HEALTHCARE SERVICE CORP/BLUE CROSS BLUE SHIELD OF ILLINOIS

(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
36-1233610	70670	RET/LTD IL HMO	55	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		1590663
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	1590663
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		68707
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		-164560
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	-95853
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan HCSC POST RETIREMENT BENEFIT PLAN	B Three-digit plan number (PN) ▶	512
C Plan sponsor's name as shown on line 2a of Form 5500 HEALTHCARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE CO	D Employer Identification Number (EIN) 36-1236610	

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
HEALTHCARE SERVICE CORP/BLUE CROSS BLUE SHIELD OF OKLAHOMA

(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
73-0266660	52414	RET/LTD OK HMO	13	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		307196
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	307196
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		-40227
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		-31781
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	-72008
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan HCSC POST RETIREMENT BENEFIT PLAN	B Three-digit plan number (PN) ▶	512
C Plan sponsor's name as shown on line 2a of Form 5500 HEALTHCARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE CO	D Employer Identification Number (EIN) 36-1236610	

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
HEALTHCARE SERVICE CORP/BLUE CROSS BLUE SHIELD OF ILLINOIS

(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
36-1233610	70670	MEDICARE PLAN F	2314	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	5408482
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan HCSC POST RETIREMENT BENEFIT PLAN	B Three-digit plan number (PN) ▶	512
C Plan sponsor's name as shown on line 2a of Form 5500 HEALTHCARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE CO	D Employer Identification Number (EIN) 36-1236610	

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
HEALTHCARE SERVICE CORP/BLUE CROSS BLUE SHIELD OF ILLINOIS

(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
36-1233610	1744	MEDICARE RX	2314	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	3617553
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan HCSC POST RETIREMENT BENEFIT PLAN	B Three-digit plan number (PN) ▶	512
C Plan sponsor's name as shown on line 2a of Form 5500 HEALTHCARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE CO	D Employer Identification Number (EIN) 36-1236610	

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
HEALTH CARE SERVICE CORP/BLUE CROSS BLUE SHIELD OF ILLINOIS

(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
36-1233610	70670	MEDICARE ADVANT	761	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1564702
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

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

A Name of plan HCSC POST RETIREMENT BENEFIT PLAN	B Three-digit plan number (PN) ▶ 512
C Plan sponsor's name as shown on line 2a of Form 5500 HEALTHCARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE CO	D Employer Identification Number (EIN) 36-1236610

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	
NORTHERN TRUST COMPANY	50 SOUTH LASALLE STREET CHICAGO, IL 60603
36-1561860	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
NORTHERN TRUST COMPANY	50 SOUTH LASALLE STREET CHICAGO, IL 60603
36-2723087	

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

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

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

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

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

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

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

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

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

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

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

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

WELLINGTON TRUST COMPANY

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	INVESTMENT MGR	120019	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIS TOWERS WATSON

53-0181291

(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	ACTUARY	115540	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

THE NORTHERN TRUST COMPANY

36-1561860

(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?
21	INVESTMENT MGR/TRUSTEE	41487	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ERNST & YOUNG

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITORS	53543	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

DELOITTE TAX LLP

86-1065772

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	TAX PAYER	9555	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan HCSC POST RETIREMENT BENEFIT PLAN				B Three-digit plan number (PN) ▶ 512	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 HEALTHCARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE CO				D Employer Identification Number (EIN) 36-1236610	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE SHORT TERM INVESTMENT					
b Name of sponsor of entity listed in (a): THE NORTHERN TRUST					
c EIN-PN 36-6036794-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5826701	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or	

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan HCSC POST RETIREMENT BENEFIT PLAN		B Three-digit plan number (PN) ▶ 512
C Plan sponsor's name as shown on line 2a of Form 5500 HEALTHCARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE CO		D Employer Identification Number (EIN) 36-1236610

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	1101238	1125336
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	10757451	11346728
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	33234179	36187250
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	7412423	5826700
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	145002530	169282476
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	49424380	48650078

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	246932201	272418568
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	442073	87466
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	23004	140449
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	465077	227915
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	246467124	272190653

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	34375323	
(B) Participants.....	2a(1)(B)	6794050	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		41169373
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)	400655	
(C) Corporate debt instruments.....	2b(1)(C)	1687469	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	2087667	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		4175791
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	3759799	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C).....	2b(2)(D)		3759799
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	58080921	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	57675678	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		405243
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	18844095	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		368611
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		68722912

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11953633	
(2) To insurance carriers for the provision of benefits	2e(2)	28773666	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		40727299
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	-1386143	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	1693729	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1964498	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2272084
j Total expenses. Add all expense amounts in column (b) and enter total	2j		42999383

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		25723529
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: **ERNST & YOUNG**

(2) EIN: **34-6565596**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		100000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

FINANCIAL STATEMENTS AND SUPPLEMENTAL
SCHEDULES

HCSC Post Retirement Benefit Plan
As of December 31, 2024 and 2023, and the
Year Ended December 31, 2024
With Report of Independent Auditors



The better the question.
The better the answer.
The better the world works.



Shape the future
with confidence

HCSC Post Retirement Benefit Plan
Financial Statements and Supplemental Schedules

As of December 31, 2024 and 2023, and the
Year Ended December 31, 2024

Contents

Report of Independent Auditors.....	1
Financial Statements	
Statements of Net Assets Available for Benefits.....	5
Statement of Changes in Net Assets Available for Benefits.....	6
Notes to Financial Statements.....	7
Supplemental Schedules	
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year).....	17
Schedule H, Line 4(j) – Schedule of Reportable Transactions	42

Note: All other schedules required by Section 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



Ernst & Young LLP
155 North Wacker Drive
Chicago, IL 60606-1787

Tel: +1 312 879 2000
Fax: +1 312 879 4000
ey.com

**Shape the future
with confidence**

Report of Independent Auditors

HCSC Plan Administrative Committee
Health Care Service Corporation
HCSC Post Retirement Benefit Plan

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

We have performed audits of the financial statements of HCSC Post Retirement Benefit Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes (collectively referred to as the “financial statements”).

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

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

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.



**Shape the future
with confidence**

- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery,



**Shape the future
with confidence**

intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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



**Shape the future
with confidence**

Other Matter

Supplemental Schedules Required by ERISA

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

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Ernst + Young LLP

October 8, 2025

HCSC Post Retirement Benefit Plan

Statements of Net Assets Available for Benefits

	December 31	
	2024	2023
Assets		
Investments at fair value	\$ 271,293,232	\$ 245,830,964
Accrued income	1,125,336	965,494
Taxes receivable	—	135,744
Total assets	272,418,568	246,932,202
Liabilities		
Taxes payable	140,449	—
Premium payable	—	442,073
Administrative expense payable	87,466	23,004
Total liabilities	227,915	465,077
Net assets available for benefits	\$ 272,190,653	\$ 246,467,125

See accompanying notes.

HCSC Post Retirement Benefit Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2024

Additions

Interest and dividends	\$ 8,304,201
Employer contributions	34,375,323
Retiree contributions	<u>6,794,050</u>
Total additions	<u>49,473,574</u>

Deductions

Insurance premiums paid	11,953,633
Claim payments	28,773,667
Administrative expenses	317,141
Taxes on unrelated business income	<u>1,954,943</u>
Total deductions	<u>42,999,384</u>

Net appreciation in fair value of investments	<u>19,249,338</u>
---	-------------------

Net increase	25,723,528
Net assets available for benefits, beginning of year	<u>246,467,125</u>
Net assets available for benefits, end of year	<u><u>\$ 272,190,653</u></u>

See accompanying notes.

HCSC Post Retirement Benefit Plan

Notes to Financial Statements

December 31, 2024

1. Plan Description

The following description of the HCSC Post Retirement Benefit Plan (the Plan) provides only general information. Participants should refer to the applicable enrollment guide for a complete description of the Plan's provisions.

Eligibility and Benefits

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The benefits provided under the Plan are funded via a combination of self-insured or insured contracts with insurance companies. The Northern Trust Company (the Trustee) serves as the directed trustee responsible for custody, maintenance, and reporting of any investment manager accounts or cash accounts comprising any pre-funded assets held within the voluntary employee beneficiary association (VEBA) trust associated with the Plan.

The majority of the Health Care Service Corporation (HCSC), A Mutual Legal Reserve Company (Plan Sponsor), active employees (including a limited number among certain Chicago-based union employees) as well as employees of certain wholly owned subsidiaries are eligible for postretirement benefits if they are at least 55 years old and have at least 10 years of service when they terminate employment. The ongoing health coverage offerings are comprised of a commercial group insured Medicare related MAPD and Plan F/Plan D offerings, or similar variations only as over 65 offerings and HSA type high deductible PPO based options for retirees under 65. The coverages are annually adjusted and renewed based on actual retiree group experience (which process then limits the annual increase the company will absorb). Retired covered employees pay for a percentage of the cost of their own health and pharmacy benefit coverage; a higher percentage of their covered dependent health benefit and pharmacy benefit coverage based on a schedule of age and years of service prior to retirement; and, if covered, pay 100% of the cost of any dental benefit offering elected.

The Plan Sponsor pays the cost of varying levels of term life insurance coverage provided to existing retirees as of December 31, 2015, and future retiring employees who were active, eligible, and at least 55 years old and had at least 10 years of service as of December 31, 2015.

The Company reserves the right to amend or change provisions, eligibility, coverage type offered, rates and cost sharing related to existing or future retirees at any time.

Health, dental, vision, and life benefits are administered and, in some cases, processed by the Plan Sponsor or service providers/insurance companies selected by the Plan Sponsor.

HCSC Post Retirement Benefit Plan

Notes to Financial Statements (continued)

1. Plan Description (continued)

Contributions

The Plan Sponsor's policy is to fund the benefits of the Plan on a pay-as-you-go basis. Over time, the Plan Sponsor has periodically reassessed the possibility of pre-funding up to the maximum amounts allowed as a tax deduction by the Internal Revenue Code (the Code) on a discretionary basis. Under present law, there are limitations to the amount a plan sponsor may contribute and deduct, which the Plan Sponsor evaluates periodically.

As such, the Plan Sponsor pays a portion of the monthly premium/premium equivalents/claim costs for health coverage provided under either fully insured or self-funded contracts.

Participants contribute specified amounts under cost-sharing provisions for their individual coverage or their dependent coverage (when they extend coverage to eligible dependents) as determined periodically by the Plan Sponsor and the Plan's insurance/administrator companies.

Eligible retired participants are required to remit cost-sharing payments to the Plan Sponsor based on the applicable coverages in effect and depending on credited service, age, and year of retirement. In 2024, and based on the state of transition, retirees contributed varying amounts from 0% to 100% of the combined individual and/or dependent rate.

For any covered individual who becomes totally and permanently disabled, the Plan Sponsor pays for medical insurance for the individual in whole and any dependents share as of the day the day prior to the disability until they recover.

The Plan Sponsor has established a Retired Employees Welfare Benefit Trust (under Section 501(c)(9) (the Trust), covering VEBA trust or trust accounts) for the sole and exclusive purpose of providing a method of pre-funding postretirement health benefits for its already retired employees. The Plan Sponsor made no contribution to the Trust in 2024 and currently forecasts limited future contributions. The Plan Sponsor paid \$34,375,323 of the current cost of retiree health claims and life premiums (net of any retiree contributions) directly from corporate assets during 2024. The Plan Sponsor may elect to pay a portion of the current cost of retiree health claims and life premiums (net of any retiree contributions) directly from corporate assets during and/or the Plan Sponsor may elect to reimburse retiree health claims costs or life premiums (net of any retiree or subsidy contributions) from trust assets. The VEBA reimbursed the Plan Sponsor \$0 in 2024. The Plan Sponsor intends to cap overall annual increase in the Plan Sponsor's subsidy

HCSC Post Retirement Benefit Plan

Notes to Financial Statements (continued)

1. Plan Description (continued)

portion of rates or contributions at 3% from January 1, 2019, forward. Retiree contributions for future years will be assessed as the retirees percentage of the current rate provided plus the excess over an overall 3% change in the rate basis amount from the previous period (for example, over time if costs go up 5% from one year to the next, 3% of that is shared pro rata based on the contribution schedules in effect between employer and retiree, but 2% is to be borne by retirees going forward.)

Administrative Expenses

All expenses paid by the Plan Sponsor on behalf of the Plan are recorded as expenses on the statement of changes in net assets available for benefits. Payments for expenses incurred in the operation and administration of the Plan are paid primarily by the Plan Sponsor but can be paid from the Trust as well.

Plan Termination

Although it has not expressed any such intent, the Plan Sponsor has the right to terminate the Plan at any time. Depending on the nature of the termination or truncation of the Plan should that occur, the Plan Sponsor contributions to the Plan may cease at the date of termination. If the Plan were to totally terminate and liquidate, any remaining assets in the trust accounts would continue to be used and disbursed in the following order, in accordance with ERISA, applicable regulations, and the plan document:

- a. To the continued payment of postretirement benefits to participants with respect to claims arising prior to the plan termination date.
- b. To the payment of accrued expenses and reasonable and necessary expenses incurred with respect to the Plan in connection with the plan termination.
- c. To the payment of any taxes that may be assessed against the Plan.
- d. Any remaining assets will be distributed according to the trust agreement to benefit those participants who are participating in the Plan at the time of plan termination, subject to any other requirements then provided under applicable state or federal laws and regulations.

HCSC Post Retirement Benefit Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires the Plan's management to make estimates that affect the amounts reported in the financial statements, accompanying notes, and supplemental schedules. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments held by the Plan are stated at fair value. Fair value is defined under Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, as the general or open market 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 8 for further discussion of fair value measurements.

To measure fair value, a hierarchy has been established that requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs. As such, 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 levels of the fair value hierarchy in ASC 820 are described below:

Level 1: Fair value is based on unadjusted quoted prices for identical assets or liabilities in an active market that the Plan has the ability to access at the measurement date.

Level 2: Fair value is based on quoted prices in markets that are not active, quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability.

HCSC Post Retirement Benefit Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Level 3: Fair value is based on prices or valuation techniques that require inputs that are significant to the fair value measurement. These inputs reflect judgment about the assumptions that a market participant would use in pricing the investment and are based on the best available information.

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

Payment of Claims and Insurance Premiums

Claim payments and insurance premiums are recorded when paid.

Postretirement Benefit Obligations

The postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributed to employee service rendered through the date of the financial statements. Postretirement benefits include future benefits expected to be paid to or for the following:

- (1) Currently retired or certain disabled employees and their beneficiaries and dependents
- (2) Active employees and their beneficiaries and dependents after retirement from service with the Plan Sponsor. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligations that is attributed to that employee's service rendered to the valuation date.

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

HCSC Post Retirement Benefit Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

For measurement purposes, a 7.0% annual rate of increase in the per capita cost of covered health care benefits was assumed for 2024 and 2023, respectively; the rate was assumed to decrease by 0.25% per year for six years reaching 5% in 2032 and after.

The following were other significant assumptions used in the valuations as of December 31:

	2024	2023
Discount rate	5.8% compounded annually	5.4% compounded annually
Mortality basis	Separate rates for non-annuitants and annuitants, based on the Pri-2012 “Employee” tables without collar or amount adjustments and Pri-2012 “Nondisabled Annuitant” tables without collar, or amount adjustments, respectively, projected generationally using MP-2021 scales. The MP-2021 scales have been adjusted to use the SSA intermediate projection assumptions for years after 2021	Separate rates for non-annuitants and annuitants, based on the Pri-2012 “Employee” tables without collar or amount adjustments and Pri-2012 “Nondisabled Annuitant” tables without collar, or amount adjustments, respectively, projected generationally using MP-2021 scales. The MP-2021 scales have been adjusted to use the SSA intermediate projection assumptions for years after 2021
Retirement age rate	Various rates ranging from 8% at age 55 to 100% at age 70	Various rates ranging from 8% at age 55 to 100% at age 70
Effect of one-percentage-point increase in health care cost trend on accumulated plan benefits	\$ 7,520,213	\$ 10,575,265

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

HCSC Post Retirement Benefit Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Accounting for Medicare Subsidy

In 2003, the Medicare Prescription Drug, Improvement, and Modernization Act (the Act) was approved. The Act introduced a prescription drug benefit under Medicare Part D as well as a federal subsidy to sponsors of retiree health care benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D. The accumulated postretirement benefit obligation (APBO) and changes in APBO do not reflect the impact of the Medicare subsidy because the Medicare subsidy inures to the Plan Sponsor and not directly to the Plan. Accordingly, the Plan's APBO and changes in its APBO differ from the Plan Sponsor's APBO because the Plan Sponsor's amount is net of the Medicare subsidy.

3. Investments

All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held, pending trade purchases, and accrued income at December 31, 2024 and 2023, and net appreciation in fair value of investments and interest and dividends for the year ended December 31, 2024, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee.

4. Postretirement Benefit Obligations

The postretirement benefit obligation information as of December 31 is as follows:

	2024	2023
Postretirement benefit obligations:		
Active employees fully eligible for benefits	\$ 13,977,434	\$ 12,659,426
Other active employees	120,716,922	116,636,627
Current retirees	196,297,936	211,037,970
Total postretirement benefit obligations, end of year	<u>\$ 330,992,292</u>	<u>\$ 340,334,023</u>

HCSC Post Retirement Benefit Plan

Notes to Financial Statements (continued)

4. Postretirement Benefit Obligations (continued)

The changes are in postretirement benefit obligations for the year ended December 31, 2024, is as follows:

Total postretirement benefit obligations, beginning of year	\$ 340,334,023
Increase (decrease) during year:	
Interest cost	18,165,277
Actuarial loss	(5,039,217)
Service cost	10,173,893
Plan participants' contributions	8,126,035
Benefits paid	<u>(40,767,719)</u>
Net loss	<u>(9,341,731)</u>
Total postretirement benefit obligations, end of year	<u><u>\$ 330,992,292</u></u>

For health costs covered by insurance contracts, the present intent of the Plan Sponsor and the Plan is to continue obtaining insurance coverage for benefits. The Plan's deficiency of net assets over benefit obligations at December 31, 2024 and 2023, relates primarily to the postretirement benefit obligation. Insurance premiums for future years in respect of the Plan's postretirement benefit obligation will be funded by the Plan Sponsor's contributions to the Plan in those later years.

5. Income Tax Status

The Trust funding the Plan has received an exemption letter from the Internal Revenue Service (IRS) dated July 31, 1995, stating that the Trust is tax-exempt under the provisions of Section 501(c)(9) of the Code as a VEBA. The Plan and Trust are required to operate in conformity with the Code to maintain the tax-exempt status of the Trust. The plan administrator and legal counsel believe the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believe the related Trust is tax exempt. Although the VEBA covers non-union employees and is tax exempt, it is still subject to unrelated business income tax and, as a result, taxes are paid by that VEBA.

HCSC Post Retirement Benefit Plan

Notes to Financial Statements (continued)

5. Income Tax Status (continued)

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

6. Risks and Uncertainties

The Plan provides for investments in various investment securities, which, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term. The changes could materially affect the amounts reported on the statements of net assets available for benefits.

The Plan's contributions are made and the actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care, inflation rates, and employee demographics, of which are subject to change. Due to uncertainties inherent in the estimation and assumptions 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.

7. Related-Party Transactions

The Trustee provides regulated banking and investment management services available to trust clients, which are utilized by the Plan's Trust from time to time. All expenses of the Trust paid to the Trustee or its divisions are reasonable, at arm's length, and clearly disclosed to the Plan in reporting or required notices. Certain plan investments are shares of a common/collective trust fund managed by the Trustee. Therefore, these transactions qualify as party-in-interest transactions.

Under standard business arrangements and contract issuer agreements, the Plan Sponsor, an insurance company and claims administrator, processes claims on behalf of the Plan Sponsor and the Plan. Under these agreements, the Plan Sponsor (the insurer and claims administrator) is reimbursed for administrative costs incurred to perform these services. Net costs amounted to a reimbursement of \$1,427,630 for the year ended December 31, 2024.

HCSC Post Retirement Benefit Plan

Notes to Financial Statements (continued)

8. Fair Value Measurements

Corporate bonds, other debt securities, U.S. government securities, and state and local government bonds are valued at the last quoted bid price. Other debt securities include asset-backed securities, commercial mortgage-backed securities, and collateralized mortgage obligations. Shares of registered investment companies are valued based on published market prices, which represent the Net Asset Value (NAV) of shares held by the Plan at year-end. Common/collective trust have a readily determinable fair value and are valued at NAV of units held at year-end.

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

	2024			
	Level 1	Level 2	Level 3	Total
Investment type				
Registered investment companies	\$169,282,476	\$ –	\$ –	\$169,282,476
Corporate bonds	–	23,472,343	–	23,472,343
Other debt securities	–	13,103,652	–	13,103,652
U.S. Government securities	–	10,957,982	–	10,957,982
State and local government bonds	–	48,650,014	–	48,650,014
Common/collective trusts ^(a)	–	5,826,765	–	5,826,765
Total assets	\$169,282,476	\$102,010,756	\$ –	\$271,293,232

	2023			
	Level 1	Level 2	Level 3	Total
Investment type				
Registered investment companies	\$145,002,530	\$ –	\$ –	\$145,002,530
Corporate bonds	–	20,109,379	–	20,109,379
Other debt securities	–	13,124,800	–	13,124,800
U.S. Government securities	–	10,757,451	–	10,757,451
State and local government bonds	–	49,423,606	–	49,423,606
Common/collective trusts ^(a)	–	7,413,198	–	7,413,198
Total assets	\$145,002,530	\$100,828,434	\$ –	\$245,830,964

9. Subsequent Events

Management evaluated subsequent events for the Plan through October 8, 2025, which is the date the financial statements were available to be issued, and has determined that there were no material subsequent events to be recognized or disclosed in these financial statements.

Supplemental Schedules

HCSC Post Retirement Benefit Plan

EIN 36-1236610 Plan #512

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

December 31, 2024

The accompanying schedules are an ERISA requirement for disclosure purposes. The schedules of assets (held at end of year) and reportable transactions were prepared by the Trustee. The following is an index to the schedules:

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>U.S. Government Securities</i>			
United States - USD			
FEDERAL NATIONAL MORTGAGE ASSOC 2% 05-01-2051 CUSIP: 3132DWB7	193,150.710	150,929.16	151,268.82
FEDERAL NATIONAL MORTGAGE ASSOC 3.5% 05-01-2052 CUSIP: 3133KPGK8	536,723.660	490,347.39	477,341.67
FEDERAL NATIONAL MORTGAGE ASSOC 4% 04-01-2052 CUSIP: 3133KPAL2	798,439.040	766,002.46	731,337.86
FNMA POOL #BQ4491 2.0% 02-01-2051 CUSIP: 3140KP7D9	1,105,309.020	1,088,276.68	865,383.14
FNMA POOL #CB3855 4% 06-01-2052 BEO CUSIP: 3140QPH91	430,987.330	419,269.86	397,639.19
FNMA POOL #FM6799 2.5% 04-01-2051 BEO CUSIP: 3140XARV6	395,310.030	407,925.99	322,725.38
FNMA POOL #FM9026 2.5% 09-01-2051 BEO CUSIP: 3140XDA48	409,819.540	403,031.90	338,279.81
FNMA POOL #FS0320 2% 09-01-2051 BEO CUSIP: 3140XFLA7	389,212.910	382,705.76	305,217.56
FNMA POOL #FS0434 2.5% 11-01-2051 BEO CUSIP: 3140XFP9	392,842.400	387,717.05	327,159.20
FNMA POOL #FS1171 3% 01-01-2052 BEO CUSIP: 3140XGJR1	200,357.660	177,003.48	170,646.11
FNMA POOL #FS6858 4.5% 11-01-2052 BEO CUSIP: 3140XNTQ7	235,105.720	222,468.77	221,502.24
FNMA POOL #MA4325 2% DUE 04-01-2051 BEO CUSIP: 31418DYX4	661,481.060	615,797.54	518,211.91
FNMA POOL #MA4438 2.5% 10-01-2051 BEO CUSIP: 31418D4Y5	772,026.720	637,344.25	630,974.77
FNMA POOL #MA4784 4.5% 10-01-2052 BEO CUSIP: 31418EJ68	243,327.140	229,687.52	229,256.85
FNMA REMIC TR SR 19-6 CL GJ 3.0% 02-25-2049 CUSIP: 3136B3T59	24,128.920	24,713.30	23,123.12
FNMA 3.5% DUE 01-01-2052 CUSIP: 3140QM6W9	510,486.830	465,659.71	452,307.99
FREDDIE MAC POOL FR RJ0197 6.5% 6.5% 11-01-2053 CUSIP: 3142GQGF3	236,629.820	243,026.23	243,561.51
GOVERNMENT NATIONAL MORTGAGE A GNR SR 2024-57 CL GB 5.5% 04-20-2054 CUSIP: 38384NDZ5	1,000,000.000	1,006,250.00	988,476.50

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>U.S. Government Securities</i>			
United States - USD			
PVTPL FREMF MORTGAGE TRUST SER 16-K59 CL B VAR RT 11-25-2049 CUSIP: 30295RAS0	400,000.000	410,843.75	388,745.36
UNITED STATES TREAS BDS DTD 00300 4.75% 11-15-2053 CUSIP: 912810TV0	510,000.000	531,974.50	505,378.13
Total United States - USD		12,415,123.63	11,346,727.71
Total U.S. Government Securities		12,415,123.63	11,346,727.71
<i>Corporate Debt Instruments - Other</i>			
Belgium - USD			
ANHEUSER-BUSCH COS LLC CORP 4.9% 02-01-2046 CUSIP: 03522AAJ9	162,000.000	152,513.28	147,442.51
ANHEUSER-BUSCH 4.95% DUE 01-15-2042 CUSIP: 035240AG5	125,000.000	149,211.25	116,297.36
Total Belgium - USD		301,724.53	263,739.87
Brazil - USD			
PVTPL GLOBO COMUNICACAO E PARTICIPACOES S A 4.875% DUE 01-22-2030 BEO CUSIP: 37959DAB0	200,000.000	200,000.00	178,757.98
Total Brazil - USD		200,000.00	178,757.98
Canada - USD			
PVTPL GOEASY LTD 9.25% 12-01-2028 CUSIP: 380355AH0	215,000.000	215,000.00	229,142.39
PVTPL OPEN TEXT CORP 6.9% DUE 12-01-2027/12-01-2022 BEO CUSIP: 683715AF3	115,000.000	115,000.00	118,826.05
PVTPL 1011778 B C / NEW RED FIN 5.625% DUE 09-15-2029 CUSIP: 68245XAT6	300,000.000	300,000.00	295,506.45
Total Canada - USD		630,000.00	643,474.89
Cayman Islands - USD			
PVTPL OCTAGON LN FDG LTD SR 14-1A CL BRR FLTG 11-18-2031 CUSIP: 67590RBA2	300,000.000	299,250.00	300,851.49

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Debt Instruments - Other</i>			
Cayman Islands - USD			
Total Cayman Islands - USD		299,250.00	300,851.49
France - USD			
PVTPL BPCE SA 6.714% 10-19-2029 CUSIP: 05571AAR6	250,000.000	250,000.00	259,842.65
Total France - USD		250,000.00	259,842.65
Ireland - USD			
AERCAP IRELAND CAP / GLOBA 3.0% DUE 10-29-2028 CUSIP: 00774MAW5	200,000.000	199,636.00	185,147.00
GGAM FIN LTD GTD SR NT 144A 8% 06-15-2028 CUSIP: 36170JAA4	275,000.000	275,000.00	288,757.01
Total Ireland - USD		474,636.00	473,904.01
Italy - USD			
PVTPL FIBERCOP SPA 6.0% 09-30-2034 CUSIP: 683879AD2	206,000.000	195,557.86	197,768.06
TELECOM ITALIA CAP 6% DUE 09-30-2034 CUSIP: 87927VAM0	14,000.000	11,063.78	13,483.75
Total Italy - USD		206,621.64	211,251.81
Mexico - USD			
PVTPL BIMBO BAKERIES USA INC 6.05% DUE 01-15-2029 CUSIP: 09031WAC7	300,000.000	309,975.00	306,204.60
Total Mexico - USD		309,975.00	306,204.60
Norway - USD			
PVTPL AKER BP ASA 3.75% DUE 01-15-2030 BEO CUSIP: 00973RAF0	385,000.000	384,237.70	357,775.16
PVTPL VAR ENERGI ASA 7.5% DUE 01-15-2028/11-15-2022 BEO CUSIP: 92212WAD2	200,000.000	198,436.00	211,197.18
Total Norway - USD		582,673.70	568,972.34

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Debt Instruments - Other			
Spain - USD			
PVTPL CAIXABANK S A 6.684% 09-13-2027 CUSIP: 12803RAB0	275,000.000	281,542.25	282,188.95
Total Spain - USD		281,542.25	282,188.95
Switzerland - USD			
PVTPL UBS GROUP AG 5.959% 01-12-2034 CUSIP: 902613AV0	200,000.000	200,000.00	204,541.71
Total Switzerland - USD		200,000.00	204,541.71
United Arab Emirates - USD			
GALAXY PIPELINE ASSETS BIDCO LTD SR SECDBD CL D 144A 2.16% 03-31-2034 CUSIP: 36321PAD2	154,858.000	154,083.71	132,709.03
Total United Arab Emirates - USD		154,083.71	132,709.03
United Kingdom - USD			
ASTRAZENECA PLC 6.45% DUE 09-15-2037 CUSIP: 046353AD0	250,000.000	283,902.50	274,314.09
HSBC HLDGS PLC 2.804% DUE 05-24-2032 REG CUSIP: 404280CT4	200,000.000	200,000.00	169,973.78
HSBC HLDGS PLC 7.39% 11-03-2028 CUSIP: 404280DR7	200,000.000	200,000.00	212,054.52
PVTPL MACQUARIE AIRFINANCE HLDGS LTD GTDSR NT 8.125% 03-30-2029 CUSIP: 55609NAB4	275,000.000	275,562.50	290,828.73
Total United Kingdom - USD		959,465.00	947,171.12
United States - USD			
ABBVIE INC 4.55% DUE 03-15-2035 REG CUSIP: 00287YCY3	300,000.000	287,649.00	282,134.56
AGILENT 2.1% DUE 06-04-2030 CUSIP: 00846UAM3	350,000.000	304,619.00	301,365.97
AGL CLO 32 LTD / AGL CLO 32 LLC 0% 07-21-2037 CUSIP: 00121BAA7	250,000.000	250,000.00	250,728.85
ALTRIA GROUP INC 4.8% DUE 02-14-2029 CUSIP: 02209SBD4	250,000.000	290,240.00	247,092.77

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Debt Instruments - Other			
United States - USD			
AMERICAN EXPRESS CO NT 4.05% 05-03-2029 CUSIP: 025816CW7	130,000.000	129,756.90	126,929.03
AMGEN INC 5.25% 03-02-2030 CUSIP: 031162DQ0	270,000.000	271,010.15	272,570.10
AMSR 2024-SFR2 TR 4.15% DUE 11-17-2041 CUSIP: 00179UAA6	125,000.000	119,605.50	119,229.68
ANGEL OAK MTG TR FLTG RT .951% DUE 07-25-2066 CUSIP: 03465HAA2	96,792.570	96,791.22	81,870.07
ANGEL OAK MTG TR 1.035% DUE 01-20-2065 CUSIP: 03464EAA0	128,213.070	128,211.29	105,279.96
ARTHUR J GALLAGHER & CO 5.15% 02-15-2035 CUSIP: 04316JAN9	35,000.000	34,869.45	34,172.92
AT&T INC 2.25% DUE 02-01-2032 CUSIP: 00206RKH4	180,000.000	179,674.20	148,871.81
AUTOZONE INC 5.4% 07-15-2034 CUSIP: 053332BK7	300,000.000	302,472.00	298,301.38
BANK OF AMERICA CORP 2.299% 07-21-2032 CUSIP: 06051GKA6	90,000.000	90,000.00	75,081.85
BANK OF AMERICA CORPORATION 3.97% 03-05-2029 CUSIP: 06051GHG7	400,000.000	377,820.00	387,917.41
BANK 2024-BNK47 MTG PASS THRU CTF CL A-55.716% 06-15-2057 CUSIP: 06540GAV0	325,000.000	344,296.88	336,300.58
BAXTER INTL INC 3.95% 04-01-2030 CUSIP: 071813BY4	45,000.000	50,796.61	42,519.71
BK OF AMER AUTO TR 5.53% DUE 02-15-2028 CUSIP: 06428AAC2	205,000.000	204,992.23	207,037.50
BLACKSTONE HLDGS FIN CO L L C SR NT 144A2% 01-30-2032 CUSIP: 09261BAD2	175,000.000	135,332.75	140,832.42
BOEING CO 2.95% DUE 02-01-2030 CUSIP: 097023CN3	100,000.000	100,948.60	89,263.32
BOEING CO 3.625% DUE 02-01-2031 CUSIP: 097023DC6	220,000.000	234,557.40	199,719.08
BOOZ ALLEN HAMILTON INC 5.95% 08-04-2033 CUSIP: 09951LAC7	35,000.000	34,665.40	35,778.97
BRANDYWINE OPER PARTNERSHIP L P 8.875% 04-12-2029 CUSIP: 105340AS2	95,000.000	94,529.75	101,095.30

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Debt Instruments - Other			
United States - USD			
BRAVO RESDNTL FDG FLTG RT .941% DUE 02-25-2049 CUSIP: 10569TAA6	39,696.420	39,695.97	36,729.55
BSTN SCIENTIFIC 4.7% DUE 03-01-2049 CUSIP: 101137AU1	50,000.000	61,324.50	43,967.34
BXHPP TR 2021-FILM FLTG RT 5.07648% DUE 08-15-2036 CUSIP: 05609JAA0	235,000.000	235,000.00	227,586.22
CAPITAL ONE PRIME AUTO RECEIVABLES SER 23-1 CL A3 4.87% DUE 02-15-2028 CUSIP: 14043KAH8	110,000.000	109,978.88	110,408.16
CELANESE US HLDGS LLC 6.35% 11-15-2028 CUSIP: 15089QAW4	135,000.000	134,981.10	138,274.69
CISCO SYS INC SR NT 5.9 DUE 02-15-2039 REG CUSIP: 17275RAD4	250,000.000	269,282.50	264,313.32
CITIZENS FINANCIAL GROUP 5.841% 01-23-2030 CUSIP: 174610BF1	300,000.000	300,246.85	304,613.04
CMO BANK 2018-BNK11 COML MTG PASS THRU CTF CL X-A DUE 03-15-2061 REG CUSIP: 06540TAE0	6,802,292.940	205,515.13	93,017.27
CMO BANK 2019-BNK19 SER 2019-BN19 CLS XADUE 08-15-2061 REG CUSIP: 06540WBH5	5,046,410.410	332,150.62	178,796.84
COCA COLA CONS INC 5.45% 06-01-2034 CUSIP: 191098AP7	95,000.000	95,026.40	95,682.92
COLT 2021-1 MTG LN TR .91000002623% 06-25-2066 CUSIP: 19688EAA6	113,441.490	113,441.00	94,925.90
COLT 2021-2 MTG LN FLTG RT .924% DUE 08-25-2066 CUSIP: 19685WAA9	115,319.880	115,319.48	94,283.16
COLT 2021-3R MTG 1.051% DUE 12-25-2064 CUSIP: 19688DAA8	63,987.090	63,986.34	57,342.47
COLT 2024-7 MTG LN TR MTG PASS THRU CTF CL A-1 5.538% 12-26-2069 CUSIP: 19688YAA2	229,806.150	229,806.01	229,185.74
COLUMBIA /HCA HEALTHCARE CORP 7.05 DEB DUE 12-01-2027 CUSIP: 197677AJ6	250,000.000	265,125.00	262,142.77
COMCAST CORP NEW 3.4% DUE 07-15-2046 CUSIP: 20030NBU4	125,000.000	92,238.75	87,872.04
COMCAST CORP NEW 4.25% DUE 10-15-2030 CUSIP: 20030NCU3	220,000.000	254,878.80	212,115.38
CONNECTICUT LIGHT & POWER CO 4.95% 08-15-2034 CUSIP: 207597ES0	75,000.000	74,666.25	73,151.48

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Debt Instruments - Other			
United States - USD			
CONSOLIDATED EDISON CO N Y INC 2.4% DUE 06-15-2031 BEO CUSIP: 209111GA5	275,000.000	232,677.50	236,168.30
CONSUMERS ENERGY CO 4.625% 05-15-2033 CUSIP: 210518DU7	300,000.000	292,392.00	289,438.03
COREBRIDGE FINANCIAL INC 3.9% 04-05-2032 CUSIP: 21871XAH2	230,000.000	199,479.14	209,568.00
CSMC 2021-AFC1 TR FLTG RT .83% DUE 03-25-2056 CUSIP: 12657LAA2	87,208.650	87,207.63	71,148.38
CSX CORP 5.2% 11-15-2033 CUSIP: 126408HW6	175,000.000	177,702.00	175,346.32
DEEPHAVEN RESDNTL FLTG RT .899% DUE 04-25-2066 CUSIP: 24381WAA6	44,233.690	44,233.02	38,591.63
DISNEY WALT CO SR NT 6.2% 12-15-2034 CUSIP: 254687DZ6	250,000.000	273,920.00	272,296.06
DLLAD 2023-1 LLC NT CL A-4 144A 4.8% 06-20-2030 CUSIP: 233258AD4	460,000.000	456,837.50	458,852.35
DOMINION ENERGY INC 5.375% DUE 11-15-2032 BEO CUSIP: 25746UDR7	275,000.000	274,070.50	275,742.71
DUKE ENERGY CORP NEW SR NT 2.55% 06-15-2031 CUSIP: 26441CBL8	170,000.000	169,775.60	145,175.21
DUKE ENERGY OHIO INC 5.6% 03-15-2054 CUSIP: 26442EAL4	150,000.000	153,978.00	144,994.40
EDISON INTL 6.95% DUE 11-15-2029 CUSIP: 281020AW7	225,000.000	239,568.75	240,235.51
ELLINGTON FINL MTG FLTG RT .931% DUE 06-25-2066 CUSIP: 31572LAA4	52,294.200	52,293.53	42,623.70
EVERGY MO W STORM 5.104% DUE 12-01-2040 CUSIP: 30037HAA4	194,006.580	193,993.93	192,620.44
EVERSOURCE ENERGY 5.95% 07-15-2034 CUSIP: 30040WAZ1	250,000.000	261,192.50	256,176.95
FIFTH THIRD BANCORP 5.631% 01-29-2032 CUSIP: 316773DL1	45,000.000	45,000.00	45,497.06
FIFTH THIRD BANCORP 6.339% 07-27-2029 CUSIP: 316773DK3	25,000.000	25,000.00	25,934.68
FISERV INC 3.5% DUE 07-01-2029 CUSIP: 337738AU2	300,000.000	284,055.00	281,450.22

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Debt Instruments - Other			
United States - USD			
FORD CR FLOORPLAN MASTER OWNER TR SER 18-4 CL A 4.06% 11-15-2030 REG CUSIP: 34528PAK2	345,000.000	331,253.91	337,020.18
FREMF 2017-K64 MTG FLTG RT 3.9998% DUE 05-25-2050 CUSIP: 30296CAE3	395,000.000	421,215.04	384,620.19
GARTNER INC 3.75% DUE 10-01-2030 CUSIP: 366651AE7	25,000.000	25,000.00	22,838.53
GCAT 2021-NQM1 TR .874% DUE 01-25-2066 CUSIP: 36167TAA7	90,339.160	90,338.56	77,403.09
GCAT 2021-NQM4 TR 1.299% DUE 08-25-2066 CUSIP: 36168HAC8	114,495.560	114,495.13	92,958.19
GILEAD SCIENCES INC 5.25% 10-15-2033 CUSIP: 375558BZ5	100,000.000	101,558.00	100,360.61
GOLDMAN SACHS GROUP INC 3.102% 02-24-2033 CUSIP: 38141GZM9	675,000.000	566,196.25	581,893.45
GOLDMAN SACHS GROUP INC 4.223% 05-01-2029 CUSIP: 38141GWZ3	285,000.000	264,115.20	277,285.00
HONDA AUTO 4.97% DUE 06-21-2029 CUSIP: 43815JAD5	280,000.000	278,239.06	282,741.90
HOST HOTELS & RESORTS L P 5.7% 07-01-2034 CUSIP: 44107TBB1	285,000.000	280,206.30	284,607.72
HOTWIRE FDG LLC 5.687% DUE 05-20-2053 CUSIP: 44148HAA1	190,000.000	190,000.00	191,019.88
HOWARD UNIV 2.995% DUE 10-01-2031 CUSIP: 442851AN1	30,000.000	30,000.00	26,111.31
HUB INTL LTD 7.25% DUE 06-15-2030 CUSIP: 44332PAH4	185,000.000	188,700.00	189,578.79
I/O CMO BANK 2018-BNK12 COML MTG SER-2018-BN12 CL-XA VAR 05-15-2061 CUSIP: 06541KBB3	10,828,392.690	206,754.62	95,636.36
I/O CMO BANK 2019-BNK18 COML MTG PASSTHRU CTF CL X-A 05-15-2062 REG CUSIP: 065402BD0	4,362,438.240	263,329.54	136,714.45
I/O CMO BANK 2019-BNK20 SER 2019-BN20 CLS XADUE 09-15-2061 REG CUSIP: 06540AAE1	5,488,456.790	314,170.64	170,453.90
I/O CMO GS MTG SECS TR 2020-GC45 SER 20-GC45 CLS XA 02-13-2053 REG CUSIP: 36258YBJ6	2,701,990.290	123,276.29	66,556.78
I/O CMO MORGAN STANLEY CAP VAR RT SER 2019-H7 CL XA 07-15-2052 REG CUSIP: 61771MAX8	3,641,422.090	298,894.01	165,173.09

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Debt Instruments - Other			
United States - USD			
ICON INVT SIX DESIGNATED ACTIVITY CO 5.849% 05-08-2029 CUSIP: 45115AAB0	285,000.000	285,729.60	290,490.97
IMPERIAL FD MTG TR FLTG RT 1.073% DUE 09-25-2056 CUSIP: 452761AA7	115,246.260	115,244.69	94,236.87
INTEL CORP FIXED 3.9% DUE 03-25-2030 CUSIP: 458140BR0	225,000.000	256,056.75	210,883.88
INTEL CORP 5.38% 02-10-2033 CUSIP: 458140CG3	100,000.000	98,648.00	96,705.56
JPMORGAN CHASE & CO. 5.35% 06-01-2034 CUSIP: 46647PDR4	450,000.000	464,521.50	450,198.04
LAMAR MEDIA CORP SR NT 3.625% 01-15-2031 CUSIP: 513075BZ3	95,000.000	94,720.70	83,609.98
LAS VEGAS SANDS CORP 6.0% 08-15-2029 CUSIP: 517834AK3	20,000.000	19,970.60	20,256.84
LOCKHEED MARTIN FIXED 1.85% DUE 06-15-2030 CUSIP: 539830BP3	255,000.000	250,147.35	218,611.10
M & T BANK CORP 7.413% DUE 10-30-2029 CUSIP: 55261FAS3	205,000.000	205,516.95	219,827.80
NATIONAL RETAIL PPTYS INC 2.5% DUE 04-15-2030 CUSIP: 637417AN6	210,000.000	209,323.80	183,875.34
NEW RESDNTL MTG LN 2.46413% DUE 01-26-2060 CUSIP: 64830VAA1	23,855.660	23,855.66	22,181.24
OBX 2024-NQM15 TR 5.316% 10-25-2064 CUSIP: 67449DAA7	139,816.710	139,815.69	139,352.10
OWENS CORNING 3.5% 02-15-2030 CUSIP: 690742AM3	110,000.000	103,063.07	102,130.12
PAC GAS & ELEC CO FIXED 5.9% DUE 06-15-2032 CUSIP: 694308KG1	275,000.000	276,014.75	282,351.63
PECO ENERGY CO 4.9% 06-15-2033 CUSIP: 693304BF3	150,000.000	149,076.00	147,516.75
PG&E WILDFIRE FIXED 4.451% DUE 12-01-2047 CUSIP: 693342AD9	325,000.000	277,400.50	282,650.23
PHILIP MORRIS INTL 2.1% DUE 05-01-2030 CUSIP: 718172CP2	260,000.000	253,073.60	224,739.14
PROGRESS RESDNTL 1.681% DUE 10-17-2038 CUSIP: 74333TAC3	310,000.000	309,993.03	293,991.20

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Debt Instruments - Other</i>			
United States - USD			
PVTPL ARI FLEET LEASE TRUST SER 24-A CL A3 5.0% 11-15-2032 CUSIP: 00218KAC7	100,000.000	99,993.67	100,270.73
PVTPL AVIENT CORP SR NT 144A 7.125% DUE 08-01-2030/08-10-2022 BEO CUSIP: 05368VAA4	30,000.000	30,068.75	30,643.95
PVTPL BROADCOM INC 3.137% DUE 11-15-2035 BEO CUSIP: 11135FBP5	205,000.000	204,034.45	167,449.63
PVTPL BWX TECHNOLOGIES INC 4.125% DUE 06-30-2028/06-12-2020 BEO CUSIP: 05605HAB6	125,000.000	113,398.75	117,033.87
PVTPL CAESARS ENTERTAINMENT INC 6.5% 02-15-2032 CUSIP: 12769GAC4	190,000.000	191,137.50	190,857.58
PVTPL CCO HLDGS LLC 144A 5.0% 02-01-2028 CUSIP: 1248EPBX0	175,000.000	183,965.25	168,681.40
PVTPL CF HIPPOLYTA ISSUER LLC SER 20-1 CL A1 1.69% DUE 07-15-2060 BEO CUSIP: 12530MAA3	100,738.610	100,724.68	98,427.97
PVTPL CF HIPPOLYTA ISSUER LLC SER 21-1A CL A1 1.53% DUE 03-15-2061 CUSIP: 12530MAE5	94,244.750	94,226.83	89,347.15
PVTPL CINEMARK USA INC 7% 08-01-2032 CUSIP: 172441BH9	300,000.000	302,228.75	305,811.60
PVTPL CLEAN HBRS INC 6.375% 02-01-2031 CUSIP: 184496AQ0	50,000.000	50,000.00	50,339.01
PVTPL CLOUD CAPITAL SER 24-1A CL A2 5.781%11-22-2049 CUSIP: 102104AA4	255,000.000	255,000.00	254,113.95
PVTPL CMO ANGEL OAK MTG SRS 20-4 CL A FLTG DUE 06-25-2065 BEO CUSIP: 03464LAA4	15,352.750	15,352.58	14,502.50
PVTPL CMO ANGEL OAK MTG TR SR 20-1 CL A1 FLTG 12-25-2059 CUSIP: 03464RAA1	9,313.960	9,313.78	8,958.87
PVTPL CMO BMO MORTGAGE TRUST SR 24 5C7 CL XA FLTG RT 11-15-2057 CUSIP: 09660WAV3	999,940.710	40,666.99	39,172.08
PVTPL CMO FREMF 2019-K95 MTG TR MULTIFAMILY CL B 4.0528% 06-25-2029 CUSIP: 30311MAS1	250,000.000	281,699.22	233,928.38
PVTPL CMO IMPERIAL FD MTG TR 2021-NQM1 CL A-1 FLTG 06-25-2056 BEO CUSIP: 452764AA1	117,973.160	117,973.13	100,563.34
PVTPL CMO NEW RESIDENTIAL MTG LN TR SER 20-1A CLS A1B VAR RT 10-25-2059 CUSIP: 64830TAD0	34,444.590	35,425.14	32,097.26
PVTPL CMO STARWOOD MTG RESIDENTIAL TR 2020-1 SER 20-1 CLS A1 VAR RT 02-25-2050 CUSIP: 85573AAA3	4,145.840	4,145.76	3,945.95

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Debt Instruments - Other			
United States - USD			
PVTPL CMO VERUS SECURITIZATION TRUST SR 21-A CLS A1 VAR RT DUE 07-25-2066 CUSIP: 92538HAA8	88,687.520	88,685.94	74,060.71
PVTPL COLOGIX DATA CTRS US ISSUER SER 21-1A CL A2 3.3% 12-26-2051 CUSIP: 19521UAA1	345,000.000	344,980.92	327,446.43
PVTPL CREDIT ACCEPTANCE 9.25% 12-15-2028 CUSIP: 225310AQ4	300,000.000	302,408.75	317,312.10
PVTPL DLLAA LLC NT CL A-3 5.64% 02-22-2028 CUSIP: 23292HAC5	120,000.000	119,993.00	121,746.12
PVTPL DRYDEN XXVI SR LN FD SR 13-26A CL BR FLTG 04-15-2029 CUSIP: 26250UAS4	320,000.000	315,420.80	320,379.58
PVTPL EMRLD BORROWER LP / EMERALD CO-ISSUER INC 6.75% 07-15-2031 CUSIP: 26873CAB8	300,000.000	301,520.00	302,051.70
PVTPL ENERGIZER HLDGS INC NEW SR NT 144A4.75% DUE 06-15-2028/07-01-2020 BEO CUSIP: 29272WAC3	160,000.000	160,000.00	152,464.04
PVTPL ENLINK MIDSTREAM LLC 6.5% 09-01-2030 CUSIP: 29336TAD2	75,000.000	75,000.00	78,544.51
PVTPL FIRSTCASH INC 4.625% DUE 09-01-2028/08-26-2020 BEO CUSIP: 33767DAB1	55,000.000	55,000.00	52,128.74
PVTPL FIRSTKEY HOMES SER 20-SFR2 CL B DUE 10-19-2037 CUSIP: 33767JAC6	316,000.000	315,996.27	307,415.07
PVTPL FORD CR AUTO OWNER TR 2023-REV2 SER 23-2 CL A 5.28% 02-15-2036 CUSIP: 34535CAA4	320,000.000	319,894.72	325,766.50
PVTPL FORTRESS INTER 3 INC 7.5% 06-01-2031 CUSIP: 34966MAA0	190,000.000	191,000.85	193,737.49
PVTPL FREMF MTG TR MULTIFAMILY MTG SER 2018-K72 CL B 3.9916% 12-25-2027 CUSIP: 30307TAG8	90,000.000	94,795.31	86,930.69
PVTPL FRTKL 2021-SFR1 SR 21-SFR1 CL A 1.571% 09-17-2038 CUSIP: 30322DAA7	330,000.000	329,995.18	310,335.93
PVTPL HOTWIRE FDG LLC SR 24-1A CL A2 5.893% 06-20-2054 CUSIP: 44148JAH2	105,000.000	106,014.45	106,045.47
PVTPL HOTWIRE FDG LLC 2021-1 SECD FIBER CL A-2 2.311% 11-20-2051 CUSIP: 44148JAA7	75,000.000	75,000.00	70,884.39
PVTPL KUBOTA CR OWNER TR 2024-1 NT CL A-3 144A 5.19% DUE 07-17-2028 BEO CUSIP: 50117BAC4	145,000.000	144,994.33	146,597.65
PVTPL MAGNETITE CLO LTD SR 16-17A CL AR2 FLT 04-20-2037 CUSIP: 55954EAY5	375,000.000	378,937.50	378,548.55

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Debt Instruments - Other			
United States - USD			
PVTPL NESTLE HLDGS INC 4.365% DUE 10-01-2029 CUSIP: 641062BC7	270,000.000	269,765.10	264,134.75
PVTPL OCTAGON INVT PARTNERS SER 17-1A CL A1R3 FLTG RT 10-31-2037 CUSIP: 67573CAS8	375,000.000	377,250.00	376,868.89
PVTPL OGLETHORPE PWR CORP ELEC MEMBE 5.8% 06-01-2054 CUSIP: 677050AV8	200,000.000	201,409.00	196,474.26
PVTPL PENNYMAC FINL SVCS INC NEW SR NT 4.25% 02-15-2029 CUSIP: 70932MAB3	250,000.000	240,842.50	231,695.57
PVTPL PENSKE TRUCK LEASING CO L P/PTL FIN CO 6.05% 08-01-2028 CUSIP: 709599BW3	250,000.000	257,140.00	257,302.37
PVTPL PROGRESS RESIDENTIAL TRUST SR 23-SFR1 CL A 4.3% 03-17-2040 CUSIP: 74334FAA6	149,668.160	145,152.61	145,647.35
PVTPL ROBLOX CORP 3.875% DUE 05-01-2030/10-29-2021 BEO CUSIP: 771049AA1	200,000.000	200,000.00	180,229.26
PVTPL SBA TOWER TR 1.84% DUE 04-15-2027 BEO CUSIP: 78403DAV2	300,000.000	300,000.00	277,509.30
PVTPL SBNA AUTO LEASE TR SR 24-A CL A3 5.39% 11-20-2026 CUSIP: 78414SAE4	70,000.000	69,998.94	70,389.97
PVTPL SBNA AUTO LEASE TR SR 24-A CL A4 5.24% 01-22-2029 CUSIP: 78414SAG9	40,000.000	39,997.15	40,304.71
PVTPL SCULPTOR CLO XXIX LTD SR 29A CL B FLTG RT 10-22-2034 CUSIP: 81124EAE0	490,000.000	490,000.00	491,783.36
PVTPL SHACKLETON CLO LTD SR 21-16A CL B FLTG RT 10-20-2034 CUSIP: 81883JAC4	250,000.000	250,000.00	250,967.50
PVTPL SHIFT4 PMTS LLC / FIN 6.75% 08-15-2032 CUSIP: 82453AAB3	195,000.000	196,665.01	198,326.11
PVTPL SOUND POINT CLO LTD SR 21-3A CL B FLTG RT 10-25-2034 CUSIP: 83615PAC1	280,000.000	280,000.00	279,938.46
PVTPL STACK INFRASTRUCTURE ISSUER LLC SECD DATA CTR REV TERM NT 144A SER CUSIP: 85236KAE2	140,000.000	140,000.00	134,677.06
PVTPL STACK INFRASTRUCTURE ISSUER LLC SR23-2A CL A2 5.9% 07-25-2048 CUSIP: 85236KAH5	285,000.000	278,767.05	288,407.23
PVTPL SUNOCO LP NT 7.0% 09-15-2028 CUSIP: 86765KAA7	275,000.000	275,000.00	281,349.34
PVTPL UNITED RENTALS NORTH AMER INC 6.0% DUE 12-15-2029 BEO CUSIP: 911365BQ6	190,000.000	190,000.00	191,807.44

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Debt Instruments - Other</i>			
United States - USD			
PVTPL VANTAGE DATA CTR SER 23-1A CL A2 6.316% 03-15-2048 CUSIP: 92212KAE6	245,000.000	245,000.00	248,684.56
PVTPL VANTAGE DATA CTRS ISSUER LLC SR 20-1A CL A2 1.645% 09-15-2045 CUSIP: 92212KAB2	220,000.000	220,000.00	214,842.78
PVTPL VB-S1 ISSUER LLC SECD TOWER REV NT2022-1 C-2-I 3.156% 02-15-2052 CUSIP: 91823AAU5	165,000.000	165,000.00	155,890.14
PVTPL VENTURE GLOBAL CALCASIEU PASS LLC 3.875% DUE 08-15-2029 CUSIP: 92328MAA1	65,000.000	65,000.00	59,716.66
PVTPL VITAL ENERGY INC DEL 7.875% 04-15-2032 CUSIP: 516806AK2	160,000.000	160,000.00	153,951.36
PVTPL WAND NEWCO 3 INC 7.625% 01-30-2032 CUSIP: 933940AA6	20,000.000	20,000.00	20,542.48
PVTPL WHEELS FLEET LEASE FUNDING LLC SR 24-3A CL A1 4.8% 09-19-2039 CUSIP: 96328GBZ9	215,000.000	214,987.06	214,747.78
REALTY INCOME CORP 5.125% 02-15-2034 CUSIP: 756109CG7	265,000.000	262,111.50	259,714.83
S&P GLOBAL INC 4.25% 05-01-2029 CUSIP: 78409VBG8	260,000.000	245,937.50	254,283.17
SBA TOWER TR 1.631% DUE 05-15-2051 CUSIP: 78403DAT7	95,000.000	95,000.00	89,044.50
SOUTHERN CALI EDISON 5.45% 06-01-2031 CUSIP: 842400JE4	45,000.000	44,977.05	45,722.83
SOUTHERN CO 4.85% 03-15-2035 CUSIP: 842587EA1	300,000.000	292,002.00	286,297.42
STD INDS INC DEL 5% DUE 02-15-2027 CUSIP: 853496AC1	175,000.000	183,144.50	171,260.83
STEEL DYNAMICS INC FIXED 3.25% DUE 01-15-2031 CUSIP: 858119BM1	15,000.000	14,844.00	13,528.75
SUMMIT ISSUER LLC 5.6% 02-20-2053 CUSIP: 86613XAG0	60,000.000	58,804.49	60,206.03
T-MOBILE USA INC 5.15% 04-15-2034 CUSIP: 87264ADF9	300,000.000	300,357.00	295,233.24
TAMPA ELEC CO NT 3.45% 03-15-2051 CUSIP: 875127BJ0	150,000.000	108,916.50	102,263.69
TARGA RES CORP 4.2% 02-01-2033 CUSIP: 87612GAA9	155,000.000	155,549.30	140,835.84

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Debt Instruments - Other</i>			
United States - USD			
TENET HEALTHCARE FIXED 4.625% DUE 06-15-2028 CUSIP: 88033GDH0	160,000.000	147,235.20	153,118.00
TEXAS ELEC MKT STABILIZATION FDG N LLC 5.167% DUE 02-01-2050 BEO CUSIP: 88240TAD3	204,000.000	202,551.60	194,956.30
TEXTRON INC FIXED 2.45% DUE 03-15-2031 CUSIP: 883203CC3	20,000.000	19,688.00	17,018.10
TOLEDO EDISON CO 2.65% 05-01-2028 CUSIP: 889175BF1	142,000.000	141,791.93	130,564.62
TRICON RESDNTL 5.1% DUE 07-17-2040 CUSIP: 89616WAA6	124,884.700	122,102.55	124,751.67
UL SOLUTIONS INC SR NT 144A 6.5% 10-20-2028 CUSIP: 903731AA5	115,000.000	114,844.75	119,566.37
UNITEDHEALTH GROUP 4.625% DUE 11-15-2041 CUSIP: 91324PBU5	300,000.000	276,816.00	264,486.56
UNIVERSAL HEALTH SVCS 4.625% 10-15-2029 CUSIP: 913903BB5	300,000.000	299,871.00	289,333.94
VERUS .918% DUE 02-25-2064 CUSIP: 92538DAA7	76,202.200	76,201.01	68,946.10
VERUS SECURITIZATION TR 2023-2 MTG PASSTHRU CTF CL A-1 6.193% 03-25-2068 CUSIP: 92539DAA6	309,877.560	309,875.18	311,518.73
WARNERMEDIA HLDGS INC SR NT 4.279% 03-15-2032 CUSIP: 55903VBC6	285,000.000	250,492.18	251,225.72
WELLTOWER INC 3.85% DUE 06-15-2032 CUSIP: 95040QAR5	140,000.000	140,189.10	128,088.84
Total United States - USD		33,143,063.31	31,413,639.35
Total Corporate Debt Instruments - Other		37,993,035.14	36,187,249.80

Value of Interest in Common/Collective Trusts

United States - USD			
NT COMMON SHORT TERM INVT FD CUSIP: 66586U437	5,826,700.540	5,826,700.54	5,826,700.54
Total United States - USD		5,826,700.54	5,826,700.54
Total Value of Interest in Common/Collective Trusts		5,826,700.54	5,826,700.54

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Value of Interest in Registered Investment Companies</i>			
International Region - USD			
MFO VANGUARD TOT INT ST IDX CUSIP: 921909776	216,458.540	25,981,435.43	27,436,119.95
Total International Region - USD		25,981,435.43	27,436,119.95
United States - USD			
MFB NORTHN FDS ULTRA SHORT FXD INC FD CUSIP: 665162467	3,073,788.070	31,142,152.55	31,660,017.12
MFO VANGUARD TOT STK MKT-INST PL CUSIP: 922908355	416,457.550	64,520,453.48	110,186,338.58
Total United States - USD		95,662,606.03	141,846,355.70
Total Value of Interest in Registered Investment Com		121,644,041.46	169,282,475.65

*Other***United States - USD**

ALLEGHENY CNTY PA ARPT AUTH ARPT REV 4% 01-01-2041 BEO AMT CUSIP: 01728LFG2	500,000.000	586,720.00	480,628.30
AMERICAN MUN PWR OHIO INC REV 5% 02-15-2041 BEO CUSIP: 02765UST2	425,000.000	468,575.25	464,727.90
AUSTIN TEX ARPT SYS REV 5% 11-15-2037 BEO AMT CUSIP: 052398FV1	350,000.000	415,369.50	354,913.65
AVON IND CMNTY SCH BLDG CORP 5.5% 07-15-2041 BEO CUSIP: 054071PE9	155,000.000	166,366.15	174,433.93
BLACK BELT ENERGY GAS DIST ALA GAS FLTG RT 05-01-2055 CUSIP: 09182TDL8	80,000.000	84,743.20	85,263.61
BRIDGEPORT CONN TAXABLE PENSION BDS 7.64DUE 01-15-2030 BEO TAXABLE CUSIP: 108151VU2	330,000.000	411,384.60	352,028.62
BROWARD CNTY FLA ARPT SYS REV 5% 10-01-2037 BEO AMT CUSIP: 114894YN2	350,000.000	432,967.50	362,814.13
BROWARD CNTY FLA SCH BRD CTFS PARTN 5% 07-01-2035 BEO CUSIP: 115065D68	400,000.000	442,056.00	445,462.48
CALIFORNIA ST ENTERPRISE DEV AUTH STUDENT HSG REV 5% 08-01-2045 BEO CUSIP: 13069BAN6	105,000.000	124,168.80	106,814.07
CALIFORNIA ST UNIV REV 6.484% 11-01-2041BEO TAXABLE CUSIP: 13077CTL8	250,000.000	281,455.00	263,998.30

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Other</i>			
United States - USD			
CALIFORNIA ST 5.125% 03-01-2038 CUSIP: 13063D3S5	290,000.000	282,022.10	283,818.53
CATHEDRAL CITY CALIF REDEV AGY SUCCESSORAGY TAX ALLOCATION REV 4% 08-01-2031 BEO CUSIP: 14916YCR8	375,000.000	455,343.75	384,506.78
CHANDLER ARIZ INDL DEV AUTH INDL DEV REV4.1% 12-01-2037 BEO AMT CUSIP: 158862CD2	365,000.000	365,000.00	364,508.97
CHICAGO ILL O HARE INTL ARPT REV 5% 01-01-2039 BEO AMT CUSIP: 1675935X6	255,000.000	276,119.10	270,225.08
CHICAGO ILL PK DIST 5% 01-01-2037 BEO CUSIP: 1676153V3	400,000.000	420,868.00	430,570.44
COLORADO HEALTH FACS AUTH REV 5% 05-15-2044 BEO CUSIP: 19648FYG3	100,000.000	107,051.00	107,199.04
COLORADO HSG & FIN AUTH 3.75% DUE 05-01-2050 CUSIP: 196480FK8	235,000.000	257,842.00	233,940.83
COLORADO SPRINGS COLO UTILS REV 5% 11-15-2041 BEO CUSIP: 1966324C4	320,000.000	350,854.40	349,522.91
CONNECTICUT ST HEALTH & EDL FACS AUTH REV 5% 07-01-2036 BEO CUSIP: 20774Y2A4	300,000.000	370,047.00	308,743.59
CONNECTICUT ST 5% 09-15-2031 BEO CUSIP: 20772KRV3	100,000.000	115,842.00	111,680.62
COOK CNTY ILL CMNTY COLLEGE DIST NO 508 5% 12-01-2041 BEO CUSIP: 213187EG8	280,000.000	306,661.60	296,750.80
CYPRESS-FAIRBANKS TEX INDPT SCH DIST 5% 02-15-2036 BEO CUSIP: 232769LH0	250,000.000	271,885.00	276,119.28
DENVER COLO CITY & CNTY ARPT REV 5.75% 11-15-2045 BEO AMT CUSIP: 249182TM8	30,000.000	31,584.60	33,141.60
DENVER COLO CITY & CNTY ARPT REV 5% 12-01-2029 BEO AMT CUSIP: 249182LC8	330,000.000	378,005.10	345,334.90
DENVER COLO CITY & CNTY SCH DIST NO 001 CTFS PARTN 5% 12-01-2039 BEO CUSIP: 24919PMZ4	500,000.000	647,320.00	536,804.45
DOUGLAS CNTY COLO SCH DIST NO RE 1 DOUGLAS & ELBERT CNTYS 5% 12-15-2044 BEO CUSIP: 258885S78	450,000.000	502,861.50	494,931.42
DUBLIN OHIO CITY SCH DIST 5% 12-01-2053 BEO CUSIP: 26371GYR5	550,000.000	591,101.50	587,715.43
EAST BATON ROUGE LA SEW COMMN REV 1.3% 02-01-2041 BEO CUSIP: 270618HF1	205,000.000	205,000.00	183,523.36

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Other</i>			
United States - USD			
ERIE PA WTR AUTH WTR REV 2.412% TAXABLE CUSIP: 295542RN6 12-01-2032 BEO	200,000.000	200,000.00	168,271.92
ERIE PA WTR AUTH WTR REV 2.562% TAXABLE CUSIP: 295542RR7 12-01-2035 BEO	205,000.000	205,000.00	162,151.58
FLORIDA DEV FIN CORP EDL FACS REV 3.131% TAXABLE CUSIP: 34061UEM6 04-01-2030 BEO	405,000.000	405,000.00	371,352.88
FRANKLIN TWP IND MULTI-SCH BLDG CORP 5% CUSIP: 355137GE4 07-15-2043 BEO	445,000.000	486,976.85	478,772.43
GOLDEN ST TOB SECURITIZATION CORP CALIF 1.886% CUSIP: 38122NA93 06-01-2027	115,000.000	115,000.00	107,692.53
GREAT LAKES WTR AUTH MICH WTR SUPPLY SYSREV 5% BEO CUSIP: 39081JGK8 07-01-2040	250,000.000	265,645.00	275,253.13
GREATER ASHEVILLE REGL ARPT AUTH N C ARPT SYS REV 5.25% 07-01-2048 BEO AMT CUSIP: 39160CBM8	230,000.000	245,628.50	243,305.04
GREATER ORLANDO AVIATION AUTH ORLANDO FLA ARPT FACS REV 5% 10-01-2038 BEO AMT CUSIP: 3922742C9	350,000.000	428,473.50	364,153.93
HARRIS CNTY-HOUSTON TEX SPORTS AUTH REV 5% 11-15-2043 BEO CUSIP: 413890HY3	115,000.000	122,439.35	122,909.88
HAWAII ST ARPTS SYS REV 5% 07-01-2033 BEO AMT CUSIP: 419794C59	325,000.000	404,043.25	342,594.23
HEMPFIELD PA AREA SCH DIST WESTMORELAND CNTY 5% 03-15-2034 BEO CUSIP: 423725QB9	325,000.000	378,842.75	359,190.39
HOUSTON TEX ARPT SYS REV 4% 07-01-2035 BEO AMT CUSIP: 442349DW3	250,000.000	285,810.00	248,460.70
HUTTO TEX INDPT SCH DIST 5% 08-01-2041 BEO CUSIP: 4484924R6	335,000.000	367,381.10	366,248.43
IDAHO HSG & FIN ASSN SALES TAX REV 5% 08-15-2041 BEO CUSIP: 45130AAU9	335,000.000	398,445.65	365,454.05
ILLINOIS FIN AUTH REV 5% 05-15-2050 BEO CUSIP: 45204FEH4	350,000.000	423,363.50	355,882.87
ILLINOIS ST TOLL HWY AUTH TOLL HIGHWAY REV 5% 01-01-2043 BEO CUSIP: 452252PW3	410,000.000	415,071.70	439,169.70
ILLINOIS ST 5.25% 05-01-2048 BEO CUSIP: 452153KF5	450,000.000	487,483.50	480,147.12
ILLINOIS ST 5% 12-01-2042 BEO CUSIP: 452153HN2	425,000.000	446,407.25	452,338.51

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Other</i>			
United States - USD			
INDIANA ST HSG & CMNTY DEV AUTH SINGLE FAMILY REV 3.75% 01-01-2049 BEO CUSIP: 45505TQU8	100,000.000	110,270.00	99,552.13
IOWA FIN AUTH SINGLE FAMILY MTG REV FLTGR 3.75% 01-01-2050 BEO CUSIP: 462467A43	245,000.000	271,244.40	243,898.46
JACKSON CNTY MO SCH DIST NO 58 CENTER 4%03-01-2037 BEO CUSIP: 467574PF0	300,000.000	341,289.00	301,949.22
JOBSONIO BEVERAGE SYS OHIO STATEWIDE LIQ 2.833% DUE 01-01-2038 CUSIP: 47770VBQ2	60,000.000	60,000.00	47,636.48
JOSHUA TEX INDPT SCH DIST 5% 08-15-2044 BEO CUSIP: 481052VS4	450,000.000	490,536.00	486,357.35
KANE CNTY ILL SCH DIST NO 131 AURORA EAST SIDE 4% 12-01-2032 BEO CUSIP: 484008NP8	230,000.000	267,253.10	234,870.48
KANE CNTY ILL SCH DIST NO 131 AURORA EAST SIDE 4% 12-01-2033 BEO CUSIP: 484008NQ6	250,000.000	289,625.00	255,188.73
KANE CNTY ILL SCH DIST NO 131 AURORA EAST SIDE 4% 12-01-2034 BEO CUSIP: 484008NR4	225,000.000	259,884.00	228,346.58
KANSAS CITY MO INDL DEV AUTH ARPT SPL OBLIG 5% 03-01-2029 BEO AMT CUSIP: 48504NBU2	325,000.000	406,328.00	340,122.02
KANSAS ST DEV FIN AUTH REV 2.39% 05-01-2036 BEO TAXABLE CUSIP: 48542RSU9	500,000.000	500,000.00	376,877.65
KELLER TEX INDPT SCH DIST 4% 02-15-2034 BEO CUSIP: 487694SG7	230,000.000	270,091.30	234,396.82
KENTUCKY INC KY PUB ENERGY AUTH GAS SUPPLY REV 5% 05-01-2055 BEO CUSIP: 74440DEL4	300,000.000	311,553.00	313,449.96
KENTUCKY ST PPTY & BLDGS COMMN REVS 5% 10-01-2044 BEO CUSIP: 49151F4K3	75,000.000	83,770.50	81,401.90
KNOX CNTY TENN HEALTH EDL & HSG FAC BRD STUDENT HSG REV 5.25% 07-01-2049 BEO CUSIP: 499526AR2	30,000.000	31,831.50	31,784.02
LOS ANGELES CALIF DEPT ARPTS ARPT REV 5%05-15-2031 BEO AMT CUSIP: 544445GP8	350,000.000	445,977.00	369,965.05
LOWER COLO RIV AUTH TEX TRANSMISSION CONTRACT REV 5% 05-15-2041 BEO CUSIP: 54811BYR6	400,000.000	484,920.00	423,120.04
MAINE ST HSG AUTH MTG PUR FLTGR RT 3.75% 11-15-2049 BEO CUSIP: 56052FRF4	325,000.000	356,287.75	323,556.42
MASSACHUSETTS EDL FING AUTH ED LN REV 5.0% 07-01-2028 CUSIP: 57563RRL5	225,000.000	269,230.50	233,539.79

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Other</i>			
United States - USD			
MASSACHUSETTS ST DEV FIN AGY REV 5% 07-01-2038 BEO CUSIP: 57584YWZ8	175,000.000	221,852.75	186,880.68
MASSACHUSETTS ST DEV FIN AGY REV 5% 07-01-2039 BEO CUSIP: 57584YXA2	175,000.000	221,312.00	185,954.93
MEDFORD ORE HOSP FACS AUTH REV 5% 08-15-2028 BEO CUSIP: 584283GL3	50,000.000	63,728.00	52,797.85
MEDFORD ORE HOSP FACS AUTH REV 5% 08-15-2030 BEO CUSIP: 584283GN9	5,000.000	6,558.45	5,402.19
METROPOLITAN TRANSN AUTH N Y REV 4% 11-15-2040 BEO CUSIP: 59261AC70	250,000.000	288,415.00	247,628.18
METROPOLITAN TRANSN AUTH N Y REV 5% 11-15-2032 BEO CUSIP: 59261AJ73	100,000.000	109,387.00	108,569.89
METROPOLITAN TRANSN AUTH N Y REV 6.687% 11-15-2040 BEO TAXABLE CUSIP: 59259YDC0	200,000.000	283,324.00	212,083.76
METROPOLITAN WASH D C ARPTS AUTH ARPT SYS REV 5% 10-01-2038 BEO AMT CUSIP: 592647LW9	250,000.000	264,162.50	263,880.73
METROPOLITAN WASH D C ARPTS AUTH ARPT SYS REV 5% 10-01-2040 BEO AMT CUSIP: 592647MY4	75,000.000	80,493.00	78,900.35
MIAMI-DADE CNTY FLA AVIATION REV 5% 10-01-2032 BEO AMT CUSIP: 59333P7J1	360,000.000	389,541.60	388,494.58
MIAMI-DADE CNTY FLA AVIATION REV 5% 10-01-2044 BEO AMT CUSIP: 59333P4B1	340,000.000	354,742.40	346,648.36
MIAMI-DADE CNTY FLA SEAPORT REV 5% 10-01-2036 BEO AMT CUSIP: 59335KET0	170,000.000	185,786.20	180,923.45
MIAMI-DADE CNTY FLA SEAPORT REV 5% 10-01-2041 BEO AMT CUSIP: 59335KEY9	160,000.000	170,332.80	167,153.15
MIAMI-DADE CNTY FLA SPL OBLIG 2.536% 10-01-2033 BEO TAXABLE CUSIP: 59333NV26	180,000.000	180,000.00	147,716.19
MICHIGAN FIN AUTH ACT 38 FACS SR REV 5.5% 02-28-2049 BEO CUSIP: 59447NBC9	445,000.000	486,950.15	484,609.27
MICHIGAN FIN AUTH REV 5% 04-15-2038 BEO CUSIP: 59447T3T8	250,000.000	278,542.50	270,385.50
MICHIGAN ST HSG DEV AUTH SINGLE FAMILY MTG REV 5.75% 06-01-2054 BEO CUSIP: 594654US2	275,000.000	290,955.50	291,679.82
MIDA MTN VLG PUB INFRASTRUCTURE DIST UT TX ALLOCATION REV 5.75 06-15-2044BEO CUSIP: 59561UAC4	500,000.000	504,740.00	509,515.45

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Other</i>			
United States - USD			
MINNEAPOLIS & ST PAUL MINN MET ARPTS COMMN ARPT REV 5% 01-01-2040 BEO AMT CUSIP: 603827Q33	450,000.000	484,951.50	474,669.36
MINNESOTA ST HSG FIN AGY 3.5% 07-01-2050BEO CUSIP: 60416S4E7	300,000.000	329,172.00	297,496.71
MINNESOTA ST OFFICE OF HIGHER ED REV 5% 11-01-2026 BEO AMT CUSIP: 60416MBQ5	345,000.000	422,059.20	351,420.62
MISSISSIPPI ST GAMING TAX REV 5% 10-15-2029 BEO CUSIP: 605638AP0	200,000.000	226,740.00	202,059.56
MISSOURI ST HEALTH & EDL FACS AUTH HEALTH FACS REV 4% 07-01-2034 BEO CUSIP: 60637ATE2	500,000.000	597,875.00	515,442.55
MONROE CNTY GA DEV AUTH POLLUTION CTL REV 3.6% 01-01-2039 BEO CUSIP: 610530FE2	110,000.000	110,000.00	109,633.65
MONTANA ST BRD HSG SINGLE FAMILY MTG 3.5% 06-01-2050 BEO CUSIP: 61212WHY4	200,000.000	216,802.00	198,265.66
MONTGOMERY CNTY PA HIGHER ED & HEALTH AUTH REV 4% 05-01-2047 BEO CUSIP: 613603G37	425,000.000	471,741.50	393,234.27
MS ST ALCOHOLIC BEVERAGE CTL REV 5% 10-01-2044 CUSIP: 605606AV4	265,000.000	292,825.00	285,626.57
MUNICIPAL ELEC AUTH GA 4% 01-01-2041 BEO CUSIP: 6262078E7	215,000.000	253,383.95	211,296.86
NATIONAL FIN AUTH N H LEASE REV 5.25% 06-01-2051 BEO CUSIP: 63610FBL9	105,000.000	112,985.25	112,148.22
NEW JERSEY ECONOMIC DEV AUTH REV 5% 06-15-2029 BEO CUSIP: 64577XCE4	350,000.000	448,458.50	376,615.05
NEW JERSEY ST TRANSN TR FD AUTH 5.25% 06-15-2055 BEO CUSIP: 64613CGK8	450,000.000	494,847.00	485,778.15
NEW JERSEY ST TRANSN TR FD AUTH 5% 06-15-2042 BEO CUSIP: 64613CEE4	435,000.000	454,553.25	471,214.62
NEW MEXICO MTG FIN AUTH 4.25% 01-01-2050BEO CUSIP: 647201ET5	140,000.000	154,205.80	140,638.25
NEW ORLEANS LA AVIATION BRD REV 5.25% 01-01-2043 BEO AMT CUSIP: 64763HJN0	375,000.000	398,152.50	400,967.25
NEW YORK N Y CITY INDL DEV AGY REV 4% 01-01-2032 BEO CUSIP: 64971PLA1	200,000.000	251,044.00	204,494.90
NEW YORK N Y CITY MUN WTR FIN AUTH WTR &SWR SYS REV 5% 06-15-2049 BEO CUSIP: 64972GUH5	500,000.000	629,270.00	523,547.25

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Other</i>			
United States - USD			
NEW YORK N Y CITY TRANSITIONAL FIN AUTH REV 4% 11-01-2038 BEO CUSIP: 64971XNG9	800,000.000	914,864.00	804,815.04
NEW YORK N Y 5.25% 10-01-2040 BEO CUSIP: 64966QK74	200,000.000	216,764.00	221,697.40
NEW YORK N Y 5% 08-01-2033 BEO CUSIP: 64966QGZ7	605,000.000	802,605.10	659,883.12
NEW YORK ST DORM AUTH ST PERS INCOME TAXREV 4% 03-15-2040 BEO CUSIP: 64990FZV9	350,000.000	419,860.00	351,336.90
NEW YORK ST MTG AGY HOMEOWNER MTG REV 3.5% 10-01-2050 BEO AMT CUSIP: 64988YFK8	125,000.000	137,420.00	123,261.83
NEW YORK ST URBAN EEV CORP ST SALES TAX REV 5% 03-15-2039 BEO CUSIP: 64985TAJ0	600,000.000	761,964.00	637,894.74
NEW YORK TRANSN DEV CORP SPL FAC REV 5% 06-30-2054 BEO AMT CUSIP: 650116HN9	465,000.000	480,321.75	479,566.73
NEWARK N J BRD ED 4% 07-15-2034 BEO CUSIP: 650370DP1	150,000.000	185,200.50	154,459.35
NORTH CAROLINA MED CARE COMMN RETIREMENTFACS REV 3.75% 10-01-2028 BEO CUSIP: 65820YTA4	475,000.000	475,000.00	475,071.73
NORTH DAKOTA ST HSG FIN AGY FLTG RT 4% 01-01-2050 BEO CUSIP: 658909VB9	250,000.000	282,785.00	250,648.75
NORTH TEX TWY AUTH REV 5.25% 01-01-2038 BEO CUSIP: 66285WJ56	75,000.000	82,958.25	83,290.37
NORTHERN TOB SECURITIZATION CORP ALASKA TOB SETTLEMENT REV 4% 06-01-2034 BEO CUSIP: 66585VBQ7	350,000.000	426,023.50	350,361.20
NORTHWEST ALLEN IND SCH BLDG CORP 5% 01-15-2044 BEO CUSIP: 667315KD6	445,000.000	474,681.50	475,766.28
OHIO ST AIR QUALITY DEV AUTH REV 4.25% 11-01-2039 BEO AMT CUSIP: 677525WV5	60,000.000	60,000.00	60,503.69
OHIO ST HSG FIN AGY RESIDENTIAL MTG REV 3.75% 09-01-2050 BEO CUSIP: 67756QD46	80,000.000	88,797.60	79,709.02
OHIO ST 5% 06-15-2039 BEO CUSIP: 677522K29	500,000.000	634,265.00	531,162.25
OKLAHOMA DEV FIN AUTH REV 3.877% 05-01-2037 BEO TAXABLE CUSIP: 6789084C5	67,320.780	67,320.78	64,310.91
OMAHA NEB ARPT AUTH ARPT REV 5% 12-15-2032 BEO AMT CUSIP: 681725MW4	315,000.000	342,527.85	341,219.09

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Other</i>			
United States - USD			
OREGON ST 5% 05-01-2041 BEO CUSIP: 68609T6D5	390,000.000	442,673.40	425,582.00
PASADENA CALIF PUB FING AUTH LEASE REV ZERO CPN 0% 06-01-2042 BEO CUSIP: 702274DM0	300,000.000	140,361.00	143,696.19
PASADENA TEX INDPT SCH DIST 5% 02-15-2042 BEO CUSIP: 702334GX5	325,000.000	347,763.00	353,147.93
PENNSYLVANIA ECONOMIC DEV FING AUTH PVT ACTIVITY REV 5.5 06-30-2042 BEOAMT CUSIP: 70868YAT6	90,000.000	96,669.00	96,427.17
PENNSYLVANIA ECONOMIC DEV FING AUTH UPMCREV 5% 05-15-2038 BEO CUSIP: 70870JFF0	300,000.000	332,268.00	329,703.18
PENNSYLVANIA ST UNIV 5% 09-01-2036 BEO CUSIP: 709235M36	600,000.000	785,832.00	644,873.82
PHOENIX ARIZ CIVIC IMPT CORP WTR SYS REV5% 07-01-2040 BEO CUSIP: 71883RQB2	70,000.000	89,632.90	74,827.23
PORT AUTH N Y & N J 5% 12-01-2041 BEO AMT CUSIP: 73358XKJ0	400,000.000	418,872.00	424,847.28
PORT PORTLAND ORE ARPT REV 5% 07-01-2038BEO AMT CUSIP: 7352403Y7	445,000.000	487,079.20	476,934.09
PORT PORTLAND ORE ARPT REV 5% 07-01-2038BEO AMT CUSIP: 735240Q55	350,000.000	429,033.50	360,774.02
PORT SEATTLE WASH REV 5% 04-01-2036 BEO AMT CUSIP: 735389H68	350,000.000	427,490.00	361,836.97
PROVIDENCE R I PUB BLDGS AUTH REV 5.25% 09-15-2043 BEO CUSIP: 74381MDL6	255,000.000	283,608.45	280,027.71
PUBLIC FIN AUTH WIS STUDENT HSG REV 4.0% 07-01-2035 CUSIP: 74439YDJ7	150,000.000	169,216.50	149,449.25
PUBLIC FIN AUTH WIS STUDENT HSG REV 4% 07-01-2034 BEO CUSIP: 74439YDH1	150,000.000	169,950.00	150,027.21
PUBLIC FIN AUTH WIS STUDENT HSG REV 4% 07-01-2036 BEO CUSIP: 74439YDK4	150,000.000	168,607.50	148,987.98
RALEIGH DURHAM N C ARPT AUTH ARPT REV 5%05-01-2031 BEO AMT CUSIP: 751073LZ8	500,000.000	650,075.00	535,512.80
RHODE ISLAND HSG & MTG FIN CORP 3% 10-01-2051 BEO CUSIP: 76221RR62	220,000.000	242,770.00	214,728.78
SALES TAX SECURITIZATION CORP ILL 3.411%01-01-2043 BEO TAXABLE CUSIP: 79467BDK8	180,000.000	183,513.60	135,651.80

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Other</i>			
United States - USD			
SAN ANTONIO TEX ELEC & GAS REV 4% 02-01-2033 BEO CUSIP: 79625GEC3	220,000.000	276,350.80	229,624.76
SAN ANTONIO TEX ELEC & GAS REV 4% 02-01-2039 BEO CUSIP: 79625GES8	130,000.000	149,822.40	130,353.03
SAN ANTONIO TEX WTR REV 5% 05-15-2034 BEO CUSIP: 79642GHJ4	500,000.000	648,445.00	542,212.85
SAN FRANCISCO CAL CY & CNTY ARPTS COMMN INTL ARPT REV 5.75 05-01-2048 REGAMT CUSIP: 79766DVY2	180,000.000	186,501.60	198,422.12
SOUTH CAROLINA ST HSG FIN & DEV AUTH MTGREV 6.25% DUE 07-01-2054 CUSIP: 83712D5F9	320,000.000	357,027.20	353,350.30
SOUTH CAROLINA ST PORTS AUTH PORTS REV 5% 07-01-2031 BEO AMT CUSIP: 837123JX7	430,000.000	548,589.70	451,636.31
SOUTH CAROLINA ST PUB SVC AUTH REV 4% 12-01-2038 BEO CUSIP: 837151YR4	325,000.000	390,952.25	321,163.05
SOUTH CAROLINA ST PUB SVC AUTH REV 5% 12-01-2032 BEO CUSIP: 837151WU9	100,000.000	129,249.00	108,742.41
SOUTH DAKOTA HSG DEV AUTH 3.75% DUE 11-01-2050 CUSIP: 83756CZZ1	100,000.000	110,467.00	99,685.31
SOUTH DAKOTA HSG DEV AUTH 6.25% 05-01-2055 CUSIP: 83756C6Z3	220,000.000	236,007.20	237,997.72
SOUTHEAST ALA GAS SUPPLY DIST GAS SUPPLYREV 5% 04-01-2029 BEO CUSIP: 84131TAW2	360,000.000	376,390.80	377,463.42
SPRING BRANCH TEX INDPT SCH DIST 5% 02-01-2040 BEO CUSIP: 849476VN3	190,000.000	205,948.60	207,024.27
ST JOHNS CNTY FLA INDL DEV AUTH SR LIVING REV 4% 12-15-2029 BEO CUSIP: 79041LAJ7	100,000.000	113,577.00	96,156.73
ST JOHNS CNTY FLA INDL DEV AUTH SR LIVING REV 4% 12-15-2030 BEO CUSIP: 79041LAK4	195,000.000	220,459.20	186,401.48
ST JOHNS CNTY FLA INDL DEV AUTH SR LIVING REV 4% 12-15-2031 BEO CUSIP: 79041LAL2	205,000.000	230,834.10	194,564.25
TARRANT CNTY TEX CULTURAL ED FACS FIN CORP HOSP REV 5% 11-15-2051 BEO CUSIP: 87638QSE0	440,000.000	430,108.80	462,556.91
TOBACCO SETTLEMENT AUTH IOWA TOB SETTLEMENT REV 4% 06-01-2037 BEO CUSIP: 888805CB2	260,000.000	306,953.40	258,690.09
TRIBOROUGH BRDG & TUNL AUTH N Y PAYROLL MOBILITY TAX 5.25% 05-15-2054 BEO CUSIP: 89602HHH3	260,000.000	286,088.40	283,664.08

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Other</i>			
United States - USD			
UNIVERSITY MASS BLDG AUTH PROJ REV 5% 11-01-2036 BEO CUSIP: 914440RW4	500,000.000	640,195.00	537,221.65
UNIVERSITY WIS HOSPS & CLINICS AUTH REV 4% 04-01-2039 BEO CUSIP: 915260EQ2	135,000.000	157,441.05	134,003.94
VIRGINIA SMALL BUSINESS FING AUTH REV 5%01-01-2035 BEO CUSIP: 928104MV7	255,000.000	301,149.90	268,462.06
VIRGINIA SMALL BUSINESS FING AUTH REV 5%01-01-2038 BEO AMT CUSIP: 928104PN2	100,000.000	120,521.00	103,544.27
WA CNTY NEB WASTEWATER & SOLID WASTE DISP FACS REV .9 09-01-2030 BEO AMT CUSIP: 938120AD4	200,000.000	200,000.00	196,511.18
WASHINGTON ST 5% 02-01-2040 BEO CUSIP: 93974EEN2	620,000.000	797,716.80	662,129.06
WATERBURY CONN 5% 02-01-2033 BEO CUSIP: 9412475H7	375,000.000	486,472.50	409,622.85
WILDWOOD UTIL DEPENDENT DIST FLA UTIL REV 5% 10-01-2046 BEO CUSIP: 968214AS5	95,000.000	118,041.30	100,002.79
WILLIAMSON CNTY TEX 4% 02-15-2039 BEO CUSIP: 9698876S2	60,000.000	69,240.60	60,618.21
WISCONSIN CTR DIST WIS TAX REV ZERO CPN 0% 12-15-2035 BEO CUSIP: 976595GG7	180,000.000	111,814.20	112,614.14
WISCONSIN CTR DIST WIS TAX REV ZERO CPN 0% 12-15-2040 BEO CUSIP: 976595FT0	490,000.000	282,382.10	234,619.30
WISCONSIN ST HEALTH & EDL FACS AUTH REV 5.5% 08-15-2044 BEO CUSIP: 97712JJD6	465,000.000	478,661.70	493,940.67
YAMHILL CNTY ORE SCH DIST NO 029J NEWBERG ZERO CPN 0% 06-15-2051 BEO CUSIP: 984657HZ2	925,000.000	409,395.75	241,761.42
Total United States - USD		53,505,786.13	48,650,013.71
Total Other		53,505,786.13	48,650,013.71
Total		231,479,751.48	271,388,231.99

** All or a portion of this security participates in Securities Lending.

HCSC Post Retirement Benefit Plan

EIN 36-1236610 Plan #512

Schedule H, Line 4(j) – Schedule of Reportable Transactions

Year Ended December 31, 2024

The accompanying schedules are an ERISA requirement for disclosure purposes. The schedules of assets (held at end of year) and reportable transactions were prepared by the Trustee. The following is an index to the schedules:

◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
---------------------------------	------------------	------	-------------------	-------------------	--------------	-------------------	------	-----------------------------------	---------------

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 246,796,457.00

◆ 5% Report - Part B

Series of Non-Security Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
---------------------------------	------------------	------	-------------------	-------------------	--------------	-------------------	------	-----------------------------------	---------------

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 246,796,457.00

5500 Supplemental Schedules

1 JAN 24 - 31 DEC 24

Account Name HEALTHCARE SV. WELFARE BENEFIT
Account number HCSWBT

Page 36 of 112

◆ 5% Report - Part C Summary

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID		Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
			Acquisition Price	Disposition Price				
NT COMMON SHORT TERM INVT FD CUSIP: 66586U437	Total acquisitions	179	23,261,602.00			0.00	23,261,602.00	23,261.602.00
	Total dispositions	112		24,847,324.92		0.00	24,847,324.92	24,847.324.92

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 246,796,457.00

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
---------------------------------	------------------	------	-------------------	-------------------	--------------	-------------------	------	-----------------------------------	---------------

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 246,796,457.00

EY | Building a better working world

EY is building a better working world by creating new value for clients, people, society and the planet, while building trust in capital markets.

Enabled by data, AI and advanced technology, EY teams help clients shape the future with confidence and develop answers for the most pressing issues of today and tomorrow.

EY teams work across a full spectrum of services in assurance, consulting, tax, strategy and transactions. Fueled by sector insights, a globally connected, multidisciplinary network and diverse ecosystem partners, EY teams can provide services in more than 150 countries and territories.

All in to shape the future with confidence.

EY refers to the global organization, and may refer to one or more, of the member firms of Ernst & Young Global Limited, each of which is a separate legal entity. Ernst & Young Global Limited, a UK company limited by guarantee, does not provide services to clients. Information about how EY collects and uses personal data and a description of the rights individuals have under data protection legislation are available via ey.com/privacy. EY member firms do not practice law where prohibited by local laws. For more information about our organization, please visit ey.com.

Ernst & Young LLP is a client-serving member firm of Ernst & Young Global Limited operating in the US.

© 2025 Ernst & Young LLP.

All Rights Reserved.

ey.com

DOL 5500 Reporting

02 JAN 24 - 31 DEC 24

Account ID HCSWBT

Account Name HEALTHCARE SV. WELFARE BENEFIT

Page 1 of 21

◆ 5% Report - Part C

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Common/Collective Trusts									
United States - USD									
NT COMMON SHORT TERM INVT FD	372,783.000	2 Jan 24	1.0000			0.00	372,783.00	372,783.00	0.00
NT COMMON SHORT TERM INVT FD	774.150	2 Jan 24	1.0000			0.00	774.15	774.15	0.00
NT COMMON SHORT TERM INVT FD	3.360	4 Jan 24	1.0000			0.00	3.36	3.36	0.00
NT COMMON SHORT TERM INVT FD	30,250.260	4 Jan 24	1.0000			0.00	30,250.26	30,250.26	0.00
NT COMMON SHORT TERM INVT FD	3.790	4 Jan 24	1.0000			0.00	3.79	3.79	0.00
NT COMMON SHORT TERM INVT FD	8.190	4 Jan 24	1.0000			0.00	8.19	8.19	0.00
NT COMMON SHORT TERM INVT FD	6,224.150	4 Jan 24	1.0000			0.00	6,224.15	6,224.15	0.00
NT COMMON SHORT TERM INVT FD	6,953.690	12 Jan 24	1.0000			0.00	6,953.69	6,953.69	0.00
NT COMMON SHORT TERM INVT FD	452,037.560	19 Jan 24	1.0000			0.00	452,037.56	452,037.56	0.00
NT COMMON SHORT TERM INVT FD	580,815.390	22 Jan 24	1.0000			0.00	580,815.39	580,815.39	0.00
NT COMMON SHORT TERM INVT FD	96,402.280	25 Jan 24	1.0000			0.00	96,402.28	96,402.28	0.00
NT COMMON SHORT TERM INVT FD	68,382.040	30 Jan 24	1.0000			0.00	68,382.04	68,382.04	0.00
NT COMMON SHORT TERM INVT FD	75,480.320	31 Jan 24	1.0000			0.00	75,480.32	75,480.32	0.00
NT COMMON SHORT TERM INVT FD	115,594.500	1 Feb 24	1.0000			0.00	115,594.50	115,594.50	0.00
NT COMMON SHORT TERM INVT FD	3.600	5 Feb 24	1.0000			0.00	3.60	3.60	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 246,467,125.00

Northern Trust

*Generated by Northern Trust from periodic data on 08 Sep 25 C0701

DOL 5500 Reporting

02 JAN 24 - 31 DEC 24

Account ID HCSWBT

Account Name HEALTHCARE SV. WELFARE BENEFIT

Page 2 of 21

◆ 5% Report - Part C

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Common/Collective Trusts									
United States - USD									
NT COMMON SHORT TERM INVT FD	29,191.580	5 Feb 24	1.0000			0.00	29,191.58	29,191.58	0.00
NT COMMON SHORT TERM INVT FD	4.650	5 Feb 24	1.0000			0.00	4.65	4.65	0.00
NT COMMON SHORT TERM INVT FD	2.170	5 Feb 24	1.0000			0.00	2.17	2.17	0.00
NT COMMON SHORT TERM INVT FD	7,929.090	5 Feb 24	1.0000			0.00	7,929.09	7,929.09	0.00
NT COMMON SHORT TERM INVT FD	5,050.000	7 Feb 24	1.0000			0.00	5,050.00	5,050.00	0.00
NT COMMON SHORT TERM INVT FD	659,188.800	12 Feb 24	1.0000			0.00	659,188.80	659,188.80	0.00
NT COMMON SHORT TERM INVT FD	1,723,126.420	13 Feb 24	1.0000			0.00	1,723,126.42	1,723,126.42	0.00
NT COMMON SHORT TERM INVT FD	324,285.460	15 Feb 24	1.0000			0.00	324,285.46	324,285.46	0.00
NT COMMON SHORT TERM INVT FD	173,729.890	22 Feb 24	1.0000			0.00	173,729.89	173,729.89	0.00
NT COMMON SHORT TERM INVT FD	119,398.330	26 Feb 24	1.0000			0.00	119,398.33	119,398.33	0.00
NT COMMON SHORT TERM INVT FD	8,506.810	29 Feb 24	1.0000			0.00	8,506.81	8,506.81	0.00
NT COMMON SHORT TERM INVT FD	421,862.310	1 Mar 24	1.0000			0.00	421,862.31	421,862.31	0.00
NT COMMON SHORT TERM INVT FD	923,015.620	4 Mar 24	1.0000			0.00	923,015.62	923,015.62	0.00
NT COMMON SHORT TERM INVT FD	3.480	5 Mar 24	1.0000			0.00	3.48	3.48	0.00
NT COMMON SHORT TERM INVT FD	27,265.410	5 Mar 24	1.0000			0.00	27,265.41	27,265.41	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 246,467,125.00

Northern Trust

*Generated by Northern Trust from periodic data on 08 Sep 25 C0701

DOL 5500 Reporting

02 JAN 24 - 31 DEC 24

Account ID HCSWBT

Account Name HEALTHCARE SV. WELFARE BENEFIT

Page 3 of 21

◆ 5% Report - Part C

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Common/Collective Trusts									
United States - USD									
NT COMMON SHORT TERM INVT FD	4.350	5 Mar 24	1.0000			0.00	4.35	4.35	0.00
NT COMMON SHORT TERM INVT FD	2.030	5 Mar 24	1.0000			0.00	2.03	2.03	0.00
NT COMMON SHORT TERM INVT FD	1,549.000	11 Mar 24	1.0000			0.00	1,549.00	1,549.00	0.00
NT COMMON SHORT TERM INVT FD	994.690	12 Mar 24	1.0000			0.00	994.69	994.69	0.00
NT COMMON SHORT TERM INVT FD	606,016.530	14 Mar 24	1.0000			0.00	606,016.53	606,016.53	0.00
NT COMMON SHORT TERM INVT FD	122,214.840	15 Mar 24	1.0000			0.00	122,214.84	122,214.84	0.00
NT COMMON SHORT TERM INVT FD	215,891.630	19 Mar 24	1.0000			0.00	215,891.63	215,891.63	0.00
NT COMMON SHORT TERM INVT FD	1,159.670	21 Mar 24	1.0000			0.00	1,159.67	1,159.67	0.00
NT COMMON SHORT TERM INVT FD	1,141.960	22 Mar 24	1.0000			0.00	1,141.96	1,141.96	0.00
NT COMMON SHORT TERM INVT FD	2,269.080	22 Mar 24	1.0000			0.00	2,269.08	2,269.08	0.00
NT COMMON SHORT TERM INVT FD	1,425.000	22 Mar 24	1.0000			0.00	1,425.00	1,425.00	0.00
NT COMMON SHORT TERM INVT FD	134,938.490	25 Mar 24	1.0000			0.00	134,938.49	134,938.49	0.00
NT COMMON SHORT TERM INVT FD	163,965.060	1 Apr 24	1.0000			0.00	163,965.06	163,965.06	0.00
NT COMMON SHORT TERM INVT FD	3.720	3 Apr 24	1.0000			0.00	3.72	3.72	0.00
NT COMMON SHORT TERM INVT FD	3,821.130	3 Apr 24	1.0000			0.00	3,821.13	3,821.13	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 246,467,125.00

Northern Trust

*Generated by Northern Trust from periodic data on 08 Sep 25 C0701

DOL 5500 Reporting

02 JAN 24 - 31 DEC 24

Account ID HCSWBT

Account Name HEALTHCARE SV. WELFARE BENEFIT

Page 4 of 21

◆ 5% Report - Part C

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Common/Collective Trusts									
United States - USD									
NT COMMON SHORT TERM INVT FD	29,110.270	3 Apr 24	1.0000			0.00	29,110.27	29,110.27	0.00
NT COMMON SHORT TERM INVT FD	3.770	3 Apr 24	1.0000			0.00	3.77	3.77	0.00
NT COMMON SHORT TERM INVT FD	8.050	3 Apr 24	1.0000			0.00	8.05	8.05	0.00
NT COMMON SHORT TERM INVT FD	4,485.000	5 Apr 24	1.0000			0.00	4,485.00	4,485.00	0.00
NT COMMON SHORT TERM INVT FD	381.250	8 Apr 24	1.0000			0.00	381.25	381.25	0.00
NT COMMON SHORT TERM INVT FD	42,708.270	10 Apr 24	1.0000			0.00	42,708.27	42,708.27	0.00
NT COMMON SHORT TERM INVT FD	76,008.560	15 Apr 24	1.0000			0.00	76,008.56	76,008.56	0.00
NT COMMON SHORT TERM INVT FD	48,930.620	17 Apr 24	1.0000			0.00	48,930.62	48,930.62	0.00
NT COMMON SHORT TERM INVT FD	376,503.960	19 Apr 24	1.0000			0.00	376,503.96	376,503.96	0.00
NT COMMON SHORT TERM INVT FD	41,575.400	22 Apr 24	1.0000			0.00	41,575.40	41,575.40	0.00
NT COMMON SHORT TERM INVT FD	158,547.690	25 Apr 24	1.0000			0.00	158,547.69	158,547.69	0.00
NT COMMON SHORT TERM INVT FD	2,930.780	26 Apr 24	1.0000			0.00	2,930.78	2,930.78	0.00
NT COMMON SHORT TERM INVT FD	3,000.000	29 Apr 24	1.0000			0.00	3,000.00	3,000.00	0.00
NT COMMON SHORT TERM INVT FD	188,047.860	1 May 24	1.0000			0.00	188,047.86	188,047.86	0.00
NT COMMON SHORT TERM INVT FD	277,897.560	2 May 24	1.0000			0.00	277,897.56	277,897.56	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 246,467,125.00

Northern Trust

*Generated by Northern Trust from periodic data on 08 Sep 25 C0701

DOL 5500 Reporting

02 JAN 24 - 31 DEC 24

Account ID HCSWBT

Account Name HEALTHCARE SV. WELFARE BENEFIT

Page 5 of 21

◆ 5% Report - Part C

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Common/Collective Trusts									
United States - USD									
NT COMMON SHORT TERM INVT FD	3.600	3 May 24	1.0000			0.00	3.60	3.60	0.00
NT COMMON SHORT TERM INVT FD	27,022.440	3 May 24	1.0000			0.00	27,022.44	27,022.44	0.00
NT COMMON SHORT TERM INVT FD	2.040	3 May 24	1.0000			0.00	2.04	2.04	0.00
NT COMMON SHORT TERM INVT FD	4.500	3 May 24	1.0000			0.00	4.50	4.50	0.00
NT COMMON SHORT TERM INVT FD	447,817.970	3 May 24	1.0000			0.00	447,817.97	447,817.97	0.00
NT COMMON SHORT TERM INVT FD	184,115.500	6 May 24	1.0000			0.00	184,115.50	184,115.50	0.00
NT COMMON SHORT TERM INVT FD	311,097.500	7 May 24	1.0000			0.00	311,097.50	311,097.50	0.00
NT COMMON SHORT TERM INVT FD	267,381.510	9 May 24	1.0000			0.00	267,381.51	267,381.51	0.00
NT COMMON SHORT TERM INVT FD	184,895.250	15 May 24	1.0000			0.00	184,895.25	184,895.25	0.00
NT COMMON SHORT TERM INVT FD	731,343.060	17 May 24	1.0000			0.00	731,343.06	731,343.06	0.00
NT COMMON SHORT TERM INVT FD	2,541.000	22 May 24	1.0000			0.00	2,541.00	2,541.00	0.00
NT COMMON SHORT TERM INVT FD	408,009.670	23 May 24	1.0000			0.00	408,009.67	408,009.67	0.00
NT COMMON SHORT TERM INVT FD	164,217.150	28 May 24	1.0000			0.00	164,217.15	164,217.15	0.00
NT COMMON SHORT TERM INVT FD	199,288.360	3 Jun 24	1.0000			0.00	199,288.36	199,288.36	0.00
NT COMMON SHORT TERM INVT FD	3.720	5 Jun 24	1.0000			0.00	3.72	3.72	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 246,467,125.00

Northern Trust

*Generated by Northern Trust from periodic data on 08 Sep 25 C0701

DOL 5500 Reporting

02 JAN 24 - 31 DEC 24

Account ID HCSWBT

Account Name HEALTHCARE SV. WELFARE BENEFIT

Page 6 of 21

◆ 5% Report - Part C

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Common/Collective Trusts									
United States - USD									
NT COMMON SHORT TERM INVT FD	157,544.740	5 Jun 24	1.0000			0.00	157,544.74	157,544.74	0.00
NT COMMON SHORT TERM INVT FD	27,196.110	5 Jun 24	1.0000			0.00	27,196.11	27,196.11	0.00
NT COMMON SHORT TERM INVT FD	2.080	5 Jun 24	1.0000			0.00	2.08	2.08	0.00
NT COMMON SHORT TERM INVT FD	4.650	5 Jun 24	1.0000			0.00	4.65	4.65	0.00
NT COMMON SHORT TERM INVT FD	337,667.600	6 Jun 24	1.0000			0.00	337,667.60	337,667.60	0.00
NT COMMON SHORT TERM INVT FD	3,489.110	14 Jun 24	1.0000			0.00	3,489.11	3,489.11	0.00
NT COMMON SHORT TERM INVT FD	205,372.690	17 Jun 24	1.0000			0.00	205,372.69	205,372.69	0.00
NT COMMON SHORT TERM INVT FD	1,162.090	18 Jun 24	1.0000			0.00	1,162.09	1,162.09	0.00
NT COMMON SHORT TERM INVT FD	2,428.370	18 Jun 24	1.0000			0.00	2,428.37	2,428.37	0.00
NT COMMON SHORT TERM INVT FD	186,570.310	20 Jun 24	1.0000			0.00	186,570.31	186,570.31	0.00
NT COMMON SHORT TERM INVT FD	529,146.950	25 Jun 24	1.0000			0.00	529,146.95	529,146.95	0.00
NT COMMON SHORT TERM INVT FD	316,571.570	1 Jul 24	1.0000			0.00	316,571.57	316,571.57	0.00
NT COMMON SHORT TERM INVT FD	795.630	1 Jul 24	1.0000			0.00	795.63	795.63	0.00
NT COMMON SHORT TERM INVT FD	548.330	2 Jul 24	1.0000			0.00	548.33	548.33	0.00
NT COMMON SHORT TERM INVT FD	8,351.910	3 Jul 24	1.0000			0.00	8,351.91	8,351.91	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 246,467,125.00

Northern Trust

*Generated by Northern Trust from periodic data on 08 Sep 25 C0701

DOL 5500 Reporting

02 JAN 24 - 31 DEC 24

Account ID HCSWBT

Account Name HEALTHCARE SV. WELFARE BENEFIT

Page 7 of 21

◆ 5% Report - Part C

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Common/Collective Trusts									
United States - USD									
NT COMMON SHORT TERM INVT FD	3.240	3 Jul 24	1.0000			0.00	3.24	3.24	0.00
NT COMMON SHORT TERM INVT FD	25,420.170	3 Jul 24	1.0000			0.00	25,420.17	25,420.17	0.00
NT COMMON SHORT TERM INVT FD	3.700	3 Jul 24	1.0000			0.00	3.70	3.70	0.00
NT COMMON SHORT TERM INVT FD	8.100	3 Jul 24	1.0000			0.00	8.10	8.10	0.00
NT COMMON SHORT TERM INVT FD	152,215.920	11 Jul 24	1.0000			0.00	152,215.92	152,215.92	0.00
NT COMMON SHORT TERM INVT FD	104,207.130	12 Jul 24	1.0000			0.00	104,207.13	104,207.13	0.00
NT COMMON SHORT TERM INVT FD	658,607.970	15 Jul 24	1.0000			0.00	658,607.97	658,607.97	0.00
NT COMMON SHORT TERM INVT FD	40,049.390	17 Jul 24	1.0000			0.00	40,049.39	40,049.39	0.00
NT COMMON SHORT TERM INVT FD	39,587.600	22 Jul 24	1.0000			0.00	39,587.60	39,587.60	0.00
NT COMMON SHORT TERM INVT FD	8,761.500	23 Jul 24	1.0000			0.00	8,761.50	8,761.50	0.00
NT COMMON SHORT TERM INVT FD	264,145.530	25 Jul 24	1.0000			0.00	264,145.53	264,145.53	0.00
NT COMMON SHORT TERM INVT FD	2,059.360	29 Jul 24	1.0000			0.00	2,059.36	2,059.36	0.00
NT COMMON SHORT TERM INVT FD	6,431.250	30 Jul 24	1.0000			0.00	6,431.25	6,431.25	0.00
NT COMMON SHORT TERM INVT FD	103,174.170	2 Aug 24	1.0000			0.00	103,174.17	103,174.17	0.00
NT COMMON SHORT TERM INVT FD	3.720	5 Aug 24	1.0000			0.00	3.72	3.72	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 246,467,125.00

Northern Trust

*Generated by Northern Trust from periodic data on 08 Sep 25 C0701

DOL 5500 Reporting

02 JAN 24 - 31 DEC 24

Account ID HCSWBT

Account Name HEALTHCARE SV. WELFARE BENEFIT

Page 8 of 21

◆ 5% Report - Part C

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Common/Collective Trusts									
United States - USD									
NT COMMON SHORT TERM INVT FD	25,666.040	5 Aug 24	1.0000			0.00	25,666.04	25,666.04	0.00
NT COMMON SHORT TERM INVT FD	2.170	5 Aug 24	1.0000			0.00	2.17	2.17	0.00
NT COMMON SHORT TERM INVT FD	4.650	5 Aug 24	1.0000			0.00	4.65	4.65	0.00
NT COMMON SHORT TERM INVT FD	9,544.760	5 Aug 24	1.0000			0.00	9,544.76	9,544.76	0.00
NT COMMON SHORT TERM INVT FD	11,011.760	12 Aug 24	1.0000			0.00	11,011.76	11,011.76	0.00
NT COMMON SHORT TERM INVT FD	11,210.160	14 Aug 24	1.0000			0.00	11,210.16	11,210.16	0.00
NT COMMON SHORT TERM INVT FD	43,990.600	16 Aug 24	1.0000			0.00	43,990.60	43,990.60	0.00
NT COMMON SHORT TERM INVT FD	84,018.510	19 Aug 24	1.0000			0.00	84,018.51	84,018.51	0.00
NT COMMON SHORT TERM INVT FD	5,574.590	20 Aug 24	1.0000			0.00	5,574.59	5,574.59	0.00
NT COMMON SHORT TERM INVT FD	1,159.670	21 Aug 24	1.0000			0.00	1,159.67	1,159.67	0.00
NT COMMON SHORT TERM INVT FD	159,109.350	26 Aug 24	1.0000			0.00	159,109.35	159,109.35	0.00
NT COMMON SHORT TERM INVT FD	41,794.700	27 Aug 24	1.0000			0.00	41,794.70	41,794.70	0.00
NT COMMON SHORT TERM INVT FD	8,375.000	30 Aug 24	1.0000			0.00	8,375.00	8,375.00	0.00
NT COMMON SHORT TERM INVT FD	79,421.030	3 Sep 24	1.0000			0.00	79,421.03	79,421.03	0.00
NT COMMON SHORT TERM INVT FD	25,360.040	5 Sep 24	1.0000			0.00	25,360.04	25,360.04	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 246,467,125.00

Northern Trust

*Generated by Northern Trust from periodic data on 08 Sep 25 C0701

DOL 5500 Reporting

02 JAN 24 - 31 DEC 24

Account ID HCSWBT

Account Name HEALTHCARE SV. WELFARE BENEFIT

Page 9 of 21

◆ 5% Report - Part C

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Shares/PAR	Date	Acquistion Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Common/Collective Trusts									
United States - USD									
NT COMMON SHORT TERM INVT FD	3.720	5 Sep 24	1.0000			0.00	3.72	3.72	0.00
NT COMMON SHORT TERM INVT FD	10,499.560	5 Sep 24	1.0000			0.00	10,499.56	10,499.56	0.00
NT COMMON SHORT TERM INVT FD	2.170	5 Sep 24	1.0000			0.00	2.17	2.17	0.00
NT COMMON SHORT TERM INVT FD	4.650	5 Sep 24	1.0000			0.00	4.65	4.65	0.00
NT COMMON SHORT TERM INVT FD	499,766.670	9 Sep 24	1.0000			0.00	499,766.67	499,766.67	0.00
NT COMMON SHORT TERM INVT FD	1,549.000	10 Sep 24	1.0000			0.00	1,549.00	1,549.00	0.00
NT COMMON SHORT TERM INVT FD	84,398.040	16 Sep 24	1.0000			0.00	84,398.04	84,398.04	0.00
NT COMMON SHORT TERM INVT FD	46,819.980	17 Sep 24	1.0000			0.00	46,819.98	46,819.98	0.00
NT COMMON SHORT TERM INVT FD	1,161.540	17 Sep 24	1.0000			0.00	1,161.54	1,161.54	0.00
NT COMMON SHORT TERM INVT FD	2,468.960	17 Sep 24	1.0000			0.00	2,468.96	2,468.96	0.00
NT COMMON SHORT TERM INVT FD	3,630.500	18 Sep 24	1.0000			0.00	3,630.50	3,630.50	0.00
NT COMMON SHORT TERM INVT FD	198,339.580	18 Sep 24	1.0000			0.00	198,339.58	198,339.58	0.00
NT COMMON SHORT TERM INVT FD	2,346.000	19 Sep 24	1.0000			0.00	2,346.00	2,346.00	0.00
NT COMMON SHORT TERM INVT FD	5,004.380	20 Sep 24	1.0000			0.00	5,004.38	5,004.38	0.00
NT COMMON SHORT TERM INVT FD	1,159.670	23 Sep 24	1.0000			0.00	1,159.67	1,159.67	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 246,467,125.00

Northern Trust

*Generated by Northern Trust from periodic data on 08 Sep 25 C0701

DOL 5500 Reporting

02 JAN 24 - 31 DEC 24

Account ID HCSWBT
Account Name HEALTHCARE SV. WELFARE BENEFIT

◆ 5% Report - Part C
Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Shares/PAR	Date	Acquistion Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Common/Collective Trusts									
United States - USD									
NT COMMON SHORT TERM INVT FD	174,378.520	25 Sep 24	1.0000			0.00	174,378.52	174,378.52	0.00
NT COMMON SHORT TERM INVT FD	21,058.150	30 Sep 24	1.0000			0.00	21,058.15	21,058.15	0.00
NT COMMON SHORT TERM INVT FD	806.310	1 Oct 24	1.0000			0.00	806.31	806.31	0.00
NT COMMON SHORT TERM INVT FD	152,600.990	1 Oct 24	1.0000			0.00	152,600.99	152,600.99	0.00
NT COMMON SHORT TERM INVT FD	5,872.600	2 Oct 24	1.0000			0.00	5,872.60	5,872.60	0.00
NT COMMON SHORT TERM INVT FD	3.370	3 Oct 24	1.0000			0.00	3.37	3.37	0.00
NT COMMON SHORT TERM INVT FD	22,284.930	3 Oct 24	1.0000			0.00	22,284.93	22,284.93	0.00
NT COMMON SHORT TERM INVT FD	1,801.140	3 Oct 24	1.0000			0.00	1,801.14	1,801.14	0.00
NT COMMON SHORT TERM INVT FD	4,485.000	7 Oct 24	1.0000			0.00	4,485.00	4,485.00	0.00
NT COMMON SHORT TERM INVT FD	840,877.030	15 Oct 24	1.0000			0.00	840,877.03	840,877.03	0.00
NT COMMON SHORT TERM INVT FD	828,953.410	17 Oct 24	1.0000			0.00	828,953.41	828,953.41	0.00
NT COMMON SHORT TERM INVT FD	375,291.130	18 Oct 24	1.0000			0.00	375,291.13	375,291.13	0.00
NT COMMON SHORT TERM INVT FD	16,153.920	21 Oct 24	1.0000			0.00	16,153.92	16,153.92	0.00
NT COMMON SHORT TERM INVT FD	5,309.340	22 Oct 24	1.0000			0.00	5,309.34	5,309.34	0.00
NT COMMON SHORT TERM INVT FD	207,846.370	25 Oct 24	1.0000			0.00	207,846.37	207,846.37	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 246,467,125.00

DOL 5500 Reporting

02 JAN 24 - 31 DEC 24

Account ID HCSWBT

Account Name HEALTHCARE SV. WELFARE BENEFIT

Page 11 of 21

◆ 5% Report - Part C

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Common/Collective Trusts									
United States - USD									
NT COMMON SHORT TERM INVT FD	3,000.000	29 Oct 24	1.0000			0.00	3,000.00	3,000.00	0.00
NT COMMON SHORT TERM INVT FD	186,866.630	1 Nov 24	1.0000			0.00	186,866.63	186,866.63	0.00
NT COMMON SHORT TERM INVT FD	3.410	5 Nov 24	1.0000			0.00	3.41	3.41	0.00
NT COMMON SHORT TERM INVT FD	8,000.170	5 Nov 24	1.0000			0.00	8,000.17	8,000.17	0.00
NT COMMON SHORT TERM INVT FD	19,523.560	5 Nov 24	1.0000			0.00	19,523.56	19,523.56	0.00
NT COMMON SHORT TERM INVT FD	866,360.220	6 Nov 24	1.0000			0.00	866,360.22	866,360.22	0.00
NT COMMON SHORT TERM INVT FD	281,242.080	8 Nov 24	1.0000			0.00	281,242.08	281,242.08	0.00
NT COMMON SHORT TERM INVT FD	6,150.000	12 Nov 24	1.0000			0.00	6,150.00	6,150.00	0.00
NT COMMON SHORT TERM INVT FD	186,900.780	15 Nov 24	1.0000			0.00	186,900.78	186,900.78	0.00
NT COMMON SHORT TERM INVT FD	56,239.530	18 Nov 24	1.0000			0.00	56,239.53	56,239.53	0.00
NT COMMON SHORT TERM INVT FD	1,159.670	21 Nov 24	1.0000			0.00	1,159.67	1,159.67	0.00
NT COMMON SHORT TERM INVT FD	174,899.150	25 Nov 24	1.0000			0.00	174,899.15	174,899.15	0.00
NT COMMON SHORT TERM INVT FD	222,205.670	2 Dec 24	1.0000			0.00	222,205.67	222,205.67	0.00
NT COMMON SHORT TERM INVT FD	228,386.170	3 Dec 24	1.0000			0.00	228,386.17	228,386.17	0.00
NT COMMON SHORT TERM INVT FD	3.300	4 Dec 24	1.0000			0.00	3.30	3.30	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 246,467,125.00

Northern Trust

*Generated by Northern Trust from periodic data on 08 Sep 25 C0701

DOL 5500 Reporting

02 JAN 24 - 31 DEC 24

Account ID HCSWBT

Account Name HEALTHCARE SV. WELFARE BENEFIT

Page 12 of 21

◆ 5% Report - Part C

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Common/Collective Trusts									
United States - USD									
NT COMMON SHORT TERM INVT FD	17,438.370	4 Dec 24	1.0000			0.00	17,438.37	17,438.37	0.00
NT COMMON SHORT TERM INVT FD	19,633.340	4 Dec 24	1.0000			0.00	19,633.34	19,633.34	0.00
NT COMMON SHORT TERM INVT FD	1,220,192.380	9 Dec 24	1.0000			0.00	1,220,192.38	1,220,192.38	0.00
NT COMMON SHORT TERM INVT FD	135,675.520	11 Dec 24	1.0000			0.00	135,675.52	135,675.52	0.00
NT COMMON SHORT TERM INVT FD	241,354.980	13 Dec 24	1.0000			0.00	241,354.98	241,354.98	0.00
NT COMMON SHORT TERM INVT FD	287,105.530	16 Dec 24	1.0000			0.00	287,105.53	287,105.53	0.00
NT COMMON SHORT TERM INVT FD	42,465.450	17 Dec 24	1.0000			0.00	42,465.45	42,465.45	0.00
NT COMMON SHORT TERM INVT FD	9,316.940	20 Dec 24	1.0000			0.00	9,316.94	9,316.94	0.00
NT COMMON SHORT TERM INVT FD	1,159.670	23 Dec 24	1.0000			0.00	1,159.67	1,159.67	0.00
NT COMMON SHORT TERM INVT FD	164,932.040	26 Dec 24	1.0000			0.00	164,932.04	164,932.04	0.00
NT COMMON SHORT TERM INVT FD	1,204.590	30 Dec 24	1.0000			0.00	1,204.59	1,204.59	0.00
NT COMMON SHORT TERM INVT FD	2,594.070	30 Dec 24	1.0000			0.00	2,594.07	2,594.07	0.00
NT COMMON SHORT TERM INVT FD	2,578.130	30 Dec 24	1.0000			0.00	2,578.13	2,578.13	0.00
NT COMMON SHORT TERM INVT FD	10,804.310	31 Dec 24	1.0000			0.00	10,804.31	10,804.31	0.00
Total number of acquisitions = 179							23,261,602.00	23,261,602.00	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 246,467,125.00

Northern Trust

*Generated by Northern Trust from periodic data on 08 Sep 25 C0701

DOL 5500 Reporting

02 JAN 24 - 31 DEC 24

Account ID HCSWBT

Account Name HEALTHCARE SV. WELFARE BENEFIT

Page 13 of 21

◆ 5% Report - Part C

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Common/Collective Trusts									
United States - USD									
NT COMMON SHORT TERM INVT FD	-825.000	3 Jan 24		1.0000		0.00	825.00	825.00	0.00
NT COMMON SHORT TERM INVT FD	-111,599.160	16 Jan 24		1.0000		0.00	111,599.16	111,599.16	0.00
NT COMMON SHORT TERM INVT FD	-302,386.550	17 Jan 24		1.0000		0.00	302,386.55	302,386.55	0.00
NT COMMON SHORT TERM INVT FD	-319,780.020	18 Jan 24		1.0000		0.00	319,780.02	319,780.02	0.00
NT COMMON SHORT TERM INVT FD	-34,786.180	23 Jan 24		1.0000		0.00	34,786.18	34,786.18	0.00
NT COMMON SHORT TERM INVT FD	-306,661.600	24 Jan 24		1.0000		0.00	306,661.60	306,661.60	0.00
NT COMMON SHORT TERM INVT FD	-197,038.970	26 Jan 24		1.0000		0.00	197,038.97	197,038.97	0.00
NT COMMON SHORT TERM INVT FD	-44,207.620	29 Jan 24		1.0000		0.00	44,207.62	44,207.62	0.00
NT COMMON SHORT TERM INVT FD	-10,000.000	2 Feb 24		1.0000		0.00	10,000.00	10,000.00	0.00
NT COMMON SHORT TERM INVT FD	-23,003.770	6 Feb 24		1.0000		0.00	23,003.77	23,003.77	0.00
NT COMMON SHORT TERM INVT FD	-191,137.500	6 Feb 24		1.0000		0.00	191,137.50	191,137.50	0.00
NT COMMON SHORT TERM INVT FD	-2,507,043.240	14 Feb 24		1.0000		0.00	2,507,043.24	2,507,043.24	0.00
NT COMMON SHORT TERM INVT FD	-106,546.920	16 Feb 24		1.0000		0.00	106,546.92	106,546.92	0.00
NT COMMON SHORT TERM INVT FD	-7,338.730	20 Feb 24		1.0000		0.00	7,338.73	7,338.73	0.00
NT COMMON SHORT TERM INVT FD	-243,828.330	21 Feb 24		1.0000		0.00	243,828.33	243,828.33	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 246,467,125.00

DOL 5500 Reporting

02 JAN 24 - 31 DEC 24

Account ID HCSWBT

Account Name HEALTHCARE SV. WELFARE BENEFIT

Page 14 of 21

◆ 5% Report - Part C

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Common/Collective Trusts									
United States - USD									
NT COMMON SHORT TERM INVT FD	-512,539.890	23 Feb 24		1.0000		0.00	512,539.89	512,539.89	0.00
NT COMMON SHORT TERM INVT FD	-6,062.470	27 Feb 24		1.0000		0.00	6,062.47	6,062.47	0.00
NT COMMON SHORT TERM INVT FD	-603,791.720	5 Mar 24		1.0000		0.00	603,791.72	603,791.72	0.00
NT COMMON SHORT TERM INVT FD	-681,361.070	6 Mar 24		1.0000		0.00	681,361.07	681,361.07	0.00
NT COMMON SHORT TERM INVT FD	-275,335.730	7 Mar 24		1.0000		0.00	275,335.73	275,335.73	0.00
NT COMMON SHORT TERM INVT FD	-268,698.960	8 Mar 24		1.0000		0.00	268,698.96	268,698.96	0.00
NT COMMON SHORT TERM INVT FD	-593,129.280	13 Mar 24		1.0000		0.00	593,129.28	593,129.28	0.00
NT COMMON SHORT TERM INVT FD	-19,581.180	18 Mar 24		1.0000		0.00	19,581.18	19,581.18	0.00
NT COMMON SHORT TERM INVT FD	-284,267.280	20 Mar 24		1.0000		0.00	284,267.28	284,267.28	0.00
NT COMMON SHORT TERM INVT FD	-3,411.040	22 Mar 24		1.0000		0.00	3,411.04	3,411.04	0.00
NT COMMON SHORT TERM INVT FD	-90,801.600	26 Mar 24		1.0000		0.00	90,801.60	90,801.60	0.00
NT COMMON SHORT TERM INVT FD	-160,000.000	28 Mar 24		1.0000		0.00	160,000.00	160,000.00	0.00
NT COMMON SHORT TERM INVT FD	-2,269.080	1 Apr 24		1.0000		0.00	2,269.08	2,269.08	0.00
NT COMMON SHORT TERM INVT FD	-737.090	1 Apr 24		1.0000		0.00	737.09	737.09	0.00
NT COMMON SHORT TERM INVT FD	-1,141.960	1 Apr 24		1.0000		0.00	1,141.96	1,141.96	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 246,467,125.00

Northern Trust

*Generated by Northern Trust from periodic data on 08 Sep 25 C0701

DOL 5500 Reporting

02 JAN 24 - 31 DEC 24

Account ID HCSWBT

Account Name HEALTHCARE SV. WELFARE BENEFIT

Page 15 of 21

◆ 5% Report - Part C

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Common/Collective Trusts									
United States - USD									
NT COMMON SHORT TERM INVT FD	-486,950.150	2 Apr 24		1.0000		0.00	486,950.15	486,950.15	0.00
NT COMMON SHORT TERM INVT FD	-123,277.530	4 Apr 24		1.0000		0.00	123,277.53	123,277.53	0.00
NT COMMON SHORT TERM INVT FD	-339,450.000	11 Apr 24		1.0000		0.00	339,450.00	339,450.00	0.00
NT COMMON SHORT TERM INVT FD	-93,535.060	12 Apr 24		1.0000		0.00	93,535.06	93,535.06	0.00
NT COMMON SHORT TERM INVT FD	-2,051.270	16 Apr 24		1.0000		0.00	2,051.27	2,051.27	0.00
NT COMMON SHORT TERM INVT FD	-11,898.140	18 Apr 24		1.0000		0.00	11,898.14	11,898.14	0.00
NT COMMON SHORT TERM INVT FD	-3,886.500	23 Apr 24		1.0000		0.00	3,886.50	3,886.50	0.00
NT COMMON SHORT TERM INVT FD	-417,833.320	24 Apr 24		1.0000		0.00	417,833.32	417,833.32	0.00
NT COMMON SHORT TERM INVT FD	-81,621.970	30 Apr 24		1.0000		0.00	81,621.97	81,621.97	0.00
NT COMMON SHORT TERM INVT FD	-285,729.600	8 May 24		1.0000		0.00	285,729.60	285,729.60	0.00
NT COMMON SHORT TERM INVT FD	-274,056.300	10 May 24		1.0000		0.00	274,056.30	274,056.30	0.00
NT COMMON SHORT TERM INVT FD	-212,457.920	16 May 24		1.0000		0.00	212,457.92	212,457.92	0.00
NT COMMON SHORT TERM INVT FD	-311,093.740	20 May 24		1.0000		0.00	311,093.74	311,093.74	0.00
NT COMMON SHORT TERM INVT FD	-486,323.830	21 May 24		1.0000		0.00	486,323.83	486,323.83	0.00
NT COMMON SHORT TERM INVT FD	-233,581.640	24 May 24		1.0000		0.00	233,581.64	233,581.64	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 246,467,125.00

DOL 5500 Reporting

02 JAN 24 - 31 DEC 24

Account ID HCSWBT

Account Name HEALTHCARE SV. WELFARE BENEFIT

Page 16 of 21

◆ 5% Report - Part C

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Common/Collective Trusts									
United States - USD									
NT COMMON SHORT TERM INVT FD	-101,074.950	29 May 24		1.0000		0.00	101,074.95	101,074.95	0.00
NT COMMON SHORT TERM INVT FD	-35,000.000	31 May 24		1.0000		0.00	35,000.00	35,000.00	0.00
NT COMMON SHORT TERM INVT FD	-7,482.500	4 Jun 24		1.0000		0.00	7,482.50	7,482.50	0.00
NT COMMON SHORT TERM INVT FD	-71,094.660	7 Jun 24		1.0000		0.00	71,094.66	71,094.66	0.00
NT COMMON SHORT TERM INVT FD	-378,700.000	12 Jun 24		1.0000		0.00	378,700.00	378,700.00	0.00
NT COMMON SHORT TERM INVT FD	-184,107.030	12 Jun 24		1.0000		0.00	184,107.03	184,107.03	0.00
NT COMMON SHORT TERM INVT FD	-9,555.000	14 Jun 24		1.0000		0.00	9,555.00	9,555.00	0.00
NT COMMON SHORT TERM INVT FD	-24,904.370	18 Jun 24		1.0000		0.00	24,904.37	24,904.37	0.00
NT COMMON SHORT TERM INVT FD	-3,590.460	18 Jun 24		1.0000		0.00	3,590.46	3,590.46	0.00
NT COMMON SHORT TERM INVT FD	-200,249.330	21 Jun 24		1.0000		0.00	200,249.33	200,249.33	0.00
NT COMMON SHORT TERM INVT FD	-113,836.670	26 Jun 24		1.0000		0.00	113,836.67	113,836.67	0.00
NT COMMON SHORT TERM INVT FD	-1,169,946.250	27 Jun 24		1.0000		0.00	1,169,946.25	1,169,946.25	0.00
NT COMMON SHORT TERM INVT FD	-2,428.370	28 Jun 24		1.0000		0.00	2,428.37	2,428.37	0.00
NT COMMON SHORT TERM INVT FD	-4,009.270	28 Jun 24		1.0000		0.00	4,009.27	4,009.27	0.00
NT COMMON SHORT TERM INVT FD	-795.630	28 Jun 24		1.0000		0.00	795.63	795.63	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 246,467,125.00

Northern Trust

*Generated by Northern Trust from periodic data on 08 Sep 25 C0701

DOL 5500 Reporting

02 JAN 24 - 31 DEC 24

Account ID HCSWBT

Account Name HEALTHCARE SV. WELFARE BENEFIT

Page 17 of 21

◆ 5% Report - Part C

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Common/Collective Trusts									
United States - USD									
NT COMMON SHORT TERM INVT FD	-738.120	28 Jun 24		1.0000		0.00	738.12	738.12	0.00
NT COMMON SHORT TERM INVT FD	-1,162.090	28 Jun 24		1.0000		0.00	1,162.09	1,162.09	0.00
NT COMMON SHORT TERM INVT FD	-301,520.000	8 Jul 24		1.0000		0.00	301,520.00	301,520.00	0.00
NT COMMON SHORT TERM INVT FD	-2,413.860	16 Jul 24		1.0000		0.00	2,413.86	2,413.86	0.00
NT COMMON SHORT TERM INVT FD	-315,176.930	18 Jul 24		1.0000		0.00	315,176.93	315,176.93	0.00
NT COMMON SHORT TERM INVT FD	-22,288.000	19 Jul 24		1.0000		0.00	22,288.00	22,288.00	0.00
NT COMMON SHORT TERM INVT FD	-6,039.290	26 Jul 24		1.0000		0.00	6,039.29	6,039.29	0.00
NT COMMON SHORT TERM INVT FD	-987,043.610	1 Aug 24		1.0000		0.00	987,043.61	987,043.61	0.00
NT COMMON SHORT TERM INVT FD	-52,000.000	2 Aug 24		1.0000		0.00	52,000.00	52,000.00	0.00
NT COMMON SHORT TERM INVT FD	-484,951.500	7 Aug 24		1.0000		0.00	484,951.50	484,951.50	0.00
NT COMMON SHORT TERM INVT FD	-543,241.500	13 Aug 24		1.0000		0.00	543,241.50	543,241.50	0.00
NT COMMON SHORT TERM INVT FD	-334,944.430	15 Aug 24		1.0000		0.00	334,944.43	334,944.43	0.00
NT COMMON SHORT TERM INVT FD	-13,386.000	19 Aug 24		1.0000		0.00	13,386.00	13,386.00	0.00
NT COMMON SHORT TERM INVT FD	-283,608.450	28 Aug 24		1.0000		0.00	283,608.45	283,608.45	0.00
NT COMMON SHORT TERM INVT FD	-590,400.000	12 Sep 24		1.0000		0.00	590,400.00	590,400.00	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 246,467,125.00

Northern Trust

*Generated by Northern Trust from periodic data on 08 Sep 25 C0701

DOL 5500 Reporting

02 JAN 24 - 31 DEC 24

Account ID HCSWBT

Account Name HEALTHCARE SV. WELFARE BENEFIT

Page 18 of 21

◆ 5% Report - Part C

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Common/Collective Trusts									
United States - USD									
NT COMMON SHORT TERM INVT FD	-490,536.000	12 Sep 24		1.0000		0.00	490,536.00	490,536.00	0.00
NT COMMON SHORT TERM INVT FD	-21,791.260	13 Sep 24		1.0000		0.00	21,791.26	21,791.26	0.00
NT COMMON SHORT TERM INVT FD	-3,630.500	17 Sep 24		1.0000		0.00	3,630.50	3,630.50	0.00
NT COMMON SHORT TERM INVT FD	-1,161.540	18 Sep 24		1.0000		0.00	1,161.54	1,161.54	0.00
NT COMMON SHORT TERM INVT FD	-2,468.960	18 Sep 24		1.0000		0.00	2,468.96	2,468.96	0.00
NT COMMON SHORT TERM INVT FD	-26,555.000	24 Sep 24		1.0000		0.00	26,555.00	26,555.00	0.00
NT COMMON SHORT TERM INVT FD	-53,118.830	26 Sep 24		1.0000		0.00	53,118.83	53,118.83	0.00
NT COMMON SHORT TERM INVT FD	-1,037.530	30 Sep 24		1.0000		0.00	1,037.53	1,037.53	0.00
NT COMMON SHORT TERM INVT FD	-806.310	30 Sep 24		1.0000		0.00	806.31	806.31	0.00
NT COMMON SHORT TERM INVT FD	-725.530	30 Sep 24		1.0000		0.00	725.53	725.53	0.00
NT COMMON SHORT TERM INVT FD	-445.130	30 Sep 24		1.0000		0.00	445.13	445.13	0.00
NT COMMON SHORT TERM INVT FD	-288,918.320	9 Oct 24		1.0000		0.00	288,918.32	288,918.32	0.00
NT COMMON SHORT TERM INVT FD	-338,432.910	11 Oct 24		1.0000		0.00	338,432.91	338,432.91	0.00
NT COMMON SHORT TERM INVT FD	-309,523.540	16 Oct 24		1.0000		0.00	309,523.54	309,523.54	0.00
NT COMMON SHORT TERM INVT FD	-2,141.040	22 Oct 24		1.0000		0.00	2,141.04	2,141.04	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 246,467,125.00

Northern Trust

*Generated by Northern Trust from periodic data on 08 Sep 25 C0701

DOL 5500 Reporting

02 JAN 24 - 31 DEC 24

Account ID HCSWBT

Account Name HEALTHCARE SV. WELFARE BENEFIT

Page 19 of 21

◆ 5% Report - Part C

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Common/Collective Trusts									
United States - USD									
NT COMMON SHORT TERM INVT FD	-83,770.500	24 Oct 24		1.0000		0.00	83,770.50	83,770.50	0.00
NT COMMON SHORT TERM INVT FD	-7,142.090	28 Oct 24		1.0000		0.00	7,142.09	7,142.09	0.00
NT COMMON SHORT TERM INVT FD	-310,111.210	30 Oct 24		1.0000		0.00	310,111.21	310,111.21	0.00
NT COMMON SHORT TERM INVT FD	-1,000,943.330	31 Oct 24		1.0000		0.00	1,000,943.33	1,000,943.33	0.00
NT COMMON SHORT TERM INVT FD	-852.500	4 Nov 24		1.0000		0.00	852.50	852.50	0.00
NT COMMON SHORT TERM INVT FD	-500,000.000	7 Nov 24		1.0000		0.00	500,000.00	500,000.00	0.00
NT COMMON SHORT TERM INVT FD	-517,758.000	14 Nov 24		1.0000		0.00	517,758.00	517,758.00	0.00
NT COMMON SHORT TERM INVT FD	-16,205.390	19 Nov 24		1.0000		0.00	16,205.39	16,205.39	0.00
NT COMMON SHORT TERM INVT FD	-258,839.640	20 Nov 24		1.0000		0.00	258,839.64	258,839.64	0.00
NT COMMON SHORT TERM INVT FD	-6,753.910	26 Nov 24		1.0000		0.00	6,753.91	6,753.91	0.00
NT COMMON SHORT TERM INVT FD	-255,000.000	27 Nov 24		1.0000		0.00	255,000.00	255,000.00	0.00
NT COMMON SHORT TERM INVT FD	-62,861.000	27 Nov 24		1.0000		0.00	62,861.00	62,861.00	0.00
NT COMMON SHORT TERM INVT FD	-342,527.850	5 Dec 24		1.0000		0.00	342,527.85	342,527.85	0.00
NT COMMON SHORT TERM INVT FD	-370,200.000	12 Dec 24		1.0000		0.00	370,200.00	370,200.00	0.00
NT COMMON SHORT TERM INVT FD	-687,374.700	12 Dec 24		1.0000		0.00	687,374.70	687,374.70	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 246,467,125.00

Northern Trust

*Generated by Northern Trust from periodic data on 08 Sep 25 C0701

DOL 5500 Reporting

02 JAN 24 - 31 DEC 24

Account ID HCSWBT
Account Name HEALTHCARE SV. WELFARE BENEFIT

◆ 5% Report - Part C
Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Shares/PAR	Date	Acquistion Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Common/Collective Trusts									
United States - USD									
NT COMMON SHORT TERM INVT FD	-817,238.650	18 Dec 24		1.0000		0.00	817,238.65	817,238.65	0.00
NT COMMON SHORT TERM INVT FD	-535,384.950	19 Dec 24		1.0000		0.00	535,384.95	535,384.95	0.00
NT COMMON SHORT TERM INVT FD	-6,009.310	27 Dec 24		1.0000		0.00	6,009.31	6,009.31	0.00
NT COMMON SHORT TERM INVT FD	-3,798.660	30 Dec 24		1.0000		0.00	3,798.66	3,798.66	0.00
NT COMMON SHORT TERM INVT FD	-1,204.590	31 Dec 24		1.0000		0.00	1,204.59	1,204.59	0.00
NT COMMON SHORT TERM INVT FD	-2,594.070	31 Dec 24		1.0000		0.00	2,594.07	2,594.07	0.00
NT COMMON SHORT TERM INVT FD	-714.990	31 Dec 24		1.0000		0.00	714.99	714.99	0.00
Total number of dispositions = 112							24,847,324.92	24,847,324.92	0.00
Total NT COMMON SHORT TERM INVT FD							48,108,926.92	48,108,926.92	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 246,467,125.00

DOL 5500 Reporting

02 JAN 24 - 31 DEC 24

Account ID HCSWBT
Account Name HEALTHCARE SV. WELFARE BENEFIT

◆ 5% Report - Part C
Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
---------------------------------	------------	------	----------------------	----------------------	-----------------	----------------------	------	--------------------------------------	------------------

Although this report has been prepared using information believed to be reliable, it may contain information provided by third parties or derived from third party information, and/or information that may have been obtained from, categorized or otherwise reported based upon client direction. The Northern Trust Company does not guarantee the accuracy, timeliness or completeness of any such information. The information included in this report is intended to assist clients with their financial reporting needs, but you must consult with your accountants, auditors and/or legal counsel to ensure your accounting and financial reporting complies with applicable laws, regulations and accounting guidance. The Northern Trust Company and its affiliates shall have no responsibility for the consequences of investment decisions made in reliance on information contained in this report .

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 246,467,125.00

Supplemental Schedules

HCSC Post Retirement Benefit Plan

EIN 36-1236610 Plan #512

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

December 31, 2024

The accompanying schedules are an ERISA requirement for disclosure purposes. The schedules of assets (held at end of year) and reportable transactions were prepared by the Trustee. The following is an index to the schedules:

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Non-Interest Bearing Cash - USD</i>			
USD - United States dollar	0.000	64.58	64.58
Total - all currencies		64.58	64.58
Total Non-Interest Bearing Cash - USD		64.58	64.58
<i>Receivables - Other - USD</i>			
Pending trade sales: United States dollar	0.000	95,000.00	95,000.00
Total - all currencies		95,000.00	95,000.00
Total Receivables - Other - USD		95,000.00	95,000.00
<i>U.S. Government Securities</i>			
United States - USD			
CONNECTICUT AVE SECS TR 2023-R06 NT CL 1M-1 144A 6.05098% 07-25-2043 CUSIP: 20754EAA3	88,727.790	88,793.14	89,049.45
FED HOME LN MTG FLTG RT .72669% DUE 07-25-2031 CUSIP: 3137H2N83	1,567,921.080	99,170.45	61,168.21
FED HOME LN MTG VAR RT .85458% DUE 07-25-2028 CUSIP: 3137H1Z58	7,095,814.410	379,504.19	180,847.47
FEDERAL HOME LN MTG CORP POOL #SD0659 3.0% 07-01-2051 CUSIP: 3132DMWU5	1,090,670.270	1,016,629.92	938,655.42
FEDERAL HOME LN MTG CORP POOL #SD0728 2.5% 10-01-2051 BEO CUSIP: 3132DMYZ2	234,578.680	193,472.43	193,015.72
FEDERAL HOME LN MTG CORP POOL #SD3451 5%DUE 09-01-2052 REG CUSIP: 3132DQZQ2	395,716.870	381,495.81	383,319.75
FEDERAL HOME LOAN MORTGAGE CORP 3% 06-01-2052 CUSIP: 3132DPBM9	477,553.940	398,160.60	408,076.12
FEDERAL HOME LOAN MORTGAGE CORP 5.5% 07-01-2052 CUSIP: 3132DNQM8	813,250.340	796,921.80	804,058.45
FEDERAL NATIONAL MORTGAGE ASSOC 2.5% 02-01-2051 CUSIP: 3140QHGH2	0.000	-0.01	0.00

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>U.S. Government Securities</i>			
United States - USD			
FEDERAL NATIONAL MORTGAGE ASSOC 2% 05-01-2051 CUSIP: 3132DWBP7	193,150.710	150,929.16	151,268.82
FEDERAL NATIONAL MORTGAGE ASSOC 3.5% 05-01-2052 CUSIP: 3133KPGK8	536,723.660	490,347.39	477,341.67
FEDERAL NATIONAL MORTGAGE ASSOC 4% 04-01-2052 CUSIP: 3133KPAL2	798,439.040	766,002.46	731,337.86
FNMA POOL #BQ4491 2.0% 02-01-2051 CUSIP: 3140KP7D9	1,105,309.020	1,088,276.68	865,383.14
FNMA POOL #CB3855 4% 06-01-2052 BEO CUSIP: 3140QPH91	430,987.330	419,269.86	397,639.19
FNMA POOL #FM6799 2.5% 04-01-2051 BEO CUSIP: 3140XARV6	395,310.030	407,925.99	322,725.38
FNMA POOL #FM9026 2.5% 09-01-2051 BEO CUSIP: 3140XDA48	409,819.540	403,031.90	338,279.81
FNMA POOL #FS0320 2% 09-01-2051 BEO CUSIP: 3140XFLA7	389,212.910	382,705.76	305,217.56
FNMA POOL #FS0434 2.5% 11-01-2051 BEO CUSIP: 3140XFPU9	392,842.400	387,717.05	327,159.20
FNMA POOL #FS1171 3% 01-01-2052 BEO CUSIP: 3140XGJR1	200,357.660	177,003.48	170,646.11
FNMA POOL #FS6858 4.5% 11-01-2052 BEO CUSIP: 3140XNTQ7	235,105.720	222,468.77	221,502.24
FNMA POOL #MA4325 2% DUE 04-01-2051 BEO CUSIP: 31418DYX4	661,481.060	615,797.54	518,211.91
FNMA POOL #MA4438 2.5% 10-01-2051 BEO CUSIP: 31418D4Y5	772,026.720	637,344.25	630,974.77
FNMA POOL #MA4784 4.5% 10-01-2052 BEO CUSIP: 31418EJ68	243,327.140	229,687.52	229,256.85
FNMA REMIC TR SR 19-6 CL GJ 3.0% 02-25-2049 CUSIP: 3136B3T59	24,128.920	24,713.30	23,123.12
FNMA 3.5% DUE 01-01-2052 CUSIP: 3140QM6W9	510,486.830	465,659.71	452,307.99
FREDDIE MAC POOL FR RJ0197 6.5% 6.5% 11-01-2053 CUSIP: 3142GGGF3	236,629.820	243,026.23	243,561.51
GOVERNMENT NATIONAL MORTGAGE A GNR SR 2024-57 CL GB 5.5% 04-20-2054 CUSIP: 38384NDZ5	1,000,000.000	1,006,250.00	988,476.50

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>U.S. Government Securities</i>			
United States - USD			
PVTPL FREMF MORTGAGE TRUST SER 16-K59 CL B VAR RT 11-25-2049 CUSIP: 30295RAS0	400,000.000	410,843.75	388,745.36
UNITED STATES TREAS BDS DTD 00300 4.75% 11-15-2053 CUSIP: 912810TV0	510,000.000	531,974.50	505,378.13
Total United States - USD		12,415,123.63	11,346,727.71
Total U.S. Government Securities		12,415,123.63	11,346,727.71
<i>Corporate Debt Instruments - Other</i>			
Belgium - USD			
ANHEUSER-BUSCH COS LLC CORP 4.9% 02-01-2046 CUSIP: 03522AAJ9	162,000.000	152,513.28	147,442.51
ANHEUSER-BUSCH 4.95% DUE 01-15-2042 CUSIP: 035240AG5	125,000.000	149,211.25	116,297.36
Total Belgium - USD		301,724.53	263,739.87
Brazil - USD			
PVTPL GLOBO COMUNICACAO E PARTICIPACOES S A 4.875% DUE 01-22-2030 BEO CUSIP: 37959DAB0	200,000.000	200,000.00	178,757.98
Total Brazil - USD		200,000.00	178,757.98
Canada - USD			
PVTPL GOEASY LTD 9.25% 12-01-2028 CUSIP: 380355AH0	215,000.000	215,000.00	229,142.39
PVTPL OPEN TEXT CORP 6.9% DUE 12-01-2027/12-01-2022 BEO CUSIP: 683715AF3	115,000.000	115,000.00	118,826.05
PVTPL 1011778 B C / NEW RED FIN 5.625% DUE 09-15-2029 CUSIP: 68245XAT6	300,000.000	300,000.00	295,506.45
Total Canada - USD		630,000.00	643,474.89
Cayman Islands - USD			
PVTPL OCTAGON LN FDG LTD SR 14-1A CL BRR FLTG 11-18-2031 CUSIP: 67590RBA2	300,000.000	299,250.00	300,851.49

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Debt Instruments - Other</i>			
Cayman Islands - USD			
Total Cayman Islands - USD		299,250.00	300,851.49
France - USD			
PVTPL BPCE SA 6.714% 10-19-2029 CUSIP: 05571AAR6	250,000.000	250,000.00	259,842.65
Total France - USD		250,000.00	259,842.65
Ireland - USD			
AERCAP IRELAND CAP / GLOBA 3.0% DUE 10-29-2028 CUSIP: 00774MAW5	200,000.000	199,636.00	185,147.00
GGAM FIN LTD GTD SR NT 144A 8% 06-15-2028 CUSIP: 36170JAA4	275,000.000	275,000.00	288,757.01
Total Ireland - USD		474,636.00	473,904.01
Italy - USD			
PVTPL FIBERCOP SPA 6.0% 09-30-2034 CUSIP: 683879AD2	206,000.000	195,557.86	197,768.06
TELECOM ITALIA CAP 6% DUE 09-30-2034 CUSIP: 87927VAM0	14,000.000	11,063.78	13,483.75
Total Italy - USD		206,621.64	211,251.81
Mexico - USD			
PVTPL BIMBO BAKERIES USA INC 6.05% DUE 01-15-2029 CUSIP: 09031WAC7	300,000.000	309,975.00	306,204.60
Total Mexico - USD		309,975.00	306,204.60
Norway - USD			
PVTPL AKER BP ASA 3.75% DUE 01-15-2030 BEO CUSIP: 00973RAF0	385,000.000	384,237.70	357,775.16
PVTPL VAR ENERGI ASA 7.5% DUE 01-15-2028/11-15-2022 BEO CUSIP: 92212WAD2	200,000.000	198,436.00	211,197.18
Total Norway - USD		582,673.70	568,972.34

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Debt Instruments - Other</i>			
Spain - USD			
PVTPL CAIXABANK S A 6.684% 09-13-2027 CUSIP: 12803RAB0	275,000.000	281,542.25	282,188.95
Total Spain - USD		281,542.25	282,188.95
Switzerland - USD			
PVTPL UBS GROUP AG 5.959% 01-12-2034 CUSIP: 902613AV0	200,000.000	200,000.00	204,541.71
Total Switzerland - USD		200,000.00	204,541.71
United Arab Emirates - USD			
GALAXY PIPELINE ASSETS BIDCO LTD SR SECDBD CL D 144A 2.16% 03-31-2034 CUSIP: 36321PAD2	154,858.000	154,083.71	132,709.03
Total United Arab Emirates - USD		154,083.71	132,709.03
United Kingdom - USD			
ASTRAZENECA PLC 6.45% DUE 09-15-2037 CUSIP: 046353AD0	250,000.000	283,902.50	274,314.09
HSBC HLDGS PLC 2.804% DUE 05-24-2032 REG CUSIP: 404280CT4	200,000.000	200,000.00	169,973.78
HSBC HLDGS PLC 7.39% 11-03-2028 CUSIP: 404280DR7	200,000.000	200,000.00	212,054.52
PVTPL MACQUARIE AIRFINANCE HLDGS LTD GTDSR NT 8.125% 03-30-2029 CUSIP: 55609NAB4	275,000.000	275,562.50	290,828.73
Total United Kingdom - USD		959,465.00	947,171.12
United States - USD			
ABBVIE INC 4.55% DUE 03-15-2035 REG CUSIP: 00287YCY3	300,000.000	287,649.00	282,134.56
AGILENT 2.1% DUE 06-04-2030 CUSIP: 00846UAM3	350,000.000	304,619.00	301,365.97
AGL CLO 32 LTD / AGL CLO 32 LLC 0% 07-21-2037 CUSIP: 00121BAA7	250,000.000	250,000.00	250,728.85
ALTRIA GROUP INC 4.8% DUE 02-14-2029 CUSIP: 02209SBD4	250,000.000	290,240.00	247,092.77

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Debt Instruments - Other</i>			
United States - USD			
AMERICAN EXPRESS CO NT 4.05% 05-03-2029 CUSIP: 025816CW7	130,000.000	129,756.90	126,929.03
AMGEN INC 5.25% 03-02-2030 CUSIP: 031162DQ0	270,000.000	271,010.15	272,570.10
AMSR 2024-SFR2 TR 4.15% DUE 11-17-2041 CUSIP: 00179UAA6	125,000.000	119,605.50	119,229.68
ANGEL OAK MTG TR FLTG RT .951% DUE 07-25-2066 CUSIP: 03465HAA2	96,792.570	96,791.22	81,870.07
ANGEL OAK MTG TR 1.035% DUE 01-20-2065 CUSIP: 03464EAA0	128,213.070	128,211.29	105,279.96
ARTHUR J GALLAGHER & CO 5.15% 02-15-2035 CUSIP: 04316JAN9	35,000.000	34,869.45	34,172.92
AT&T INC 2.25% DUE 02-01-2032 CUSIP: 00206RKH4	180,000.000	179,674.20	148,871.81
AUTOZONE INC 5.4% 07-15-2034 CUSIP: 053332BK7	300,000.000	302,472.00	298,301.38
BANK OF AMERICA CORP 2.299% 07-21-2032 CUSIP: 06051GKA6	90,000.000	90,000.00	75,081.85
BANK OF AMERICA CORPORATION 3.97% 03-05-2029 CUSIP: 06051GHG7	400,000.000	377,820.00	387,917.41
BANK 2024-BNK47 MTG PASS THRU CTF CL A-55.716% 06-15-2057 CUSIP: 06540GAV0	325,000.000	344,296.88	336,300.58
BAXTER INTL INC 3.95% 04-01-2030 CUSIP: 071813BY4	45,000.000	50,796.61	42,519.71
BK OF AMER AUTO TR 5.53% DUE 02-15-2028 CUSIP: 06428AAC2	205,000.000	204,992.23	207,037.50
BLACKSTONE HLDGS FIN CO L L C SR NT 144A2% 01-30-2032 CUSIP: 09261BAD2	175,000.000	135,332.75	140,832.42
BOEING CO 2.95% DUE 02-01-2030 CUSIP: 097023CN3	100,000.000	100,948.60	89,263.32
BOEING CO 3.625% DUE 02-01-2031 CUSIP: 097023DC6	220,000.000	234,557.40	199,719.08
BOOZ ALLEN HAMILTON INC 5.95% 08-04-2033 CUSIP: 09951LAC7	35,000.000	34,665.40	35,778.97
BRANDYWINE OPER PARTNERSHIP L P 8.875% 04-12-2029 CUSIP: 105340AS2	95,000.000	94,529.75	101,095.30

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Debt Instruments - Other</i>			
United States - USD			
BRAVO RESDNTL FDG FLTG RT .941% DUE 02-25-2049 CUSIP: 10569TAA6	39,696.420	39,695.97	36,729.55
BSTN SCIENTIFIC 4.7% DUE 03-01-2049 CUSIP: 101137AU1	50,000.000	61,324.50	43,967.34
BXHPP TR 2021-FILM FLTG RT 5.07648% DUE 08-15-2036 CUSIP: 05609JAA0	235,000.000	235,000.00	227,586.22
CAPITAL ONE PRIME AUTO RECEIVABLES SER 23-1 CL A3 4.87% DUE 02-15-2028 CUSIP: 14043KAH8	110,000.000	109,978.88	110,408.16
CELANESE US HLDGS LLC 6.35% 11-15-2028 CUSIP: 15089QAW4	135,000.000	134,981.10	138,274.69
CISCO SYS INC SR NT 5.9 DUE 02-15-2039 REG CUSIP: 17275RAD4	250,000.000	269,282.50	264,313.32
CITIZENS FINANCIAL GROUP 5.841% 01-23-2030 CUSIP: 174610BF1	300,000.000	300,246.85	304,613.04
CMO BANK 2018-BNK11 COML MTG PASS THRU CTF CL X-A DUE 03-15-2061 REG CUSIP: 06540TAE0	6,802,292.940	205,515.13	93,017.27
CMO BANK 2019-BNK19 SER 2019-BN19 CLS XADUE 08-15-2061 REG CUSIP: 06540WBH5	5,046,410.410	332,150.62	178,796.84
COCA COLA CONS INC 5.45% 06-01-2034 CUSIP: 191098AP7	95,000.000	95,026.40	95,682.92
COLT 2021-1 MTG LN TR .91000002623% 06-25-2066 CUSIP: 19688EAA6	113,441.490	113,441.00	94,925.90
COLT 2021-2 MTG LN FLTG RT .924% DUE 08-25-2066 CUSIP: 19685WAA9	115,319.880	115,319.48	94,283.16
COLT 2021-3R MTG 1.051% DUE 12-25-2064 CUSIP: 19688DAA8	63,987.090	63,986.34	57,342.47
COLT 2024-7 MTG LN TR MTG PASS THRU CTF CL A-1 5.538% 12-26-2069 CUSIP: 19688YAA2	229,806.150	229,806.01	229,185.74
COLUMBIA /HCA HEALTHCARE CORP 7.05 DEB DUE 12-01-2027 CUSIP: 197677AJ6	250,000.000	265,125.00	262,142.77
COMCAST CORP NEW 3.4% DUE 07-15-2046 CUSIP: 20030NBU4	125,000.000	92,238.75	87,872.04
COMCAST CORP NEW 4.25% DUE 10-15-2030 CUSIP: 20030NCU3	220,000.000	254,878.80	212,115.38
CONNECTICUT LIGHT & POWER CO 4.95% 08-15-2034 CUSIP: 207597ES0	75,000.000	74,666.25	73,151.48

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Debt Instruments - Other</i>			
United States - USD			
CONSOLIDATED EDISON CO N Y INC 2.4% DUE 06-15-2031 BEO CUSIP: 209111GA5	275,000.000	232,677.50	236,168.30
CONSUMERS ENERGY CO 4.625% 05-15-2033 CUSIP: 210518DU7	300,000.000	292,392.00	289,438.03
COREBRIDGE FINANCIAL INC 3.9% 04-05-2032 CUSIP: 21871XAH2	230,000.000	199,479.14	209,568.00
CSMC 2021-AFC1 TR FLTG RT .83% DUE 03-25-2056 CUSIP: 12657LAA2	87,208.650	87,207.63	71,148.38
CSX CORP 5.2% 11-15-2033 CUSIP: 126408HW6	175,000.000	177,702.00	175,346.32
DEEPAVEN RESDNTL FLTG RT .899% DUE 04-25-2066 CUSIP: 24381WAA6	44,233.690	44,233.02	38,591.63
DISNEY WALT CO SR NT 6.2% 12-15-2034 CUSIP: 254687DZ6	250,000.000	273,920.00	272,296.06
DLLAD 2023-1 LLC NT CL A-4 144A 4.8% 06-20-2030 CUSIP: 233258AD4	460,000.000	456,837.50	458,852.35
DOMINION ENERGY INC 5.375% DUE 11-15-2032 BEO CUSIP: 25746UDR7	275,000.000	274,070.50	275,742.71
DUKE ENERGY CORP NEW SR NT 2.55% 06-15-2031 CUSIP: 26441CBL8	170,000.000	169,775.60	145,175.21
DUKE ENERGY OHIO INC 5.6% 03-15-2054 CUSIP: 26442EAL4	150,000.000	153,978.00	144,994.40
EDISON INTL 6.95% DUE 11-15-2029 CUSIP: 281020AW7	225,000.000	239,568.75	240,235.51
ELLINGTON FINL MTG FLTG RT .931% DUE 06-25-2066 CUSIP: 31572LAA4	52,294.200	52,293.53	42,623.70
EVERGY MO W STORM 5.104% DUE 12-01-2040 CUSIP: 30037HAA4	194,006.580	193,993.93	192,620.44
EVERSOURCE ENERGY 5.95% 07-15-2034 CUSIP: 30040WAZ1	250,000.000	261,192.50	256,176.95
FIFTH THIRD BANCORP 5.631% 01-29-2032 CUSIP: 316773DL1	45,000.000	45,000.00	45,497.06
FIFTH THIRD BANCORP 6.339% 07-27-2029 CUSIP: 316773DK3	25,000.000	25,000.00	25,934.68
FISERV INC 3.5% DUE 07-01-2029 CUSIP: 337738AU2	300,000.000	284,055.00	281,450.22

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Debt Instruments - Other</i>			
United States - USD			
FORD CR FLOORPLAN MASTER OWNER TR SER 18-4 CL A 4.06% 11-15-2030 REG CUSIP: 34528PAK2	345,000.000	331,253.91	337,020.18
FREMF 2017-K64 MTG FLTG RT 3.9998% DUE 05-25-2050 CUSIP: 30296CAE3	395,000.000	421,215.04	384,620.19
GARTNER INC 3.75% DUE 10-01-2030 CUSIP: 366651AE7	25,000.000	25,000.00	22,838.53
GCAT 2021-NQM1 TR .874% DUE 01-25-2066 CUSIP: 36167TAA7	90,339.160	90,338.56	77,403.09
GCAT 2021-NQM4 TR 1.299% DUE 08-25-2066 CUSIP: 36168HAC8	114,495.560	114,495.13	92,958.19
GILEAD SCIENCES INC 5.25% 10-15-2033 CUSIP: 375558BZ5	100,000.000	101,558.00	100,360.61
GOLDMAN SACHS GROUP INC 3.102% 02-24-2033 CUSIP: 38141GZM9	675,000.000	566,196.25	581,893.45
GOLDMAN SACHS GROUP INC 4.223% 05-01-2029 CUSIP: 38141GWZ3	285,000.000	264,115.20	277,285.00
HONDA AUTO 4.97% DUE 06-21-2029 CUSIP: 43815JAD5	280,000.000	278,239.06	282,741.90
HOST HOTELS & RESORTS L P 5.7% 07-01-2034 CUSIP: 44107TBB1	285,000.000	280,206.30	284,607.72
HOTWIRE FDG LLC 5.687% DUE 05-20-2053 CUSIP: 44148HAA1	190,000.000	190,000.00	191,019.88
HOWARD UNIV 2.995% DUE 10-01-2031 CUSIP: 442851AN1	30,000.000	30,000.00	26,111.31
HUB INTL LTD 7.25% DUE 06-15-2030 CUSIP: 44332PAH4	185,000.000	188,700.00	189,578.79
I/O CMO BANK 2018-BNK12 COML MTG SER-2018-BN12 CL-XA VAR 05-15-2061 CUSIP: 06541KBB3	10,828,392.690	206,754.62	95,636.36
I/O CMO BANK 2019-BNK18 COML MTG PASSTHRU CTF CL X-A 05-15-2062 REG CUSIP: 065402BD0	4,362,438.240	263,329.54	136,714.45
I/O CMO BANK 2019-BNK20 SER 2019-BN20 CLS XADUE 09-15-2061 REG CUSIP: 06540AAE1	5,488,456.790	314,170.64	170,453.90
I/O CMO GS MTG SECS TR 2020-GC45 SER 20-GC45 CLS XA 02-13-2053 REG CUSIP: 36258YBJ6	2,701,990.290	123,276.29	66,556.78
I/O CMO MORGAN STANLEY CAP VAR RT SER 2019-H7 CL XA 07-15-2052 REG CUSIP: 61771MAX8	3,641,422.090	298,894.01	165,173.09

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Debt Instruments - Other</i>			
United States - USD			
ICON INVT SIX DESIGNATED ACTIVITY CO 5.849% 05-08-2029 CUSIP: 45115AAB0	285,000.000	285,729.60	290,490.97
IMPERIAL FD MTG TR FLTG RT 1.073% DUE 09-25-2056 CUSIP: 452761AA7	115,246.260	115,244.69	94,236.87
INTEL CORP FIXED 3.9% DUE 03-25-2030 CUSIP: 458140BR0	225,000.000	256,056.75	210,883.88
INTEL CORP 5.38% 02-10-2033 CUSIP: 458140CG3	100,000.000	98,648.00	96,705.56
JPMORGAN CHASE & CO. 5.35% 06-01-2034 CUSIP: 46647PDR4	450,000.000	464,521.50	450,198.04
LAMAR MEDIA CORP SR NT 3.625% 01-15-2031 CUSIP: 513075BZ3	95,000.000	94,720.70	83,609.98
LAS VEGAS SANDS CORP 6.0% 08-15-2029 CUSIP: 517834AK3	20,000.000	19,970.60	20,256.84
LOCKHEED MARTIN FIXED 1.85% DUE 06-15-2030 CUSIP: 539830BP3	255,000.000	250,147.35	218,611.10
M & T BANK CORP 7.413% DUE 10-30-2029 CUSIP: 55261FAS3	205,000.000	205,516.95	219,827.80
NATIONAL RETAIL PPTYS INC 2.5% DUE 04-15-2030 CUSIP: 637417AN6	210,000.000	209,323.80	183,875.34
NEW RESDNTL MTG LN 2.46413% DUE 01-26-2060 CUSIP: 64830VAA1	23,855.660	23,855.66	22,181.24
OBX 2024-NQM15 TR 5.316% 10-25-2064 CUSIP: 67449DAA7	139,816.710	139,815.69	139,352.10
OWENS CORNING 3.5% 02-15-2030 CUSIP: 690742AM3	110,000.000	103,063.07	102,130.12
PAC GAS & ELEC CO FIXED 5.9% DUE 06-15-2032 CUSIP: 694308KG1	275,000.000	276,014.75	282,351.63
PECO ENERGY CO 4.9% 06-15-2033 CUSIP: 693304BF3	150,000.000	149,076.00	147,516.75
PG&E WILDFIRE FIXED 4.451% DUE 12-01-2047 CUSIP: 693342AD9	325,000.000	277,400.50	282,650.23
PHILIP MORRIS INTL 2.1% DUE 05-01-2030 CUSIP: 718172CP2	260,000.000	253,073.60	224,739.14
PROGRESS RESDNTL 1.681% DUE 10-17-2038 CUSIP: 74333TAC3	310,000.000	309,993.03	293,991.20

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Debt Instruments - Other</i>			
United States - USD			
PVTPL ARI FLEET LEASE TRUST SER 24-A CL A3 5.0% 11-15-2032 CUSIP: 00218KAC7	100,000.000	99,993.67	100,270.73
PVTPL AVIENT CORP SR NT 144A 7.125% DUE 08-01-2030/08-10-2022 BEO CUSIP: 05368VAA4	30,000.000	30,068.75	30,643.95
PVTPL BROADCOM INC 3.137% DUE 11-15-2035 BEO CUSIP: 11135FBP5	205,000.000	204,034.45	167,449.63
PVTPL BWX TECHNOLOGIES INC 4.125% DUE 06-30-2028/06-12-2020 BEO CUSIP: 05605HAB6	125,000.000	113,398.75	117,033.87
PVTPL CAESARS ENTERTAINMENT INC 6.5% 02-15-2032 CUSIP: 12769GAC4	190,000.000	191,137.50	190,857.58
PVTPL CCO HLDGS LLC 144A 5.0% 02-01-2028 CUSIP: 1248EPBX0	175,000.000	183,965.25	168,681.40
PVTPL CF HIPPOLYTA ISSUER LLC SER 20-1 CL A1 1.69% DUE 07-15-2060 BEO CUSIP: 12530MAA3	100,738.610	100,724.68	98,427.97
PVTPL CF HIPPOLYTA ISSUER LLC SER 21-1A CL A1 1.53% DUE 03-15-2061 CUSIP: 12530MAE5	94,244.750	94,226.83	89,347.15
PVTPL CINEMARK USA INC 7% 08-01-2032 CUSIP: 172441BH9	300,000.000	302,228.75	305,811.60
PVTPL CLEAN HBRS INC 6.375% 02-01-2031 CUSIP: 184496AQ0	50,000.000	50,000.00	50,339.01
PVTPL CLOUD CAPITAL SER 24-1A CL A2 5.781% 11-22-2049 CUSIP: 102104AA4	255,000.000	255,000.00	254,113.95
PVTPL CMO ANGEL OAK MTG SRS 20-4 CL A FLTG DUE 06-25-2065 BEO CUSIP: 03464LAA4	15,352.750	15,352.58	14,502.50
PVTPL CMO ANGEL OAK MTG TR SR 20-1 CL A1 FLTG 12-25-2059 CUSIP: 03464RAA1	9,313.960	9,313.78	8,958.87
PVTPL CMO BMO MORTGAGE TRUST SR 24 5C7 CL XA FLTG RT 11-15-2057 CUSIP: 09660WAV3	999,940.710	40,666.99	39,172.08
PVTPL CMO FREMF 2019-K95 MTG TR MULTIFAMILY CL B 4.0528% 06-25-2029 CUSIP: 30311MAS1	250,000.000	281,699.22	233,928.38
PVTPL CMO IMPERIAL FD MTG TR 2021-NQM1 CL A-1 FLTG 06-25-2056 BEO CUSIP: 452764AA1	117,973.160	117,973.13	100,563.34
PVTPL CMO NEW RESIDENTIAL MTG LN TR SER 20-1A CLS A1B VAR RT 10-25-2059 CUSIP: 64830TAD0	34,444.590	35,425.14	32,097.26
PVTPL CMO STARWOOD MTG RESIDENTIAL TR 2020-1 SER 20-1 CLS A1 VAR RT 02-25-2050 CUSIP: 85573AAA3	4,145.840	4,145.76	3,945.95

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Debt Instruments - Other</i>			
United States - USD			
PVTPL CMO VERUS SECURITIZATION TRUST SR 21-A CLS A1 VAR RT DUE 07-25-2066 CUSIP: 92538HAA8	88,687.520	88,685.94	74,060.71
PVTPL COLOGIX DATA CTRS US ISSUER SER 21-1A CL A2 3.3% 12-26-2051 CUSIP: 19521UAA1	345,000.000	344,980.92	327,446.43
PVTPL CREDIT ACCEPTANCE 9.25% 12-15-2028 CUSIP: 225310AQ4	300,000.000	302,408.75	317,312.10
PVTPL DLLAA LLC NT CL A-3 5.64% 02-22-2028 CUSIP: 23292HAC5	120,000.000	119,993.00	121,746.12
PVTPL DRYDEN XXVI SR LN FD SR 13-26A CL BR FLTG 04-15-2029 CUSIP: 26250UAS4	320,000.000	315,420.80	320,379.58
PVTPL EMRLD BORROWER LP / EMERALD CO-ISSUER INC 6.75% 07-15-2031 CUSIP: 26873CAB8	300,000.000	301,520.00	302,051.70
PVTPL ENERGIZER HLDGS INC NEW SR NT 144A4.75% DUE 06-15-2028/07-01-2020 BEO CUSIP: 29272WAC3	160,000.000	160,000.00	152,464.04
PVTPL ENLINK MIDSTREAM LLC 6.5% 09-01-2030 CUSIP: 29336TAD2	75,000.000	75,000.00	78,544.51
PVTPL FIRSTCASH INC 4.625% DUE 09-01-2028/08-26-2020 BEO CUSIP: 33767DAB1	55,000.000	55,000.00	52,128.74
PVTPL FIRSTKEY HOMES SER 20-SFR2 CL B DUE 10-19-2037 CUSIP: 33767JAC6	316,000.000	315,996.27	307,415.07
PVTPL FORD CR AUTO OWNER TR 2023-REV2 SER 23-2 CL A 5.28% 02-15-2036 CUSIP: 34535CAA4	320,000.000	319,894.72	325,766.50
PVTPL FORTRESS INTER 3 INC 7.5% 06-01-2031 CUSIP: 34966MAA0	190,000.000	191,000.85	193,737.49
PVTPL FREMF MTG TR MULTIFAMILY MTG SER 2018-K72 CL B 3.9916% 12-25-2027 CUSIP: 30307TAG8	90,000.000	94,795.31	86,930.69
PVTPL FRTKL 2021-SFR1 SR 21-SFR1 CL A 1.571% 09-17-2038 CUSIP: 30322DAA7	330,000.000	329,995.18	310,335.93
PVTPL HOTWIRE FDG LLC SR 24-1A CL A2 5.893% 06-20-2054 CUSIP: 44148JAH2	105,000.000	106,014.45	106,045.47
PVTPL HOTWIRE FDG LLC 2021-1 SECD FIBER CL A-2 2.311% 11-20-2051 CUSIP: 44148JAA7	75,000.000	75,000.00	70,884.39
PVTPL KUBOTA CR OWNER TR 2024-1 NT CL A-3 144A 5.19% DUE 07-17-2028 BEO CUSIP: 50117BAC4	145,000.000	144,994.33	146,597.65
PVTPL MAGNETITE CLO LTD SR 16-17A CL AR2 FLT 04-20-2037 CUSIP: 55954EAY5	375,000.000	378,937.50	378,548.55

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Debt Instruments - Other</i>			
United States - USD			
PVTPL NESTLE HLDGS INC 4.365% DUE 10-01-2029 CUSIP: 641062BC7	270,000.000	269,765.10	264,134.75
PVTPL OCTAGON INVT PARTNERS SER 17-1A CL A1R3 FLTG RT 10-31-2037 CUSIP: 67573CAS8	375,000.000	377,250.00	376,868.89
PVTPL OGLETHORPE PWR CORP ELEC MEMBE 5.8% 06-01-2054 CUSIP: 677050AV8	200,000.000	201,409.00	196,474.26
PVTPL PENNYMAC FINL SVCS INC NEW SR NT 4.25% 02-15-2029 CUSIP: 70932MAB3	250,000.000	240,842.50	231,695.57
PVTPL PENSKE TRUCK LEASING CO L P/PTL FIN CO 6.05% 08-01-2028 CUSIP: 709599BW3	250,000.000	257,140.00	257,302.37
PVTPL PROGRESS RESIDENTIAL TRUST SR 23-SFR1 CL A 4.3% 03-17-2040 CUSIP: 74334FAA6	149,668.160	145,152.61	145,647.35
PVTPL ROBLOX CORP 3.875% DUE 05-01-2030/10-29-2021 BEO CUSIP: 771049AA1	200,000.000	200,000.00	180,229.26
PVTPL SBA TOWER TR 1.84% DUE 04-15-2027 BEO CUSIP: 78403DAV2	300,000.000	300,000.00	277,509.30
PVTPL SBNA AUTO LEASE TR SR 24-A CL A3 5.39% 11-20-2026 CUSIP: 78414SAE4	70,000.000	69,998.94	70,389.97
PVTPL SBNA AUTO LEASE TR SR 24-A CL A4 5.24% 01-22-2029 CUSIP: 78414SAG9	40,000.000	39,997.15	40,304.71
PVTPL SCULPTOR CLO XXIX LTD SR 29A CL B FLTG RT 10-22-2034 CUSIP: 81124EAE0	490,000.000	490,000.00	491,783.36
PVTPL SHACKLETON CLO LTD SR 21-16A CL B FLTG RT 10-20-2034 CUSIP: 81883JAC4	250,000.000	250,000.00	250,967.50
PVTPL SHIFT4 PMTS LLC / FIN 6.75% 08-15-2032 CUSIP: 82453AAB3	195,000.000	196,665.01	198,326.11
PVTPL SOUND POINT CLO LTD SR 21-3A CL B FLTG RT 10-25-2034 CUSIP: 83615PAC1	280,000.000	280,000.00	279,938.46
PVTPL STACK INFRASTRUCTURE ISSUER LLC SECD DATA CTR REV TERM NT 144A SER CUSIP: 85236KAE2	140,000.000	140,000.00	134,677.06
PVTPL STACK INFRASTRUCTURE ISSUER LLC SR23-2A CL A2 5.9% 07-25-2048 CUSIP: 85236KAH5	285,000.000	278,767.05	288,407.23
PVTPL SUNOCO LP NT 7.0% 09-15-2028 CUSIP: 86765KAA7	275,000.000	275,000.00	281,349.34
PVTPL UNITED RENTALS NORTH AMER INC 6.0% DUE 12-15-2029 BEO CUSIP: 911365BQ6	190,000.000	190,000.00	191,807.44

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Debt Instruments - Other</i>			
United States - USD			
PVTPL VANTAGE DATA CTR SER 23-1A CL A2 6.316% 03-15-2048 CUSIP: 92212KAE6	245,000.000	245,000.00	248,684.56
PVTPL VANTAGE DATA CTRS ISSUER LLC SR 20-1A CL A2 1.645% 09-15-2045 CUSIP: 92212KAB2	220,000.000	220,000.00	214,842.78
PVTPL VB-S1 ISSUER LLC SECD TOWER REV NT2022-1 C-2-I 3.156% 02-15-2052 CUSIP: 91823AAU5	165,000.000	165,000.00	155,890.14
PVTPL VENTURE GLOBAL CALCASIEU PASS LLC 3.875% DUE 08-15-2029 CUSIP: 92328MAA1	65,000.000	65,000.00	59,716.66
PVTPL VITAL ENERGY INC DEL 7.875% 04-15-2032 CUSIP: 516806AK2	160,000.000	160,000.00	153,951.36
PVTPL WAND NEWCO 3 INC 7.625% 01-30-2032 CUSIP: 933940AA6	20,000.000	20,000.00	20,542.48
PVTPL WHEELS FLEET LEASE FUNDING LLC SR 24-3A CL A1 4.8% 09-19-2039 CUSIP: 96328GBZ9	215,000.000	214,987.06	214,747.78
REALTY INCOME CORP 5.125% 02-15-2034 CUSIP: 756109CG7	265,000.000	262,111.50	259,714.83
S&P GLOBAL INC 4.25% 05-01-2029 CUSIP: 78409VBG8	260,000.000	245,937.50	254,283.17
SBA TOWER TR 1.631% DUE 05-15-2051 CUSIP: 78403DAT7	95,000.000	95,000.00	89,044.50
SOUTHERN CALI EDISON 5.45% 06-01-2031 CUSIP: 842400JE4	45,000.000	44,977.05	45,722.83
SOUTHERN CO 4.85% 03-15-2035 CUSIP: 842587EA1	300,000.000	292,002.00	286,297.42
STD INDS INC DEL 5% DUE 02-15-2027 CUSIP: 853496AC1	175,000.000	183,144.50	171,260.83
STEEL DYNAMICS INC FIXED 3.25% DUE 01-15-2031 CUSIP: 858119BM1	15,000.000	14,844.00	13,528.75
SUMMIT ISSUER LLC 5.6% 02-20-2053 CUSIP: 86613XAG0	60,000.000	58,804.49	60,206.03
T-MOBILE USA INC 5.15% 04-15-2034 CUSIP: 87264ADF9	300,000.000	300,357.00	295,233.24
TAMPA ELEC CO NT 3.45% 03-15-2051 CUSIP: 875127BJ0	150,000.000	108,916.50	102,263.69
TARGA RES CORP 4.2% 02-01-2033 CUSIP: 87612GAA9	155,000.000	155,549.30	140,835.84

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Debt Instruments - Other</i>			
United States - USD			
TENET HEALTHCARE FIXED 4.625% DUE 06-15-2028 CUSIP: 88033GDH0	160,000.000	147,235.20	153,118.00
TEXAS ELEC MKT STABILIZATION FDG N LLC 5.167% DUE 02-01-2050 BEO CUSIP: 88240TAD3	204,000.000	202,551.60	194,956.30
TEXTRON INC FIXED 2.45% DUE 03-15-2031 CUSIP: 883203CC3	20,000.000	19,688.00	17,018.10
TOLEDO EDISON CO 2.65% 05-01-2028 CUSIP: 889175BF1	142,000.000	141,791.93	130,564.62
TRICON RESDNTL 5.1% DUE 07-17-2040 CUSIP: 89616WAA6	124,884.700	122,102.55	124,751.67
UL SOLUTIONS INC SR NT 144A 6.5% 10-20-2028 CUSIP: 903731AA5	115,000.000	114,844.75	119,566.37
UNITEDHEALTH GROUP 4.625% DUE 11-15-2041 CUSIP: 91324PBU5	300,000.000	276,816.00	264,486.56
UNIVERSAL HEALTH SVCS 4.625% 10-15-2029 CUSIP: 913903BB5	300,000.000	299,871.00	289,333.94
VERUS .918% DUE 02-25-2064 CUSIP: 92538DAA7	76,202.200	76,201.01	68,946.10
VERUS SECURITIZATION TR 2023-2 MTG PASSTHRU CTF CL A-1 6.193% 03-25-2068 CUSIP: 92539DAA6	309,877.560	309,875.18	311,518.73
WARNERMEDIA HLDGS INC SR NT 4.279% 03-15-2032 CUSIP: 55903VBC6	285,000.000	250,492.18	251,225.72
WELLTOWER INC 3.85% DUE 06-15-2032 CUSIP: 95040QAR5	140,000.000	140,189.10	128,088.84
Total United States - USD		33,143,063.31	31,413,639.35
Total Corporate Debt Instruments - Other		37,993,035.14	36,187,249.80

Value of Interest in Common/Collective Trusts

United States - USD			
NT COMMON SHORT TERM INVT FD CUSIP: 66586U437	5,826,700.540	5,826,700.54	5,826,700.54
Total United States - USD		5,826,700.54	5,826,700.54
Total Value of Interest in Common/Collective Trusts		5,826,700.54	5,826,700.54

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Value of Interest in Registered Investment Companies</i>			
International Region - USD			
MFO VANGUARD TOT INT ST IDX CUSIP: 921909776	216,458.540	25,981,435.43	27,436,119.95
Total International Region - USD		25,981,435.43	27,436,119.95
United States - USD			
MFB NORTHN FDS ULTRA SHORT FXD INC FD CUSIP: 665162467	3,073,788.070	31,142,152.55	31,660,017.12
MFO VANGUARD TOT STK MKT-INST PL CUSIP: 922908355	416,457.550	64,520,453.48	110,186,338.58
Total United States - USD		95,662,606.03	141,846,355.70
Total Value of Interest in Registered Investment Com		121,644,041.46	169,282,475.65
<i>Other</i>			
United States - USD			
ALLEGHENY CNTY PA ARPT AUTH ARPT REV 4% 01-01-2041 BEO AMT CUSIP: 01728LFG2	500,000.000	586,720.00	480,628.30
AMERICAN MUN PWR OHIO INC REV 5% 02-15-2041 BEO CUSIP: 02765UST2	425,000.000	468,575.25	464,727.90
AUSTIN TEX ARPT SYS REV 5% 11-15-2037 BEO AMT CUSIP: 052398FV1	350,000.000	415,369.50	354,913.65
AVON IND CMNTY SCH BLDG CORP 5.5% 07-15-2041 BEO CUSIP: 054071PE9	155,000.000	166,366.15	174,433.93
BLACK BELT ENERGY GAS DIST ALA GAS FLTG RT 05-01-2055 CUSIP: 09182TDL8	80,000.000	84,743.20	85,263.61
BRIDGEPORT CONN TAXABLE PENSION BDS 7.64DUE 01-15-2030 BEO TAXABLE CUSIP: 108151VU2	330,000.000	411,384.60	352,028.62
BROWARD CNTY FLA ARPT SYS REV 5% 10-01-2037 BEO AMT CUSIP: 114894YN2	350,000.000	432,967.50	362,814.13
BROWARD CNTY FLA SCH BRD CTFS PARTN 5% 07-01-2035 BEO CUSIP: 115065D68	400,000.000	442,056.00	445,462.48
CALIFORNIA ST ENTERPRISE DEV AUTH STUDENT HSG REV 5% 08-01-2045 BEO CUSIP: 13069BAN6	105,000.000	124,168.80	106,814.07
CALIFORNIA ST UNIV REV 6.484% 11-01-2041BEO TAXABLE CUSIP: 13077CTL8	250,000.000	281,455.00	263,998.30

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Other</i>			
United States - USD			
CALIFORNIA ST 5.125% 03-01-2038 CUSIP: 13063D3S5	290,000.000	282,022.10	283,818.53
CATHEDRAL CITY CALIF REDEV AGY SUCCESSORAGY TAX ALLOCATION REV 4% 08-01-2031 BEO CUSIP: 14916YCR8	375,000.000	455,343.75	384,506.78
CHANDLER ARIZ INDL DEV AUTH INDL DEV REV4.1% 12-01-2037 BEO AMT CUSIP: 158862CD2	365,000.000	365,000.00	364,508.97
CHICAGO ILL O HARE INTL ARPT REV 5% 01-01-2039 BEO AMT CUSIP: 1675935X6	255,000.000	276,119.10	270,225.08
CHICAGO ILL PK DIST 5% 01-01-2037 BEO CUSIP: 1676153V3	400,000.000	420,868.00	430,570.44
COLORADO HEALTH FACS AUTH REV 5% 05-15-2044 BEO CUSIP: 19648FYG3	100,000.000	107,051.00	107,199.04
COLORADO HSG & FIN AUTH 3.75% DUE 05-01-2050 CUSIP: 196480FK8	235,000.000	257,842.00	233,940.83
COLORADO SPRINGS COLO UTILS REV 5% 11-15-2041 BEO CUSIP: 1966324C4	320,000.000	350,854.40	349,522.91
CONNECTICUT ST HEALTH & EDL FACS AUTH REV 5% 07-01-2036 BEO CUSIP: 20774Y2A4	300,000.000	370,047.00	308,743.59
CONNECTICUT ST 5% 09-15-2031 BEO CUSIP: 20772KRV3	100,000.000	115,842.00	111,680.62
COOK CNTY ILL CMNTY COLLEGE DIST NO 508 5% 12-01-2041 BEO CUSIP: 213187EG8	280,000.000	306,661.60	296,750.80
CYPRESS-FAIRBANKS TEX INDPT SCH DIST 5% 02-15-2036 BEO CUSIP: 232769LH0	250,000.000	271,885.00	276,119.28
DENVER COLO CITY & CNTY ARPT REV 5.75% 11-15-2045 BEO AMT CUSIP: 249182TM8	30,000.000	31,584.60	33,141.60
DENVER COLO CITY & CNTY ARPT REV 5% 12-01-2029 BEO AMT CUSIP: 249182LC8	330,000.000	378,005.10	345,334.90
DENVER COLO CITY & CNTY SCH DIST NO 001 CTFS PARTN 5% 12-01-2039 BEO CUSIP: 24919PMZ4	500,000.000	647,320.00	536,804.45
DOUGLAS CNTY COLO SCH DIST NO RE 1 DOUGLAS & ELBERT CNTYS 5% 12-15-2044 BEO CUSIP: 258885S78	450,000.000	502,861.50	494,931.42
DUBLIN OHIO CITY SCH DIST 5% 12-01-2053 BEO CUSIP: 26371GYR5	550,000.000	591,101.50	587,715.43
EAST BATON ROUGE LA SEW COMMN REV 1.3% 02-01-2041 BEO CUSIP: 270618HF1	205,000.000	205,000.00	183,523.36

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Other</i>			
United States - USD			
ERIE PA WTR AUTH WTR REV 2.412% TAXABLE CUSIP: 295542RN6 12-01-2032 BEO	200,000.000	200,000.00	168,271.92
ERIE PA WTR AUTH WTR REV 2.562% TAXABLE CUSIP: 295542RR7 12-01-2035 BEO	205,000.000	205,000.00	162,151.58
FLORIDA DEV FIN CORP EDL FACS REV 3.131% TAXABLE CUSIP: 34061UEM6 04-01-2030 BEO	405,000.000	405,000.00	371,352.88
FRANKLIN TWP IND MULTI-SCH BLDG CORP 5% CUSIP: 355137GE4 07-15-2043 BEO	445,000.000	486,976.85	478,772.43
GOLDEN ST TOB SECURITIZATION CORP CALIF 1.886% CUSIP: 38122NA93 06-01-2027	115,000.000	115,000.00	107,692.53
GREAT LAKES WTR AUTH MICH WTR SUPPLY SYSREV 5% BEO CUSIP: 39081JGK8 07-01-2040	250,000.000	265,645.00	275,253.13
GREATER ASHEVILLE REGL ARPT AUTH N C ARPT SYS REV 5.25% 07-01-2048 BEO AMT CUSIP: 39160CBM8	230,000.000	245,628.50	243,305.04
GREATER ORLANDO AVIATION AUTH ORLANDO FLA ARPT FACS REV 5% 10-01-2038 BEO AMT CUSIP: 3922742C9	350,000.000	428,473.50	364,153.93
HARRIS CNTY-HOUSTON TEX SPORTS AUTH REV 5% 11-15-2043 BEO CUSIP: 413890HY3	115,000.000	122,439.35	122,909.88
HAWAII ST ARPTS SYS REV 5% 07-01-2033 BEO AMT CUSIP: 419794C59	325,000.000	404,043.25	342,594.23
HEMPFIELD PA AREA SCH DIST WESTMORELAND CNTY 5% 03-15-2034 BEO CUSIP: 423725QB9	325,000.000	378,842.75	359,190.39
HOUSTON TEX ARPT SYS REV 4% 07-01-2035 BEO AMT CUSIP: 442349DW3	250,000.000	285,810.00	248,460.70
HUTTO TEX INDPT SCH DIST 5% 08-01-2041 BEO CUSIP: 4484924R6	335,000.000	367,381.10	366,248.43
IDAHO HSG & FIN ASSN SALES TAX REV 5% 08-15-2041 BEO CUSIP: 45130AAU9	335,000.000	398,445.65	365,454.05
ILLINOIS FIN AUTH REV 5% 05-15-2050 BEO CUSIP: 45204FEH4	350,000.000	423,363.50	355,882.87
ILLINOIS ST TOLL HWY AUTH TOLL HIGHWAY REV 5% 01-01-2043 BEO CUSIP: 452252PW3	410,000.000	415,071.70	439,169.70
ILLINOIS ST 5.25% 05-01-2048 BEO CUSIP: 452153KF5	450,000.000	487,483.50	480,147.12
ILLINOIS ST 5% 12-01-2042 BEO CUSIP: 452153HN2	425,000.000	446,407.25	452,338.51

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Other</i>			
United States - USD			
INDIANA ST HSG & CMNTY DEV AUTH SINGLE FAMILY REV 3.75% 01-01-2049 BEO CUSIP: 45505TQU8	100,000.000	110,270.00	99,552.13
IOWA FIN AUTH SINGLE FAMILY MTG REV FLTGR 3.75% 01-01-2050 BEO CUSIP: 462467A43	245,000.000	271,244.40	243,898.46
JACKSON CNTY MO SCH DIST NO 58 CENTER 4%03-01-2037 BEO CUSIP: 467574PF0	300,000.000	341,289.00	301,949.22
JOBSONIO BEVERAGE SYS OHIO STATEWIDE LIQ 2.833% DUE 01-01-2038 CUSIP: 47770VBQ2	60,000.000	60,000.00	47,636.48
JOSHUA TEX INDPT SCH DIST 5% 08-15-2044 BEO CUSIP: 481052VS4	450,000.000	490,536.00	486,357.35
KANE CNTY ILL SCH DIST NO 131 AURORA EAST SIDE 4% 12-01-2032 BEO CUSIP: 484008NP8	230,000.000	267,253.10	234,870.48
KANE CNTY ILL SCH DIST NO 131 AURORA EAST SIDE 4% 12-01-2033 BEO CUSIP: 484008NQ6	250,000.000	289,625.00	255,188.73
KANE CNTY ILL SCH DIST NO 131 AURORA EAST SIDE 4% 12-01-2034 BEO CUSIP: 484008NR4	225,000.000	259,884.00	228,346.58
KANSAS CITY MO INDL DEV AUTH ARPT SPL OBLIG 5% 03-01-2029 BEO AMT CUSIP: 48504NBU2	325,000.000	406,328.00	340,122.02
KANSAS ST DEV FIN AUTH REV 2.39% 05-01-2036 BEO TAXABLE CUSIP: 48542RSU9	500,000.000	500,000.00	376,877.65
KELLER TEX INDPT SCH DIST 4% 02-15-2034 BEO CUSIP: 487694SG7	230,000.000	270,091.30	234,396.82
KENTUCKY INC KY PUB ENERGY AUTH GAS SUPPLY REV 5% 05-01-2055 BEO CUSIP: 74440DEL4	300,000.000	311,553.00	313,449.96
KENTUCKY ST PPTY & BLDGS COMMN REVS 5% 10-01-2044 BEO CUSIP: 49151F4K3	75,000.000	83,770.50	81,401.90
KNOX CNTY TENN HEALTH EDL & HSG FAC BRD STUDENT HSG REV 5.25% 07-01-2049 BEO CUSIP: 499526AR2	30,000.000	31,831.50	31,784.02
LOS ANGELES CALIF DEPT ARPTS ARPT REV 5%05-15-2031 BEO AMT CUSIP: 544445GP8	350,000.000	445,977.00	369,965.05
LOWER COLO RIV AUTH TEX TRANSMISSION CONTRACT REV 5% 05-15-2041 BEO CUSIP: 54811BYR6	400,000.000	484,920.00	423,120.04
MAINE ST HSG AUTH MTG PUR FLTGR RT 3.75% 11-15-2049 BEO CUSIP: 56052FRF4	325,000.000	356,287.75	323,556.42
MASSACHUSETTS EDL FING AUTH ED LN REV 5.0% 07-01-2028 CUSIP: 57563RRL5	225,000.000	269,230.50	233,539.79

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Other</i>			
United States - USD			
MASSACHUSETTS ST DEV FIN AGY REV 5% 07-01-2038 BEO CUSIP: 57584YWZ8	175,000.000	221,852.75	186,880.68
MASSACHUSETTS ST DEV FIN AGY REV 5% 07-01-2039 BEO CUSIP: 57584YXA2	175,000.000	221,312.00	185,954.93
MEDFORD ORE HOSP FACS AUTH REV 5% 08-15-2028 BEO CUSIP: 584283GL3	50,000.000	63,728.00	52,797.85
MEDFORD ORE HOSP FACS AUTH REV 5% 08-15-2030 BEO CUSIP: 584283GN9	5,000.000	6,558.45	5,402.19
METROPOLITAN TRANSN AUTH N Y REV 4% 11-15-2040 BEO CUSIP: 59261AC70	250,000.000	288,415.00	247,628.18
METROPOLITAN TRANSN AUTH N Y REV 5% 11-15-2032 BEO CUSIP: 59261AJ73	100,000.000	109,387.00	108,569.89
METROPOLITAN TRANSN AUTH N Y REV 6.687% 11-15-2040 BEO TAXABLE CUSIP: 59259YDC0	200,000.000	283,324.00	212,083.76
METROPOLITAN WASH D C ARPTS AUTH ARPT SYS REV 5% 10-01-2038 BEO AMT CUSIP: 592647LW9	250,000.000	264,162.50	263,880.73
METROPOLITAN WASH D C ARPTS AUTH ARPT SYS REV 5% 10-01-2040 BEO AMT CUSIP: 592647MY4	75,000.000	80,493.00	78,900.35
MIAMI-DADE CNTY FLA AVIATION REV 5% 10-01-2032 BEO AMT CUSIP: 59333P7J1	360,000.000	389,541.60	388,494.58
MIAMI-DADE CNTY FLA AVIATION REV 5% 10-01-2044 BEO AMT CUSIP: 59333P4B1	340,000.000	354,742.40	346,648.36
MIAMI-DADE CNTY FLA SEAPORT REV 5% 10-01-2036 BEO AMT CUSIP: 59335KET0	170,000.000	185,786.20	180,923.45
MIAMI-DADE CNTY FLA SEAPORT REV 5% 10-01-2041 BEO AMT CUSIP: 59335KEY9	160,000.000	170,332.80	167,153.15
MIAMI-DADE CNTY FLA SPL OBLIG 2.536% 10-01-2033 BEO TAXABLE CUSIP: 59333NV26	180,000.000	180,000.00	147,716.19
MICHIGAN FIN AUTH ACT 38 FACS SR REV 5.5% 02-28-2049 BEO CUSIP: 59447NBC9	445,000.000	486,950.15	484,609.27
MICHIGAN FIN AUTH REV 5% 04-15-2038 BEO CUSIP: 59447T3T8	250,000.000	278,542.50	270,385.50
MICHIGAN ST HSG DEV AUTH SINGLE FAMILY MTG REV 5.75% 06-01-2054 BEO CUSIP: 594654US2	275,000.000	290,955.50	291,679.82
MIDA MTN VLG PUB INFRASTRUCTURE DIST UT TX ALLOCATION REV 5.75 06-15-2044BEO CUSIP: 59561UAC4	500,000.000	504,740.00	509,515.45

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Other</i>			
United States - USD			
MINNEAPOLIS & ST PAUL MINN MET ARPTS COMMN ARPT REV 5% 01-01-2040 BEO AMT CUSIP: 603827Q33	450,000.000	484,951.50	474,669.36
MINNESOTA ST HSG FIN AGY 3.5% 07-01-2050BEO CUSIP: 60416S4E7	300,000.000	329,172.00	297,496.71
MINNESOTA ST OFFICE OF HIGHER ED REV 5% 11-01-2026 BEO AMT CUSIP: 60416MBQ5	345,000.000	422,059.20	351,420.62
MISSISSIPPI ST GAMING TAX REV 5% 10-15-2029 BEO CUSIP: 605638AP0	200,000.000	226,740.00	202,059.56
MISSOURI ST HEALTH & EDL FACS AUTH HEALTH FACS REV 4% 07-01-2034 BEO CUSIP: 60637ATE2	500,000.000	597,875.00	515,442.55
MONROE CNTY GA DEV AUTH POLLUTION CTL REV 3.6% 01-01-2039 BEO CUSIP: 610530FE2	110,000.000	110,000.00	109,633.65
MONTANA ST BRD HSG SINGLE FAMILY MTG 3.5% 06-01-2050 BEO CUSIP: 61212WHY4	200,000.000	216,802.00	198,265.66
MONTGOMERY CNTY PA HIGHER ED & HEALTH AUTH REV 4% 05-01-2047 BEO CUSIP: 613603G37	425,000.000	471,741.50	393,234.27
MS ST ALCOHOLIC BEVERAGE CTL REV 5% 10-01-2044 CUSIP: 605606AV4	265,000.000	292,825.00	285,626.57
MUNICIPAL ELEC AUTH GA 4% 01-01-2041 BEO CUSIP: 6262078E7	215,000.000	253,383.95	211,296.86
NATIONAL FIN AUTH N H LEASE REV 5.25% 06-01-2051 BEO CUSIP: 63610FBL9	105,000.000	112,985.25	112,148.22
NEW JERSEY ECONOMIC DEV AUTH REV 5% 06-15-2029 BEO CUSIP: 64577XCE4	350,000.000	448,458.50	376,615.05
NEW JERSEY ST TRANSN TR FD AUTH 5.25% 06-15-2055 BEO CUSIP: 64613CGK8	450,000.000	494,847.00	485,778.15
NEW JERSEY ST TRANSN TR FD AUTH 5% 06-15-2042 BEO CUSIP: 64613CEE4	435,000.000	454,553.25	471,214.62
NEW MEXICO MTG FIN AUTH 4.25% 01-01-2050BEO CUSIP: 647201ET5	140,000.000	154,205.80	140,638.25
NEW ORLEANS LA AVIATION BRD REV 5.25% 01-01-2043 BEO AMT CUSIP: 64763HNJ0	375,000.000	398,152.50	400,967.25
NEW YORK N Y CITY INDL DEV AGY REV 4% 01-01-2032 BEO CUSIP: 64971PLA1	200,000.000	251,044.00	204,494.90
NEW YORK N Y CITY MUN WTR FIN AUTH WTR &SWR SYS REV 5% 06-15-2049 BEO CUSIP: 64972GUH5	500,000.000	629,270.00	523,547.25

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Other</i>			
United States - USD			
NEW YORK N Y CITY TRANSITIONAL FIN AUTH REV 4% 11-01-2038 BEO CUSIP: 64971XNG9	800,000.000	914,864.00	804,815.04
NEW YORK N Y 5.25% 10-01-2040 BEO CUSIP: 64966QK74	200,000.000	216,764.00	221,697.40
NEW YORK N Y 5% 08-01-2033 BEO CUSIP: 64966QGZ7	605,000.000	802,605.10	659,883.12
NEW YORK ST DORM AUTH ST PERS INCOME TAXREV 4% 03-15-2040 BEO CUSIP: 64990FZV9	350,000.000	419,860.00	351,336.90
NEW YORK ST MTG AGY HOMEOWNER MTG REV 3.5% 10-01-2050 BEO AMT CUSIP: 64988YFK8	125,000.000	137,420.00	123,261.83
NEW YORK ST URBAN EEV CORP ST SALES TAX REV 5% 03-15-2039 BEO CUSIP: 64985TAJ0	600,000.000	761,964.00	637,894.74
NEW YORK TRANSN DEV CORP SPL FAC REV 5% 06-30-2054 BEO AMT CUSIP: 650116HN9	465,000.000	480,321.75	479,566.73
NEWARK N J BRD ED 4% 07-15-2034 BEO CUSIP: 650370DP1	150,000.000	185,200.50	154,459.35
NORTH CAROLINA MED CARE COMMN RETIREMENTFACS REV 3.75% 10-01-2028 BEO CUSIP: 65820YTA4	475,000.000	475,000.00	475,071.73
NORTH DAKOTA ST HSG FIN AGY FLTG RT 4% 01-01-2050 BEO CUSIP: 658909VB9	250,000.000	282,785.00	250,648.75
NORTH TEX TWY AUTH REV 5.25% 01-01-2038 BEO CUSIP: 66285WJ56	75,000.000	82,958.25	83,290.37
NORTHERN TOB SECURITIZATION CORP ALASKA TOB SETTLEMENT REV 4% 06-01-2034 BEO CUSIP: 66585VBQ7	350,000.000	426,023.50	350,361.20
NORTHWEST ALLEN IND SCH BLDG CORP 5% 01-15-2044 BEO CUSIP: 667315KD6	445,000.000	474,681.50	475,766.28
OHIO ST AIR QUALITY DEV AUTH REV 4.25% 11-01-2039 BEO AMT CUSIP: 677525WV5	60,000.000	60,000.00	60,503.69
OHIO ST HSG FIN AGY RESIDENTIAL MTG REV 3.75% 09-01-2050 BEO CUSIP: 67756QD46	80,000.000	88,797.60	79,709.02
OHIO ST 5% 06-15-2039 BEO CUSIP: 677522K29	500,000.000	634,265.00	531,162.25
OKLAHOMA DEV FIN AUTH REV 3.877% 05-01-2037 BEO TAXABLE CUSIP: 6789084C5	67,320.780	67,320.78	64,310.91
OMAHA NEB ARPT AUTH ARPT REV 5% 12-15-2032 BEO AMT CUSIP: 681725MW4	315,000.000	342,527.85	341,219.09

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Other</i>			
United States - USD			
OREGON ST 5% 05-01-2041 BEO CUSIP: 68609T6D5	390,000.000	442,673.40	425,582.00
PASADENA CALIF PUB FING AUTH LEASE REV ZERO CPN 0% 06-01-2042 BEO CUSIP: 702274DM0	300,000.000	140,361.00	143,696.19
PASADENA TEX INDPT SCH DIST 5% 02-15-2042 BEO CUSIP: 702334GX5	325,000.000	347,763.00	353,147.93
PENNSYLVANIA ECONOMIC DEV FING AUTH PVT ACTIVITY REV 5.5 06-30-2042 BEOAMT CUSIP: 70868YAT6	90,000.000	96,669.00	96,427.17
PENNSYLVANIA ECONOMIC DEV FING AUTH UPMCREV 5% 05-15-2038 BEO CUSIP: 70870JFF0	300,000.000	332,268.00	329,703.18
PENNSYLVANIA ST UNIV 5% 09-01-2036 BEO CUSIP: 709235M36	600,000.000	785,832.00	644,873.82
PHOENIX ARIZ CIVIC IMPT CORP WTR SYS REV5% 07-01-2040 BEO CUSIP: 71883RQB2	70,000.000	89,632.90	74,827.23
PORT AUTH N Y & N J 5% 12-01-2041 BEO AMT CUSIP: 73358XKJ0	400,000.000	418,872.00	424,847.28
PORT PORTLAND ORE ARPT REV 5% 07-01-2038BEO AMT CUSIP: 7352403Y7	445,000.000	487,079.20	476,934.09
PORT PORTLAND ORE ARPT REV 5% 07-01-2038BEO AMT CUSIP: 735240Q55	350,000.000	429,033.50	360,774.02
PORT SEATTLE WASH REV 5% 04-01-2036 BEO AMT CUSIP: 735389H68	350,000.000	427,490.00	361,836.97
PROVIDENCE R I PUB BLDGS AUTH REV 5.25% 09-15-2043 BEO CUSIP: 74381MDL6	255,000.000	283,608.45	280,027.71
PUBLIC FIN AUTH WIS STUDENT HSG REV 4.0% 07-01-2035 CUSIP: 74439YDJ7	150,000.000	169,216.50	149,449.25
PUBLIC FIN AUTH WIS STUDENT HSG REV 4% 07-01-2034 BEO CUSIP: 74439YDH1	150,000.000	169,950.00	150,027.21
PUBLIC FIN AUTH WIS STUDENT HSG REV 4% 07-01-2036 BEO CUSIP: 74439YDK4	150,000.000	168,607.50	148,987.98
RALEIGH DURHAM N C ARPT AUTH ARPT REV 5%05-01-2031 BEO AMT CUSIP: 751073LZ8	500,000.000	650,075.00	535,512.80
RHODE ISLAND HSG & MTG FIN CORP 3% 10-01-2051 BEO CUSIP: 76221RR62	220,000.000	242,770.00	214,728.78
SALES TAX SECURITIZATION CORP ILL 3.411%01-01-2043 BEO TAXABLE CUSIP: 79467BDK8	180,000.000	183,513.60	135,651.80

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Other</i>			
United States - USD			
SAN ANTONIO TEX ELEC & GAS REV 4% 02-01-2033 BEO CUSIP: 79625GEC3	220,000.000	276,350.80	229,624.76
SAN ANTONIO TEX ELEC & GAS REV 4% 02-01-2039 BEO CUSIP: 79625GES8	130,000.000	149,822.40	130,353.03
SAN ANTONIO TEX WTR REV 5% 05-15-2034 BEO CUSIP: 79642GHJ4	500,000.000	648,445.00	542,212.85
SAN FRANCISCO CAL CY & CNTY ARPTS COMMN INTL ARPT REV 5.75 05-01-2048 REGAMT CUSIP: 79766DVY2	180,000.000	186,501.60	198,422.12
SOUTH CAROLINA ST HSG FIN & DEV AUTH MTGREV 6.25% DUE 07-01-2054 CUSIP: 83712D5F9	320,000.000	357,027.20	353,350.30
SOUTH CAROLINA ST PORTS AUTH PORTS REV 5% 07-01-2031 BEO AMT CUSIP: 837123JX7	430,000.000	548,589.70	451,636.31
SOUTH CAROLINA ST PUB SVC AUTH REV 4% 12-01-2038 BEO CUSIP: 837151YR4	325,000.000	390,952.25	321,163.05
SOUTH CAROLINA ST PUB SVC AUTH REV 5% 12-01-2032 BEO CUSIP: 837151WU9	100,000.000	129,249.00	108,742.41
SOUTH DAKOTA HSG DEV AUTH 3.75% DUE 11-01-2050 CUSIP: 83756CZZ1	100,000.000	110,467.00	99,685.31
SOUTH DAKOTA HSG DEV AUTH 6.25% 05-01-2055 CUSIP: 83756C6Z3	220,000.000	236,007.20	237,997.72
SOUTHEAST ALA GAS SUPPLY DIST GAS SUPPLYREV 5% 04-01-2029 BEO CUSIP: 84131TAW2	360,000.000	376,390.80	377,463.42
SPRING BRANCH TEX INDPT SCH DIST 5% 02-01-2040 BEO CUSIP: 849476VN3	190,000.000	205,948.60	207,024.27
ST JOHNS CNTY FLA INDL DEV AUTH SR LIVING REV 4% 12-15-2029 BEO CUSIP: 79041LAJ7	100,000.000	113,577.00	96,156.73
ST JOHNS CNTY FLA INDL DEV AUTH SR LIVING REV 4% 12-15-2030 BEO CUSIP: 79041LAK4	195,000.000	220,459.20	186,401.48
ST JOHNS CNTY FLA INDL DEV AUTH SR LIVING REV 4% 12-15-2031 BEO CUSIP: 79041LAL2	205,000.000	230,834.10	194,564.25
TARRANT CNTY TEX CULTURAL ED FACS FIN CORP HOSP REV 5% 11-15-2051 BEO CUSIP: 87638QSE0	440,000.000	430,108.80	462,556.91
TOBACCO SETTLEMENT AUTH IOWA TOB SETTLEMENT REV 4% 06-01-2037 BEO CUSIP: 888805CB2	260,000.000	306,953.40	258,690.09
TRIBOROUGH BRDG & TUNL AUTH N Y PAYROLL MOBILITY TAX 5.25% 05-15-2054 BEO CUSIP: 89602HHH3	260,000.000	286,088.40	283,664.08

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Other</i>			
United States - USD			
UNIVERSITY MASS BLDG AUTH PROJ REV 5% 11-01-2036 BEO CUSIP: 914440RW4	500,000.000	640,195.00	537,221.65
UNIVERSITY WIS HOSPS & CLINICS AUTH REV 4% 04-01-2039 BEO CUSIP: 915260EQ2	135,000.000	157,441.05	134,003.94
VIRGINIA SMALL BUSINESS FING AUTH REV 5%01-01-2035 BEO CUSIP: 928104MV7	255,000.000	301,149.90	268,462.06
VIRGINIA SMALL BUSINESS FING AUTH REV 5%01-01-2038 BEO AMT CUSIP: 928104PN2	100,000.000	120,521.00	103,544.27
WA CNTY NEB WASTEWATER & SOLID WASTE DISP FACS REV .9 09-01-2030 BEO AMT CUSIP: 938120AD4	200,000.000	200,000.00	196,511.18
WASHINGTON ST 5% 02-01-2040 BEO CUSIP: 93974EEN2	620,000.000	797,716.80	662,129.06
WATERBURY CONN 5% 02-01-2033 BEO CUSIP: 9412475H7	375,000.000	486,472.50	409,622.85
WILDWOOD UTIL DEPENDENT DIST FLA UTIL REV 5% 10-01-2046 BEO CUSIP: 968214AS5	95,000.000	118,041.30	100,002.79
WILLIAMSON CNTY TEX 4% 02-15-2039 BEO CUSIP: 9698876S2	60,000.000	69,240.60	60,618.21
WISCONSIN CTR DIST WIS TAX REV ZERO CPN 0% 12-15-2035 BEO CUSIP: 976595GG7	180,000.000	111,814.20	112,614.14
WISCONSIN CTR DIST WIS TAX REV ZERO CPN 0% 12-15-2040 BEO CUSIP: 976595FT0	490,000.000	282,382.10	234,619.30
WISCONSIN ST HEALTH & EDL FACS AUTH REV 5.5% 08-15-2044 BEO CUSIP: 97712JJD6	465,000.000	478,661.70	493,940.67
YAMHILL CNTY ORE SCH DIST NO 029J NEWBERG ZERO CPN 0% 06-15-2051 BEO CUSIP: 984657HZ2	925,000.000	409,395.75	241,761.42
Total United States - USD		53,505,786.13	48,650,013.71
Total Other		53,505,786.13	48,650,013.71
Total		231,479,751.48	271,388,231.99

** All or a portion of this security participates in Securities Lending.