

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK PROFIT SHARING PLAN
1b Three-digit plan number (PN) 004
1c Effective date of plan 01/01/1988
2a Plan sponsor's name (employer, if for a single-employer plan) SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK
2b Employer Identification Number (EIN) 15-0442730
2c Plan Sponsor's telephone number 607-723-3551
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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	394
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	297
	6a(2)	302
	6b	14
	6c	86
	6d	402
	6e	1
	6f	403
	6g(1)	386
	6g(2)	398
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2F 2G 2J 2K 2S 2T 3H 3D 2R

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</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>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</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>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK PROFIT SHARING PLAN</p>	<p>B Three-digit plan number (PN) ▶ 004</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK</p>	<p>D Employer Identification Number (EIN) 15-0442730</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
SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
15-0442730	68772	01005617	3	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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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.	
4	Current value of plan's interest under this contract in the general account at year end	4
5	Current value of plan's interest under this contract in separate accounts at year end.....	5
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶ RATES FILED WITH THE DEPARTMENT OF INSURANCE IN THOSE STATES THAT REQUIRE FILING	
b	Premiums paid to carrier	6b 0
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 0
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3)
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 0
d	Total of balance and additions (add lines 7b and 7c(6))	7d 0
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 0	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 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:

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

10 Nonexperience-rated contracts:

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

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

A Name of plan SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK	D Employer Identification Number (EIN) 15-0442730	

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

MORGAN STANLEY SMITH BARNEY LLC

20-8764829

(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?
26	INVESTMENT ADVISOR	76854	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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65 71	RECORDKEEPER	37752	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	7820	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.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DODGE & COX BAL I - SS&C GIDS, INC 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GS HIGH YIELD INST - GOLDMAN SACHS 13-5108880	0.12%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK PROFIT SHARING PLAN</u>	B Three-digit plan number (PN)	<u>004</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK</u>	D Employer Identification Number (EIN) <u>15-0442730</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO STABLE VAL I</u>		
b Name of sponsor of entity listed in (a): <u>INVESCO TRUST COMPANY</u>		
c EIN-PN <u>84-1142974-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5405814</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BR MIDCAP GR EQ L1</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>		
c EIN-PN <u>20-3802327-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1433567</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AB US LG CP GR W MSG</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>		
c EIN-PN <u>38-4116831-509</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6577868</u>
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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK	D Employer Identification Number (EIN) 15-0442730

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	88	844
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1832113	1883925
(2) U.S. Government securities	1c(2)	7392	7545
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	50870	51417
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	1221120	1495667
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	1010425	964061
(9) Value of interest in common/collective trusts	1c(9)	5928323	13417249
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	64427433	66301031
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	1570	32927

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	296436	15580
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	74775770	84170246
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	74775770	84170246

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	2352398	
(B) Participants.....	2a(1)(B)	2087705	
(C) Others (including rollovers).....	2a(1)(C)	798976	
(2) Noncash contributions.....	2a(2)	0	5239079
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	75462	150984
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	1954	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	73568	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		150984
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	3196806
(B) Common stock.....	2b(2)(B)	13504	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	3183302	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3196806
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	1332849	65830
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1267019	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	0	292486
(B) Other.....	2b(5)(B)	292486	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1163133
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4376091
c Other income	2c		337751
d Total income. Add all income amounts in column (b) and enter total	2d		14822160

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5209220	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5209220
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	37750	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	7820	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	172894	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		218464
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5427684

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9394476
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **JOHNSON LAUDER & SAVADGE, LLP**

(2) EIN: **16-0919630**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
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	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK</u>	D Employer Identification Number (EIN) <u>15-0442730</u>	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A.

THE SECURITY MUTUAL LIFE
INSURANCE COMPANY OF NEW YORK
PROFIT SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

THE SECURITY MUTUAL LIFE
INSURANCE COMPANY OF NEW YORK
PROFIT SHARING PLAN

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Independent Auditor's Report

To the Plan Administrator of The
Security Mutual Life Insurance Company of
New York Profit Sharing Plan

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

We have performed audits of the accompanying financial statements of the Security Mutual Life Insurance Company of New York Profit Sharing 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 – modified cash basis as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits – modified cash basis for the years then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 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 the modified cash basis of accounting described in Note 2.

To the Plan Administrator of The
Security Mutual Life Insurance Company of
New York Profit Sharing Plan

- 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 Security Mutual Life Insurance Company of New York Profit Sharing 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.

Emphasis of Matter —Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting as described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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 the financial statements are 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.

To the Plan Administrator of The
Security Mutual Life Insurance Company of
New York Profit Sharing Plan

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 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 the modified cash basis of accounting.

To the Plan Administrator of The
Security Mutual Life Insurance Company of
New York Profit Sharing Plan

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 the modified cash basis of accounting.

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.

Other Matter - Supplemental Schedule Required by ERISA

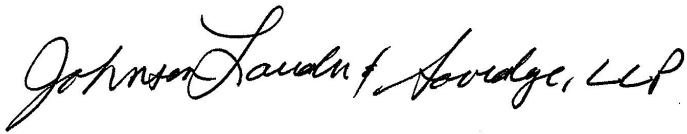
The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, 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 schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is 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 schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is 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 schedule 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).

To the Plan Administrator of The
Security Mutual Life Insurance Company of
New York Profit Sharing Plan

A handwritten signature in black ink that reads "Johnson, Lauder & Savidge, LLP". The signature is written in a cursive, flowing style.

JOHNSON, LAUDER & SAVIDGE, LLP

Binghamton, New York
October 13, 2025

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR
BENEFITS - MODIFIED CASH BASIS

DECEMBER 31, 2024 AND 2023

	2024	2023
Participant - directed investments, at fair value	\$ 69,773,356	\$ 67,540,586
Collective investment trust, at contract value	5,405,814	5,928,323
Collective investment trust, at fair value	8,011,435	-
Notes receivable from participants	964,061	1,010,425
Participant individual insurance - accumulated value	<u>15,580</u>	<u>296,436</u>
Net assets available for benefits	<u><u>\$ 84,170,246</u></u>	<u><u>\$ 74,775,770</u></u>

The accompanying notes are an integral part of these financial statements

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE
FOR BENEFITS - MODIFIED CASH BASIS

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Additions to net assets attributed to:		
Investment income:		
Net realized and unrealized appreciation in value of investments	\$ 6,165,199	\$ 8,193,332
Interest and dividends	3,344,314	2,275,917
Interest on notes receivable from participants	73,568	70,752
Miscellaneous income	-	34,920
Total investment income	9,583,081	10,574,921
Contributions:		
Participants' salary deferral	2,087,705	1,898,301
Participants' rollovers	798,976	77,253
Employer's matching	459,120	436,419
Employer's profit sharing - discretionary	477,449	373,957
Employer's profit sharing - fixed	1,415,829	1,302,237
Total contributions	5,239,079	4,088,167
Total additions	14,822,160	14,663,088
Deductions from net assets attributed to:		
Benefits paid to participants or beneficiaries	5,209,220	4,450,139
Fees	218,464	212,498
Total deductions	5,427,684	4,662,637
Net increase (decrease)	9,394,476	10,000,451
Net assets available for benefits:		
Beginning of year	74,775,770	64,775,319
End of year	\$ 84,170,246	\$ 74,775,770

The accompanying notes are an integral part of these financial statements

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1: DESCRIPTION OF THE PLAN

The following brief description of The Security Mutual Life Insurance Company of New York Profit Sharing Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

Plan Sponsor: Security Mutual Life Insurance Company of New York
Plan Name: The Security Mutual Life Insurance Company of New York Profit Sharing Plan
Plan No: 004

Participating Employers’ Identification Numbers:
15-0442730 Plan Sponsor
16-1209645 Security Administrators Inc. (Affiliate)

General

The Plan is a defined contribution profit sharing plan covering substantially all employees of Security Mutual Life Insurance Company of New York (the “Company”) who have met certain requirements as to length of service and age. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and is administered by the Plan Sponsor. For the years ended December 31, 2024 and 2023, the Plan utilized Fidelity Management Trust Company (FMTC), a private trust bank as custodian and trustee. Additionally, the Plan utilized Security Mutual Life Insurance Company of New York, a regulated insurance custodian, as trustee and custodian for insurance contract investments for the entirety of the years ended December 31, 2024 and 2023.

Amendments to Plan

The plan was amended effective January 1, 2018, to change the eligibility for the employer fixed and discretionary contribution to the completion of at least 1,000 hours of service during the first six months of employment or a year of service. The Plan was also amended with an effective date of September 30, 2018, to allow for in-service distributions from all contribution sources upon the attainment of age 65 and was subsequently amended with an effective date of November 15, 2018, to allow for in-service distributions upon the attainment of age 59 ½. In addition, effective January 1, 2019, the plan adopted an automatic enrollment arrangement, which includes a 2% deferral percentage. Further, effective January 1, 2019, a 2-year cliff vesting schedule was added to the 2% company match. Also, effective January 1, 2019, the entry date was modified based on the type of contributions under the Plan. For salary deferrals and matching contributions, the applicable entry date is the date of employment. For employer contributions, the entry date is the last day of the calendar month employed.

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1: DESCRIPTION OF THE PLAN (continued)

Payment of Benefits

Benefits under the Plan are paid to retirees and beneficiaries principally in the form of lump sum distributions, although other options are available as permitted by law.

Eligibility

Employees are eligible to defer compensation once they attain age 21. Employees are eligible for the employer matching contribution upon the last day of the calendar month employed and attainment of age 21. Employees are eligible for the fixed non-elective contribution and the discretionary contribution upon completion of 1,000 hours of service within the first 6 months of employment, and attainment of age 21.

Contributions

Employees can defer their salary up to statutory amounts allowed by the Internal Revenue Code. In addition, individuals who will be at least 50 years of age by the end of the calendar year are eligible to make “catch-up” contributions beyond regular limits. Participants may also contribute amounts representing distributions from other qualified plans. Participants self-direct the investment of their contributions into various investment options offered.

The Company contributes to the Plan as follows: (1) by a matching contribution up to a maximum of 2.0% of eligible compensation, (2) by a 6.0% of eligible compensation fixed non-elective contribution, and (3) a discretionary contribution determined by the Company, which was 2.5% for 2024 and 3% for 2023. All investments are fully participant directed.

Notes Receivable from Participants

Participants may borrow from the Plan a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested balance. The notes are collateralized by the vested balance in the participant’s account and bear interest at 2% above the prime rate. Principal and interest are paid through wage withholdings over 5 or 15 years.

Participant Loan Interest

Interest on participant loans is listed separately from investment income.

Contributions and Benefits Paid

Contributions from the sponsor are recorded on the modified cash basis. Benefits are recorded when paid.

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1: DESCRIPTION OF THE PLAN (continued)

Life Insurance

The Plan instituted the option of life insurance to its participants with an initial enrollment period of December 1, 2000 (and annually thereafter). The products include Ultra Security and Customizer 4.

The life insurance consists of a 20% premium discount to the employee with the discount shown as a reduction in insurance expense in the statements of changes in net assets available for benefits. The annual premium is not to exceed 50% of contributions made to the participant's account, including Company contributions. The Company may limit the premium to no more than 25% of participant's payroll deferral. The premium is deducted from the participant's account on a pro rata basis. To be eligible, the participant must have entered the profit-sharing Plan no later than July 1 of enrollment year.

Hardship Withdrawals

Hardship withdrawals from the Plan are permitted from the vested portion of the participant accounts. All hardship withdrawals must comply with specific rules relating to hardships, which are uniformly applicable to all participants.

Participant Accounts

Individual accounts are maintained for each plan participant. Each participant's account is credited with the participant's contributions and Company matching, fixed non-elective contributions and discretionary supplemental contributions, and allocations of plan earnings. Each participant's account is charged with allocations of plan gains, losses and administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investments are held within various investment funds offered and maintained by FMTC. Contributions to the Plan are invested, at the discretion of the participant, in one or a combination of available investment options.

Forfeited Accounts

Forfeited participant accounts are used to reduce the Company's contributions to the Plan. A total of \$18,237 and \$48,516 was utilized in 2024 and 2023, respectively, to reduce employer contributions.

At December 31, 2024 and 2023, forfeited non-vested accounts totaled \$65,957 and \$18,237, respectively.

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1: DESCRIPTION OF THE PLAN (continued)

Vesting

All contributions other than the fixed non-elective contribution are 100% vested. The employer's fixed non-elective contribution is vested on a 6-year graded schedule effective January 1, 2007, as follows:

Years of Service	Vested Percentage
Less than 2 years	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years or more	100%

Also, effective January 1, 2019, a 2-year cliff vesting schedule was added to the 2% company match.

Terminated Participants

The value of participant accounts which are owned by participants who are classified as terminated at December 31, 2024 and 2023 aggregated to \$20,778,328 and \$19,592,943, respectively.

Administrative Expenses and Exempt Parties in Interest Transactions

Administrative expenses may be paid for by the Plan or the Company. Fees associated with plan loans by participants are deducted from the participant accounts. Investment-related expenses are included in the net appreciation of fair value of investments. Administrative costs charged to the Plan were \$218,464 and \$212,498 for 2024 and 2023, respectively. FMTC, as trustee, hold the funds for the Plan and are responsible for managing the Plan's investment assets and executing all investment transactions. For the years ended December 31, 2024 and 2023 certain Plan investments were shared of funds managed by Fidelity Investments as part of the Fidelity Workplace Services group. Transactions involving these funds qualify as party-in-interest transactions. Those transactions, however, are specifically exempt from the Department of Labor's party-in-interest reporting requirements. Notes receivable from participants qualify as party-in-interest transactions, as defined by ERISA.

Basis of Accounting

The financial statements for the Plan have been prepared on the modified cash basis of accounting as permitted by the Department of Labor. The modified cash basis of accounting is a comprehensive basis of accounting other than generally accepted accounting principles.

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Plan Termination

The Plan is administered by a Plan Administrator appointed by the Chief Executive Officer of the Company. The Company anticipates and believes the Plan will continue; however, in the event of termination of the Plan, the Plan provides that the net assets of the Plan are to be set aside for the exclusive benefit of the participants. Benefits accrued to the date of the Plan termination, to the extent funded, shall be non-forfeitable.

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition

Shares of registered investment companies and common/collective trusts are valued at fair value, which is the modification to a strict cash basis presentation, except for the fully benefit-responsive investment contract, which is reported at contract value. Participant loans are valued at cost based on actual outstanding principal amounts of all individual loans. In the event of default, a distribution of retirement benefit is to occur for the unpaid balance. Insurance company auxiliary fund deposits are increased for actual interest earnings credited and reduced by actual withdrawals as permitted.

FMTC, the trustee and custodian reports on a cash basis and uses a daily valuation system for valuing plan investments.

The system is designed so that each plan participant has their own individual account. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the modified cash basis. Contributions and investment earnings are allocated upon receipt to each participant's account. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. The plan assets are calculated daily using the Net Asset Value (NAV) for each investment option.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participants accounts and are included in administrative expenses. Investment-related expenses are included in net appreciation (depreciation) of fair value of investments.

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Events Occurring After Reporting Date

The Company has evaluated events and transactions that occurred between December 31, 2024 and October 13, 2025, which is the date the financial statements were available to be issued, for possible disclosure and recognition in the financial statements. The Company found no transactions or events during that period that would require adjustment to, or disclosure in, these financial statements.

Reclassifications

Certain prior year financial statement presentations have been reclassified to conform to the current year presentation.

NOTE 3: GUARANTEED INVESTMENT CONTRACT

The Plan has a fully benefit-responsive investment contract with Invesco Trust Company, Invesco Stable Value Trust, which is shown as a collective investment trust on the statement of net assets. Invesco maintains the contributions in a group annuity (general account). The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed on the Plan.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Fidelity, represents contributions made under the contract, plus earnings, less participants withdrawals, and administrative expenses.

Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 4: INVESTMENTS AND FAIR VALUE MEASUREMENTS

The Plan utilizes FMTC’s services to determine its securities’ fair values. The fair value of an asset is the amount at which that asset could be bought or sold in a current transaction between willing parties, that is, other than a forced liquidation sale. The Plan’s financial assets carried at fair value have been classified, for disclosure purposes, and are based on hierarchy defined by FASB Codification Section 820. The Plan does not have any financial liabilities applicable under this guidance.

The levels of fair value hierarchy are as follows:

Level 1: Observable inputs based upon quoted market prices for identical assets or liabilities within active markets.

Level 2: Observable inputs other than Level 1 that are based upon quoted market prices for similar assets or liabilities, based upon quoted prices within active markets, or inputs other than quoted market prices that are observable through market data for substantially the full term of the asset or liability.

Level 3: Unobservable inputs for the particular asset or liability due to little or no market activity and are significant to the fair value of the asset or liability. These inputs reflect assumptions that market participants would use when valuing the particular asset or liability.

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

Investment levels by investment category for 2024 are:

Investment Category	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs	Total
Mutual Funds	\$ 66,206,388	\$ -	\$ -	\$ 66,206,388
Self-Directed Brokerage Accounts	3,501,188	-	-	3,501,188
Money Market Funds	<u>65,780</u>	<u>-</u>	<u>-</u>	<u>65,780</u>
 Total assets at fair value	 69,773,356	 -	 -	 69,773,356
 Collective Investment Trusts, at net asset value				 <u>8,011,435</u>
 Total				 <u>\$ 77,784,791</u>

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 4: INVESTMENTS AND FAIR VALUE MEASUREMENTS (continued)

Investment levels by investment category for 2023 are:

Investment Category	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs	Total
Mutual Funds	\$ 64,252,765	\$ -	\$ -	\$ 64,252,765
Self-Directed Brokerage Accounts	3,255,905	-	-	3,255,905
Money Market Funds	31,916	-	-	31,916
	<u>31,916</u>	<u>-</u>	<u>-</u>	<u>31,916</u>
Total assets at fair value	<u>\$ 67,540,586</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 67,540,586</u>

The following tables set forth a summary of the Plan's investments whose NAV is used as a practical expedient to estimate fair value as of December 31:

Investment	Fair Value at December 31, 2024	2023	Unfunded Commitments	Redemption Frequency (If Eligible)	Redemption Notice Period
Collective investment trusts:					
Alliance Bernstein US Large Cap Growth Fund	\$ 6,577,868	\$ -	N/A	Daily	30 days
Blackrock Midcap Growth Equity Fund	<u>1,433,567</u>	<u>-</u>	N/A	Daily	30 days
Total	<u>\$ 8,011,435</u>	<u>\$ -</u>			

The following is a description of the valuation methodologies used for investments as measured above:

Mutual funds: Valued at the net asset value of shares held by the Plan at year-end.

Self-directed brokerage accounts: Valued at the aggregate value of the investments held. Money market accounts are valued at cost plus accrued interest. Mutual funds are valued at the daily closing price as reported by the fund. Corporate stocks are valued at closing price reported on the active market on which the individual securities are traded.

Money market funds: Valued at cost plus accrued interest.

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 4: INVESTMENTS AND FAIR VALUE MEASUREMENTS (continued)

Collective investment trusts: Valued at the NAV of units held. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions may occur daily.

NOTE 5: INFORMATION CERTIFIED BY THE INSURER AND CUSTODIANS

The data in the following table summarizes financial information of the Plan certified as complete and accurate by Fidelity Management Trust Company, the trustee of the Plan, in accordance with 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA:

	2024	2023
Fidelity Management Trust Company		
Interest and dividends	\$ 3,417,882	\$ 2,346,669
Net change in realized and unrealized gain	\$ 6,165,199	\$ 8,193,332
Investments at end of period	\$ 84,154,666	\$ 74,479,334

NOTE 6: RISKS AND UNCERTAINTIES

Investment securities are exposed to various risks, such as interest rate, market, and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in their values in the near term would materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

NOTE 7: INCOME TAX STATUS

The Plan obtained its latest determination letter on June 13, 1995, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter for the most recent legislative changes and any changes listed in Note 1. The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 8: CONTINGENT LIFE INSURANCE SURRENDER CHARGES

A total of three participants elected to obtain life insurance policies with contracts in force at December 31, 2024. The statement of net assets available for benefits – modified cash basis includes a total of \$15,580 and \$296,436 of accumulated value for these policies and others in force at the time in aggregate as of December 31, 2024 and 2023, respectively. The value is determined based on the individual cash surrender amounts of each universal life policy prior to potential surrender charges if coverage is cancelled. The total potential surrender charges related to these policies at both December 31, 2024 and 2023 was \$0 and \$18,149, respectively.

NOTE 9: RELATED PARTIES

Security Administrators, Inc. is a partially owned non-life insurance subsidiary of Security Mutual Life Insurance Company of New York, the sponsor of the Plan.

The loan trustee of the Plan and the Plan administrator are employees of the Plan sponsor.

Plan participants are permitted to purchase insurance from the Plan sponsor as part of their self-directed investment choices. Three participants paid premiums totaling \$694 and \$35,096 in 2024 and 2023, respectively, for this life insurance. The total premiums paid are representative of competitive prices that are offered by the plan sponsor in the marketplace less a 20% discount.

NOTE 10: RECONCILIATION OF CERTIFICATION TO FINANCIAL STATEMENTS

The following schedule identifies the primary adjustment to the financial statements and Form 5500 figures from the certification information in Note 5, excluding grouping presentations between the data.

	2024	2023
Net assets available for benefits-modified cash basis		
Per certification - Fidelity	\$ 84,154,666	\$ 74,479,334
Add: participant insurance - accumulated value	15,580	296,436
Per financial statements and Form 5500	\$ 84,170,246	\$ 74,775,770

SUPPLEMENTAL SCHEDULE
SECURITY MUTUAL LIFE
INSURANCE COMPANY OF NEW YORK
PROFIT SHARING PLAN
PLAN NUMBER – 004
EIN 15-0442730
Schedule H, Line 4i – Schedule of
Assets (Held at End of Year)

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(EMPLOYER EIN 15-0442730, PLAN 004)
(Reference: Form 5500, Schedule H, Line 4i)

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, and par or maturity value	Cost ^	Current Value	
Collective Investment Trust:				
Invesco	Stable Value Trust		\$	5,405,814
Blackrock	Midcap Growth Equity Fund			1,433,567
Alliance Bernstein	U.S. Large Cap Growth Fund			6,577,868
Mutual Funds:				
American Funds	Cap World Growth and Income Fund			619,202
American Funds	New World Fund			501,753
Blackrock	Equity Dividend Fund			5,915,797
Blackrock	High Yield Fund			665,069
Dodge & Cox	Balanced Fund			5,483,736
* Fidelity	Advisor Freedom 2010			438,227
* Fidelity	Advisor Freedom 2015			99,514
* Fidelity	Advisor Freedom 2020			2,143,094
* Fidelity	Advisor Freedom 2025			538,516
* Fidelity	Advisor Freedom 2030			8,232,510
* Fidelity	Advisor Freedom 2035			709,864
* Fidelity	Advisor Freedom 2040			5,170,452
* Fidelity	Advisor Freedom 2045			449,251
* Fidelity	Advisor Freedom 2050			2,832,849
* Fidelity	Advisor Freedom 2055			309,434
* Fidelity	Advisor Freedom 2060			279,678
* Fidelity	Advisor Freedom 2065			41,222
* Fidelity	Advisor Freedom 2070			28
* Fidelity	Advisor Freedom Inc.			104,110
* Fidelity	500 Index - Admiral Fund			7,586,756
* Fidelity	Inflation Protection Fund			775,074
* Fidelity	Midcap Index - Admiral Fund			3,116,279
* Fidelity	Smallcap Index - Admiral Fund			1,834,292
* Fidelity	Global Ex US Index Fund			377,145
JP Morgan	U.S. Equity Fund			5,520,790
Lord Abbett	Bond Debenture Fund			396,077
MFS	International Diversification Fund			2,746,008
Prudential	Total Return Bond Fund			5,075,257
Undiscovered Managers	Behavioral Value Fund			1,405,632
Victory Sycamore	Estimated Value Fund			2,042,936
William Blair	Smallcap Growth Fund			795,836
Subtotal to next page			\$	79,623,637

^ Cost data omitted for participant directed individual account plan

* Denotes a party in interest asset

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(EMPLOYER EIN 15-0442730, PLAN 004)
(Reference: Form 5500, Schedule H, Line 4i)

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest, collateral, and par or maturity value	Cost ^	Current Value
	Continued from prior page			\$ 79,623,637
*	Fidelity Government Money Market Fund			65,780
	Participant-Directed Brokerage Accounts			<u>3,501,188</u>
	Participant-Directed Investments Total			83,190,605
*	Participant Loans	(5.25%-10.50%), various maturities		964,061
*	Participant Individual Insurance Contracts			<u>15,580</u>
				<u><u>\$ 84,170,246</u></u>

^ Cost data omitted for participant directed individual account plan

* Denotes a party in interest asset

SUPPLEMENTAL SCHEDULE
SECURITY MUTUAL LIFE
INSURANCE COMPANY OF NEW YORK
PROFIT SHARING PLAN
PLAN NUMBER – 004
EIN 15-0442730
Schedule H, Line 4i – Schedule of
Assets (Held at End of Year)

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(EMPLOYER EIN 15-0442730, PLAN 004)
(Reference: Form 5500, Schedule H, Line 4i)

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, and par or maturity value	Cost ^	Current Value	
Collective Investment Trust:				
Invesco	Stable Value Trust		\$	5,405,814
Blackrock	Midcap Growth Equity Fund			1,433,567
Alliance Bernstein	U.S. Large Cap Growth Fund			6,577,868
Mutual Funds:				
American Funds	Cap World Growth and Income Fund			619,202
American Funds	New World Fund			501,753
Blackrock	Equity Dividend Fund			5,915,797
Blackrock	High Yield Fund			665,069
Dodge & Cox	Balanced Fund			5,483,736
* Fidelity	Advisor Freedom 2010			438,227
* Fidelity	Advisor Freedom 2015			99,514
* Fidelity	Advisor Freedom 2020			2,143,094
* Fidelity	Advisor Freedom 2025			538,516
* Fidelity	Advisor Freedom 2030			8,232,510
* Fidelity	Advisor Freedom 2035			709,864
* Fidelity	Advisor Freedom 2040			5,170,452
* Fidelity	Advisor Freedom 2045			449,251
* Fidelity	Advisor Freedom 2050			2,832,849
* Fidelity	Advisor Freedom 2055			309,434
* Fidelity	Advisor Freedom 2060			279,678
* Fidelity	Advisor Freedom 2065			41,222
* Fidelity	Advisor Freedom 2070			28
* Fidelity	Advisor Freedom Inc.			104,110
* Fidelity	500 Index - Admiral Fund			7,586,756
* Fidelity	Inflation Protection Fund			775,074
* Fidelity	Midcap Index - Admiral Fund			3,116,279
* Fidelity	Smallcap Index - Admiral Fund			1,834,292
* Fidelity	Global Ex US Index Fund			377,145
JP Morgan	U.S. Equity Fund			5,520,790
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THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(EMPLOYER EIN 15-0442730, PLAN 004)
(Reference: Form 5500, Schedule H, Line 4i)

DECEMBER 31, 2024

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