

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
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: JOHN HANCOCK EMPLOYEE WELFARE PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 01/01/1940
2a Plan sponsor's name (employer, if for a single-employer plan): THE MANUFACTURERS INVESTMENT CORPORATION
2b Employer Identification Number (EIN): 38-3261832
2c Plan Sponsor's telephone number: 617-572-6000
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.

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

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

Form 5500 (2024) v. 240311

<p><b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p><b>JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A</b></p> <p><b>200 BERKELEY STREET</b> <b>BOSTON, MA 02116</b></p>	<p><b>3b</b> Administrator's EIN <b>01-0233346</b></p> <p><b>3c</b> Administrator's telephone number <b>617-572-6000</b></p>
<p><b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:</p> <p><b>a</b> Sponsor's name</p> <p><b>c</b> Plan Name</p>	<p><b>4b</b> EIN</p> <p><b>4d</b> PN</p>
<p><b>5</b> Total number of participants at the beginning of the plan year</p>	<p><b>5</b> <b>8959</b></p>
<p><b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b>, <b>6a(2)</b>, <b>6b</b>, <b>6c</b>, and <b>6d</b>).</p> <p><b>a(1)</b> Total number of active participants at the beginning of the plan year .....</p> <p><b>a(2)</b> Total number of active participants at the end of the plan year .....</p> <p><b>b</b> Retired or separated participants receiving benefits.....</p> <p><b>c</b> Other retired or separated participants entitled to future benefits .....</p> <p><b>d</b> Subtotal. Add lines <b>6a(2)</b>, <b>6b</b>, and <b>6c</b>.....</p> <p><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....</p> <p><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....</p> <p><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....</p> <p><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....</p> <p><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<p><b>6a(1)</b> <b>5089</b></p> <p><b>6a(2)</b> <b>4900</b></p> <p><b>6b</b> <b>3322</b></p> <p><b>6c</b> <b>690</b></p> <p><b>6d</b> <b>8912</b></p> <p><b>6e</b></p> <p><b>6f</b></p> <p><b>6g(1)</b></p> <p><b>6g(2)</b></p> <p><b>6h</b></p>
<p><b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....</p>	<p><b>7</b></p>

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

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

<p><b>9a</b> Plan funding arrangement (check all that apply)</p> <p>(1) <input checked="" type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input checked="" type="checkbox"/> General assets of the sponsor</p>	<p><b>9b</b> Plan benefit arrangement (check all that apply)</p> <p>(1) <input checked="" type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input type="checkbox"/> Trust</p> <p>(4) <input checked="" type="checkbox"/> General assets of the sponsor</p>
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<p><b>a Pension Schedules</b></p> <p>(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)</p>	<p><b>b General Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)</p> <p>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>12</u></p> <p>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)</p>
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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

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

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

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

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

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

<p><b>A</b> Name of plan <b>JOHN HANCOCK EMPLOYEE WELFARE PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>THE MANUFACTURERS INVESTMENT CORPORATION</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>38-3261832</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION, INC.**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-2674079	95688	2050*	39	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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

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

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	161570
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**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**

<b>A</b> Name of plan <b>JOHN HANCOCK EMPLOYEE WELFARE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>THE MANUFACTURERS INVESTMENT CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>38-3261832</b>

**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

**VISION SERVICE PLAN**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>06-1227840</b>	<b>39616</b>	<b>12248782</b>	<b>3159</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

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

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

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

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

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

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....	<b>9a(1)</b>	582607	
(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
(4) Earned ((1) + (2) - (3)) .....	<b>9a(4)</b>		582607
<b>b</b> Benefit charges (1) Claims paid .....	<b>9b(1)</b>	632819	
(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
(3) Incurred claims (add (1) and (2)) .....	<b>9b(3)</b>		632819
(4) Claims charged .....	<b>9b(4)</b>		632819
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions .....	<b>9c(1)(A)</b>		
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	84478	
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
(D) Other expenses .....	<b>9c(1)(D)</b>		
(E) Taxes .....	<b>9c(1)(E)</b>		
(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
(G) Other retention charges .....	<b>9c(1)(G)</b>		
(H) Total retention .....	<b>9c(1)(H)</b>		84478
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....	<b>9c(2)</b>		
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....	<b>9d(1)</b>		
(2) Claim reserves .....	<b>9d(2)</b>		
(3) Other reserves .....	<b>9d(3)</b>		
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....	<b>9e</b>		

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	0	
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>		

Specify nature of costs.

**Part IV Provision of Information**

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

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

**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**

<b>A</b> Name of plan <b>JOHN HANCOCK EMPLOYEE WELFARE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>THE MANUFACTURERS INVESTMENT CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>38-3261832</b>

**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  
**METROPOLITAN LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-5581829</b>	<b>65978</b>	<b>0113567</b>	<b>7256</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

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

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	2026771
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <span style="color: blue;">JOHN HANCOCK EMPLOYEE WELFARE PLAN</span></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><span style="color: blue;">501</span></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">THE MANUFACTURERS INVESTMENT CORPORATION</span></p>	<p><b>D</b> Employer Identification Number (EIN) <span style="color: blue;">38-3261832</span></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A

(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
01-0233346	65838	28856	767	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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> 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.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

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

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	0
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account .....		
(5) Other (specify below)..... ▶		
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0
<b>e</b> Deductions:		
	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
(1) Disbursed from fund to pay benefits or purchase annuities during year .....		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account .....		
(4) Other (specify below)..... ▶		
(5) Total deductions .....	<b>7e(5)</b>	0
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	0

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	1518293
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>JOHN HANCOCK EMPLOYEE WELFARE PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>THE MANUFACTURERS INVESTMENT CORPORATION</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>38-3261832</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**LINCOLN NATIONAL LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	SEE BELOW*	5795	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.

<p><b>(a)</b> Total amount of commissions paid <b>112487</b></p>	<p><b>(b)</b> Total amount of fees paid <b>32289</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**WILLIS TOWERS WATSON US** **200 LIBERTY ST FL6**  
**NEW YORK, NY 10281**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
112487	32289	SUPPLEMENTAL COMPENSATION AND OTHERS	3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

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

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>			1306326
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>			

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>JOHN HANCOCK EMPLOYEE WELFARE PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>THE MANUFACTURERS INVESTMENT CORPORATION</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>38-3261832</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

(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
01-0233346	65838	26999	788	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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> 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.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

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

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	0
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account .....		
(5) Other (specify below)..... ▶		
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0
<b>e</b> Deductions:		
	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
(1) Disbursed from fund to pay benefits or purchase annuities during year .....		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account .....		
(4) Other (specify below)..... ▶		
(5) Total deductions .....	<b>7e(5)</b>	0
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	0

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		749979
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>		

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>JOHN HANCOCK EMPLOYEE WELFARE PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>THE MANUFACTURERS INVESTMENT CORPORATION</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>38-3261832</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**METROPOLITAN LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0161678	15	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.

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;"><b>339</b></p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;"><b>65</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

**WILLIS TOWERS WATSON US LLC** **PO BOX 28852**  
**NEW YORK, NY 10087-8852**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
339	65	NON-MONETARY COMPENSATION SUPPLEMENTAL COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

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

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	6784
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>JOHN HANCOCK EMPLOYEE WELFARE PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>THE MANUFACTURERS INVESTMENT CORPORATION</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>38-3261832</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**METROPOLITAN LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0161679	20	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>50</b>	(b) Total amount of fees paid <b>66</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**WILLIS TOWERS WATSON US LLC**  
**PO BOX 28852**  
**NEW YORK, NY 10087-8852**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
50	66	NON-MONETARY COMPENSATION SUPPLEMENTAL COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

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

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		1004
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>		

Specify nature of costs.

**Part IV Provision of Information**

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

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

**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**

<b>A</b> Name of plan <b>JOHN HANCOCK EMPLOYEE WELFARE PLAN</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>THE MANUFACTURERS INVESTMENT CORPORATION</b>		<b>D</b> Employer Identification Number (EIN) <b>38-3261832</b>

**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  
**METROPOLITAN LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-5581829</b>	<b>65978</b>	<b>0216861</b>	<b>7473</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

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

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>			7980968
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>			

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>JOHN HANCOCK EMPLOYEE WELFARE PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>THE MANUFACTURERS INVESTMENT CORPORATION</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>38-3261832</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**METROPOLITAN LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0216862	48	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.

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

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

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		717708
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>		

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>JOHN HANCOCK EMPLOYEE WELFARE PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>THE MANUFACTURERS INVESTMENT CORPORATION</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>38-3261832</b></p>	

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

**1 Coverage Information:**

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	233582	34	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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

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

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		248168
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>		

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>JOHN HANCOCK EMPLOYEE WELFARE PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>THE MANUFACTURERS INVESTMENT CORPORATION</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>38-3261832</b></p>	

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

**1 Coverage Information:**

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	602640	70	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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

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

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		512624
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>		

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<b>A</b> Name of plan <b>JOHN HANCOCK EMPLOYEE WELFARE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>THE MANUFACTURERS INVESTMENT CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>38-3261832</b>	

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

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

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

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

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

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

**WELLINGTON MANAGEMENT COMPANY, LLP**                      **280 CONGRESS STREET**  
**BOSTON, MA 02210**

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

**THE VANGUARD GROUP, INC.**                                      **100 VANGUARD BOULEVARD**  
**V26**  
**MALVERN, PA 19355**

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

**GMO LLC**    **40 ROWES WHARF**  
**BOSTON, MA 02110**

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

**PACIFIC INVESTMENT MGMT COMPANY LLC**                      **650 NEWPORT CENTER DRIVE**  
**NEWPORT BEACH, CA 92660**

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

STATE STREET GLOBAL ADVISORS

ONE LINCOLN STREET  
BOSTON, MA 02110

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

MANULIFE ASSET MANAGEMENT

197 CLAREDON STREET  
4TH FLOOR  
BOSTON, MA 02116

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

BLACKROCK FUND ADVISORS

94-2948313

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

ALIGHT FINANCIAL SOLUTIONS, LLC.

4 OVERLOOK POINT  
LINCOLNSHIRE, IL 60069

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

WILMINGTON TRUST

RODNEY SQUARE NORTH  
1100 NORTH MARKET STREET  
WILMINGTON, DE 19890-0001

**(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)

AON CONSULTING, INC.

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	253017	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

UNITED MEDICAL RESOURCES, INC.

36-2739571

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 49 50	NONE	86040	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALIGHT SOLUTIONS LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	42424	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <u>JOHN HANCOCK EMPLOYEE WELFARE PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>501</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE MANUFACTURERS INVESTMENT CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>38-3261832</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JOHN HANCOCK EE WELFARE PLAN MT</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>THE MANUFACTURERS INVESTMENT CORPORATION</u>		
<b>c</b> EIN-PN <u>38-3261832-504</u>	<b>d</b> Entity code <u>M</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>58797469</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>JOHN HANCOCK EMPLOYEE WELFARE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>THE MANUFACTURERS INVESTMENT CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>38-3261832</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	1464575
		1675882
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	8299556
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	67316843
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	211165620
		214021624

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	288246594	283222764
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	9867000	10607000
<b>h</b> Operating payables.....	<b>1h</b>	10931	12875
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	9877931	10619875
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	278368663	272602889

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	75275503	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	30909013	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		106184516
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		-6002599
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		7924026
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		108105943

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	96851702	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	16664963	
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		113516665
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	339559	
(3) Recordkeeping fees .....	<b>2i(3)</b>	42424	
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	-26931	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		355052
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		113871717

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-5765774
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **ERNST & YOUNG LLP**

(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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		200000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

AUDITED FINANCIAL STATEMENTS AND  
SUPPLEMENTAL SCHEDULES

John Hancock Employee Welfare Plan  
For the Years Ended December 31, 2024 and 2023  
With Report of Independent Auditors

**John Hancock Employee Welfare Plan**  
**Audited Financial Statements and Supplemental Schedules**  
**Years Ended December 31, 2024 and 2023**

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## Report of Independent Auditors

The Participants and Trustees of  
John Hancock Employee Welfare Plan

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

We have performed audits of the financial statements of John Hancock Employee Welfare 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 and statements of plan's benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and statements of changes in plan's benefit obligations for the years then ended, 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 years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

### **Opinion**

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

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



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- the information in the accompanying financial statements related to assets held by and certified to by 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, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood



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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.



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**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*

September 25, 2025

## John Hancock Employee Welfare Plan

### Statement of Net Assets Available for Benefits

**December 31, 2024 and 2023**

	Union	Non-Union	Total 2024	Total 2023
<b>Assets</b>				
Investments at fair value	\$ 222,749,413	\$ -	\$ 222,749,413	\$ 219,465,176
Plan's interest in John Hancock				
Employee Welfare Master Trust	-	58,797,469	58,797,469	67,316,843
Due from broker for securities sold, net	1,675,882	-	1,675,882	1,464,575
Net assets held in John Hancock Pension				
Plan - restricted for 401(h) account	-	47,651,674	47,651,674	48,863,344
Total assets	224,425,295	106,449,143	330,874,438	337,109,938
<b>Liabilities</b>				
Administrative expenses payable	12,875	-	12,875	10,931
Total liabilities	12,875	-	12,875	10,931
Net assets available for benefits	\$ 224,412,420	\$ 106,449,143	\$ 330,861,563	\$ 337,099,007

*The accompanying notes are an integral part of these financial statements.*

## John Hancock Employee Welfare Plan

### Statement of Changes in Net Assets Available for Benefits

#### Years Ended December 31, 2024 and 2023

	Union	Non-Union	Total 2024	Total 2023
<b>Additions</b>				
Employer contributions	\$ 40,523	\$ 75,234,980	\$ 75,275,503	\$ 69,548,425
Employee contributions	\$ 7,960	\$ 30,901,053	30,909,013	29,557,944
Contributions	48,483	106,136,033	106,184,516	99,106,369
Investment income:				
Net realized and unrealized gains (losses)	(380,603)	-	(380,603)	7,856,671
Other investment income	8,304,629	-	8,304,629	8,195,361
Net investment income	7,924,026	-	7,924,026	16,052,032
Loss in Master Trust	-	(6,002,599)	(6,002,599)	(4,281,873)
Net increase (decrease) in 401(h) account	-	(1,211,670)	(1,211,670)	1,656,740
Total additions	7,972,509	98,921,764	106,894,273	112,533,268
<b>Deductions</b>				
Benefit payments	2,059,309	94,052,393	96,111,702	84,143,843
Premium payments	2,064,548	14,600,415	16,664,963	17,030,541
Administrative expenses	355,052	-	355,052	416,481
Total deductions	4,478,909	108,652,808	113,131,717	101,590,865
Net assets available for benefits:				
Beginning of year	220,918,820	116,180,187	337,099,007	326,156,604
Increase (decrease) in net assets available for benefits	3,493,600	(9,731,044)	(6,237,444)	10,942,403
End of year	\$ 224,412,420	\$ 106,449,143	\$ 330,861,563	\$ 337,099,007

*The accompanying notes are an integral part of these financial statements.*

## John Hancock Employee Welfare Plan

### Statements of Plan's Benefit Obligations

**December 31, 2024 and 2023**

	Union	Non-Union	Total 2024	Total 2023
<b>Amounts currently payable</b>				
Claims payable and claims incurred but not reported	\$ 195,000	\$ 10,412,000	\$ 10,607,000	\$ 9,867,000
<b>Postemployment benefit obligations</b>				
Disability health and welfare benefits	-	3,876,777	3,876,777	3,825,627
<b>Postretirement benefit obligations</b>				
Retired Participants	21,584,782	119,593,205	141,177,987	159,628,598
Fully eligible Participants	-	3,264,443	3,264,443	4,174,573
Subtotal	21,584,782	122,857,648	144,442,430	163,803,171
Total benefit obligations	\$ 21,779,782	\$ 137,146,425	\$ 158,926,207	\$ 177,495,798

*The accompanying notes are an integral part of these financial statements.*

## John Hancock Employee Welfare Plan

### Statement of Changes in Plan's Benefit Obligations

December 31, 2024 and 2023

	Union	Non-Union	Total 2024	Total 2023
<b>Amounts currently payable</b>				
Balance at beginning of the year	\$ 247,000	\$ 9,620,000	\$ 9,867,000	\$ 9,476,000
Insurance premiums incurred	2,064,548	14,600,415	16,664,963	17,030,541
Claims incurred	2,007,309	94,844,393	96,851,702	84,534,843
Insurance premiums paid	(2,064,548)	(14,600,415)	(16,664,963)	(17,030,541)
Claims paid	(2,059,309)	(94,052,393)	(96,111,702)	(84,143,843)
Balance at end of the year	195,000	10,412,000	10,607,000	9,867,000
<b>Postemployment benefit obligation</b>				
Balance at beginning of the year	-	3,825,627	3,825,627	3,611,645
Increase (decrease) in postemployment benefits attributable to:				
Expected new claimants	-	573,747	573,747	512,127
Benefits paid	-	(763,888)	(763,888)	(694,849)
Interest	-	174,268	174,268	175,718
Assumption changes and plan experience	-	67,023	67,023	220,986
Balance at end of the year	-	3,876,777	3,876,777	3,825,627
<b>Postretirement benefit obligations</b>				
Balance at beginning of the year	26,508,419	137,294,752	163,803,171	164,876,926
Increase (decrease) in postretirement benefits attributable to:				
Benefit accruals	-	1,018	1,018	2,059
Benefits paid	(4,237,368)	(10,749,567)	(14,986,935)	(14,818,098)
Interest	1,168,268	6,318,966	7,487,234	7,841,900
Assumption changes and plan experience	(1,854,537)	(10,007,521)	(11,862,058)	5,900,384
Balance at end of the year	21,584,782	122,857,648	144,442,430	163,803,171
Total benefit obligations	\$ 21,779,782	\$ 137,146,425	\$ 158,926,207	\$ 177,495,798

*The accompanying notes are an integral part of these financial statements.*

# John Hancock Employee Welfare Plan

## Notes to the Financial Statements

December 31, 2024

### 1. Description of the Plan

The following description of the John Hancock Employee Welfare Plan (the “Plan”) is a summary only. The plan sponsor (the “Sponsor”) is The Manufacturers Investment Corporation (“MIC”) which is a wholly-owned subsidiary of John Hancock Financial Corporation, an indirect wholly-owned subsidiary of Manulife Financial Corporation (“MFC”). MIC is the parent company of John Hancock Life Insurance Company (U.S.A.) (“JHUSA” or the “Company”). Participants in the Plan are current and retired employees of JHUSA and its subsidiaries. Information about the Plan, eligibility, benefit provisions, and plan termination can be found in the Plan document which may be obtained from the Sponsor.

#### General

Effective January 1, 1991, the John Hancock Employee Welfare Master Trust (the “Master Trust”) was established to fund and administer the benefits of the Plan. The Master Trust, combined with the Plan, constitute the John Hancock Voluntary Employees’ Beneficiary Association (the “Non-Union VEBA”).

The Plan provides health, short- and long-term disability, critical illness, accident, long-term care and life insurance benefits covering substantially all employees of the Company. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

Effective June 1, 1994, a second trust, the John Hancock Marketing Representative Welfare Master Trust (the “MR Trust”) for union marketing representatives and their dependents was established. The MR Trust, along with the Plan, constitute the John Hancock Marketing Representative Employees’ Beneficiary Association (the “Union VEBA”). Effective April 24, 2000, active marketing representatives and their dependents and marketing representatives who retired on or after January 1, 1994 and their dependents are no longer covered under the Plan; however, a favorable private letter ruling from the Internal Revenue Service (“IRS”) received in 2003 permitted the Union VEBA to be utilized to pay retiree medical premiums for this group. Marketing representatives who retired on or before December 31, 1993 and their dependents continue to receive their prescribed benefits under the Union VEBA and the Plan.

Plan expenses paid through the VEBAs include life insurance, medical, dental, and pharmacy benefits. In addition, outside of the VEBAs and funded by the Company’s general assets, the Company provides other employee benefits pursuant to Plan eligibility provisions including medical, dental, short- and long-term disability, critical illness, accident, long-term care, and life insurance benefits. Investment and administrative expenses incurred by the Plan are charged to the Plan; however, significant costs of plan administration are borne by the Sponsor.

These statements are prepared to assist plan members and others in reviewing the activities of the Plan for the period and do not portray the funding requirements of the Plan or the individual plan members’ benefit security. For additional clarity, each of the VEBAs has been separately reported in the financial statements.

The U.S. Benefits Committee is responsible for the general fiduciary administration of the Plan. State Street Bank and Trust Company (“State Street”) is the custodian and the trustee of the Plan. Wilmington Trust, is the sub-trustee of the Trust Owned Health Insurance (“TOHI”). Refer to Note 2 for further discussion of the TOHI.

# John Hancock Employee Welfare Plan

## Notes to the Financial Statements

### Benefits

The Plan provides benefits to full-time employees of the Sponsor (who work at least 20 hours per week and are on the U.S. payroll) and to their covered dependents. Certain retired employees are eligible for medical and/or life insurance benefits provided they met or will meet the applicable age and service rules at the time they terminated or terminate. The Plan was amended effective as of January 1, 2015 to allow participation by certain disabled individuals who were not previously covered. The Plan provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (“COBRA”).

### Contributions

The costs of funding benefits are shared by the Sponsor and Plan participants. The Company makes contributions to the Plan to fund claims in excess of participants’ contributions. Company contributions are made quarterly for the Union VEBA and monthly for the Non-Union VEBA. In addition to deductibles, co-payments, and coinsurance, employees, retirees and dependents may be required to contribute specified amounts, which are based upon the provisions of the Plan and the premium determined periodically by the Plan’s insurance providers or by the Sponsor in the case of self-insured coverage. Participant contributions for 2024 and 2023 are set forth in the table below:

<b>Participant Group</b>	<b>Medical Premium Contribution Requirements</b>
Ford Union Retirees	No contribution required regardless of age.
John Hancock (“JH”) Marketing Representatives who retired prior to 1994	If medical plan has pharmacy card program, contribute 10% of individual and 15% of dependent premiums.  If medical plan has drug coverage by co-insurance contribute \$0.
Pre-merger JH (and subsidiaries) retirees 1982 and prior	No contribution required regardless of age.
Pre-merger JH (and subsidiaries) retirees between 1983 and 1991	When under age 65, retiree contributes 25% of individual premium and 30% of dependent premiums. No contribution required when over age 65.
Grandfathered pre-merger JH employees who retired on or after January 1, 1992 and grandfathered pre-merger JHUSA employees who retired on or after January 15, 2007	Contributions based on fixed dollar Company subsidy: <ul style="list-style-type: none"><li>• \$220.92 per year of service (up to 30 years) for pre-65 retirees.</li><li>• \$229.08 per year of service (up to 30 years) for up to one pre-65 dependent.</li></ul>

# John Hancock Employee Welfare Plan

## Notes to the Financial Statements

Participant Group	Medical Premium Contribution Requirements
Access only JH (and subsidiaries) if active at December 31, 2002, and pre-merger JHUSA employees if active on December 31, 2004 and were not grandfathered as eligible to receive a Company premium subsidy	Retiree pays 100% of premiums.
JHUSA NALCO retirees	No contribution required regardless of age.
Pre-merger JHUSA employees who retired before July 1, 2001	Regardless of age, retiree pays \$0; Dependent pays \$1,056 per year.
JHUSA employees who retired between July 1, 2001 and January 14, 2007	Regardless of age, contributions based upon service.
Unigard retirees	Based on time of retirement, no contribution or 55% of premium for individual and dependent.

### **401(h) Account**

The John Hancock Pension Plan (the “Pension Plan”) includes a medical-benefit component in addition to normal retirement benefits to fund a portion of the postretirement obligations for retirees and their beneficiaries in accordance with section 401(h) of the Internal Revenue Code (“IRC”). A separate account has been recorded and maintained in the Pension Plan for such contributions, as described below. In accordance with IRC Section 401(h), the Plan’s investments in the 401(h) account may not be used for, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries. Accordingly, these investments are utilized not only for health benefits of participants in the Plan but for participants in the John Hancock Retiree Health Reimbursement Account Plan (“HRA Plan”) and in a third affiliated plan as well. The Plan’s related obligations for health benefits are not included in the Pension Plan’s obligations in the statement of accumulated plan benefits but are reported as obligations in the financial statements of the Plan. The Pension Plan document provides an Ordering of Payment of Medical Benefits for the 401(h) account assets. For disclosure purposes, an actuary has determined the amount of 401(h) assets expected to be used to satisfy the obligations of the Plan and the HRA Plan. The allocation of 401(h) assets between the plans is not permanent and will be actuarially revalued each year. Related disclosures can be found in the Pension Plan’s financial statements.

### **Plan Termination**

Although it has not expressed any intention to do so, the Sponsor has the right under the Plan to modify the benefits, to discontinue its contributions at any time, and to terminate the Plan subject to the provisions set forth in ERISA. Upon termination, the net assets of the Plan will be allocated for payment to the participants in an order of priority as prescribed by ERISA and its related regulations and the Plan document.

### **HRA Plan**

Effective January 1, 2017, a subset of Plan participants over the age of 65 were transitioned to a private health exchange to purchase individual Medicare coverage. The individuals transitioned included those who were previously subject to a subsidy cap on John Hancock premium contributions towards coverage in John

# John Hancock Employee Welfare Plan

## Notes to the Financial Statements

Hancock's group health plan. Under this program, referred to as the HRA Plan, affected participants will secure insurance coverage in an individual health plan through the exchange and receive John Hancock credits via a notional account, which may be used to obtain reimbursement for eligible health expenses defined under the HRA Plan.

### 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 U.S. generally accepted accounting principles ("GAAP") requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

#### Investments Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (exit price). Refer to Note 8 for further discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned and dividends are recorded on the ex-dividend date, both are included within Other investment income within the Statements of Changes in Net Assets Available for Benefits. Net realized and unrealized gains (losses) include the Plan's gains and losses on investments bought and sold during the year as well as investments held at year end. Under the group annuity contract, recognition is given to unrealized gains and losses associated with funds in general account assets only upon termination or transfer.

#### TOHI

A retiree healthcare funding insurance product commonly known as TOHI was purchased and funded under a non-pooled separate account of John Hancock Life & Health Insurance Company, an affiliated entity, to prefund a portion of the liability attributable to retiree health benefits available under the Plan. The Sponsor can seek reimbursement from the TOHI for eligible claims at its discretion. The TOHI invests in a pooled separate account which is, in turn, invested in domestic fixed income securities. For the years ended December 31, 2024 and 2023, the Plan paid TOHI administrative fees of \$463,865 and \$488,983, respectively. These amounts are included within Administrative Expense in the Plan's Interest in Master Trust Balances.

#### Benefit Payments

Claim payments to participants and premium payments to carriers are recognized as incurred. Amounts due to the claims administrator for claims that have been paid but not yet reimbursed by the Plan are recorded as claims payable in the Statements of Net Assets Available for Benefits.

# John Hancock Employee Welfare Plan

## Notes to the Financial Statements

### Amounts Currently Payable

Amounts currently payable include claims payable as well as claims incurred but not reported for both actives and retirees.

### Postretirement and Postemployment Benefit Obligations

A postretirement benefit obligation has been recognized for retiree medical benefits for eligible participants and their dependents upon retirement. In addition, a postemployment benefit obligation has been recognized for health and welfare benefits for individuals currently on long-term disability or COBRA. These benefit obligations (refer to Note 4) represent the actuarial present value of those estimated future benefits that are attributed to employee service rendered prior to December 31. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired employees and their beneficiaries and dependents, and (2) active employees and their beneficiaries and dependents after retirement from service with the Sponsor. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation 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.

The obligation for COBRA benefits is estimated by an actuary based on the actual number of employees utilizing COBRA benefits as of the measurement date and claim payment history. Long-term disability obligations are estimated by an actuary based on reserve reports prepared from historical long-term disability benefits data.

The following were significant assumptions used in the valuation as of December 31, 2024 and 2023:

	<u>December 31, 2024</u>	<u>December 31, 2023</u>
Weighted average discount rate:		
Postretirement benefits	<b>5.44%</b>	4.79%
Postemployment benefits	<b>5.26%</b>	4.67%
Healthcare cost trend:		
Initial year rate	<b>8.75%</b>	9.00%
Ultimate year rate	<b>4.75%</b>	4.75%
Ultimate year	<b>2041</b>	2041
Average retirement age	<b>58.5</b>	58.5
Mortality	<b>RP-2006(WC)</b>	RP-2006(WC)
	<b>MP-2021</b>	MP-2021
Disability	<b>2012 GLTD</b>	2012 GLTD

# John Hancock Employee Welfare Plan

## Notes to the Financial Statements

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 benefit obligations.

### 3. Interest in Master Trust

At December 31, 2024 and 2023, the Plan's interest in the net assets of the Master Trust was \$58,797,469 and \$67,316,843, respectively.

The Plan's net assets represent its share in the assets and liabilities of the Master Trust which is based on the beginning of year value, plus actual contributions and allocated investment income, realized and unrealized gains and losses less actual disbursements and allocated administrative expenses, plus/less amounts transferred from/to other plans.

The Plan's interest in the net assets of the Master Trust at December 31, 2024 and 2023 are as follows:

	<b>December 31, 2024</b>	
	<b>Master Trust Balances</b>	<b>Plan's Interest in Master Trust Balances</b>
Cash and cash equivalents	\$ 6,062,095	\$ 2,729,302
TOHI	99,550,368	56,104,554
Total assets	105,612,463	58,833,856
(Less): Administrative expenses payable	(46,045)	(36,387)
Net assets	\$ 105,566,418	\$ 58,797,469

  

	<b>December 31, 2023</b>	
	<b>Master Trust Balances</b>	<b>Plan's Interest in Master Trust Balances</b>
Cash and cash equivalents	\$ 9,227,273	\$ 6,725,048
TOHI	107,206,102	60,645,255
Total assets	116,433,375	67,370,303
(Less): Administrative expenses payable	(67,403)	(53,460)
Net assets	\$ 116,365,972	\$ 67,316,843

# John Hancock Employee Welfare Plan

## Notes to the Financial Statements

The Plan's interest in the net loss of the Master Trust for the years ended December 31, 2024 and 2023 are as follows:

	Year Ended December 31, 2024	
	Master Trust Balances	Plan's Interest in Master Trust Balances
Net realized and unrealized gains	\$ 2,941,065	\$ 1,809,718
Other investment income	179,156	179,156
Employer contributions	685,530	-
Total income	3,805,751	1,988,874
(Less): Administrative expenses	(8,268,027)	(7,991,473)
Net loss	\$ (4,462,276)	\$ (6,002,599)

	Year Ended December 31, 2023	
	Master Trust Balances	Plan's Interest in Master Trust Balances
Net realized and unrealized gains	\$ 7,068,074	\$ 4,057,102
Other investment income	229,290	229,290
Employer contributions	693,105	-
Total income	7,990,469	4,286,392
(Less): Administrative expenses	(8,928,789)	(8,568,265)
Net loss	\$ (938,320)	\$ (4,281,873)

#### 4. Benefit Obligations

Plan obligations at December 31 for health and dental claims incurred by active and retired participants, but not reported, as well as for claims reported, but unpaid, are estimated in accordance with generally accepted actuarial principles. These estimated amounts are reported at current cost. Insurance premiums payable represent accruals for current year insurance premiums, which were paid subsequent to December 31.

The health care cost-trend rate assumption has a significant effect on the postretirement and postemployment benefit obligations reported. If the assumed rate increased by one percentage point in 2024 and 2023, that would increase the obligation as of December 31, 2024 and 2023 by \$2,544,520 and \$3,290,964, respectively.

The Plan had an excess of assets over benefit obligations for the years ending December 31, 2024 and 2023. It is the present intention of the Company to continue the Plan.

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. Effective January 1, 2013, John Hancock contracted with a Prescription Drug Plan ("PDP") to leverage the Employer Group Waiver Plan ("EGWP") process. Through this process,

# John Hancock Employee Welfare Plan

## Notes to the Financial Statements

participants are group-enrolled in Medicare Part D. The Plan coordinates with Medicare and is eligible for certain subsidies. The benefit obligations and changes in benefit obligations reflect the value of a portion of EGWP subsidies inuring to the Plan as a reduction in Plan liabilities.

### 5. Investments

All investment information, with the exception of cash, cash equivalents, and MFC stock, disclosed in the accompanying financial statements and supplemental schedules including investments held at December 31, 2024 and 2023, and net realized and unrealized gains (losses) in fair value of investments, interest and dividends for the years ended December 31, 2024 and 2023, were obtained or derived from information provided to the Plan administrator and certified as complete and accurate by the Plan's custodian and trustee, State Street.

### 6. Income Tax Status

The Trusts funding the Plan received exemption letters from the IRS dated February 24, 2014 and May 1, 2014 stating that the Trusts are tax-exempt under the provisions of Section 501(c)(9) of the IRC, as VEBAs. The Plan and the Trusts are required to operate in conformity with the IRC to maintain the tax-exempt status of the Trusts. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and therefore, believes the related trusts are tax-exempt.

Accounting principles generally accepted in the United States require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) 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.

### 7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

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

# John Hancock Employee Welfare Plan

## Notes to the Financial Statements

### 8. Fair Value Measurements

The Plan categorizes its fair value measurements of pension and other postretirement benefit plan assets according to a three-level hierarchy. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are defined as follows:

- Level 1 – Fair value measurements that reflect unadjusted, quoted prices in active markets for identical assets and liabilities that the Plan has the ability to access at the measurement date. Active markets are defined as having the following characteristics for the measured asset/liability; (i) many transactions, (ii) current prices, (iii) price quotes not varying substantially among market makers, (iv) narrow bid/ask spreads, and (v) most information publicly available. Valuations are based on quoted prices reflecting market transactions involving assets or liabilities identical to those being measured. Level 1 assets primarily include exchange traded equity securities and certain separate account assets.
- Level 2 – Fair value measurements using inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. These include quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar assets and liabilities in inactive markets, inputs that are observable that are not prices (such as interest rates, credit risks, etc.) and inputs that are derived from or corroborated by observable market data. Also included in the Level 2 category are financial instruments that are priced using models with observable market inputs, including certain separate account assets.
- Level 3 – Fair value measurements using significant nonmarket observable inputs. These include valuations for assets and liabilities that are derived using data, some or all of which is not market observable data, including assumptions about risk. Level 3 securities include less liquid securities, such as structured asset-backed securities, commercial mortgage-back securities, and other securities that have little or no price transparency.

### Determination of Fair Value

The valuation methodologies used to determine the fair values of assets and liabilities reflect market participant assumptions and are based on the application of the fair value hierarchy that prioritizes observable market inputs over unobservable inputs. When available, the Company uses quoted market prices to determine fair value and classify such items within Level 1 or 2. If quoted market prices are not available, fair value is based upon valuation techniques, which discount expected cash flows utilizing independent market observable interest rates based on the credit quality and duration of the instrument. Items valued using models are classified according to the lowest level input that is significant to the valuation. Thus, an item may be classified in Level 3 even though significant market observable inputs are used.

# John Hancock Employee Welfare Plan

## Notes to the Financial Statements

The following is a description of the valuation techniques used to measure fair value and the general classification of these instruments pursuant to the fair value hierarchy:

### Fair Value Measurements on a Recurring Basis

#### Cash Equivalents

The carrying values for cash equivalents approximate fair value due to the short-term maturities of these instruments. Cash equivalents are included in Level 1.

#### Non-Pooled Separate Accounts

Fair values are determined by the fair value of the underlying assets. Underlying domestic equity investments are included in Level 1 and are valued based on observable quoted prices for assets in active markets. Underlying domestic fixed income investments are valued based on observable quoted prices in active and inactive markets, as well as observable market inputs other than quoted prices. These investments are included in Level 2.

#### TOHI

TOHI investments are held in an inactive market and are based on observable quoted prices for similar assets in an active market. These investments are included in Level 2.

The following table sets forth by fair value hierarchy level the Master Trust's assets carried at fair value on a recurring basis. The fair value hierarchy levels at December 31, 2024 and 2023 are as follows:

	<b>December 31, 2024</b>			
	<b>Total Value</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>
Cash equivalents	\$ 6,062,095	\$ 6,062,095	\$ -	\$ -
TOHI	99,550,368	-	99,550,368	-
Total assets at fair value	<u>\$ 105,612,463</u>	<u>\$ 6,062,095</u>	<u>\$ 99,550,368</u>	<u>\$ -</u>

  

	<b>December 31, 2023</b>			
	<b>Total Value</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>
Cash equivalents	\$ 9,227,273	\$ 9,227,273	\$ -	\$ -
TOHI	107,206,102	-	107,206,102	-
Total assets at fair value	<u>\$ 116,433,375</u>	<u>\$ 9,227,273</u>	<u>\$ 107,206,102</u>	<u>\$ -</u>

# John Hancock Employee Welfare Plan

## Notes to the Financial Statements

The following table sets forth by fair value hierarchy level the Plan's assets carried at fair value on a recurring basis. The fair value hierarchy levels at December 31, 2024 and 2023 are as follows:

	December 31, 2024			
	Total Value	Level 1	Level 2	Level 3
Cash equivalents	\$ 8,727,788	\$ 8,727,788	\$ -	\$ -
Non-pooled separate accounts	201,488,881	8,023,647	193,465,234	-
Total assets at fair value	<u>\$ 210,216,669</u>	<u>\$ 16,751,435</u>	<u>\$ 193,465,234</u>	<u>\$ -</u>
Investments measured at NAV as a practical expedient:				
Common/Collective trusts <sup>(a)</sup>	<u>12,532,744</u>			
Total assets at fair value	<u>\$ 222,749,413</u>			

	December 31, 2023			
	Total Value	Level 1	Level 2	Level 3
Cash equivalents	\$ 8,299,556	\$ 8,299,556	\$ -	\$ -
Non-pooled separate accounts	199,073,304	9,024,191	190,049,113	-
Total assets at fair value	<u>\$ 207,372,860</u>	<u>\$ 17,323,747</u>	<u>\$ 190,049,113</u>	<u>\$ -</u>
Investments measured at NAV as a practical expedient:				
Common/Collective trusts <sup>(a)</sup>	<u>12,092,315</u>			
Total assets at fair value	<u>\$ 219,465,175</u>			

### (a) Common/Collective Trust

The common/collective trust invests in international equity securities. The common/collective trust is inclusive of long-only equity strategies. Long-only equity strategies invest primarily in common stocks and seek returns from both dividend income and capital appreciation. Active mandates aim to outperform their stated benchmark indices, while passive strategies aim to track the performance of their stated benchmark indices with low tracking error. Transactions occur with sufficient frequency and volume to provide pricing information on an ongoing basis. Investments redemption occurs bi-monthly and there are no redemption restrictions. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities.

# John Hancock Employee Welfare Plan

## Notes to the Financial Statements

### 9. 401(h) Account

As mentioned in Note 1, a portion of the Plan's obligations are funded through contributions to the Pension Plan in accordance with Section 401(h) of the IRC. The following table presents the components of the net assets available for such obligations and the related changes in net assets available for benefits.

The following tables include all assets held in the 401(h) account. The tables do not reflect the allocation between the Plan and the HRA Plan:

	December 31,	
	2024	2023
Investments:		
Cash and cash equivalents	\$ 1,714,356	\$ 1,169,454
Common/collective trusts	11,944,813	11,706,919
Group annuity contract:		
Separate accounts	21,658,434	23,527,665
General account	1,304,565	1,259,893
Mutual funds	556,813	696,722
Partnerships	4,415,024	4,579,510
Non-pooled separate accounts	8,991,688	9,543,514
Alternatives - managed futures	2,390,742	2,257,330
Total investments	\$ 52,976,435	\$ 54,741,007

	Year Ended December 31, 2024
Premium payments	(1,310,138)
Administrative expenses	(1,297,389)
Reimbursements to the HRA plan	(679,330)
Investment gain, net	1,522,285
Net decrease in net assets available for benefits	\$ (1,764,572)

### 10. Party-in-Interest Transactions

The Plan holds certain investments issued by parties-in-interest, including MFC, the ultimate parent of the Sponsor, and Manulife Investment Management (US) LLC, an affiliated investment manager. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transaction rules under ERISA.

# John Hancock Employee Welfare Plan

## Notes to the Financial Statements

### 11. Reconciliation of Form 5500

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

	<b>2024</b>	<b>2023</b>
Net assets available for benefits per the financial statements	\$ <b>330,861,563</b>	\$ 337,099,007
Net assets held in defined benefit plan - 401(h) account	<b>(47,651,674)</b>	(48,863,344)
Claims incurred but not recorded and payable	<b>(10,607,000)</b>	(9,867,000)
Net assets available for benefits per Form 5500	<b>\$ 272,602,889</b>	<b>\$ 278,368,663</b>

The following is a reconciliation of total additions per the financial statements to the Form 5500:

	<b>2024</b>
Total net additions per the financial statements	\$ <b>106,894,273</b>
Net increase in 401(h) net assets available for benefits	<b>1,211,670</b>
Net additions per Form 5500	<b>\$ 108,105,943</b>

The following is a reconciliation of claims paid to participants per the financial statements to the Form 5500:

	<b>2024</b>
Claims paid to participants per the financial statements	\$ <b>96,111,702</b>
Claims incurred but not recorded, end of year	<b>10,607,000</b>
Claims incurred but not recorded, beginning of year	<b>(9,867,000)</b>
Claims paid to participants per Form 5500	<b>\$ 96,851,702</b>

In 2024, there was no difference in insurance premiums paid per the financial statements to the Form 5500.

### 12. Subsequent Events

The Plan has evaluated subsequent events through September 25, 2025 the date the financial statements were available to be issued. No significant subsequent events were noted.

# Supplemental Schedules

# John Hancock Employee Welfare Plan

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

**EIN 38-3261832 (Plan #501)**

**December 31, 2024**

Identity of Issuer, Borrower, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
VEBA B Short-Term Bank of America Account	Interest Bearing Cash	\$7,890,301	\$7,890,301
State Street STIF	Interest Bearing Cash	392,495	392,495
Imprest Accounts	Interest Bearing Cash	444,993	444,993
SSGA EAFE INDEX	Common/Collective Trust	6,330,182	12,532,744
<b>Manulife AM Custom LDI Account (Non-Pooled Separate Account)*</b>			
SS INST US GOV MM ADMIN SALXX	STIF-TYPE INSTRUMENT	148,913	148,913
AT+T INC	CORPORATE BONDS	959,480	883,617
AT+T INC	CORPORATE BONDS	105,444	102,031
AT+T INC	CORPORATE BONDS	739,682	720,949
ABBVIE INC	CORPORATE BONDS	572,178	519,312
ABBVIE INC	CORPORATE BONDS	120,047	119,503
ABBVIE INC	CORPORATE BONDS	645,927	658,081
ABBVIE INC	CORPORATE BONDS	93,319	84,846
AIR LEASE CORP	CORPORATE BONDS	683,687	675,970
AIR PRODUCTS + CHEMICALS	CORPORATE BONDS	627,904	540,594
AMAZON.COM INC	CORPORATE BONDS	998,640	867,930
AMAZON.COM INC	CORPORATE BONDS	755,603	748,605
AMER AIRLINE 16 1 A PTT	CORPORATE BONDS	182,464	160,910
AMERICAN INTERNATIONAL	CORPORATE BONDS	792,744	780,768
AMERICAN TOWER CORP	CORPORATE BONDS	30,967	29,561
CENCORA INC	CORPORATE BONDS	677,572	682,955
AMGEN INC	CORPORATE BONDS	548,736	592,548
AMGEN INC	CORPORATE BONDS	558,468	556,530
ANHEUSER BUSCH CO/INBEV	CORPORATE BONDS	395,982	362,943
ANHEUSER BUSCH CO/INBEV	CORPORATE BONDS	884,727	747,003
APPLIED MATERIALS INC	CORPORATE BONDS	596,646	583,278
AUTONATION INC	CORPORATE BONDS	668,963	663,964
BANCO SANTANDER SA	CORPORATE BONDS	237,960	231,889
BANK OF AMERICA CORP	CORPORATE BONDS	699,754	436,513
BANK OF AMERICA CORP	CORPORATE BONDS	601,794	608,130
BANK OF AMERICA CORP	CORPORATE BONDS	687,085	627,403
BANK OF AMERICA CORP	CORPORATE BONDS	653,485	682,892
BANK OF AMERICA CORP	CORPORATE BONDS	84,703	84,271

# John Hancock Employee Welfare Plan

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

**EIN 38-3261832 (Plan #501)**

**December 31, 2024**

Identity of Issuer, Borrower, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
BANK OF MONTREAL	CORPORATE BONDS	160,564	159,338
BOEING CO	CORPORATE BONDS	710,430	689,549
BOEING CO	CORPORATE BONDS	693,713	688,058
BOSTON PROPERTIES LP	CORPORATE BONDS	654,858	653,290
BP CAP MARKETS AMERICA	CORPORATE BONDS	539,368	482,285
BP CAP MARKETS AMERICA	CORPORATE BONDS	550,749	520,884
BRISTOL MYERS SQUIBB CO	CORPORATE BONDS	708,848	696,122
BROADCOM INC	CORPORATE BONDS	578,243	607,776
BROADCOM INC	CORPORATE BONDS	640,000	620,800
CDW LLC/CDW FINANCE	CORPORATE BONDS	584,948	603,973
CIGNA GROUP/THE	CORPORATE BONDS	745,313	726,555
CIGNA GROUP/THE	CORPORATE BONDS	818,967	773,375
CNA FINANCIAL CORP	CORPORATE BONDS	720,844	784,699
CSX CORP	CORPORATE BONDS	783,598	815,210
CVS HEALTH CORP	CORPORATE BONDS	616,519	529,238
CVS HEALTH CORP	CORPORATE BONDS	257,644	247,435
CVS HEALTH CORP	CORPORATE BONDS	724,027	603,673
CVS HEALTH CORP	CORPORATE BONDS	579,888	448,252
CVS HEALTH CORP	CORPORATE BONDS	655,875	661,716
BERKSHIRE HATHAWAY ENERG	CORPORATE BONDS	725,245	633,404
CANADIAN IMPERIAL BANK	CORPORATE BONDS	560,096	575,942
CANADIAN NATL RESOURCES	CORPORATE BONDS	569,481	557,568
CAPITAL ONE FINANCIAL CO	CORPORATE BONDS	100,000	94,492
CAPITAL ONE FINANCIAL CO	CORPORATE BONDS	838,609	823,921
CENTERPOINT ENER HOUSTON	CORPORATE BONDS	321,250	289,094
CENTERPOINT ENERGY RES	CORPORATE BONDS	542,032	572,293
CHARTER COMM OPT LLC/CAP	CORPORATE BONDS	1,394,225	1,346,504
CHARTER COMM OPT LLC/CAP	CORPORATE BONDS	651,538	633,273
CHARTER COMM OPT LLC/CAP	CORPORATE BONDS	64,369	64,154
CHENIERE ENERGY PARTNERS	CORPORATE BONDS	1,137,863	1,030,921
CITIGROUP INC	CORPORATE BONDS	1,013,177	1,051,578
CITIGROUP INC	CORPORATE BONDS	1,278,724	992,993
COLORADO INT GAS CO/ISS	CORPORATE BONDS	581,144	605,241
COMCAST CORP	CORPORATE BONDS	538,104	575,718

# John Hancock Employee Welfare Plan

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

**EIN 38-3261832 (Plan #501)**

**December 31, 2024**

Identity of Issuer, Borrower, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
COMCAST CORP	CORPORATE BONDS	538,854	556,673
CONOCOPHILLIPS COMPANY	CORPORATE BONDS	696,857	560,189
CONSTELLATION BRANDS INC	CORPORATE BONDS	462,795	356,457
CONSTELLATION BRANDS INC	CORPORATE BONDS	1,166,856	1,169,472
CONSTELLATION EN GEN LLC	CORPORATE BONDS	671,725	638,020
CREDIT AGRICOLE SA	CORPORATE BONDS	9,624	10,175
DTE ELECTRIC CO	CORPORATE BONDS	895,707	776,871
MERCEDES BENZ FIN NA	CORPORATE BONDS	592,899	544,289
JOHN DEERE CAPITAL CORP	CORPORATE BONDS	1,291,434	1,066,171
DELL INT LLC / EMC CORP	CORPORATE BONDS	966,969	825,903
DELL INT LLC / EMC CORP	CORPORATE BONDS	644,718	532,501
DIAGEO CAPITAL PLC	CORPORATE BONDS	706,693	728,434
WALT DISNEY COMPANY/THE	CORPORATE BONDS	724,725	602,656
DOLLAR GENERAL CORP	CORPORATE BONDS	649,788	615,141
DOMINION ENERGY INC	CORPORATE BONDS	599,046	575,082
DUKE ENERGY CORP	CORPORATE BONDS	84,453	84,189
ECOLAB INC	CORPORATE BONDS	679,562	626,875
ELECTRONIC ARTS INC	CORPORATE BONDS	90,828	78,762
ELEVANCE HEALTH INC	CORPORATE BONDS	598,584	585,612
ENBRIDGE INC	CORPORATE BONDS	658,771	661,511
ENBRIDGE INC	CORPORATE BONDS	187,079	185,253
ENERGY TRANSFER LP	CORPORATE BONDS	721,175	645,449
ENERGY TRANSFER LP	CORPORATE BONDS	662,252	600,590
ENTERPRISE PRODUCTS OPER	CORPORATE BONDS	649,760	523,210
EQUINIX INC	CORPORATE BONDS	400,114	259,935
EXPEDIA GROUP INC	CORPORATE BONDS	407,932	272,990
EXPEDIA GROUP INC	CORPORATE BONDS	617,901	572,269
FEDEX CORP	CORPORATE BONDS	818,253	776,253
FIDELITY NATL INFO SERV	CORPORATE BONDS	605,479	599,550
FLORIDA POWER + LIGHT CO	CORPORATE BONDS	1,187,438	965,188
FLORIDA POWER + LIGHT CO	CORPORATE BONDS	560,736	558,753
FLORIDA POWER + LIGHT CO	CORPORATE BONDS	111,754	98,759
FLORIDA POWER + LIGHT CO	CORPORATE BONDS	82,059	75,208
GATX CORP	CORPORATE BONDS	598,040	587,135

# John Hancock Employee Welfare Plan

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

**EIN 38-3261832 (Plan #501)**

**December 31, 2024**

Identity of Issuer, Borrower, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
GLP CAPITAL LP / FIN II	CORPORATE BONDS	624,059	637,858
GENERAL ELECTRIC CO	CORPORATE BONDS	785,625	645,885
GENERAL MILLS INC	CORPORATE BONDS	562,157	568,854
GENERAL MOTORS CO	CORPORATE BONDS	677,246	650,159
GENERAL MOTORS FINL CO	CORPORATE BONDS	678,626	635,343
GENERAL MOTORS FINL CO	CORPORATE BONDS	605,448	605,934
GOLDMAN SACHS GROUP INC	CORPORATE BONDS	683,229	666,980
GOLDMAN SACHS GROUP INC	CORPORATE BONDS	1,438,416	1,211,532
GOLDMAN SACHS GROUP INC	CORPORATE BONDS	114,951	112,823
HCA INC	CORPORATE BONDS	593,778	571,966
HEALTHPEAK OP LLC	CORPORATE BONDS	869,949	747,050
HP ENTERPRISE CO	CORPORATE BONDS	560,333	555,740
HUMANA INC	CORPORATE BONDS	587,862	583,716
ING GROEP NV	CORPORATE BONDS	736,500	627,788
JPMORGAN CHASE + CO	CORPORATE BONDS	584,584	566,755
JPMORGAN CHASE + CO	CORPORATE BONDS	514,600	477,424
JOHNSON CONTROLS/TYCO FI	CORPORATE BONDS	663,615	657,223
KEURIG DR PEPPER INC	CORPORATE BONDS	637,092	403,961
KIMBERLY CLARK CORP	CORPORATE BONDS	241,978	238,586
KINDER MORGAN INC	CORPORATE BONDS	568,667	524,823
KINDER MORGAN INC	CORPORATE BONDS	613,505	590,678
KRAFT HEINZ FOODS CO	CORPORATE BONDS	536,160	576,246
L3HARRIS TECH INC	CORPORATE BONDS	623,809	514,028
LAM RESEARCH CORP	CORPORATE BONDS	573,850	510,389
LLOYDS BANKING GROUP PLC	CORPORATE BONDS	715,912	776,295
LOCKHEED MARTIN CORP	CORPORATE BONDS	693,769	686,120
LOWE S COS INC	CORPORATE BONDS	13,962	12,428
MPLX LP	CORPORATE BONDS	666,574	643,951
MPLX LP	CORPORATE BONDS	676,869	542,894
MPLX LP	CORPORATE BONDS	1,089,668	1,028,435
WARNERMEDIA HOLDINGS INC	CORPORATE BONDS	147,284	89,233
MAGNA INTERNATIONAL INC	CORPORATE BONDS	550,663	571,056
MARATHON PETROLEUM CORP	CORPORATE BONDS	666,060	585,612
MARRIOTT INTERNATIONAL	CORPORATE BONDS	631,400	525,790

# John Hancock Employee Welfare Plan

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

**EIN 38-3261832 (Plan #501)**

**December 31, 2024**

Identity of Issuer, Borrower, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
MARVELL TECHNOLOGY INC	CORPORATE BONDS	109,830	107,151
MCDONALD S CORP	CORPORATE BONDS	626,823	529,433
MEDTRONIC INC	CORPORATE BONDS	109,915	104,187
MERCK + CO INC	CORPORATE BONDS	752,232	777,715
METLIFE INC	CORPORATE BONDS	618,415	515,065
MICROSOFT CORP	CORPORATE BONDS	666,803	666,787
MICROSOFT CORP	CORPORATE BONDS	608,950	580,156
MICROSOFT CORP	CORPORATE BONDS	626,903	450,704
MICRON TECHNOLOGY INC	CORPORATE BONDS	920,782	758,639
BERKSHIRE HATHAWAY ENERG	CORPORATE BONDS	638,471	520,058
MOLSON COORS BEVERAGE	CORPORATE BONDS	465,087	371,304
MORGAN STANLEY	CORPORATE BONDS	683,473	658,210
MORGAN STANLEY	CORPORATE BONDS	713,236	725,942
MORGAN STANLEY	CORPORATE BONDS	542,287	538,530
MOTOROLA SOLUTIONS INC	CORPORATE BONDS	767,076	773,102
NXP BV/NXP FDG/NXP USA	CORPORATE BONDS	714,106	708,900
NEWMONT CORP	CORPORATE BONDS	633,849	621,356
NVIDIA CORP	CORPORATE BONDS	1,098,450	861,951
O REILLY AUTOMOTIVE INC	CORPORATE BONDS	1,137,677	924,662
ONCOR ELECTRIC DELIVERY	CORPORATE BONDS	668,708	644,505
ONCOR ELECTRIC DELIVERY	CORPORATE BONDS	820,192	809,016
ORACLE CORP	CORPORATE BONDS	1,184,590	1,026,580
ORACLE CORP	CORPORATE BONDS	718,585	593,077
OWENS CORNING	CORPORATE BONDS	624,325	540,222
PNC FINANCIAL SERVICES	CORPORATE BONDS	169,277	158,861
PACIFICORP	CORPORATE BONDS	3,995	3,909
PHARMACIA LLC	CORPORATE BONDS	562,206	574,546
PROCTER + GAMBLE CO/THE	CORPORATE BONDS	583,019	567,196
PROLOGIS LP	CORPORATE BONDS	683,877	674,951
PRUDENTIAL FINANCIAL INC	CORPORATE BONDS	824,392	816,512
REGENCY CENTERS LP	CORPORATE BONDS	819,396	762,048
SERVICENOW INC	CORPORATE BONDS	567,648	568,524
SHELL INTERNATIONAL FIN	CORPORATE BONDS	597,354	599,646
SHIRE ACQ INV IRELAND DA	CORPORATE BONDS	613,590	590,394

# John Hancock Employee Welfare Plan

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

**EIN 38-3261832 (Plan #501)**

**December 31, 2024**

Identity of Issuer, Borrower, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
SMITH + NEPHEW PLC	CORPORATE BONDS	632,561	631,716
SOUTHWESTERN ELEC POWER	CORPORATE BONDS	529,969	552,826
T MOBILE USA INC	CORPORATE BONDS	822,296	805,144
TORONTO DOMINION BANK	CORPORATE BONDS	606,541	567,245
TRACTOR SUPPLY CO	CORPORATE BONDS	548,889	554,400
TOYOTA MOTOR CREDIT CORP	CORPORATE BONDS	649,812	486,597
TRANSCANADA PIPELINES	CORPORATE BONDS	44,145	41,419
TRUIST FINANCIAL CORP	CORPORATE BONDS	68,098	66,051
TYSON FOODS INC	CORPORATE BONDS	700,277	708,816
US AIRWAYS 2012 1A PTT	CORPORATE BONDS	557,919	520,726
UNILEVER CAPITAL CORP	CORPORATE BONDS	824,168	708,143
UNION PACIFIC CORP	CORPORATE BONDS	536,039	601,657
UNITED AIR 2016 1 A PTT	CORPORATE BONDS	653,936	663,440
UNITED AIR 2014 2 A PTT	CORPORATE BONDS	711,165	667,303
US BANCORP	CORPORATE BONDS	541,790	637,398
RTX CORP	CORPORATE BONDS	129,524	128,525
UNITEDHEALTH GROUP INC	CORPORATE BONDS	103,826	89,015
UNIVERSAL HEALTH SVCS	CORPORATE BONDS	199,166	190,076
VERIZON COMMUNICATIONS	CORPORATE BONDS	810,093	824,177
VERIZON COMMUNICATIONS	CORPORATE BONDS	1,068,296	1,011,286
VIATRIS INC	CORPORATE BONDS	1,101,235	921,595
VISA INC	CORPORATE BONDS	3,314,814	2,749,124
VISA INC	CORPORATE BONDS	2,338,210	1,934,246
VODAFONE GROUP PLC	CORPORATE BONDS	1,295,102	1,184,909
WELLS FARGO + COMPANY	CORPORATE BONDS	2,532,768	2,243,719
WELLS FARGO + COMPANY	CORPORATE BONDS	1,757,508	1,600,325
TSY INFL IX N/B	GOVERNMENT ISSUES	1,439,087	1,256,592
TSY INFL IX N/B	GOVERNMENT ISSUES	9,590,552	7,712,376
TSY INFL IX N/B	GOVERNMENT ISSUES	1,653,987	1,578,359
TSY INFL IX N/B	GOVERNMENT ISSUES	62,677	42,542
TSY INFL IX N/B	GOVERNMENT ISSUES	1,557,781	1,343,663
TSY INFL IX N/B	GOVERNMENT ISSUES	202,424	186,788
TSY INFL IX N/B	GOVERNMENT ISSUES	6,187,120	5,926,875
TSY INFL IX N/B	GOVERNMENT ISSUES	3,893,988	3,284,568

# John Hancock Employee Welfare Plan

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

**EIN 38-3261832 (Plan #501)**

**December 31, 2024**

Identity of Issuer, Borrower, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
TSY INFL IX N/B	GOVERNMENT ISSUES	90,482	80,000
TSY INFL IX N/B	GOVERNMENT ISSUES	2,428,669	2,347,033
TSY INFL IX N/B	GOVERNMENT ISSUES	1,450,798	1,389,237
TSY INFL IX N/B	GOVERNMENT ISSUES	692,287	642,117
TSY INFL IX N/B	GOVERNMENT ISSUES	1,637,558	1,533,453
TSY INFL IX N/B	GOVERNMENT ISSUES	8,797,270	8,199,705
TSY INFL IX N/B	GOVERNMENT ISSUES	2,680,456	2,327,232
TSY INFL IX N/B	GOVERNMENT ISSUES	2,332,126	2,240,412
TSY INFL IX N/B	GOVERNMENT ISSUES	5,242,199	4,951,448
TSY INFL IX N/B	GOVERNMENT ISSUES	3,911,831	3,876,469
TSY INFL IX N/B	GOVERNMENT ISSUES	4,652,311	4,512,390
TSY INFL IX N/B	GOVERNMENT ISSUES	5,683,628	5,664,692
TSY INFL IX N/B	GOVERNMENT ISSUES	7,675,930	7,374,292
TSY INFL IX N/B	GOVERNMENT ISSUES	4,375,790	4,282,355
TSY INFL IX N/B	GOVERNMENT ISSUES	4,060,684	4,066,544
TSY INFL IX N/B	GOVERNMENT ISSUES	4,803,007	4,712,064
Total		208,118,482	193,465,234
<b>IShares S&amp;P 500 Index Fund (Non-Pooled Separate Account)</b>			
SS INST US GOV MM ADMIN CLASS	STIF-TYPE INSTRUMENT	65,871	65,871
ISHARES CORE S+P 500 ETF	MUTUAL FUNDS	1,391,745	7,957,776
Total		1,457,616	8,023,647
Total assets		\$224,634,068	\$222,749,413

\* Denotes party-in-interest

## John Hancock Employee Welfare Plan

### Schedule H, Line 4j – Schedule of Reportable Transactions

**EIN 38-3261832 (Plan #501)**

**Year Ended December 31, 2024**

Identity of Party/Transactions	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<u>Category (iii) – Series of transactions in excess of 5% of Plan’s net assets:</u>						
Manulife AM Custom LDI Account	Non-Pooled Separate Account	\$ 10,997,220	\$ -	\$ 10,997,220	\$ 10,997,220	\$ -
Manulife AM Custom LDI Account	Non-Pooled Separate Account	-	10,942,046	10,942,046	10,942,046	-
Manulife AM Active Bond Fund	Non-Pooled Separate Account	-	10,596,799	6,952,890	10,596,799	3,643,909

## John Hancock Employee Welfare Plan

### Schedule H, Line 4j – Schedule of Reportable Transactions

**EIN 38-3261832 (Plan #501)**

**Year Ended December 31, 2024**

Identity of Party/Transactions	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<u>Category (iii) – Series of transactions in excess of 5% of Plan’s net assets:</u>						
Manulife AM Custom LDI Account	Non-Pooled Separate Account	\$ 10,997,220	\$ -	\$ 10,997,220	\$ 10,997,220	\$ -
Manulife AM Custom LDI Account	Non-Pooled Separate Account	-	10,942,046	10,942,046	10,942,046	-
Manulife AM Active Bond Fund	Non-Pooled Separate Account	-	10,596,799	6,952,890	10,596,799	3,643,909

# John Hancock Employee Welfare Plan

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

**EIN 38-3261832 (Plan #501)**

**December 31, 2024**

Identity of Issuer, Borrower, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
VEBA B Short-Term Bank of America Account	Interest Bearing Cash	\$7,890,301	\$7,890,301
State Street STIF	Interest Bearing Cash	392,495	392,495
Imprest Accounts	Interest Bearing Cash	444,993	444,993
SSGA EAFE INDEX	Common/Collective Trust	6,330,182	12,532,744
<b>Manulife AM Custom LDI Account (Non-Pooled Separate Account)*</b>			
SS INST US GOV MM ADMIN SALXX	STIF-TYPE INSTRUMENT	148,913	148,913
AT+T INC	CORPORATE BONDS	959,480	883,617
AT+T INC	CORPORATE BONDS	105,444	102,031
AT+T INC	CORPORATE BONDS	739,682	720,949
ABBVIE INC	CORPORATE BONDS	572,178	519,312
ABBVIE INC	CORPORATE BONDS	120,047	119,503
ABBVIE INC	CORPORATE BONDS	645,927	658,081
ABBVIE INC	CORPORATE BONDS	93,319	84,846
AIR LEASE CORP	CORPORATE BONDS	683,687	675,970
AIR PRODUCTS + CHEMICALS	CORPORATE BONDS	627,904	540,594
AMAZON.COM INC	CORPORATE BONDS	998,640	867,930
AMAZON.COM INC	CORPORATE BONDS	755,603	748,605
AMER AIRLINE 16 1 A PTT	CORPORATE BONDS	182,464	160,910
AMERICAN INTERNATIONAL	CORPORATE BONDS	792,744	780,768
AMERICAN TOWER CORP	CORPORATE BONDS	30,967	29,561
CENCORA INC	CORPORATE BONDS	677,572	682,955
AMGEN INC	CORPORATE BONDS	548,736	592,548
AMGEN INC	CORPORATE BONDS	558,468	556,530
ANHEUSER BUSCH CO/INBEV	CORPORATE BONDS	395,982	362,943
ANHEUSER BUSCH CO/INBEV	CORPORATE BONDS	884,727	747,003
APPLIED MATERIALS INC	CORPORATE BONDS	596,646	583,278
AUTONATION INC	CORPORATE BONDS	668,963	663,964
BANCO SANTANDER SA	CORPORATE BONDS	237,960	231,889
BANK OF AMERICA CORP	CORPORATE BONDS	699,754	436,513
BANK OF AMERICA CORP	CORPORATE BONDS	601,794	608,130
BANK OF AMERICA CORP	CORPORATE BONDS	687,085	627,403
BANK OF AMERICA CORP	CORPORATE BONDS	653,485	682,892
BANK OF AMERICA CORP	CORPORATE BONDS	84,703	84,271

# John Hancock Employee Welfare Plan

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

**EIN 38-3261832 (Plan #501)**

**December 31, 2024**

Identity of Issuer, Borrower, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
BANK OF MONTREAL	CORPORATE BONDS	160,564	159,338
BOEING CO	CORPORATE BONDS	710,430	689,549
BOEING CO	CORPORATE BONDS	693,713	688,058
BOSTON PROPERTIES LP	CORPORATE BONDS	654,858	653,290
BP CAP MARKETS AMERICA	CORPORATE BONDS	539,368	482,285
BP CAP MARKETS AMERICA	CORPORATE BONDS	550,749	520,884
BRISTOL MYERS SQUIBB CO	CORPORATE BONDS	708,848	696,122
BROADCOM INC	CORPORATE BONDS	578,243	607,776
BROADCOM INC	CORPORATE BONDS	640,000	620,800
CDW LLC/CDW FINANCE	CORPORATE BONDS	584,948	603,973
CIGNA GROUP/THE	CORPORATE BONDS	745,313	726,555
CIGNA GROUP/THE	CORPORATE BONDS	818,967	773,375
CNA FINANCIAL CORP	CORPORATE BONDS	720,844	784,699
CSX CORP	CORPORATE BONDS	783,598	815,210
CVS HEALTH CORP	CORPORATE BONDS	616,519	529,238
CVS HEALTH CORP	CORPORATE BONDS	257,644	247,435
CVS HEALTH CORP	CORPORATE BONDS	724,027	603,673
CVS HEALTH CORP	CORPORATE BONDS	579,888	448,252
CVS HEALTH CORP	CORPORATE BONDS	655,875	661,716
BERKSHIRE HATHAWAY ENERG	CORPORATE BONDS	725,245	633,404
CANADIAN IMPERIAL BANK	CORPORATE BONDS	560,096	575,942
CANADIAN NATL RESOURCES	CORPORATE BONDS	569,481	557,568
CAPITAL ONE FINANCIAL CO	CORPORATE BONDS	100,000	94,492
CAPITAL ONE FINANCIAL CO	CORPORATE BONDS	838,609	823,921
CENTERPOINT ENER HOUSTON	CORPORATE BONDS	321,250	289,094
CENTERPOINT ENERGY RES	CORPORATE BONDS	542,032	572,293
CHARTER COMM OPT LLC/CAP	CORPORATE BONDS	1,394,225	1,346,504
CHARTER COMM OPT LLC/CAP	CORPORATE BONDS	651,538	633,273
CHARTER COMM OPT LLC/CAP	CORPORATE BONDS	64,369	64,154
CHENIERE ENERGY PARTNERS	CORPORATE BONDS	1,137,863	1,030,921
CITIGROUP INC	CORPORATE BONDS	1,013,177	1,051,578
CITIGROUP INC	CORPORATE BONDS	1,278,724	992,993
COLORADO INT GAS CO/ISS	CORPORATE BONDS	581,144	605,241
COMCAST CORP	CORPORATE BONDS	538,104	575,718

# John Hancock Employee Welfare Plan

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

**EIN 38-3261832 (Plan #501)**

**December 31, 2024**

Identity of Issuer, Borrower, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
COMCAST CORP	CORPORATE BONDS	538,854	556,673
CONOCOPHILLIPS COMPANY	CORPORATE BONDS	696,857	560,189
CONSTELLATION BRANDS INC	CORPORATE BONDS	462,795	356,457
CONSTELLATION BRANDS INC	CORPORATE BONDS	1,166,856	1,169,472
CONSTELLATION EN GEN LLC	CORPORATE BONDS	671,725	638,020
CREDIT AGRICOLE SA	CORPORATE BONDS	9,624	10,175
DTE ELECTRIC CO	CORPORATE BONDS	895,707	776,871
MERCEDES BENZ FIN NA	CORPORATE BONDS	592,899	544,289
JOHN DEERE CAPITAL CORP	CORPORATE BONDS	1,291,434	1,066,171
DELL INT LLC / EMC CORP	CORPORATE BONDS	966,969	825,903
DELL INT LLC / EMC CORP	CORPORATE BONDS	644,718	532,501
DIAGEO CAPITAL PLC	CORPORATE BONDS	706,693	728,434
WALT DISNEY COMPANY/THE	CORPORATE BONDS	724,725	602,656
DOLLAR GENERAL CORP	CORPORATE BONDS	649,788	615,141
DOMINION ENERGY INC	CORPORATE BONDS	599,046	575,082
DUKE ENERGY CORP	CORPORATE BONDS	84,453	84,189
ECOLAB INC	CORPORATE BONDS	679,562	626,875
ELECTRONIC ARTS INC	CORPORATE BONDS	90,828	78,762
ELEVANCE HEALTH INC	CORPORATE BONDS	598,584	585,612
ENBRIDGE INC	CORPORATE BONDS	658,771	661,511
ENBRIDGE INC	CORPORATE BONDS	187,079	185,253
ENERGY TRANSFER LP	CORPORATE BONDS	721,175	645,449
ENERGY TRANSFER LP	CORPORATE BONDS	662,252	600,590
ENTERPRISE PRODUCTS OPER	CORPORATE BONDS	649,760	523,210
EQUINIX INC	CORPORATE BONDS	400,114	259,935
EXPEDIA GROUP INC	CORPORATE BONDS	407,932	272,990
EXPEDIA GROUP INC	CORPORATE BONDS	617,901	572,269
FEDEX CORP	CORPORATE BONDS	818,253	776,253
FIDELITY NATL INFO SERV	CORPORATE BONDS	605,479	599,550
FLORIDA POWER + LIGHT CO	CORPORATE BONDS	1,187,438	965,188
FLORIDA POWER + LIGHT CO	CORPORATE BONDS	560,736	558,753
FLORIDA POWER + LIGHT CO	CORPORATE BONDS	111,754	98,759
FLORIDA POWER + LIGHT CO	CORPORATE BONDS	82,059	75,208
GATX CORP	CORPORATE BONDS	598,040	587,135

# John Hancock Employee Welfare Plan

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

**EIN 38-3261832 (Plan #501)**

**December 31, 2024**

Identity of Issuer, Borrower, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
GLP CAPITAL LP / FIN II	CORPORATE BONDS	624,059	637,858
GENERAL ELECTRIC CO	CORPORATE BONDS	785,625	645,885
GENERAL MILLS INC	CORPORATE BONDS	562,157	568,854
GENERAL MOTORS CO	CORPORATE BONDS	677,246	650,159
GENERAL MOTORS FINL CO	CORPORATE BONDS	678,626	635,343
GENERAL MOTORS FINL CO	CORPORATE BONDS	605,448	605,934
GOLDMAN SACHS GROUP INC	CORPORATE BONDS	683,229	666,980
GOLDMAN SACHS GROUP INC	CORPORATE BONDS	1,438,416	1,211,532
GOLDMAN SACHS GROUP INC	CORPORATE BONDS	114,951	112,823
HCA INC	CORPORATE BONDS	593,778	571,966
HEALTHPEAK OP LLC	CORPORATE BONDS	869,949	747,050
HP ENTERPRISE CO	CORPORATE BONDS	560,333	555,740
HUMANA INC	CORPORATE BONDS	587,862	583,716
ING GROEP NV	CORPORATE BONDS	736,500	627,788
JPMORGAN CHASE + CO	CORPORATE BONDS	584,584	566,755
JPMORGAN CHASE + CO	CORPORATE BONDS	514,600	477,424
JOHNSON CONTROLS/TYCO FI	CORPORATE BONDS	663,615	657,223
KEURIG DR PEPPER INC	CORPORATE BONDS	637,092	403,961
KIMBERLY CLARK CORP	CORPORATE BONDS	241,978	238,586
KINDER MORGAN INC	CORPORATE BONDS	568,667	524,823
KINDER MORGAN INC	CORPORATE BONDS	613,505	590,678
KRAFT HEINZ FOODS CO	CORPORATE BONDS	536,160	576,246
L3HARRIS TECH INC	CORPORATE BONDS	623,809	514,028
LAM RESEARCH CORP	CORPORATE BONDS	573,850	510,389
LLOYDS BANKING GROUP PLC	CORPORATE BONDS	715,912	776,295
LOCKHEED MARTIN CORP	CORPORATE BONDS	693,769	686,120
LOWE S COS INC	CORPORATE BONDS	13,962	12,428
MPLX LP	CORPORATE BONDS	666,574	643,951
MPLX LP	CORPORATE BONDS	676,869	542,894
MPLX LP	CORPORATE BONDS	1,089,668	1,028,435
WARNERMEDIA HOLDINGS INC	CORPORATE BONDS	147,284	89,233
MAGNA INTERNATIONAL INC	CORPORATE BONDS	550,663	571,056
MARATHON PETROLEUM CORP	CORPORATE BONDS	666,060	585,612
MARRIOTT INTERNATIONAL	CORPORATE BONDS	631,400	525,790

# John Hancock Employee Welfare Plan

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

**EIN 38-3261832 (Plan #501)**

**December 31, 2024**

Identity of Issuer, Borrower, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
MARVELL TECHNOLOGY INC	CORPORATE BONDS	109,830	107,151
MCDONALD S CORP	CORPORATE BONDS	626,823	529,433
MEDTRONIC INC	CORPORATE BONDS	109,915	104,187
MERCK + CO INC	CORPORATE BONDS	752,232	777,715
METLIFE INC	CORPORATE BONDS	618,415	515,065
MICROSOFT CORP	CORPORATE BONDS	666,803	666,787
MICROSOFT CORP	CORPORATE BONDS	608,950	580,156
MICROSOFT CORP	CORPORATE BONDS	626,903	450,704
MICRON TECHNOLOGY INC	CORPORATE BONDS	920,782	758,639
BERKSHIRE HATHAWAY ENERG	CORPORATE BONDS	638,471	520,058
MOLSON COORS BEVERAGE	CORPORATE BONDS	465,087	371,304
MORGAN STANLEY	CORPORATE BONDS	683,473	658,210
MORGAN STANLEY	CORPORATE BONDS	713,236	725,942
MORGAN STANLEY	CORPORATE BONDS	542,287	538,530
MOTOROLA SOLUTIONS INC	CORPORATE BONDS	767,076	773,102
NXP BV/NXP FDG/NXP USA	CORPORATE BONDS	714,106	708,900
NEWMONT CORP	CORPORATE BONDS	633,849	621,356
NVIDIA CORP	CORPORATE BONDS	1,098,450	861,951
O REILLY AUTOMOTIVE INC	CORPORATE BONDS	1,137,677	924,662
ONCOR ELECTRIC DELIVERY	CORPORATE BONDS	668,708	644,505
ONCOR ELECTRIC DELIVERY	CORPORATE BONDS	820,192	809,016
ORACLE CORP	CORPORATE BONDS	1,184,590	1,026,580
ORACLE CORP	CORPORATE BONDS	718,585	593,077
OWENS CORNING	CORPORATE BONDS	624,325	540,222
PNC FINANCIAL SERVICES	CORPORATE BONDS	169,277	158,861
PACIFICORP	CORPORATE BONDS	3,995	3,909
PHARMACIA LLC	CORPORATE BONDS	562,206	574,546
PROCTER + GAMBLE CO/THE	CORPORATE BONDS	583,019	567,196
PROLOGIS LP	CORPORATE BONDS	683,877	674,951
PRUDENTIAL FINANCIAL INC	CORPORATE BONDS	824,392	816,512
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# John Hancock Employee Welfare Plan

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**EIN 38-3261832 (Plan #501)**

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UNILEVER CAPITAL CORP	CORPORATE BONDS	824,168	708,143
UNION PACIFIC CORP	CORPORATE BONDS	536,039	601,657
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US BANCORP	CORPORATE BONDS	541,790	637,398
RTX CORP	CORPORATE BONDS	129,524	128,525
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UNIVERSAL HEALTH SVCS	CORPORATE BONDS	199,166	190,076
VERIZON COMMUNICATIONS	CORPORATE BONDS	810,093	824,177
VERIZON COMMUNICATIONS	CORPORATE BONDS	1,068,296	1,011,286
VIATRIS INC	CORPORATE BONDS	1,101,235	921,595
VISA INC	CORPORATE BONDS	3,314,814	2,749,124
VISA INC	CORPORATE BONDS	2,338,210	1,934,246
VODAFONE GROUP PLC	CORPORATE BONDS	1,295,102	1,184,909
WELLS FARGO + COMPANY	CORPORATE BONDS	2,532,768	2,243,719
WELLS FARGO + COMPANY	CORPORATE BONDS	1,757,508	1,600,325
TSY INFL IX N/B	GOVERNMENT ISSUES	1,439,087	1,256,592
TSY INFL IX N/B	GOVERNMENT ISSUES	9,590,552	7,712,376
TSY INFL IX N/B	GOVERNMENT ISSUES	1,653,987	1,578,359
TSY INFL IX N/B	GOVERNMENT ISSUES	62,677	42,542
TSY INFL IX N/B	GOVERNMENT ISSUES	1,557,781	1,343,663
TSY INFL IX N/B	GOVERNMENT ISSUES	202,424	186,788
TSY INFL IX N/B	GOVERNMENT ISSUES	6,187,120	5,926,875
TSY INFL IX N/B	GOVERNMENT ISSUES	3,893,988	3,284,568

# John Hancock Employee Welfare Plan

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

**EIN 38-3261832 (Plan #501)**

**December 31, 2024**

Identity of Issuer, Borrower, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
TSY INFL IX N/B	GOVERNMENT ISSUES	90,482	80,000
TSY INFL IX N/B	GOVERNMENT ISSUES	2,428,669	2,347,033
TSY INFL IX N/B	GOVERNMENT ISSUES	1,450,798	1,389,237
TSY INFL IX N/B	GOVERNMENT ISSUES	692,287	642,117
TSY INFL IX N/B	GOVERNMENT ISSUES	1,637,558	1,533,453
TSY INFL IX N/B	GOVERNMENT ISSUES	8,797,270	8,199,705
TSY INFL IX N/B	GOVERNMENT ISSUES	2,680,456	2,327,232
TSY INFL IX N/B	GOVERNMENT ISSUES	2,332,126	2,240,412
TSY INFL IX N/B	GOVERNMENT ISSUES	5,242,199	4,951,448
TSY INFL IX N/B	GOVERNMENT ISSUES	3,911,831	3,876,469
TSY INFL IX N/B	GOVERNMENT ISSUES	4,652,311	4,512,390
TSY INFL IX N/B	GOVERNMENT ISSUES	5,683,628	5,664,692
TSY INFL IX N/B	GOVERNMENT ISSUES	7,675,930	7,374,292
TSY INFL IX N/B	GOVERNMENT ISSUES	4,375,790	4,282,355
TSY INFL IX N/B	GOVERNMENT ISSUES	4,060,684	4,066,544
TSY INFL IX N/B	GOVERNMENT ISSUES	4,803,007	4,712,064
Total		208,118,482	193,465,234
<b>IShares S&amp;P 500 Index Fund (Non-Pooled Separate Account)</b>			
SS INST US GOV MM ADMIN CLASS	STIF-TYPE INSTRUMENT	65,871	65,871
ISHARES CORE S+P 500 ETF	MUTUAL FUNDS	1,391,745	7,957,776
Total		1,457,616	8,023,647
Total assets		\$224,634,068	\$222,749,413

\* Denotes party-in-interest