

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 2em; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>UTAH AUTOMOBILE DEALERS ASSOCIATION INSURANCE TRUST</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>UTAH AUTOMOBILE DEALERS ASSOCIATION</u></p> <p><u>6095 S FASHION BLVD, STE 250</u> <u>MURRAY, UT 84107</u></p>	<p>1c Effective date of plan <u>03/12/1948</u></p> <p>2b Employer Identification Number (EIN) <u>87-0186696</u></p> <p>2c Plan Sponsor's telephone number <u>801-484-8845</u></p> <p>2d Business code (see instructions) <u>441110</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	RICHARD SCORESBY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	RICHARD SCORESBY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor UTAH AUTOMOBILE DEALERS ASSOCIATION INSURANCE TRUST 6095 S FASHION PLACE BLVD, STE 250 MURRAY, UT 84107		3b Administrator's EIN 87-6120873
		3c Administrator's telephone number 801-484-8845
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		5 691
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).		
6a(1) Total number of active participants at the beginning of the plan year		6a(1) 691
6a(2) Total number of active participants at the end of the plan year		6a(2) 619
b Retired or separated participants receiving benefits.....		6b 0
c Other retired or separated participants entitled to future benefits		6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 619
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e
f Total. Add lines 6d and 6e		6f
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)		6g(1)
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7

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

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

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input checked="" type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>3</u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 160467082

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan UTAH AUTOMOBILE DEALERS ASSOCIATION INSURANCE TRUST	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 UTAH AUTOMOBILE DEALERS ASSOCIATION	D Employer Identification Number (EIN) 87-0186696

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

SELECTHEALTH

(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
87-0409820	95153	G1007189	455	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 146987	(b) Total amount of fees paid 65261
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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

UTAH AUTO DEALERS INSURANCE TRUST **6095 S FASHION BLVD, STE 250**
MURRAY, UT 84107

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
137618	61101		3

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

UTAH AUTO DEALERS REGISTRATION **6095 S FASHION BLVD, STE 250**
MURRAY, UT 84107

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9369	4160		3

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

Schedule A (Form 5500) 2024
v. 240311

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	
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)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <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	6240701
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. ▶

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	
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)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <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	27491
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. ▶

<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 UTAH AUTOMOBILE DEALERS ASSOCIATION INSURANCE TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 UTAH AUTOMOBILE DEALERS ASSOCIATION</p>	<p>D Employer Identification Number (EIN) 87-0186696</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
INTERMOUNTAIN HEALTH - EMPLOYEE ASSISTANCE PROGRAM (EAP)

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-2854057		N/A	455	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
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	(c) Amount	(d) Purpose	

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
(6) Total additions			7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions			7e(5)	
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)
b Benefit charges (1) Claims paid	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2))		9b(3)
(4) Claims charged		9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies	9c(1)(F)	
(G) Other retention charges	9c(1)(G)	
(H) Total retention		9c(1)(H)
(2) Dividends or retroactive rate refunds. (These amounts were <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	19132
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <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 UTAH AUTOMOBILE DEALERS ASSOCIATION INSURANCE TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 UTAH AUTOMOBILE DEALERS ASSOCIATION	D Employer Identification Number (EIN) 87-0186696	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

LARSON & COMPANY, PC

11240 S RIVER HEIGHTS DR
SOUTH JORDAN, UT 84095

87-0516083

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	23930	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)

AVALAN, LLC

233 E CARRILLO ST, STE B
SANTA BARBARA, CA 93101

27-4448768

(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?
	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	15452	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

JOAN OGDEN ACTUARIES

1423 DEVONSHIRE DRIVE
SALT LAKE CITY, UT 84108

87-0483011

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	8325	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

GIBSON INSURANCE AGENCY, INC.

6849 S 700 W, STE 305
MIDVALE, UT 84047

35-1116724

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23	NONE	5109	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)

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input 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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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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 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.	<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 UTAH AUTOMOBILE DEALERS ASSOCIATION INSURANCE TRUST	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 UTAH AUTOMOBILE DEALERS ASSOCIATION	D Employer Identification Number (EIN) 87-0186696

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

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	38614 49853
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	591641 624943
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1222257 1387636
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	1437 1437

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	1853949	2063869
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	8628	22787
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	544450	500311
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	553078	523098
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1300871	1540771

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)	4958122	
(B) Participants.....	2a(1)(B)	1324227	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6282349
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1161	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1161
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	37069	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		37069
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	142697	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	199346
d Total income. Add all income amounts in column (b) and enter total	2d	6662622

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	
(2) To insurance carriers for the provision of benefits	2e(2)	6287324
(3) Other	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	6287324
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions)	2g	
h Interest expense	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	48471
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	15452
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	1140
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses	2i(11)	70335
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	135398
j Total expenses. Add all expense amounts in column (b) and enter total	2j	6422722

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	239900
l Transfers of assets:		
(1) To this plan	2l(1)	
(2) From this plan	2l(2)	

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **LARSON & COMPANY, PC**

(2) EIN: **87-0516083**

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		3000000
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.			

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 _____.

UTAH AUTOMOBILE DEALERS ASSOCIATION INSURANCE TRUST



FINANCIAL STATEMENTS, SUPPLEMENTAL SCHEDULE AND
INDEPENDENT AUDITOR'S REPORT

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



UTAH AUTOMOBILE DEALERS ASSOCIATION INSURANCE TRUST

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Independent Auditor's Report

To the Board of Trustees
Utah Automobile Dealers Association Insurance Trust

Opinion

We have audited the financial statements of **Utah Automobile Dealers Association Insurance Trust** (the "Plan" or "Trust"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023 and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of **Utah Automobile Dealers Association Insurance Trust** as of December 31, 2024 and 2023, and the changes in net assets available for benefits for the year ended December 31, 2024 in accordance with accounting principles generally accepted in the United States of America.

Basis of Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Trust'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 Trust's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedule Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The Supplemental Schedule H, Line 4i- Schedule of Assets (Held at End of Year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, 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 information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink that reads "Lessor Company P.C." in a cursive script.

Salt Lake City, Utah
October 10, 2025

UTAH AUTOMOBILE DEALERS ASSOCIATION INSURANCE TRUST

Statements of Net Assets Available for Benefits

As of December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<u>ASSETS</u>		
Cash and cash equivalents	\$ 624,943	\$ 591,641
Premiums due from participating dealers, net	49,853	38,614
Investments, at fair value	1,387,636	1,222,257
Prepaid insurance	1,437	1,437
Total assets	<u>2,063,869</u>	<u>1,853,949</u>
<u>LIABILITIES</u>		
Trade accounts payable	22,787	8,628
Advance deposits from participating dealers	500,311	544,450
Total liabilities	<u>523,098</u>	<u>553,078</u>
Total net assets available for benefits	<u>\$ 1,540,771</u>	<u>\$ 1,300,871</u>

The accompanying notes to the financial statements are an integral part of these statements

UTAH AUTOMOBILE DEALERS ASSOCIATION INSURANCE TRUST

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2024

ADDITIONS

Contributions:

Employer contributions	\$ 4,958,122
Participant contributions	<u>1,324,227</u>
Total contributions	<u>6,282,349</u>

Investment income:

Net appreciation (depreciation) in fair value of investments	142,697
Interest and dividends	<u>38,230</u>
Net investment income (loss)	<u>180,927</u>

Other Income:

Management fees and commissions	199,317
Other income	<u>29</u>
Total other income	<u>199,346</u>

Total additions	<u>6,662,622</u>
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DEDUCTIONS

Insurance premiums:

Health	6,048,459
Dental	211,662
Life	22,349
Disability	<u>4,854</u>

Total insurance premiums	<u>6,287,324</u>
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Administrative expenses	<u>135,398</u>
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Total deductions	<u>6,422,722</u>
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Net change in net assets available for benefits	<u>239,900</u>
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Net assets available for benefits, beginning of year	<u>1,300,871</u>
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Net assets available for benefits, end of year	<u><u>\$ 1,540,771</u></u>
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The accompanying notes to the financial statements
are an integral part of these statements

UTAH AUTOMOBILE DEALERS ASSOCIATION INSURANCE TRUST

Notes to the Financial Statements
December 31, 2024 and 2023

1. DESCRIPTION OF THE PLAN

The following description of the **Utah Automobile Dealers Association Insurance Trust** (the “Plan” or “Trust”) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Utah Automobile Dealers Association Insurance Trust operates a fully insured, multiple employer, defined benefit employee health and welfare plan. The Plan was established on March 12, 1948, and all participating employers are located in Utah. The purpose of the Trust is to fund Plan benefits for participating employees of participating companies who are members of the Utah Automobile Dealers Association (“Sponsor”). The health and dental benefits offered under the Plan are provided by group insurance contracts with Select Health and Intermountain EAP. The life and disability benefits offered under the Plan are provided by group insurance contracts with The Hartford. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The Plan provides benefits to eligible employees of participating employers working at least 30 hours per week or have a 25% verifiable ownership interest and have satisfied their employers’ new-hire waiting period requirements, as defined in the Plan document.

Benefits

The Plan provides medical, dental, vision, life, and disability benefits to eligible employees (and their covered dependents) of participating employers as defined by the Plan document. Employers and Employees elect the benefits to be provided and the related coverage options offered. The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (“COBRA”).

Insured Benefits

The Plan fully insures the medical, dental, vision, life, and disability benefits through insurance contracts. The Sponsor purchases annual and monthly contracts for these insured benefits.

Contributions

Participants contribute specified amounts as determined by their employers and based on applicable monthly premiums for a participant’s respective benefit elections. The participating employers contribute the remaining portion of the contracted premium amount to the Plan. The Plan reserves the right to change participant contribution amounts as needed at least annually by the Trustees. Participants pay the full cost of supplemental and dependent life insurance and disability insurance programs based on the current group rate premium cost. The participating employers pay the full cost of basic life insurance.

UTAH AUTOMOBILE DEALERS ASSOCIATION INSURANCE TRUST

Notes to the Financial Statements
December 31, 2024 and 2023

1. DESCRIPTION OF THE PLAN (Continued)

Plan Termination

Although it has not expressed any intention to do so, the Sponsor has the right under the Plan to modify the benefits provided to active employees, to discontinue its contributions at any time, and to terminate the Plan subject to the provisions set forth in ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may revert to the Sponsor or be used for purposes other than for the exclusive benefit of the Plan's participants.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's financial statements are prepared in accordance with accounting principles generally accepted in the United States of America ("GAAP") using the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Payment of Benefits

Premiums paid by the Plan are recorded as premium payments in the accompanying statement of changes in net assets available for benefits.

Concentrations of Credit Risk

The Plan's cash is held in a federally insured account that, at times, may exceed federally insured limits. The Plan has not experienced any losses in such accounts.

Premiums Due from Participating Dealers

Receivables due from participating employers are uncollateralized employer obligations due under normal trade terms requiring payment within 20 days from the invoice date. Receivables are stated at the amount billed to the employers. The Trust does not charge interest on overdue account balances. Payments of receivables are allocated to the specific invoice identified on the participating employer's remittance advice or, if unspecified, are applied to the earliest unpaid invoice.

The Plan has established an allowance for credit losses. Allowance for credit losses reflects the estimate of the amount of receivables that the Plan will be unable to collect based on historical write-off experience and, as applicable, current conditions and reasonable and supportable forecasts that affect collectability. Premiums due from participating dealers are the only material financial asset that is subject to the requirement to measure expected credit losses. The estimate could require change based on changing circumstances, including changes in the economy or in the particular circumstances of individual customers.

UTAH AUTOMOBILE DEALERS ASSOCIATION INSURANCE TRUST

Notes to the Financial Statements
December 31, 2024 and 2023

2. **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

Premiums Due from Participating Dealers (Continued)

Accordingly, the Plan may be required to increase or decrease its allowance. Receivables are written-off when they are determined to be uncollectible.

There have been no changes in the allowance for credit losses for the years ended December 31, 2024 and 2023.

Advance Deposits from Participating Employers

In accordance with the provisions of the Trust Agreement, participating employers are required to make an advance deposit equal to one month's premium for all participating employees. Increases and decreases from such advance deposits are collected from or returned to the employers each month by adjusting the monthly premium billing.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Sponsor determines the Plan's valuation policies and procedures utilizing information provided by investment advisors and custodians. See Note 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/depreciation includes the Plan's gains and losses on investments bought and sold as well as those held during the year. The classification of investment earnings reported in the statement of changes in the net assets available for benefits may differ from the classification of earnings on Form 5500 due to different reporting requirements on Form 5500.

Revenue Recognition

The Plan recognizes dues and contributions from participants in the month in which coverage is provided. Dues and contributions received in advance of coverage dates are recorded as advance deposits from participating dealers. Employer contributions are based on current agreed upon rates and are recognized as contribution revenue once a month as the amounts are billed to participating dealers.

Management Fees and Commissions

The Trust receives a management fee calculated as a percentage of the total premiums collected for life insurance, supplemental life insurance, and disability insurance and a medical and dental insurance commission.

UTAH AUTOMOBILE DEALERS ASSOCIATION INSURANCE TRUST

Notes to the Financial Statements
December 31, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Post-Retirement Benefits and Benefit Obligations

The Trust agreement has no provisions for post-retirement benefits. Because the Trust is fully insured, it has no benefit obligations. Accordingly, the statement of "Plan's Benefit Obligations and Changes in Plan's Benefit Obligations" is not applicable for this Trust.

Expenses

Administrative expenses incurred in the administration of the Plan that are paid by the Plan include employee expenses, accounting and legal fees, consulting fees, and other administrative fees. These expenses are recorded as deductions in the accompanying statement of changes in net assets available for benefits. Any expenses that are directly paid by the Sponsor are excluded from these financial statements.

3. TAX STATUS

The Trust received an exemption letter from the Internal Revenue Service ("IRS") dated March 26, 1997, stating that the trust is tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code ("IRC"). However, as a result of the Plan's funding policy, from time to time the trust may be subject to income taxes. No federal or state income taxes have been recorded in 2024 or 2023 for unrelated business taxable income.

In addition, the Plan and Trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the Trust. The Plan Administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related Trust is tax exempt.

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

4. FAIR VALUE MEASUREMENTS

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

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

UTAH AUTOMOBILE DEALERS ASSOCIATION INSURANCE TRUST

Notes to the Financial Statements
December 31, 2024 and 2023

4. FAIR VALUE MEASUREMENTS (Continued)

Level 2 Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement 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.

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

Exchange-traded funds and real estate investment trusts - Valued at the closing price reported by the fund or trust. Exchange traded funds ("ETF") and real estate investment trusts ("REIT") held by the Plan are open-ended management investment companies that are registered with the Securities and Exchange Commission. The shares are traded throughout the day at the market price.

Common stocks - Valued at the closing price reported on the active market on which the individual securities are traded.

The fair value methods used by the Plan may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

UTAH AUTOMOBILE DEALERS ASSOCIATION INSURANCE TRUST

Notes to the Financial Statements
December 31, 2024 and 2023

4. FAIR VALUE MEASUREMENTS (Continued)

Fair values of investments measured on a recurring basis at December 31, 2024 and 2023 are as follows:

	<u>Fair Value Measurements at Reporting Date Using:</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>December 31, 2024</u>				
Exchange-traded funds	\$ 521,619	\$ -	\$ -	\$ 521,619
REITs	8,134	-	-	8,134
Common stocks	857,883	-	-	857,883
Total investments	\$ 1,387,636	\$ -	\$ -	\$ 1,387,636
<u>December 31, 2023</u>				
Exchange-traded funds	\$ 469,539	\$ -	\$ -	\$ 469,539
REITs	4,985	-	-	4,985
Common stocks	747,733	-	-	747,733
Total investments	\$ 1,222,257	\$ -	\$ -	\$ 1,222,257

5. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

During the years ended December 31, 2024 and 2023, the Trust paid administrative fees for payroll and related taxes, health insurance, and retirement benefits totaling **\$48,471** and \$44,243, respectively, to the Plan Sponsor and its wholly owned subsidiary. The Trust also paid rent on a short-term lease arrangement totaling **\$10,800** and \$10,800, respectively, to the Plan Sponsor and its wholly owned subsidiary.

As of December 31, 2024 and 2023, the Plan had related party receivables for management fees from the Plan Sponsor totaling **\$33,833** and \$19,108, respectively.

As of December 31, 2024 and 2023, the Plan had related party payables for administrative fees to the Plan Sponsor totaling **\$12,754** and \$5,719, respectively.

As disclosed in Note 1, the Plan has several arrangements with service providers. These transactions are party-in-interest transactions under ERISA.

6. RISKS AND UNCERTAINTIES

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

UTAH AUTOMOBILE DEALERS ASSOCIATION INSURANCE TRUST

Notes to the Financial Statements
December 31, 2024 and 2023

7. SUBSEQUENT EVENTS

Management has evaluated subsequent events through the date of the independent auditor's report, which is the date the financial statements were available to be issued. No events have occurred subsequent to December 31, 2024 that would require additional recording or disclosure in these financial statements.

SUPPLEMENTAL SCHEDULE

UTAH AUTOMOBILE DEALERS ASSOCIATION INSURANCE TRUST

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

EIN 87-6120873 PN 501

December 31, 2024

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
Exchange traded funds:				
	ISHARES CORE US	Exchange-traded fund	\$ 134,713	\$ 130,331
	ISHARES HIGH YIELD	Exchange-traded fund	4,683	4,815
	ISHARES IBOXX INVT GRADE	Exchange-traded fund	16,594	13,462
	ISHARES SHORT TREASURY	Exchange-traded fund	53,491	53,513
	ISHARES TR IS 1-5 YR IN	Exchange-traded fund	76,819	79,618
	ISHARES 1-3 YEAR TREASRY	Exchange-traded fund	120,429	122,478
	ISHARES 3-7 YEAR	Exchange-traded fund	87,208	88,280
	ISHARES 7-10 YEAR	Exchange-traded fund	36,736	29,122
	Total exchange traded funds			<u>521,619</u>
REITs:				
	AMERN TOWER CORP REIT	REIT	5,401	4,402
	PROLOGIS INC. REIT	REIT	2,733	2,220
	WELLTOWER INC	REIT	1,525	1,512
	Total REITs			<u>8,134</u>
Common stocks:				
	ABBOTT LABORATORIES	Common Stock	4,199	4,638
	ABBVIE INC	Common Stock	2,770	3,376
	ABN AMRO BK N V AMSTER F	Common Stock	2,720	2,534
	ACCENTURE PLCF	Common Stock	2,561	3,166
	ADOBE INC	Common Stock	3,206	4,447
	ADVANCED MICRO DEVICE IN	Common Stock	1,604	2,778
	AFLAC INC	Common Stock	1,384	1,965
	AGEAS F	Common Stock	2,354	2,811
	AGILENT TECHNOLOGIES INC	Common Stock	1,486	1,343
	ALIBABA GROUP HLDG LTD F	Common Stock	2,437	2,374
	ALLSTATE CORP	Common Stock	1,302	1,542
	ALPHABET INC	Common Stock	6,941	11,926
	ALPHABET INC	Common Stock	2,998	11,426
	ALTRIA GROUP INC	Common Stock	4,770	5,072
	AMAZON.COM INC	Common Stock	12,728	21,281
	AMERICAN ELEC PWR CO INC	Common Stock	1,604	1,660
	AMERICAN EXPRESS CO	Common Stock	2,431	4,452
	AMERIPRISE FINL INC	Common Stock	1,408	1,597
	AMGEN INC	Common Stock	2,349	2,606
	AMPHENOL CORP	Common Stock	1,291	2,084
	ANALOG DEVICES INC	Common Stock	1,562	2,125
	ANGLO AMERN PLC F	Common Stock	4,430	3,791
	AON PLC F	Common Stock	1,420	1,796
	APOLLO GLOBAL MGMT INC	Common Stock	1,356	1,982
	APPLE INC	Common Stock	14,702	39,817
	APPLIED MATERIALS	Common Stock	1,559	2,602
	ASML HLDG N V F	Common Stock	1,312	1,386
	ASTRAZENECA PLC F	Common Stock	1,549	1,376
	AT&T INC	Common Stock	1,321	1,685
	AUTOMATIC DATA PROCESSING	Common Stock	2,879	4,684
	AXA SA F	Common Stock	2,718	3,095

See accompanying independent auditor's report

UTAH AUTOMOBILE DEALERS ASSOCIATION INSURANCE TRUST

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

EIN 87-6120873 PN 501

December 31, 2024

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
	BANCO SANTANDER SA F	Common Stock	1,619	1,432
	BANK OF AMERICA CORP	Common Stock	5,510	9,054
	BARCLAYS PLC F	Common Stock	3,527	6,113
	BERKSHIRE HATHAWAY	Common Stock	5,471	10,879
	BLACKROCK INC	Common Stock	1,352	2,050
	BLACKSTONE INC	Common Stock	1,660	2,931
	BNP PARIBAS F	Common Stock	4,175	5,526
	BOEING CO	Common Stock	2,570	2,478
	BOSTON SCIENTIFIC CO	Common Stock	1,181	2,054
	BRISTOL MYERS SQUIBB	Common Stock	1,586	1,471
	BROADCOM INC	Common Stock	4,163	17,620
	BROWN & BROWN INC	Common Stock	1,336	1,530
	BRP INC F	Common Stock	3,384	2,747
	CADENCE DESIGN SYS	Common Stock	2,003	2,704
	CARRIER GLOBAL CORP	Common Stock	1,359	1,707
	CATERPILLAR INC	Common Stock	2,909	4,353
	CENTERRA GOLD INC F	Common Stock	1,418	1,081
	CHARLES SCHWAB CORP	Common Stock	2,636	2,664
	CHEVRON CORP	Common Stock	2,432	2,752
	CHINA SHENHUA ENERGY C F	Common Stock	2,344	3,017
	CHUBB LTD F	Common Stock	1,543	2,210
	CINTAS CORP	Common Stock	941	1,644
	CISCO SYS INC	Common Stock	3,678	5,446
	CITIGROUP INC	Common Stock	2,193	3,027
	CK HUTCHISON HLDGS LTD F	Common Stock	2,571	2,533
	COLGATE PALMOLIVE CO	Common Stock	2,154	2,455
	COMCAST CORP	Common Stock	2,996	3,190
	COMPAGNIE DE ST GOBAIN F	Common Stock	3,401	7,401
	CONOCOPHILLIPS	Common Stock	2,292	1,983
	CONSTELLATION ENERGY CORP	Common Stock	1,412	1,566
	CORTEVA INC	Common Stock	1,465	1,424
	COSTCO WHSL CORP	Common Stock	529	2,749
	CREDIT AGRICOLE S A F	Common Stock	2,719	3,108
	CVS HEALTH CORP	Common Stock	2,313	1,032
	DANAHER CORP	Common Stock	2,703	2,525
	DEERE & CO	Common Stock	2,364	2,542
	DEUTSCHE BANK AG F	Common Stock	4,352	5,558
	DHL GROUP ADR F	Common Stock	3,558	2,897
	DISNEY WALT CO	Common Stock	4,167	4,343
	DTE ENERGY CO	Common Stock	1,409	1,570
	EATON CORP PLC F	Common Stock	1,951	2,987
	ECOLAB INC	Common Stock	2,190	2,812
	ELEVANCE HEALTH INC	Common Stock	926	1,476
	ELI LILLY AND CO	Common Stock	3,733	9,264
	ENN ENERGY HLDGS LTD F	Common Stock	2,679	1,309
	ENTERGY CORP	Common Stock	1,208	1,820
	EXXON MOBIL CORP	Common Stock	6,535	6,992
	FASTENAL CO	Common Stock	2,869	2,876
	FISERV INC	Common Stock	1,815	3,081

See accompanying independent auditor's report

UTAH AUTOMOBILE DEALERS ASSOCIATION INSURANCE TRUST

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

EIN 87-6120873 PN 501

December 31, 2024

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
	FREEMPORT-MCMORAN INC	Common Stock	1,532	1,142
	GALLAGHER ARTHUR J & CO	Common Stock	1,561	1,987
	GARTNER INC	Common Stock	1,321	1,938
	GE AEROSPACE	Common Stock	917	3,169
	GENERAL DYNAMICS CORP	Common Stock	1,406	1,581
	GILEAD SCIENCES INC	Common Stock	2,865	3,233
	GLENCORE PLC F	Common Stock	2,713	1,772
	GOLDMAN SACHS GROUP INC	Common Stock	1,325	3,436
	HCA HEALTHCARE INC	Common Stock	1,603	1,801
	HEIDELBERG MATLS AG F	Common Stock	2,713	4,838
	HOME DEPOT INC	Common Stock	2,742	8,169
	HONDA MTR LTD F	Common Stock	1,718	1,827
	HONEYWELL INTL INC	Common Stock	2,755	4,518
	IBM CORP	Common Stock	1,342	2,198
	ILLINOIS TOOL WKS INC	Common Stock	1,276	1,268
	IMPERIAL OIL LTD F	Common Stock	2,756	3,018
	INTEL CORP	Common Stock	2,467	1,283
	INTERCONTINENTAL EXCHANGE	Common Stock	1,427	1,341
	INTUIT	Common Stock	3,178	4,400
	INTUITIVE SURGICAL INC	Common Stock	2,139	4,698
	ISUZU MTRS LTD F	Common Stock	2,852	2,858
	ITOCHU CORP F	Common Stock	3,091	3,942
	ITURAN LOCATION AND CO F	Common Stock	2,095	2,461
	JD COM INC F	Common Stock	1,430	1,248
	JOHNSON & JOHNSON	Common Stock	5,219	5,062
	JOHNSON CONTROLS INTER F	Common Stock	1,776	1,815
	JOYY INC F	Common Stock	2,560	2,846
	JPMORGAN CHASE & CO	Common Stock	4,171	8,869
	KIMBERLY CLARK CORP	Common Stock	3,495	3,407
	KINGFISHER PLC F	Common Stock	2,570	2,719
	KKR & CO INC	Common Stock	1,297	1,923
	KLA CORP	Common Stock	1,424	2,520
	KOITO MFG CO LTD F	Common Stock	2,692	2,464
	KONINKLIJKE A HOLD DELH F	Common Stock	3,323	3,455
	KROGER CO	Common Stock	1,156	1,529
	LAM RESH CORP	Common Stock	1,964	2,167
	LENOVO GROUP LTD F	Common Stock	1,806	2,781
	LLOYDS BANKING GROUP P F	Common Stock	1,607	2,056
	LOCKHEED MARTIN CORP	Common Stock	3,887	4,373
	LOWES COS INC	Common Stock	3,772	4,442
	MANULIFE FINL CORP F	Common Stock	1,417	1,996
	MARRIOTT INTL INC	Common Stock	1,071	1,674
	MARSH & MCLENNAN COS INC	Common Stock	2,808	3,611
	MARVELL TECHNOLOGY INC	Common Stock	1,274	2,430
	MASTERCARD INC	Common Stock	7,402	11,058
	MAZDA MTR CORP F	Common Stock	2,698	1,847
	MCDONALDS CORP	Common Stock	2,907	3,189
	MCKESSON CORP	Common Stock	1,824	2,850
	MEDTRONIC PLC F	Common Stock	357	1,598

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UTAH AUTOMOBILE DEALERS ASSOCIATION INSURANCE TRUST

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

EIN 87-6120873 PN 501

December 31, 2024

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
	MEITUAN F	Common Stock	2,650	3,066
	MERCADOLIBRE INC	Common Stock	1,225	1,700
	MERCK & CO. INC	Common Stock	2,219	2,388
	META PLATFORMS INC	Common Stock	3,715	15,223
	METLIFE INC	Common Stock	1,658	1,638
	MICRON TECHNOLOGY INC	Common Stock	1,319	1,936
	MICROSOFT CORP	Common Stock	12,268	32,034
	mitsui & co ltd F	Common Stock	2,179	2,499
	MONDELEZ INTL INC	Common Stock	2,006	1,911
	MOODY'S CORP	Common Stock	2,652	3,787
	MORGAN STANLEY	Common Stock	2,323	3,394
	MSCI INC	Common Stock	1,536	1,800
	MTN GROUP LTD F	Common Stock	2,660	1,625
	NATWEST GROUP PLC F	Common Stock	2,082	3,570
	NETFLIX INC	Common Stock	5,635	14,261
	NEXTERA ENERGY INC	Common Stock	2,475	2,509
	NIKE INC	Common Stock	1,122	1,362
	NIPPON STEEL CORP F	Common Stock	2,704	2,567
	NIPPON YUSEN KABUSHIKI F	Common Stock	2,572	2,652
	NORSK HYDRO ASA ADR F	Common Stock	2,774	1,865
	NOVARTIS AG F	Common Stock	1,803	1,849
	NOVO-NORDISK A S F	Common Stock	613	2,064
	NVIDIA CORP	Common Stock	4,297	36,258
	NXP SEMICONDUCTORS N V F	Common Stock	1,174	1,247
	O'REILLY AUTOMOTIVE INC	Common Stock	1,818	2,372
	ORACLE CORP	Common Stock	1,715	3,833
	OTIS WORLDWIDE CORP	Common Stock	1,288	1,297
	OWENS CORNING	Common Stock	1,774	1,703
	PACCAR INC	Common Stock	1,885	1,976
	PALANTIR TECHNOLOGIES IN	Common Stock	1,439	2,950
	PALO ALTO NETWORKS INC	Common Stock	2,266	3,275
	PARKER-HANNIFIN CORP	Common Stock	2,797	3,816
	PAYCHEX INC	Common Stock	3,417	3,786
	PAYPAL HLDGS INC	Common Stock	1,771	2,561
	PDD HOLDINGS INC F	Common Stock	1,230	873
	PEPSICO INC	Common Stock	4,851	4,714
	PETROLEO BRASILEIRO SA F	Common Stock	2,034	1,929
	PFIZER INC	Common Stock	1,401	1,220
	PHILIP MORRIS INTL INC	Common Stock	3,352	4,212
	PING AN INS GROUP CO C F	Common Stock	2,327	1,979
	PNC FINL SERVICES	Common Stock	2,244	2,893
	PPL CORP	Common Stock	1,443	1,428
	PROCTER & GAMBLE CO	Common Stock	4,011	6,203
	PT ASTRA INTL TBK F	Common Stock	2,667	1,696
	PULTEGROUP INC	Common Stock	2,692	2,831
	QUALCOMM INC	Common Stock	2,486	2,765
	QUANTA SVCS INC	Common Stock	1,213	1,896
	RANDSTAD NV F	Common Stock	2,712	1,785
	ROCHE HLDG LTD F	Common Stock	2,352	2,093

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UTAH AUTOMOBILE DEALERS ASSOCIATION INSURANCE TRUST

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

EIN 87-6120873 PN 501

December 31, 2024

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	RTX CORP	Common Stock	2,647	3,587
	S&P GLOBAL INC	Common Stock	2,174	2,988
	SALESFORCE INC	Common Stock	4,918	8,358
	SANTOS LTD F	Common Stock	2,391	1,931
	SBA COMMUNICATIONS CORP	Common Stock	1,669	1,427
	SERVICENOW INC	Common Stock	1,321	3,180
	SHERWIN-WILLIAMS CO	Common Stock	1,358	1,700
	SINGAPORE AIRLIS LTD F	Common Stock	2,577	2,222
	SOCIETE GENERALE F	Common Stock	2,709	2,661
	SOUTHERN CO	Common Stock	1,980	2,058
	SOUTH32 LTD F	Common Stock	2,713	1,773
	STARBUCKS CORP	Common Stock	2,706	2,738
	STRYKER CORP	Common Stock	2,645	3,601
	SUBARU CORP F	Common Stock	3,240	2,634
	SUNCOR ENERGY INC F	Common Stock	4,340	4,317
	SYNOPSYS INC	Common Stock	1,720	1,941
	T-MOBILE US INC	Common Stock	2,182	3,311
	TAIWAN SEMICONDUCTOR M F	Common Stock	2,497	5,925
	TARGET CORP	Common Stock	1,436	1,217
	TELENOR ASA F	Common Stock	2,704	2,874
	TENARIS S A F	Common Stock	3,821	4,459
	TENCENT HLDGS LTD F	Common Stock	2,312	2,872
	TESLA INC	Common Stock	8,319	12,519
	TEXAS INSTRS INC	Common Stock	1,259	2,813
	THE CIGNA GROUP	Common Stock	1,753	1,657
	THE COCA-COLA CO	Common Stock	2,991	2,988
	THERMO FISHER SCIENTIFIC	Common Stock	3,357	3,121
	TJX COS INC	Common Stock	1,584	3,624
	TRANE TECHNOLOGIES PLC F	Common Stock	1,369	1,847
	TRANSDIGM GROUP INC	Common Stock	1,156	1,267
	TRAVELERS COS INC	Common Stock	1,334	1,927
	UBER TECHNOLOGIES INC	Common Stock	2,152	2,895
	UNION PAC CORP	Common Stock	3,260	3,193
	UNITEDHEALTH GROUP INC	Common Stock	2,790	7,588
	US BANCORP DEL	Common Stock	1,710	1,770
	VALE S A F	Common Stock	1,441	931
	VERIZON COMMUNICATIONS I	Common Stock	1,913	1,560
	VERTEX PHARMACEUTICALS I	Common Stock	1,387	1,208
	VISA INC	Common Stock	4,496	10,429
	VODAFONE GROUP PLC NEW F	Common Stock	3,946	3,252
	WALMART INC	Common Stock	3,594	7,860
	WASTE MGMT INC	Common Stock	2,756	3,229
	WELLS FARGO & CO	Common Stock	3,666	5,268
	WH GROUP LTD F	Common Stock	4,798	5,802
	WPP PLC NEW F	Common Stock	2,123	2,210

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UTAH AUTOMOBILE DEALERS ASSOCIATION INSURANCE TRUST

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

EIN 87-6120873 PN 501

December 31, 2024

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
	YUM BRANDS INC	Common Stock	1,178	1,207
	ZOETIS INC	Common Stock	1,084	2,444
	3M CO	Common Stock	2,971	4,002
	Total common stocks			<u>857,883</u>
	Total investments, at fair value			<u>\$ 1,387,636</u>
Cash and cash equivalents				
	Charles Schwab	Investment account, 0.45%	\$ 234,113	\$ 234,113
	Zions Bank	Checking account, 0.07%	89,937	89,937
	Zions Bank	Checking account, 0.07%	300,892	300,893
	Total cash and cash equivalents			<u>\$ 624,943</u>

* Represents a party-in-interest

UTAH AUTOMOBILE DEALERS ASSOCIATION INSURANCE TRUST

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

EIN 87-6120873 PN 501

December 31, 2024

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
Exchange traded funds:				
	ISHARES CORE US	Exchange-traded fund	\$ 134,713	\$ 130,331
	ISHARES HIGH YIELD	Exchange-traded fund	4,683	4,815
	ISHARES IBOXX INVT GRADE	Exchange-traded fund	16,594	13,462
	ISHARES SHORT TREASURY	Exchange-traded fund	53,491	53,513
	ISHARES TR IS 1-5 YR IN	Exchange-traded fund	76,819	79,618
	ISHARES 1-3 YEAR TREASRY	Exchange-traded fund	120,429	122,478
	ISHARES 3-7 YEAR	Exchange-traded fund	87,208	88,280
	ISHARES 7-10 YEAR	Exchange-traded fund	36,736	29,122
	Total exchange traded funds			<u>521,619</u>
REITs:				
	AMERN TOWER CORP REIT	REIT	5,401	4,402
	PROLOGIS INC. REIT	REIT	2,733	2,220
	WELLTOWER INC	REIT	1,525	1,512
	Total REITs			<u>8,134</u>
Common stocks:				
	ABBOTT LABORATORIES	Common Stock	4,199	4,638
	ABBVIE INC	Common Stock	2,770	3,376
	ABN AMRO BK N V AMSTER F	Common Stock	2,720	2,534
	ACCENTURE PLCF	Common Stock	2,561	3,166
	ADOBE INC	Common Stock	3,206	4,447
	ADVANCED MICRO DEVICE IN	Common Stock	1,604	2,778
	AFLAC INC	Common Stock	1,384	1,965
	AGEAS F	Common Stock	2,354	2,811
	AGILENT TECHNOLOGIES INC	Common Stock	1,486	1,343
	ALIBABA GROUP HLDG LTD F	Common Stock	2,437	2,374
	ALLSTATE CORP	Common Stock	1,302	1,542
	ALPHABET INC	Common Stock	6,941	11,926
	ALPHABET INC	Common Stock	2,998	11,426
	ALTRIA GROUP INC	Common Stock	4,770	5,072
	AMAZON.COM INC	Common Stock	12,728	21,281
	AMERICAN ELEC PWR CO INC	Common Stock	1,604	1,660
	AMERICAN EXPRESS CO	Common Stock	2,431	4,452
	AMERIPRISE FINL INC	Common Stock	1,408	1,597
	AMGEN INC	Common Stock	2,349	2,606
	AMPHENOL CORP	Common Stock	1,291	2,084
	ANALOG DEVICES INC	Common Stock	1,562	2,125
	ANGLO AMERN PLC F	Common Stock	4,430	3,791
	AON PLC F	Common Stock	1,420	1,796
	APOLLO GLOBAL MGMT INC	Common Stock	1,356	1,982
	APPLE INC	Common Stock	14,702	39,817
	APPLIED MATERIALS	Common Stock	1,559	2,602
	ASML HLDG N V F	Common Stock	1,312	1,386
	ASTRAZENECA PLC F	Common Stock	1,549	1,376
	AT&T INC	Common Stock	1,321	1,685
	AUTOMATIC DATA PROCESSING	Common Stock	2,879	4,684
	AXA SA F	Common Stock	2,718	3,095

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UTAH AUTOMOBILE DEALERS ASSOCIATION INSURANCE TRUST

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

EIN 87-6120873 PN 501

December 31, 2024

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
	BANCO SANTANDER SA F	Common Stock	1,619	1,432
	BANK OF AMERICA CORP	Common Stock	5,510	9,054
	BARCLAYS PLC F	Common Stock	3,527	6,113
	BERKSHIRE HATHAWAY	Common Stock	5,471	10,879
	BLACKROCK INC	Common Stock	1,352	2,050
	BLACKSTONE INC	Common Stock	1,660	2,931
	BNP PARIBAS F	Common Stock	4,175	5,526
	BOEING CO	Common Stock	2,570	2,478
	BOSTON SCIENTIFIC CO	Common Stock	1,181	2,054
	BRISTOL MYERS SQUIBB	Common Stock	1,586	1,471
	BROADCOM INC	Common Stock	4,163	17,620
	BROWN & BROWN INC	Common Stock	1,336	1,530
	BRP INC F	Common Stock	3,384	2,747
	CADENCE DESIGN SYS	Common Stock	2,003	2,704
	CARRIER GLOBAL CORP	Common Stock	1,359	1,707
	CATERPILLAR INC	Common Stock	2,909	4,353
	CENTERRA GOLD INC F	Common Stock	1,418	1,081
	CHARLES SCHWAB CORP	Common Stock	2,636	2,664
	CHEVRON CORP	Common Stock	2,432	2,752
	CHINA SHENHUA ENERGY C F	Common Stock	2,344	3,017
	CHUBB LTD F	Common Stock	1,543	2,210
	CINTAS CORP	Common Stock	941	1,644
	CISCO SYS INC	Common Stock	3,678	5,446
	CITIGROUP INC	Common Stock	2,193	3,027
	CK HUTCHISON HLDGS LTD F	Common Stock	2,571	2,533
	COLGATE PALMOLIVE CO	Common Stock	2,154	2,455
	COMCAST CORP	Common Stock	2,996	3,190
	COMPAGNIE DE ST GOBAIN F	Common Stock	3,401	7,401
	CONOCOPHILLIPS	Common Stock	2,292	1,983
	CONSTELLATION ENERGY CORP	Common Stock	1,412	1,566
	CORTEVA INC	Common Stock	1,465	1,424
	COSTCO WHSL CORP	Common Stock	529	2,749
	CREDIT AGRICOLE S A F	Common Stock	2,719	3,108
	CVS HEALTH CORP	Common Stock	2,313	1,032
	DANAHER CORP	Common Stock	2,703	2,525
	DEERE & CO	Common Stock	2,364	2,542
	DEUTSCHE BANK AG F	Common Stock	4,352	5,558
	DHL GROUP ADR F	Common Stock	3,558	2,897
	DISNEY WALT CO	Common Stock	4,167	4,343
	DTE ENERGY CO	Common Stock	1,409	1,570
	EATON CORP PLC F	Common Stock	1,951	2,987
	ECOLAB INC	Common Stock	2,190	2,812
	ELEVANCE HEALTH INC	Common Stock	926	1,476
	ELI LILLY AND CO	Common Stock	3,733	9,264
	ENN ENERGY HLDGS LTD F	Common Stock	2,679	1,309
	ENTERGY CORP	Common Stock	1,208	1,820
	EXXON MOBIL CORP	Common Stock	6,535	6,992
	FASTENAL CO	Common Stock	2,869	2,876
	FISERV INC	Common Stock	1,815	3,081

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UTAH AUTOMOBILE DEALERS ASSOCIATION INSURANCE TRUST

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

EIN 87-6120873 PN 501

December 31, 2024

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	FREEMPORT-MCMORAN INC	Common Stock	1,532	1,142
	GALLAGHER ARTHUR J & CO	Common Stock	1,561	1,987
	GARTNER INC	Common Stock	1,321	1,938
	GE AEROSPACE	Common Stock	917	3,169
	GENERAL DYNAMICS CORP	Common Stock	1,406	1,581
	GILEAD SCIENCES INC	Common Stock	2,865	3,233
	GLENCORE PLC F	Common Stock	2,713	1,772
	GOLDMAN SACHS GROUP INC	Common Stock	1,325	3,436
	HCA HEALTHCARE INC	Common Stock	1,603	1,801
	HEIDELBERG MATLS AG F	Common Stock	2,713	4,838
	HOME DEPOT INC	Common Stock	2,742	8,169
	HONDA MTR LTD F	Common Stock	1,718	1,827
	HONEYWELL INTL INC	Common Stock	2,755	4,518
	IBM CORP	Common Stock	1,342	2,198
	ILLINOIS TOOL WKS INC	Common Stock	1,276	1,268
	IMPERIAL OIL LTD F	Common Stock	2,756	3,018
	INTEL CORP	Common Stock	2,467	1,283
	INTERCONTINENTAL EXCHANGE	Common Stock	1,427	1,341
	INTUIT	Common Stock	3,178	4,400
	INTUITIVE SURGICAL INC	Common Stock	2,139	4,698
	ISUZU MTRS LTD F	Common Stock	2,852	2,858
	ITOCHU CORP F	Common Stock	3,091	3,942
	ITURAN LOCATION AND CO F	Common Stock	2,095	2,461
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EIN 87-6120873 PN 501

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UTAH AUTOMOBILE DEALERS ASSOCIATION INSURANCE TRUST

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

EIN 87-6120873 PN 501

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	SERVICENOW INC	Common Stock	1,321	3,180
	SHERWIN-WILLIAMS CO	Common Stock	1,358	1,700
	SINGAPORE AIRLIS LTD F	Common Stock	2,577	2,222
	SOCIETE GENERALE F	Common Stock	2,709	2,661
	SOUTHERN CO	Common Stock	1,980	2,058
	SOUTH32 LTD F	Common Stock	2,713	1,773
	STARBUCKS CORP	Common Stock	2,706	2,738
	STRYKER CORP	Common Stock	2,645	3,601
	SUBARU CORP F	Common Stock	3,240	2,634
	SUNCOR ENERGY INC F	Common Stock	4,340	4,317
	SYNOPSYS INC	Common Stock	1,720	1,941
	T-MOBILE US INC	Common Stock	2,182	3,311
	TAIWAN SEMICONDUCTOR M F	Common Stock	2,497	5,925
	TARGET CORP	Common Stock	1,436	1,217
	TELENOR ASA F	Common Stock	2,704	2,874
	TENARIS S A F	Common Stock	3,821	4,459
	TENCENT HLDGS LTD F	Common Stock	2,312	2,872
	TESLA INC	Common Stock	8,319	12,519
	TEXAS INSTRS INC	Common Stock	1,259	2,813
	THE CIGNA GROUP	Common Stock	1,753	1,657
	THE COCA-COLA CO	Common Stock	2,991	2,988
	THERMO FISHER SCIENTIFIC	Common Stock	3,357	3,121
	TJX COS INC	Common Stock	1,584	3,624
	TRANE TECHNOLOGIES PLC F	Common Stock	1,369	1,847
	TRANSDIGM GROUP INC	Common Stock	1,156	1,267
	TRAVELERS COS INC	Common Stock	1,334	1,927
	UBER TECHNOLOGIES INC	Common Stock	2,152	2,895
	UNION PAC CORP	Common Stock	3,260	3,193
	UNITEDHEALTH GROUP INC	Common Stock	2,790	7,588
	US BANCORP DEL	Common Stock	1,710	1,770
	VALE S A F	Common Stock	1,441	931
	VERIZON COMMUNICATIONS I	Common Stock	1,913	1,560
	VERTEX PHARMACEUTICALS I	Common Stock	1,387	1,208
	VISA INC	Common Stock	4,496	10,429
	VODAFONE GROUP PLC NEW F	Common Stock	3,946	3,252
	WALMART INC	Common Stock	3,594	7,860
	WASTE MGMT INC	Common Stock	2,756	3,229
	WELLS FARGO & CO	Common Stock	3,666	5,268
	WH GROUP LTD F	Common Stock	4,798	5,802
	WPP PLC NEW F	Common Stock	2,123	2,210

See accompanying independent auditor's report

UTAH AUTOMOBILE DEALERS ASSOCIATION INSURANCE TRUST

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

EIN 87-6120873 PN 501

December 31, 2024

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
	YUM BRANDS INC	Common Stock	1,178	1,207
	ZOETIS INC	Common Stock	1,084	2,444
	3M CO	Common Stock	2,971	4,002
	Total common stocks			<u>857,883</u>
	Total investments, at fair value			<u>\$ 1,387,636</u>
Cash and cash equivalents				
	Charles Schwab	Investment account, 0.45%	\$ 234,113	\$ 234,113
	Zions Bank	Checking account, 0.07%	89,937	89,937
	Zions Bank	Checking account, 0.07%	300,892	300,893
	Total cash and cash equivalents			<u>\$ 624,943</u>

* Represents a party-in-interest

Multi-Employer Plan Participating Employer Information

Utah Automobile Dealers Association Insurance Trust

87-0186696

Plan 501

Name of Participating Employer	EIN	Percent of Total Contributions
Archibalds Petroleum Trucking, Inc.	20-0281134	0.77%
Bluff Street Auto Sales	87-0668036	0.62%
Bountiful Mazda	87-0685826	4.14%
Bradshaw Chevrolet	87-0208625	0.04%
Classic Motors	87-0513900	2.48%
Droubay Automotive Group	87-0526991	0.02%
Hansen Motor Company	87-0256832	9.09%
Heritage Chrysler Dodge Jeep Ram of Brigham City	87-0403102	3.94%
Heritage Chrysler Dodge Jeep Ram of Logan	87-0306275	2.71%
Heritage Chevrolet Buick GMC Diamondville	88-1828241	0.89%
Heritage Chevrolet Of Evanston	87-1739135	2.27%
Heritage Ford Of Vernal	83-3589085	2.92%
Heritage Motor Company Of Tremonton	87-0464679	2.33%
High Country Auto Center	87-0264904	2.02%
Jody Wilkinson Acura	87-0435131	3.98%
Jorgensen Chevrolet	26-1302010	0.64%
Jorgensen Ford	87-0575369	2.88%
Jorgensen Powersports	87-0516664	6.34%
Labrum Ford, Inc.	27-1216831	6.24%
Mike Hale Acura	87-0430929	3.95%
Motor Sportsland	87-0257034	7.02%
Murray Motors Company	87-0286680	0.01%
National Auto Plaza	87-0559944	5.97%
National GMC	83-0668376	5.87%
Newby Buick	87-0260335	11.89%
Southtowne Mitsubishi	87-3282987	4.85%
Utah Automobile Dealers Association	87-0186696	0.82%
Wilson Motor Company	20-0329857	5.29%
Total		100.00%

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor UTAH AUTOMOBILE DEALERS ASSOCIATION INSURANCE TRUST 6095 S FASHION PLACE BLVD, STE 250 MURRAY UT 84107	3b Administrator's EIN **--***0873 <hr/> 3c Administrator's telephone number 801-484-8845
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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
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5 Total number of participants at the beginning of the plan year	5	691
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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	6a(1)	691
a(2) Total number of active participants at the end of the plan year	6a(2)	619
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d	619
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	
f Total. Add lines 6d and 6e.	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

4A 4B 4D 4E 4H

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

a Pension Schedules

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information - Small Plan)
- (3) **A** (Insurance Information) - Number Attached 3
- (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 000160467082