

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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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: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                       |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|         |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                      |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                |                                                                                                                                                                      |
| 1a      | Name of plan<br>GROUP BENEFITS PROGRAM                                                                                                                                                                                                                                                                                                                | 1b Three-digit plan number (PN) ▶ 501                                                                                                                                |
|         |                                                                                                                                                                                                                                                                                                                                                       | 1c Effective date of plan<br>01/01/1952                                                                                                                              |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION<br><br>4301 WILSON BLVD<br>ARLINGTON, VA 22203 | 2b Employer Identification Number (EIN)<br>53-0116145<br><br>2c Plan Sponsor's telephone number<br>703-907-6021<br><br>2d Business code (see instructions)<br>221100 |

|                                                                                                                                                                                                                                                                                                                                        |                                                   |            |                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| 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. | 10/14/2025 | PETER BAXTER                                                 |
|                                                                                                                                                                                                                                                                                                                                        | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE                                                                                                                                                                                                                                                                                                                              |                                                   |            |                                                              |
|                                                                                                                                                                                                                                                                                                                                        | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>SENIOR VICE PRESIDENT OF INSURANCE AND FINANCIAL SERVICES<br>PETER BAXTER<br>4301 WILSON BLVD<br>ARLINGTON, VA 22203                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>3b</b> Administrator's EIN<br>54-2072724                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>3c</b> Administrator's telephone number<br>703-907-5743 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                            |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4b</b> EIN                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>4d</b> PN                                               |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> 85335                                             |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b> 71553                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>6a(2)</b> 72921                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>6b</b> 13660                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>6c</b>                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>6d</b> 86581                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>6e</b>                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>6f</b>                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>6g(1)</b>                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>6g(2)</b>                                               |
| <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7</b>                                                   |

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

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

4A 4B 4D 4E 4F 4H 4L

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

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

**a Pension Schedules**

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

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 4
- (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 \_\_\_\_\_

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

|                                                                                                           |                                                      |     |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                |                                                      |     |
| A Name of plan<br>GROUP BENEFITS PROGRAM                                                                  | B Three-digit plan number (PN) ▶                     | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION | D Employer Identification Number (EIN)<br>53-0116145 |     |

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

1 Coverage Information:

(a) Name of insurance carrier  
VISION SERVICE PLAN

| (b) 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     |
| 23-7089668 | 53031         | 12330520                              | 18563                                                                       | 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 |
| 0                                    | 0                             |

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

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

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

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

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

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(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 |                       |
|                                               |                                 |             |                       |

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

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

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

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

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

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

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

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

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

**Part III Welfare Benefit Contract Information**

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

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

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

**9** Experience-rated contracts:

|                                                                                                                                                    |                 |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                       | <b>9a(1)</b>    | 5922745 |
| (2) Increase (decrease) in amount due but unpaid .....                                                                                             | <b>9a(2)</b>    |         |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                          | <b>9a(3)</b>    |         |
| (4) Earned ((1) + (2) - (3)) .....                                                                                                                 | <b>9a(4)</b>    | 5922745 |
| <b>b</b> Benefit charges (1) Claims paid .....                                                                                                     | <b>9b(1)</b>    | 4815377 |
| (2) Increase (decrease) in claim reserves .....                                                                                                    | <b>9b(2)</b>    |         |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                        | <b>9b(3)</b>    | 4815377 |
| (4) Claims charged .....                                                                                                                           | <b>9b(4)</b>    |         |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                      |                 |         |
| (A) Commissions .....                                                                                                                              | <b>9c(1)(A)</b> |         |
| (B) Administrative service or other fees .....                                                                                                     | <b>9c(1)(B)</b> | 710730  |
| (C) Other specific acquisition costs .....                                                                                                         | <b>9c(1)(C)</b> |         |
| (D) Other expenses .....                                                                                                                           | <b>9c(1)(D)</b> |         |
| (E) Taxes .....                                                                                                                                    | <b>9c(1)(E)</b> |         |
| (F) Charges for risks or other contingencies .....                                                                                                 | <b>9c(1)(F)</b> |         |
| (G) Other retention charges .....                                                                                                                  | <b>9c(1)(G)</b> |         |
| (H) Total retention .....                                                                                                                          | <b>9c(1)(H)</b> | 710730  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... | <b>9c(2)</b>    |         |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                | <b>9d(1)</b>    |         |
| (2) Claim reserves .....                                                                                                                           | <b>9d(2)</b>    |         |
| (3) Other reserves .....                                                                                                                           | <b>9d(3)</b>    |         |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                           | <b>9e</b>       |         |

**10** Nonexperience-rated contracts:

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

**Part IV Provision of Information**

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

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

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

|                                                                                                           |                                                      |     |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                |                                                      |     |
| A Name of plan<br>GROUP BENEFITS PROGRAM                                                                  | B Three-digit plan number (PN) ▶                     | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION | D Employer Identification Number (EIN)<br>53-0116145 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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  
STARR INDEMNITY & LIABILITY COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 75-1670124 | 38318         | BTA 270281                            | 749                                                                         | 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<br>557 | (b) Total amount of fees paid<br>0 |
|---------------------------------------------|------------------------------------|

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  
LOCKTON COMPANIES  
444 W 47TH STREET SUITE 900  
KANSAS CITY, MO 64112

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 557                                           |                                 |             |                       |

(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 |                       |
|                                               |                                 |             |                       |

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(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 |                       |
|                                               |                                 |             |                       |

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(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 |                       |
|                                               |                                 |             |                       |

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

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

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

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

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

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

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

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

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

**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) ▶ **BTA**

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> | 4283 |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b> |      |

**Part IV Provision of Information**

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

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

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

|                                                                                                           |                                                      |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                |                                                      |
| A Name of plan<br>GROUP BENEFITS PROGRAM                                                                  | B Three-digit plan number (PN) ▶ 501                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION | D Employer Identification Number (EIN)<br>53-0116145 |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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<br>METROPOLITAN LIFE INSURANCE COMPANY |               |                                       |                                                                             |                         |            |
|----------------------------------------------------------------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
| (b) EIN                                                              | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|                                                                      |               |                                       |                                                                             | (f) From                | (g) To     |
| 13-5581829                                                           | 65978         | 0123042                               | 155719                                                                      | 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 |
| 0                                    | 0                             |

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

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

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

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

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

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

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

---

(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 |                       |
|                                               |                                 |             |                       |

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

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

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

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

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

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

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

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

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

**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) ▶ [ADD](#)

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> | <a href="#">45119421</a> |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b> |                          |

**Part IV Provision of Information**

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

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

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

|                                                                                                           |                                                      |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                |                                                      |
| A Name of plan<br>GROUP BENEFITS PROGRAM                                                                  | B Three-digit plan number (PN) ▶ 501                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION | D Employer Identification Number (EIN)<br>53-0116145 |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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<br>METROPOLITAN LIFE INSURANCE COMPANY |               |                                       |                                                                             |                         |            |
| (b) EIN                                                              | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|                                                                      |               |                                       |                                                                             | (f) From                | (g) To     |
| 13-5581829                                                           | 65978         | 0145716                               | 933                                                                         | 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 |
| 0                                    | 0                             |

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

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

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

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

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

---

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

---

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

---

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

---

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

---

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

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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 |                       |
|                                               |                                 |             |                       |

---

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

---

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

**Part II Investment and Annuity Contract Information**

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

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

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

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

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

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

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

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

**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) ▶ **BTA**

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> | 282360 |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b> |        |

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2024</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                                                                                                                |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>GROUP BENEFITS PROGRAM                                                                                                                                                                           | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 501                                            |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION                                                                                                          | <b>D</b> Employer Identification Number (EIN)<br>53-0116145                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| AMERIPRISE TRUST COMPANY                                                                                          |
| 41-6219335                                                                                                        |

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

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

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

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

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

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

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

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

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

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

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

---

**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)

MET LIFE

13-5581829

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 23 50                  | NONE                                                                                              | 45645134                                                               | 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)

UMR

39-1995276

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 12 49 50               | NONE                                                                                              | 22811451                                                               | 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)

VSP VISION CARE

23-7089668

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 23 50                  | NONE                                                                                              | 5908069                                                                | 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)

OPTOMI LLC

30-0747677

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 16 50                         | NONE                                                                                                     | 2438319                                                                       | 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)

CAREMARK

95-3382344

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 49 50                         | NONE                                                                                                     | 1629072                                                                       | 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)

EXPERIS IT SERVICES US LLC

75-1300240

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 16 50                         | NONE                                                                                                     | 1457658                                                                       | 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)

DECISIONPATH CONSULTING

54-1059055

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 912126                                                                 | 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)

CONVERGENZ LLC

52-2254225

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 780164                                                                 | 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)

CAPRICORN SYSTEMS INC

58-2514176

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 769902                                                                 | 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)

WEBMD LLC

20-2783228

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 23 49 50               | NONE                                                                                              | 757856                                                                 | 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)

TRANSCARENT INC

84-3296541

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 23 50                  | NONE                                                                                              | 753807                                                                 | 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)

COTIVITI

56-2059380

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 23 50                  | NONE                                                                                              | 625229                                                                 | 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)

ARROWSTREET CAPITAL LIMITED PARTNER

04-3472863

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | NONE                                                                                              | 510185                                                                 | 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)

TELADOC HEALTH INC

04-3705970

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 23 50                  | NONE                                                                                              | 489641                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

WILLIS TOWERS WATSON US LLC

53-0181291

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 49 50               | NONE                                                                                              | 310600                                                                 | 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)

MERCER US LLC

13-2834414

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 50                  | NONE                                                                                              | 298000                                                                 | 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)

NEXTUP SOLUTIONS LLC

84-3346416

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 49 50               | NONE                                                                                              | 223887                                                                 | 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)

PSG CONSULTING LLC

20-2422296

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 170534                                                                 | 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)

DPPO USA GOVT EMPLOYEES HEALTH ASSN

44-0545275

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 23 50                  | NONE                                                                                              | 150058                                                                 | 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)

SIGNATURE COMMERCIAL SOLUTIONS

27-0221186

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 136531                                                                 | 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)

INTERNATIONAL SOFTWARE SYSTEMS INC

52-1915109

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 122529                                                                 | 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)

BDO USA LLP

13-5381590

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 10 50                         | NONE                                                                                                     | 121107                                                                        | 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)

GROOM LAW GROUP CHARTERED

52-1219029

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 29 50                         | NONE                                                                                                     | 97997                                                                         | 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)

HEALTH AND TECHNOLOGY VECTOR INC

03-0381986

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 49 50                         | NONE                                                                                                     | 116000                                                                        | 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)

USM BUSINESS SYSTEMS INC

48-1215361

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 92219                                                                  | 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)

ALLSUP

82-2208506

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 50                  | NONE                                                                                              | 114500                                                                 | 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)

STATE STREET GLOBAL ADVISORS

81-4017137

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 28 51 68            | NONE                                                                                              | 95984                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

**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)

EXCELLA INC

54-2062249

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 88545                                                                  | 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)

CLIFTONLARSONALLEN LLP

41-0746749

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 76045                                                                  | 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)

MEDICAL REVIEW INSTITUTE OF AMERICA

87-0394756

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 50                  | NONE                                                                                              | 71974                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

STATE STREET BANK

04-1867445

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 25 50               | NONE                                                                                              | 69167                                                                  | 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)

ASTON CARTER INC

38-3858542

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 56772                                                                  | 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)

OPTUM

41-1591944

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 50                  | NONE                                                                                              | 54125                                                                  | 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)

LOCKTON COMPANIES

20-3354970

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 22 50                  | NONE                                                                                              | 43729                                                                  | 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)

NEWPORT TRUST COMPANY

27-4411131

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 49 50               | NONE                                                                                              | 39667                                                                  | 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)

RV KUHNS AND ASSOCIATES

93-0910652

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 36399                                                                  | 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)

WILKIE FARR AND GALLAGHER LLP

13-5536844

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE                                                                                              | 36183                                                                  | 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)

DAVIS COMPANIES

04-3181433

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 35066                                                                  | 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)

REASONN LLC

85-2524125

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 49 50               | NONE                                                                                              | 31662                                                                  | 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)

TELUS HEALTH US LTD

52-1883918

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 49 50               | NONE                                                                                              | 30765                                                                  | 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)

DAVIES LIFE AND HEALTH INC

06-1427246

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 50                  | NONE                                                                                              | 30455                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MILLIMAN INC

91-0675641

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 49 50               | NONE                                                                                              | 28325                                                                  | 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)

SIRIUS COMPUTER SOLUTIONS INC

74-2836721

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 28215                                                                  | 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)

ZOVAYA CORPORATION

26-0039705

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 27263                                                                  | 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)

PINNACLE DATA SYSTEMS LLC

63-1216795

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 38 50                  | NONE                                                                                              | 26071                                                                  | 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)

PROTIVITI

04-3661951

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 24719                                                                  | 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)

WELLS FARGO BANK

94-1347393

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 50 65               | NONE                                                                                              | 22242                                                                  | 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)

SPARKS PERSONNEL SERVICES INC

52-0965469

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 21314                                                                  | 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)

SHARP PPO

71-0745842

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 23 50                         | NONE                                                                                                     | 20265                                                                         | 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)

DANE STREET LLC

26-3738108

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 49 50                         | NONE                                                                                                     | 19915                                                                         | 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)

FAIR HEALTH INC

90-0524293

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 23 50                         | NONE                                                                                                     | 17299                                                                         | 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)

PROPEER RESOURCES LLC

35-2559074

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 50                  | NONE                                                                                              | 15300                                                                  | 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)

GENEX SERVICES LLC

95-3327434

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 50                  | NONE                                                                                              | 14547                                                                  | 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)

STEVENS AND LEE PC

23-1886296

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE                                                                                              | 13639                                                                  | 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)

DEXIAN LLC

45-5636447

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 13199                                                                  | 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)

AKSIA LLC

20-5385739

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 12999                                                                  | 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)

BROWN AND BROWN ABSENCE SERVICES

27-3309590

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 50                  | NONE                                                                                              | 11586                                                                  | 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)

MOTION RECRUITMENT PARTNERS LLC

13-3789932

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 9680                                                                   | 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)

MMRO

27-5032171

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 50                  | NONE                                                                                              | 6227                                                                   | 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)

NATIONAL MEDICAL REVIEWS INC

23-3073196

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 50                  | NONE                                                                                              | 5275                                                                   | 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)

ALKU TECHNOLOGIES

26-4087396

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 5272                                                                   | 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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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<br>(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<br>(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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                              |                                                                                                                                                                                                                                   |                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

|                                                                                                                                     |                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                          |                                                                         |  |
| <div>A Name of plan</div> <div>GROUP BENEFITS PROGRAM</div>                                                                         | <div>B Three-digit plan number (PN)</div> <div>▶</div> <div>501</div>   |  |
|                                                                                                                                     |                                                                         |  |
| <div>C Plan or DFE sponsor's name as shown on line 2a of Form 5500</div> <div>NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION</div> | <div>D Employer Identification Number (EIN)</div> <div>53-0116145</div> |  |

|        |                                                                                                                                                                           |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs) |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                             |                                       |                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div> <div>MERGANSER CORE BOND FUND II</div>                   |                                       |                                                                                                                              |
| <div>b Name of sponsor of entity listed in (a):</div> <div>MERGANSER CORE BOND FUND II LLC</div>            |                                       |                                                                                                                              |
| <div>c EIN-PN</div> <div>36-4833797-000</div>                                                               | <div>d Entity code</div> <div>C</div> | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div> <div>28404523</div>  |
|                                                                                                             |                                       |                                                                                                                              |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div> <div>SSGA MSCI ACWI IMI NL INDEX</div>                   |                                       |                                                                                                                              |
| <div>b Name of sponsor of entity listed in (a):</div> <div>STATE STREET GLOBAL ADVISORS TRUST COMPANY</div> |                                       |                                                                                                                              |
| <div>c EIN-PN</div> <div>82-6646525-001</div>                                                               | <div>d Entity code</div> <div>C</div> | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div> <div>285098775</div> |
|                                                                                                             |                                       |                                                                                                                              |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div> <div>COLUMBIA US HIGH YIELD BOND FUND</div>              |                                       |                                                                                                                              |
| <div>b Name of sponsor of entity listed in (a):</div> <div>AMERIPRISE TRUST COMPANY</div>                   |                                       |                                                                                                                              |
| <div>c EIN-PN</div> <div>87-2111590-067</div>                                                               | <div>d Entity code</div> <div>C</div> | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div> <div>9300230</div>   |
|                                                                                                             |                                       |                                                                                                                              |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div> <div>ARROWSTREET GLOBAL EQUITY ACWI FUND</div>           |                                       |                                                                                                                              |
| <div>b Name of sponsor of entity listed in (a):</div> <div>ARROWSTREET CAPITAL LIMITED PARTNERSHIP</div>    |                                       |                                                                                                                              |
| <div>c EIN-PN</div> <div>81-1405563-001</div>                                                               | <div>d Entity code</div> <div>E</div> | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div> <div>114020453</div> |
|                                                                                                             |                                       |                                                                                                                              |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                          |                                       |                                                                                                                              |
| <div>b Name of sponsor of entity listed in (a):</div>                                                       |                                       |                                                                                                                              |
| <div>c EIN-PN</div>                                                                                         | <div>d Entity code</div>              | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                      |
|                                                                                                             |                                       |                                                                                                                              |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                          |                                       |                                                                                                                              |
| <div>b Name of sponsor of entity listed in (a):</div>                                                       |                                       |                                                                                                                              |
| <div>c EIN-PN</div>                                                                                         | <div>d Entity code</div>              | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                      |
|                                                                                                             |                                       |                                                                                                                              |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                          |                                       |                                                                                                                              |
| <div>b Name of sponsor of entity listed in (a):</div>                                                       |                                       |                                                                                                                              |
| <div>c EIN-PN</div>                                                                                         | <div>d Entity code</div>              | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                      |

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

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

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

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | 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<br>GROUP BENEFITS PROGRAM                                                                  | B Three-digit plan number (PN) ▶ 501                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION | D Employer Identification Number (EIN)<br>53-0116145 |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     | 163569                | 1995681         |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 6244050               | 6535997         |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 2418956               | 3184532         |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 17779246              | 40690013        |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  | 132237595             | 132231190       |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               | 51946728              | 75368732        |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               | 67881831              | 64962347        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  | 9026375               | 42818085        |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  | 9874687               | 8208529         |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | 338807455             | 322803528       |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 | 94277953              | 114020453       |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 | 41978763              | 41177992        |

| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    | 4174396               | 7967136         |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 776811604             | 861964215       |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    | 147314000             | 156573000       |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    | 18633843              | 10375515        |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    |                       | 379449          |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 165947843             | 167327964       |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 610863761             | 694636251       |

**Part II Income and Expense Statement**

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

| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 848189531  |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 848189531 |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 1557143    |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 4698799    |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 6633917    |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 428971     |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 1570251    |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 14889081  |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 851135262  |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 886578747  |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | -35443485 |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 28487257   |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 28487257  |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 49976536  |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            | 19742500  |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            | 2067408   |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 927908828 |

**Expenses**

|                                                                                             |               |           |           |
|---------------------------------------------------------------------------------------------|---------------|-----------|-----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |           |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 750715169 |           |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  | 45380398  |           |
| (3) Other .....                                                                             | <b>2e(3)</b>  | 9259000   |           |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |           | 805354567 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |           |           |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |           |           |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |           |           |
| <b>i</b> Administrative expenses:                                                           |               |           |           |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  |           |           |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  | 32735801  |           |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  |           |           |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  | 103152    |           |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 655567    |           |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  | 69168     |           |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  | 270600    |           |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  | 11115     |           |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |           |           |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> |           |           |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> | 4936368   |           |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |           | 38781771  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |           | 844136338 |

**Net Income and Reconciliation**

|                                                                               |              |  |          |
|-------------------------------------------------------------------------------|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 83772490 |
| <b>l</b> Transfers of assets:                                                 |              |  |          |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  |          |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |          |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **CLIFTONLARSONALLEN LLP**

(2) EIN: **41-0746749**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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

# **National Rural Electric Cooperative Association Group Benefits Program**

Financial Statements and ERISA Required Supplemental  
Schedules Years Ended December 31, 2024 and 2023



CPAs | CONSULTANTS | WEALTH ADVISORS

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# National Rural Electric Cooperative Association Group Benefits Program

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## INDEPENDENT AUDITORS' REPORT

Insurance & Financial Services Committee and Plan Participants  
National Rural Electric Cooperative Association Group Benefits Program  
Arlington, Virginia

### Report on the Audit of the Financial Statements

#### ***Opinion***

We have audited the accompanying financial statements of National Rural Electric Cooperative Association Group Benefits Program, 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 and plan benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and changes in plan benefit obligations for the years then ended, and the related notes to the financial statements

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of National Rural Electric Cooperative Association Group Benefits Program as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in plan benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

#### ***Basis for Opinion***

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

#### ***Responsibilities of Management for the Financial Statements***

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

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

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

### ***Auditors' 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 auditors' 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 National Rural Electric Cooperative Association Group Benefits Program'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 National Rural Electric Cooperative Association Group Benefits Program's ability to continue as a going concern for a reasonable period of time.

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

### ***Supplemental Schedule Required by ERISA***

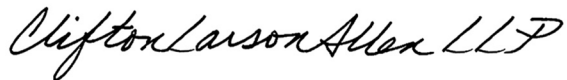
Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) and schedule of reportable transactions as of and for the year ended December 31, 2024 are presented for purposes of additional analysis and are not

Insurance & Financial Services Committee and Plan Participants  
National Rural Electric Cooperative Association Group Benefits Program

a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

In our opinion, the information in the accompanying schedules are fairly stated, in all material respects, in relation to the financial statements as a whole, and their 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 cursive script that reads "CliftonLarsonAllen LLP".

**CliftonLarsonAllen LLP**

Arlington, Virginia  
September 30, 2025

# National Rural Electric Cooperative Association Group Benefits Program

## Statements of Net Assets Available for Benefits and of Plan Benefit Obligations (in Thousands of Dollars)

| <i>December 31,</i>                                                         | <b>2024</b>       | <b>2023</b>       |
|-----------------------------------------------------------------------------|-------------------|-------------------|
| <b>Assets</b>                                                               |                   |                   |
| Investments, at fair value                                                  | \$ 841,603        | \$ 762,443        |
| Cash                                                                        | 2,827             | 1,718             |
| Interest receivable                                                         | 2,645             | 2,227             |
| Accounts receivable, net                                                    | 6,536             | 6,244             |
| Prepaid expenses                                                            | 37                | 39                |
| Property and equipment, net                                                 | 7,930             | 4,135             |
| <b>Total assets</b>                                                         | <b>861,578</b>    | <b>776,806</b>    |
| <b>Liabilities</b>                                                          |                   |                   |
| Accounts payable for administrative expenses                                | 9,673             | 18,370            |
| Due to NRECA and affiliates, net                                            | 696               | 258               |
| <b>Total liabilities</b>                                                    | <b>10,369</b>     | <b>18,628</b>     |
| <b>Net assets available for benefits</b>                                    | <b>851,209</b>    | <b>758,178</b>    |
| <b>Plan Benefit obligations</b>                                             |                   |                   |
| Health benefits payable                                                     | 78,523            | 68,354            |
| Long-term disability benefits at present value of estimated amounts         | 78,050            | 78,960            |
| <b>Total plan benefit obligations</b>                                       | <b>156,573</b>    | <b>147,314</b>    |
| <b>Excess of net assets available for benefits over benefit obligations</b> | <b>\$ 694,636</b> | <b>\$ 610,864</b> |

*See accompanying notes to financial statements.*

# National Rural Electric Cooperative Association Group Benefits Program

## Statements of Changes in Net Assets Available for Benefits and of Changes in Plan Benefit Obligations (in Thousands of Dollars)

| <i>Years ended December 31</i>                                                         | <b>2024</b>    | <b>2023</b>     |
|----------------------------------------------------------------------------------------|----------------|-----------------|
| <b>Additions to net assets attributed to</b>                                           |                |                 |
| Premiums                                                                               | \$ 848,189     | \$ 792,961      |
| <b>Investment income</b>                                                               |                |                 |
| Net appreciation in fair value of investments                                          | 61,480         | 37,227          |
| Interest                                                                               | 15,509         | 17,880          |
| Dividends                                                                              | 2,730          | 3,778           |
| <b>Total investment income</b>                                                         | <b>79,719</b>  | <b>58,885</b>   |
| <b>Total additions to net assets</b>                                                   | <b>927,908</b> | <b>851,846</b>  |
| <b>Deductions from net assets attributed to</b>                                        |                |                 |
| Benefits paid to participants                                                          | 750,715        | 698,376         |
| Insurance premiums                                                                     | 45,380         | 42,122          |
| Administrative expenses                                                                | 38,782         | 35,950          |
| <b>Total deductions from net assets</b>                                                | <b>834,877</b> | <b>776,448</b>  |
| <b>Net increase in net assets available for benefits</b>                               | <b>93,031</b>  | <b>75,398</b>   |
| <b>Net change in plan benefit obligations</b>                                          |                |                 |
| Health benefits payable                                                                | 10,169         | (5,882)         |
| Long-term disability benefits at present value of estimated amounts                    | (910)          | (6,100)         |
| <b>Net increase (decrease) in plan benefit obligations</b>                             | <b>9,259</b>   | <b>(11,982)</b> |
| <b>Net increase in net assets available for benefits over plan benefit obligations</b> | <b>83,772</b>  | <b>87,380</b>   |
| <b>Excess of net assets available for benefits over plan benefit obligations</b>       |                |                 |
| Beginning of period                                                                    | 610,864        | 523,484         |
| End of period                                                                          | \$ 694,636     | \$ 610,864      |

*See accompanying notes to financial statements.*

# **National Rural Electric Cooperative Association Group Benefits Program**

## **Notes to Financial Statements (in Thousands of Dollars)**

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### **1. Description of Plan**

The following description of the National Rural Electric Cooperative Association Group Benefits Program (the Plan) provides only general information. Participants should refer to the Plan's provisions for more complete information.

#### ***General***

The National Rural Electric Cooperative Association (NRECA) is a nonprofit, nonpartisan service organization of approximately 900 rural electric cooperatives or systems (Member Systems). The Plan serves Member Systems that elect to participate. The Plan is administered by the NRECA Insurance and Financial Services (I&FS) Committee, which is appointed by the Board of Directors of NRECA. State Street Bank and Trust Company (Trustee) serves as the Plan's trustee and asset custodian. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

#### ***Benefits and Contributions***

The Plan is a multiple employer plan sponsored by NRECA that provides health and welfare benefits to participants through its component plans, with benefits elected by Member Systems. The Plan receives all premium contributions from Member Systems, pays claims and premiums due to insurance carriers, and holds reserves for the benefit and protection of Plan participants. Participants must make contributions as required by the Member Systems. Funds contributed by Member Systems are held in a trust fund for investments, for payment of insurance company premiums for any insured benefits, for the payment of administrative expenses, and for the payment of benefits.

The Plan is self-insured for the medical, retiree medical coinsurance, dental, vision, prescription drug, short-term disability, and long-term disability plans. The life, accidental death and dismemberment, business travel and accident, and 24-hour accident plans are fully insured with insurance companies.

### **2. Significant Accounting Policies**

#### ***Basis of Accounting***

The financial statements of the Plan have been prepared on the accrual basis in accordance with accounting standards generally accepted in the United States of America (GAAP).

#### ***Use of Estimates***

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein. Such estimates include those regarding the actuarial present value of plan benefit obligations. Actual results could differ from those estimates.

# **National Rural Electric Cooperative Association Group Benefits Program**

## **Notes to Financial Statements (in Thousands of Dollars)**

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### ***Investment Valuation and Income Recognition***

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. See note 3 for discussion of fair value measurements.

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

### ***Cash and Cash Equivalents (in dollars)***

The Plan maintains deposits with high quality institutions in amounts that are in excess of the Federal Deposit Insurance Corporation limits of \$250,000; however, the Plan has not experienced losses in such accounts and does not believe it is exposed to any significant credit risk.

### ***Accounts Receivable***

Accounts receivable includes amounts due from Member Systems. The Plan records an allowance for doubtful accounts based on its determination of the likelihood of collection for each receivable balance considering the age of the receivable and other factors impacting collection. Accounts Receivable are shown in the statements of net assets available for benefits and of plan benefit obligations net of an allowance for doubtful accounts in the amount of \$10 as of December 31, 2024 and 2023.

The estimate for expected credit losses considers historical loss experience, current economic conditions, and forward-looking information, including factors such as payment history, employer financial condition, and labor trends. As of December 31, 2024 and 2023, the allowance for credit losses was insignificant.

### ***Property and Equipment (in dollars)***

Property and equipment is stated at cost less accumulated depreciation. All costs for property and equipment greater than \$2,000 with a useful life of more than one year when acquired are capitalized. Depreciation is computed using the straight-line method over the estimated useful lives of assets, which range from 3 to 15 years.

### ***Benefit Obligations***

The liability for pending health claims is based on the Plan's claims experience and payment history, with a margin and allowance for claim administration costs, which is reported in the accompanying statements of net assets available for benefits and plan benefit obligations. The Plan's obligations at December 31, 2024 and 2023, for disability claims incurred by active participants but not reported at that date, and for future disability payments to participants considered permanently disabled at December 31, 2024 and 2023, are estimated based on weighted averages of historical claims experience and actuarial tables developed for the Plan with margins and allowances for claim administration costs. The Plan's estimation methodologies produce results which approximate accepted actuarial principles. Such estimated amounts are reported in the accompanying

# National Rural Electric Cooperative Association Group Benefits Program

## Notes to Financial Statements (in Thousands of Dollars)

statements of net assets available for benefits and of plan benefit obligations based on a discount rate of 3.25% and 3.75% for the years ended December 31, 2024 and 2023, respectively.

Long-term disability benefits at present value of estimated amounts:

|                                 | December 31, 2024 |    | December 31, 2023 |
|---------------------------------|-------------------|----|-------------------|
| Opening balance                 | \$ 78,960         | \$ | 85,060            |
| Expected payouts                | (15,441)          |    | (15,779)          |
| New long-term disability claims | 8,702             |    | 9,343             |
| Change in interest rates        | 1,376             |    | (3,629)           |
| Other changes                   | 4,453             |    | 3,965             |
| Ending balance                  | \$ 78,050         | \$ | 78,960            |

The Plan does not offer any post-retirement benefits and therefore does not have any commitment to pay for future post-retirement obligations. The Plan's responsibility is limited to the current claims under the participants' balance. It is the Member Systems' responsibility to provide for any future postretirement benefits and, accordingly, represent any obligations in their financial statements.

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

### ***Plan Expenses***

Expenses for administrative services provided by NRECA are paid directly to NRECA by participating Member Systems. All other administrative expenses of the Plan are paid directly from assets of the Plan and are recognized during the period in which they are incurred. Expenses paid in advance and not yet incurred are deferred to the applicable period.

### **3. Fair Value Measurement**

The framework for measuring fair value 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 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.

Level 2: Inputs to the valuation methodology include: (a) quoted prices for similar assets or liabilities in active markets; (b) quoted prices for identical or similar assets or liabilities in inactive markets; (c) inputs other than quoted prices that are observable for the asset or liability; and (d) 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.

# National Rural Electric Cooperative Association Group Benefits Program

## Notes to Financial Statements (in Thousands of Dollars)

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. In determining the appropriate levels, management performs a detailed analysis of the assets and liabilities that are subject to fair value measurements. At each reporting period, all assets and liabilities for which the fair value measurement is based on significant unobservable inputs are classified as Level 3.

The following is a description of the valuation methodologies used for assets measured at fair value.

Investments held in money market funds have been updated to Level 1 as of December 31, 2024. December 31, 2023 money market funds have been updated to be consistent with the 2024 presentation. There have been no other changes in the methodologies used at December 31, 2024 and 2023.

U.S. government securities are generally valued at market prices furnished by an independent pricing service. In the absence of quoted value, securities are valued at fair value as determined by the Trustee in consultation with the Plan's investment managers.

Bonds are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Common collective trusts (CCTs) and investments in limited liability companies are valued at net asset value (NAV) of shares for the date of the valuation. For certain CCTs, NAV is a readily determinable fair value and is the basis for current transactions which may occur daily for these funds; therefore, these are reported as a Level 2 within the fair value hierarchy. CCTs which do not have a readily determinable fair value are removed from the fair value hierarchy and reported as NAV.

Investments in limited partnerships and real estate investment funds, which are not readily marketable, are carried at their estimated NAV as provided by the investment managers and are included as investments measured at NAV. The Plan reviews and evaluates the values provided by the investment manager and agrees with the valuation methods and assumptions used in determining the fair value of the alternative investments. Those estimated fair values may differ from the values that would have been used had a ready market for these investments existed.

Money market funds are valued at closing market price as reported by the fund.

The preceding methods may produce a fair value calculation that may not be indicative of 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

# National Rural Electric Cooperative Association Group Benefits Program

## Notes to Financial Statements (in Thousands of Dollars)

different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The tables below present the balances of assets measured at fair value on a recurring basis by level within the fair value hierarchy as of December 31, 2024 and 2023, respectively:

| <i>December 31, 2024</i>                      | Level 1   | Level 2    | Level 3 | Total      |
|-----------------------------------------------|-----------|------------|---------|------------|
| U.S. government securities                    | \$ -      | \$ 132,231 | \$ -    | \$ 132,231 |
| Bonds                                         | -         | 152,071    | -       | 152,071    |
| Common collective trusts                      | -         | 294,399    | -       | 294,399    |
| Money market funds                            | 39,772    | -          | -       | 39,772     |
| Total investments in the fair value hierarchy | \$ 39,772 | \$ 578,701 | \$ -    | \$ 618,473 |
| Investments measured at net asset value       |           |            |         | 223,130    |
| Total investments                             | \$ 39,772 | \$ 578,701 | \$ -    | \$ 841,603 |

| <i>December 31, 2023</i>                      | Level 1   | Level 2    | Level 3 | Total      |
|-----------------------------------------------|-----------|------------|---------|------------|
| U.S. government securities                    | \$ -      | \$ 132,238 | \$ -    | \$ 132,238 |
| Bonds                                         | -         | 133,536    | -       | 133,536    |
| Common collective trusts                      | -         | 310,937    | -       | 310,937    |
| Money market funds                            | 16,221    | -          | -       | 16,221     |
| Total investments in the fair value hierarchy | \$ 16,221 | \$ 576,711 | \$ -    | \$ 592,932 |
| Investments measured at net asset value       |           |            |         | 169,511    |
| Total investments                             | \$ 16,221 | \$ 576,711 | \$ -    | \$ 762,443 |

Certain investments measured at net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

# National Rural Electric Cooperative Association Group Benefits Program

## Notes to Financial Statements (in Thousands of Dollars)

Investments in certain common collective trusts are valued at the net asset value of shares on the date of valuations. Listed below are the investments that were valued at net asset value on December 31, 2024 and 2023, respectively.

| <i><b>December 31, 2024</b></i>    | <b>Fair Value</b> | <b>Unfunded<br/>Commitments</b> | <b>Redemption<br/>Frequency</b> | <b>Redemption<br/>Notice Period</b> |
|------------------------------------|-------------------|---------------------------------|---------------------------------|-------------------------------------|
| <u>Limited liability company</u>   |                   |                                 |                                 |                                     |
| Limited liability company (1)      | \$ 28,645         | -                               | Monthly                         | 5 business days                     |
| <u>Common collective trust</u>     |                   |                                 |                                 |                                     |
| Common collective trust (1)        | \$ 114,020        | -                               | Bi-Monthly                      | 2 weeks                             |
| <u>Real estate investment fund</u> |                   |                                 |                                 |                                     |
| Real estate investment fund (1)    | \$ 37,647         | -                               | Quarterly                       | 3 months                            |
| <u>Limited partnerships</u>        |                   |                                 |                                 |                                     |
| Limited partnerships (1)           | \$ 7,706          | \$ 2,400                        | Quarterly                       | 6 months                            |
| Limited partnerships (2)           | \$ 9,659          | \$ 6,056                        | -                               | -                                   |
| Limited partnerships (3)           | \$ 5,185          | \$ 4,853                        | Annually                        | 3 Months                            |
| Limited partnerships (4)           | \$ 9,906          | \$ -                            | Quarterly                       | 45 days                             |
| Limited partnerships (5)           | \$ 10,362         | \$ -                            | Quarterly                       | 3 Months                            |

| <i><b>December 31, 2023</b></i>    | <b>Fair Value</b> | <b>Unfunded<br/>Commitments</b> | <b>Redemption<br/>Frequency</b> | <b>Redemption<br/>Notice Period</b> |
|------------------------------------|-------------------|---------------------------------|---------------------------------|-------------------------------------|
| <u>Limited liability company</u>   |                   |                                 |                                 |                                     |
| Limited liability company (1)      | \$ 28,061         | -                               | Monthly                         | 5 business days                     |
| <u>Common collective trust</u>     |                   |                                 |                                 |                                     |
| Common collective trust (1)        | \$ 94,278         | -                               | Bi-Monthly                      | 2 weeks                             |
| <u>Real estate investment fund</u> |                   |                                 |                                 |                                     |
| Real estate investment fund (1)    | \$ 38,146         | -                               | Quarterly                       | 3 months                            |
| <u>Limited partnerships</u>        |                   |                                 |                                 |                                     |
| Limited partnerships (1)           | \$ 5,770          | \$ 4,500                        | Quarterly                       | 6 months                            |
| Limited partnerships (2)           | \$ 3,256          | \$ 11,917                       | -                               | -                                   |

# National Rural Electric Cooperative Association Group Benefits Program

## Notes to Financial Statements (in Thousands of Dollars)

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### Limited liability company

- (1) The investment objective is to invest in a domestic fixed income portfolio that is mainly comprised of investment grade securities.

### Common collective trust

- (1) The investment objective is to invest in international equities. The strategy seeks to exploit opportunities by evaluating a broad array of predictive factors such as value, momentum, and earnings.

### Real estate investment fund

- (1) The investment objective is to invest in a core open-ended commingled real estate investment fund diversified by property type and location designed to provide a stable, income-driven rate of return over the long term with potential for growth of income and appreciation of value.

### Limited partnerships

- (1) The Fund's investment objective is to generate current income and, to a lesser extent, capital appreciation by targeting investment opportunities with favorable risk-adjusted returns. The Fund intends to invest in senior secured or unsecured loans, subordinated loans, or mezzanine loans and, to a lesser extent, equity and equity-related securities including but not limited to warrants, preferred stock, and similar forms of senior equity, which may or may not be convertible into a portfolio company's common equity.
- (2) The investment objective of the fund is to generate attractive risk adjusted returns primarily by making debt or equity investments in asset-backed transactions. These transactions may be in consumer finance, commercial finance, commercial and residential real estate, and other specialty finance asset classes.
- (3) The investment objective of the fund is to invest in various types of loans, leases, and other receivables with the primary focus on generating current income and attractive risk-adjusted returns.
- (4) The investment objective of the fund is to target investment opportunities in the Primary Property Types, which includes assets in education, healthcare, and storage sectors of the commercial real estate market. The investment focus is on high quality income-producing investments in desirable locations with favorable fundamentals and demographics.
- (5) The Fund's investment objective is to construct a diversified portfolio of core infrastructure investments with the following characteristics: strong market positions, high barriers to entry, limited demand elasticity, long lives, and typically an inherent link to inflation. Target investments will utilize equity stakes to ensure significant oversight measures, minority control, or overall control in principally brownfield assets with a primary focus on OECD member countries.

# National Rural Electric Cooperative Association Group Benefits Program

## Notes to Financial Statements (in Thousands of Dollars)

### 4. Reconciliation to Form 5500

The Plan's investment in Merganser Core Bond Fund has been treated as a limited liability company in the financial statements. Plans investing in an investment entity with over 25% of ownership by benefits plans are required to present their investment in investment entity by the type of investments within the investment entity. A summary comparison of financial statement and Form 5500 reporting follows:

|                                 | 2024                                           |                              |
|---------------------------------|------------------------------------------------|------------------------------|
|                                 | As Presented<br>in the<br>Financial Statements | As Presented<br>in Form 5500 |
| Limited Liability Company       | \$ 28,645                                      | \$ -                         |
| Investments                     | -                                              | 28,405                       |
| Cash and cash equivalents       | -                                              | 87                           |
| Receivables for securities sold | -                                              | 334                          |
| Interest receivable             | -                                              | 205                          |
| Securities purchased payables   | -                                              | (380)                        |
| Operating payables              | -                                              | (6)                          |
| Total                           | <u>\$ 28,645</u>                               | <u>\$ 28,645</u>             |

|                           | 2023                                           |                              |
|---------------------------|------------------------------------------------|------------------------------|
|                           | As Presented<br>in the<br>Financial Statements | As Presented<br>in Form 5500 |
| Limited Liability Company | \$ 28,061                                      | \$ -                         |
| Investments               | -                                              | 27,870                       |
| Cash and cash equivalents | -                                              | 4                            |
| Interest receivable       | -                                              | 192                          |
| Operating payables        | -                                              | (5)                          |
| Total                     | <u>\$ 28,061</u>                               | <u>\$ 28,061</u>             |

# National Rural Electric Cooperative Association Group Benefits Program

## Notes to Financial Statements (in Thousands of Dollars)

### 5. Property and Equipment

Property and equipment consisted of the following at:

| <i>December 31,</i>                             | <b>2024</b>     | <b>2023</b>     |
|-------------------------------------------------|-----------------|-----------------|
| Software                                        | \$ 14,337       | \$ 13,697       |
| Furniture, equipment, and leasehold improvement | -               | 15              |
|                                                 | <b>14,337</b>   | <b>13,712</b>   |
| Less accumulated depreciation                   | <b>(12,892)</b> | <b>(12,165)</b> |
|                                                 | <b>1,445</b>    | <b>1,547</b>    |
| Capital projects in process                     | <b>6,485</b>    | <b>2,588</b>    |
| Property and equipment, net                     | <b>\$ 7,930</b> | <b>\$ 4,135</b> |

Depreciation expense totaled \$742 and \$766 for the years ended December 31, 2024 and 2023, respectively. Furniture, equipment, and leasehold improvement retirements of \$15 were made for the year ended December 31, 2024. There were no retired assets for the year ended December 31, 2023. Software improvements of \$640 and \$656 were capitalized for the years ended December 31, 2024 and 2023, respectively.

### 6. Reserves Determined by Insurance and Financial Services Committee

The I&FS Committee has determined it is necessary to hold the excess of net assets available for benefits over benefit obligations as a contingency reserve for the protection of participants for the purpose of providing adequate funds to satisfy extraordinary Plan expenses, supplementing other reserves to maintain adequate reserve levels, or to meet other program contingencies as may be specified by the I&FS Committee. The I&FS Committee estimates the contingency reserve should be a minimum of 3.0 times the risk-based capital amount (RBC) and a maximum of 8.0 times the RBC, with a target of 5.5 times the RBC. The Plan's minimum, maximum, and target RBC was \$357,663 million, \$953,768 million, and \$655,716 million, respectively as of December 31, 2024. As of December 31, 2023, the Plan's minimum, maximum, and target RBC was \$331,753 million, \$530,804 million, and \$464,454 million, respectively.

### 7. Income Tax Status

The VEBA trust established to fund the benefits of, and hold the assets for, the Plan is intended to qualify as tax-exempt pursuant to Section 501(c)(9) of the Internal Revenue Code (IRC), and, accordingly, the trust's net investment income typically is exempt from income taxes. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service (IRS) dated March 5, 1980, and the plan sponsor believes that the Plan, as amended, continues to qualify and to operate in accordance with applicable provisions of the IRC. However, the VEBA trust may be subject to unrelated business income tax from time to time due to certain investments permitted by its investment policy. We do not anticipate a significant federal or state income tax liability related to unrelated business income for 2024, as the Form 990-T filing is still pending. No federal or state income taxes were recorded in 2023 in connection with unrelated business income. Accordingly, no provision or liability for income taxes has been reflected in the financial statements at this time.

# **National Rural Electric Cooperative Association Group Benefits Program**

## **Notes to Financial Statements (in Thousands of Dollars)**

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Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### **8. Related Party and Party-in-Interest Transactions**

All transactions which may be considered related party transactions relate to normal management and administrative services and the payment of related expenses. NRECA pays some third-party vendors on behalf of the Plan, and the Plan reimburses NRECA on a periodic basis for these expenses. For the years ended December 31, 2024 and 2023, the Plan reimbursed NRECA for third-party vendor costs in the amount of \$10,052 and \$9,383, respectively. The net amount payable to NRECA at December 31, 2024 and 2023 was \$696 and \$258, respectively.

Certain investments of the Plan are managed by State Street Corporation, an affiliate of the Trustee. Fees paid by the Plan for trustee and custodial services provided by State Street Corporation for 2024 and 2023, were \$69 and \$53, respectively.

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

### **9. Plan Amendments**

Effective January 1, 2024, the following component plans of the NRECA Group Benefits Program were amended to reflect changes for 2024 and to enhance and clarify provisions: Medical Plan, Dental Plan, Vision Plan, and Long-Term Disability Plan.

### **10. Plan Termination**

Although it has not expressed any intention to do so, the Board of Directors of NRECA may terminate the Plan at any time. The Board of Directors of each participating Member System reserves the right at any time, and at its sole discretion, to terminate participation by that Member System. Upon termination, reserves of the Plan then remaining shall be subject to the applicable provisions of the Plan then in effect and shall be used to administer and pay claims that were incurred prior to the termination date to participants in the order of their entitlement.

### **11. Litigation**

The Plan is periodically subject to litigation regarding matters that arise in the ordinary course of its claims activities. Management believes that the resolution of these matters will not have a materially adverse effect on the net assets available to pay benefits as they come due pursuant to the terms of the plans.

# **National Rural Electric Cooperative Association Group Benefits Program**

## **Notes to Financial Statements (in Thousands of Dollars)**

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### **12. Risk and Uncertainties**

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

The Plan's benefit obligations are reported based on certain assumptions pertaining to interest rates, health care inflation rates, and employee demographics, all of which are subject to change. Historical claims-cost data is also considered as part of the calculation. Due to the uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

### **13. Subsequent Events**

The Plan has evaluated subsequent events through September 30, 2025, which is the date the financial statements were available to be issued. Effective January 1, 2025, the following component plans of the NRECA Group Benefits Program were amended to enhance and clarify provisions: Medical Plan, Dental Plan, Vision Plan, and Long-Term Disability Plan. There were no events noted that required adjustments or disclosure in these financial statements.

## **ERISA Required Supplemental Schedules**

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# National Rural Electric Cooperative Association Group Benefits Program

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

Employer Identification Number: 53-0116145

Plan Number: 501

| Investment category                           | Cost                  | Current Value         |
|-----------------------------------------------|-----------------------|-----------------------|
| Money market funds (page 20)                  | \$ 41,390,969         | \$ 41,390,969         |
| Less: Outstanding checks                      | 1,618,804             | 1,618,804             |
| Total money market funds, net                 | 39,772,165            | 39,772,165            |
| U.S. government securities (pages 21 - 25)    | 137,704,617           | 132,231,190           |
| Bonds (pages 26 - 47, and page 51 )           | 146,299,678           | 143,862,030           |
| Collateralized mortgage obligations (page 50) | 8,538,693             | 8,208,529             |
| Total bonds                                   | 154,838,371           | 152,070,559           |
| Common collective trust (page 52)             | 266,304,731           | 323,043,818           |
| Real estate investment fund (page 48)         | 374,606               | 37,647,040            |
| Limited partnerships (page 49)                | 43,475,321            | 42,818,086            |
| Registered investment companies (page 53)     | 90,600,000            | 114,020,453           |
| <b>Total investments</b>                      | <b>\$ 733,069,811</b> | <b>\$ 841,603,311</b> |

NJZC

GROUP BENEFIT PLAN  
COMPOSITE  
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS  
(HELD AT END OF YEAR)

PLAN YEAR ENDING: 12/31/24

| (A)<br>FUND           | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR                 | RATE<br>(D) COST | MAT DATE      | (E) CURRENT<br>VALUE |
|-----------------------|------------------------|-------------------------------------------------------------|------------------|---------------|----------------------|
| INTEREST BEARING CASH |                        |                                                             |                  |               |                      |
|                       |                        | STATE STREET INSTITUTIONAL TRE STATE STREET INST TREAS PLUS | 1.000            | 12/31/2050    |                      |
|                       |                        | 41,390,969.07                                               |                  | 41,390,969.07 | 41,390,969.07        |
| NJ7V                  | 927NHAI2               | 0.28                                                        |                  | 0.28          | 0.28                 |
| NJ70                  | 927NHAI2               | 34,087,785.77                                               |                  | 34,087,785.77 | 34,087,785.77        |
| NJ8F                  | 927NHAI2               | 7,303,183.02                                                |                  | 7,303,183.02  | 7,303,183.02         |
|                       |                        | -----                                                       |                  | -----         |                      |
|                       |                        | 41,390,969.07                                               |                  | 41,390,969.07 | 41,390,969.07        |

| NJZC                                                              |                        | GROUP BENEFIT PLAN<br>COMPOSITE             |                    |                      | PLAN YEAR ENDING: 12/31/24 |              |
|-------------------------------------------------------------------|------------------------|---------------------------------------------|--------------------|----------------------|----------------------------|--------------|
| SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS<br>(HELD AT END OF YEAR) |                        |                                             |                    |                      |                            |              |
| (A)<br>FUND                                                       | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR | RATE               | MAT DATE<br>(D) COST | (E) CURRENT<br>VALUE       |              |
| U.S. GOVERNMENT SECURITIES                                        |                        |                                             |                    |                      |                            |              |
| NJ8F                                                              | 3132DNJ95              | FED HM LN PC POOL SD1188                    | FR 06/52 FIXED 3.5 | 3.500 06/01/2052     |                            |              |
|                                                                   |                        |                                             | 1,397,062.21       | 1,294,059.21         |                            | 1,236,302.43 |
|                                                                   |                        |                                             | 1,397,062.21       | 1,294,059.21         |                            | 1,236,302.43 |
| NJ8F                                                              | 3132DNUU5              | FED HM LN PC POOL SD1495                    | FR 08/52 FIXED 5   | 5.000 08/01/2052     |                            |              |
|                                                                   |                        |                                             | 1,729,622.22       | 1,754,333.20         |                            | 1,683,342.86 |
|                                                                   |                        |                                             | 1,729,622.22       | 1,754,333.20         |                            | 1,683,342.86 |
| NJ8F                                                              | 3132DP3N6              | FED HM LN PC POOL SD2605                    | FR 04/53 FIXED 5.5 | 5.500 04/01/2053     |                            |              |
|                                                                   |                        |                                             | 1,082,270.37       | 1,094,848.57         |                            | 1,069,402.65 |
|                                                                   |                        |                                             | 1,082,270.37       | 1,094,848.57         |                            | 1,069,402.65 |
| NJ8F                                                              | 3132DVMC6              | FED HM LN PC POOL SD7555                    | FR 08/52 FIXED 3   | 3.000 08/01/2052     |                            |              |
|                                                                   |                        |                                             | 1,711,067.61       | 1,555,010.94         |                            | 1,475,507.86 |
|                                                                   |                        |                                             | 1,711,067.61       | 1,555,010.94         |                            | 1,475,507.86 |
| NJ8F                                                              | 3132DV6D2              | FED HM LN PC POOL SD8068                    | FR 06/50 FIXED 3   | 3.000 06/01/2050     |                            |              |
|                                                                   |                        |                                             | 1,301,110.03       | 1,183,064.70         |                            | 1,113,268.72 |
|                                                                   |                        |                                             | 1,301,110.03       | 1,183,064.70         |                            | 1,113,268.72 |
| NJ8F                                                              | 3132DWC68              | FED HM LN PC POOL SD8193                    | FR 02/52 FIXED 2   | 2.000 02/01/2052     |                            |              |
|                                                                   |                        |                                             | 12,720,582.37      | 10,478,191.90        |                            | 9,925,470.49 |
|                                                                   |                        |                                             | 12,720,582.37      | 10,478,191.90        |                            | 9,925,470.49 |
| NJ8F                                                              | 3132DWEJ8              | FED HM LN PC POOL SD8237                    | FR 08/52 FIXED 4   | 4.000 08/01/2052     |                            |              |
|                                                                   |                        |                                             | 2,754,174.04       | 2,631,106.25         |                            | 2,522,423.85 |
|                                                                   |                        |                                             | 2,754,174.04       | 2,631,106.25         |                            | 2,522,423.85 |
| NJ8F                                                              | 3133BBTU3              | FED HM LN PC POOL QE2363                    | FR 05/52 FIXED 3.5 | 3.500 05/01/2052     |                            |              |
|                                                                   |                        |                                             | 2,615,532.87       | 2,433,559.21         |                            | 2,317,285.07 |
|                                                                   |                        |                                             | 2,615,532.87       | 2,433,559.21         |                            | 2,317,285.07 |
| NJ8F                                                              | 3133ELQ31              | FEDERAL FARM CREDIT BANK                    | BONDS 07/30 1.33   | 1.330 07/01/2030     |                            |              |
|                                                                   |                        |                                             | 1,410,000.00       | 1,208,107.87         |                            | 1,185,274.27 |
|                                                                   |                        |                                             | 1,410,000.00       | 1,208,107.87         |                            | 1,185,274.27 |
| NJ8F                                                              | 3133KQEW2              | FED HM LN PC POOL RA8249                    | FR 11/52 FIXED 5.5 | 5.500 11/01/2052     |                            |              |
|                                                                   |                        |                                             | 1,504,882.04       | 1,524,018.88         |                            | 1,489,718.83 |
|                                                                   |                        |                                             | 1,504,882.04       | 1,524,018.88         |                            | 1,489,718.83 |
| NJ8F                                                              | 3140JQRZ8              | FNMA POOL BN7703                            | FN 08/49 FIXED 3   | 3.000 08/01/2049     |                            |              |
|                                                                   |                        |                                             | 418,329.22         | 379,275.32           |                            | 360,394.81   |
|                                                                   |                        |                                             | 418,329.22         | 379,275.32           |                            | 360,394.81   |

NJZC

GROUP BENEFIT PLAN  
COMPOSITE

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS  
(HELD AT END OF YEAR)

| (A)<br>FUND | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR | RATE  | MAT DATE<br>(D) COST | (E) CURRENT<br>VALUE |
|-------------|------------------------|---------------------------------------------|-------|----------------------|----------------------|
|             | FNMA POOL CA4016       | FN 08/49 FIXED 3                            | 3.000 | 08/01/2049           |                      |
|             |                        | 1,676,926.15                                |       | 1,528,033.43         | 1,447,797.10         |
| NJ8F        | 3140QBPA0              | 1,676,926.15                                |       | 1,528,033.43         | 1,447,797.10         |
|             | FNMA POOL FS2099       | FN 04/52 FIXED VAR                          | 1.000 | 04/01/2052           |                      |
|             |                        | 4,799,807.02                                |       | 3,790,876.20         | 3,551,089.23         |
| NJ8F        | 3140XHKM8              | 4,799,807.02                                |       | 3,790,876.20         | 3,551,089.23         |
|             | FNMA POOL FM1000       | FN 04/47 FIXED VAR                          | 1.000 | 04/01/2047           |                      |
|             |                        | 2,696,195.06                                |       | 2,468,716.95         | 2,338,848.62         |
| NJ8F        | 3140X4DE3              | 2,696,195.06                                |       | 2,468,716.95         | 2,338,848.62         |
|             | FNMA POOL FM4231       | FN 09/50 FIXED VAR                          | 1.000 | 09/01/2050           |                      |
|             |                        | 431,728.02                                  |       | 374,267.31           | 355,068.35           |
| NJ8F        | 3140X7VZ9              | 431,728.02                                  |       | 374,267.31           | 355,068.35           |
|             | FNMA POOL 745768       | FN 07/36 FLOATING VAR                       | 1.000 | 07/01/2036           |                      |
|             |                        | 643.02                                      |       | 929.70               | 659.47               |
| NJ8F        | 31403DQV4              | 643.02                                      |       | 929.70               | 659.47               |
|             | FNMA POOL 813842       | FN 01/35 FLOATING VAR                       | 1.000 | 01/01/2035           |                      |
|             |                        | 1,192.83                                    |       | 1,231.93             | 1,223.49             |
| NJ8F        | 31406MEP7              | 1,192.83                                    |       | 1,231.93             | 1,223.49             |
|             | FNMA POOL MA2806       | FN 11/46 FIXED 3                            | 3.000 | 11/01/2046           |                      |
|             |                        | 2,501,278.98                                |       | 2,282,480.17         | 2,165,057.06         |
| NJ8F        | 31418CDL5              | 2,501,278.98                                |       | 2,282,480.17         | 2,165,057.06         |
|             | FNMA POOL MA3691       | FN 07/49 FIXED 3                            | 3.000 | 07/01/2049           |                      |
|             |                        | 262,151.18                                  |       | 238,431.35           | 226,579.24           |
| NJ8F        | 31418DC59              | 262,151.18                                  |       | 238,431.35           | 226,579.24           |
|             | FNMA POOL MA4048       | FN 06/50 FIXED 3                            | 3.000 | 06/01/2050           |                      |
|             |                        | 1,580,206.27                                |       | 1,436,916.45         | 1,348,795.59         |
| NJ8F        | 31418DQA3              | 1,580,206.27                                |       | 1,436,916.45         | 1,348,795.59         |
|             | FNMA POOL MA4179       | FN 11/35 FIXED 2                            | 2.000 | 11/01/2035           |                      |
|             |                        | 4,809,726.29                                |       | 4,435,745.19         | 4,281,967.53         |
| NJ8F        | 31418DUD2              | 4,809,726.29                                |       | 4,435,745.19         | 4,281,967.53         |
|             | FNMA POOL MA4254       | FN 02/51 FIXED 1.5                          | 1.500 | 02/01/2051           |                      |
|             |                        | 4,025,078.17                                |       | 3,170,503.12         | 2,981,917.94         |
| NJ8F        | 31418DWQ1              | 4,025,078.17                                |       | 3,170,503.12         | 2,981,917.94         |
|             | FNMA POOL MA4303       | FN 04/36 FIXED 2                            | 2.000 | 04/01/2036           |                      |
|             |                        | 5,753,475.11                                |       | 5,292,920.64         | 5,100,643.08         |
| NJ8F        | 31418DX98              | 5,753,475.11                                |       | 5,292,920.64         | 5,100,643.08         |

NJZC

GROUP BENEFIT PLAN  
COMPOSITE

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS  
(HELD AT END OF YEAR)

| (A)<br>FUND | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR | RATE               | MAT DATE<br>(D) COST | (E) CURRENT<br>VALUE |
|-------------|------------------------|---------------------------------------------|--------------------|----------------------|----------------------|
| NJ8F        | 31418D4C3              | FNMA POOL MA4418                            | FN 09/36 FIXED 2   | 2.000 09/01/2036     |                      |
|             |                        |                                             | 4,477,415.13       | 4,100,309.11         | 3,965,685.89         |
|             |                        |                                             | 4,477,415.13       | 4,100,309.11         | 3,965,685.89         |
| NJ8F        | 31418D4X7              | FNMA POOL MA4437                            | FN 10/51 FIXED 2   | 2.000 10/01/2051     |                      |
|             |                        |                                             | 8,266,130.84       | 6,824,841.40         | 6,464,932.00         |
|             |                        |                                             | 8,266,130.84       | 6,824,841.40         | 6,464,932.00         |
| NJ8F        | 31418ECR9              | FNMA POOL MA4579                            | FN 04/52 FIXED 3   | 3.000 04/01/2052     |                      |
|             |                        |                                             | 1,401,548.24       | 1,252,645.73         | 1,192,953.00         |
|             |                        |                                             | 1,401,548.24       | 1,252,645.73         | 1,192,953.00         |
| NJ8F        | 3617XUP66              | GNMA POOL CK0445                            | GN 02/52 FIXED 4   | 4.000 02/15/2052     |                      |
|             |                        |                                             | 2,410,609.62       | 2,340,673.17         | 2,233,055.71         |
|             |                        |                                             | 2,410,609.62       | 2,340,673.17         | 2,233,055.71         |
| NJ8F        | 36179XHX7              | GNMA II POOL MA8346                         | G2 10/52 FIXED 4   | 4.000 10/20/2052     |                      |
|             |                        |                                             | 7,011,820.52       | 6,752,668.42         | 6,462,165.66         |
|             |                        |                                             | 7,011,820.52       | 6,752,668.42         | 6,462,165.66         |
| NJ8F        | 36179X2M7              | GNMA II POOL MA8880                         | G2 05/53 FIXED 6   | 6.000 05/20/2053     |                      |
|             |                        |                                             | 1,044,204.88       | 1,082,637.63         | 1,057,650.06         |
|             |                        |                                             | 1,044,204.88       | 1,082,637.63         | 1,057,650.06         |
| NJ8F        | 3618FHNJ7              | GNMA II POOL CW8493                         | G2 11/53 FIXED 8   | 8.000 11/20/2053     |                      |
|             |                        |                                             | 31,334.33          | 48,034.95            | 32,163.07            |
|             |                        |                                             | 31,334.33          | 48,034.95            | 32,163.07            |
| NJ8F        | 3622ABZL9              | GNMA II POOL 786247                         | G2 07/52 FIXED 4   | 4.000 07/20/2052     |                      |
|             |                        |                                             | 1,171,863.91       | 1,131,992.90         | 1,079,545.54         |
|             |                        |                                             | 1,171,863.91       | 1,131,992.90         | 1,079,545.54         |
| NJ8F        | 3622ACA59              | GNMA II POOL 786428                         | G2 06/52 FIXED 4   | 4.000 06/20/2052     |                      |
|             |                        |                                             | 2,097,085.98       | 1,987,107.68         | 1,906,811.48         |
|             |                        |                                             | 2,097,085.98       | 1,987,107.68         | 1,906,811.48         |
| NJ8F        | 3622ACFR6              | GNMA II POOL 786576                         | G2 09/52 FIXED 4.5 | 4.500 09/20/2052     |                      |
|             |                        |                                             | 592,488.57         | 573,261.75           | 554,510.66           |
|             |                        |                                             | 592,488.57         | 573,261.75           | 554,510.66           |
| NJ8F        | 3622AC7C8              | GNMA II POOL 787291                         | G2 03/54 FIXED 7.5 | 7.500 03/20/2054     |                      |
|             |                        |                                             | 385,671.03         | 401,016.53           | 397,676.53           |
|             |                        |                                             | 385,671.03         | 401,016.53           | 397,676.53           |
| NJ8F        | 3622ADBL1              | GNMA II POOL 787343                         | G2 04/54 FIXED 7.5 | 7.500 04/20/2054     |                      |
|             |                        |                                             | 664,052.98         | 689,580.99           | 684,723.81           |
|             |                        |                                             | 664,052.98         | 689,580.99           | 684,723.81           |

NJZC

GROUP BENEFIT PLAN  
COMPOSITE

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS  
(HELD AT END OF YEAR)

| (A)<br>FUND | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR | RATE                   | MAT DATE<br>(D) COST | (E) CURRENT<br>VALUE |
|-------------|------------------------|---------------------------------------------|------------------------|----------------------|----------------------|
| NJ8F        | 36225CQM1              | GNMA II POOL 080459                         | G2 10/30 FLOATING VAR  | 1.000 10/20/2030     |                      |
|             |                        |                                             | 2,811.38               | 2,811.36             | 2,799.26             |
|             |                        |                                             | 2,811.38               | 2,811.36             | 2,799.26             |
| NJ8F        | 911759LR7              | HOUSING URBAN DEVELOPMNT                    | US GOVT GUAR 08/27 3.1 | 3.100 08/01/2027     |                      |
|             |                        |                                             | 387,000.00             | 373,687.20           | 371,264.58           |
|             |                        |                                             | 387,000.00             | 373,687.20           | 371,264.58           |
| NJ8F        | 912810TF5              | US TREASURY N/B                             | 02/42 2.375            | 2.375 02/15/2042     |                      |
|             |                        |                                             | 9,430,000.00           | 7,204,372.70         | 6,712,826.98         |
|             |                        |                                             | 9,430,000.00           | 7,204,372.70         | 6,712,826.98         |
| NJ8F        | 912810TH1              | US TREASURY N/B                             | 05/42 3.25             | 3.250 05/15/2042     |                      |
|             |                        |                                             | 3,753,000.00           | 3,270,094.43         | 3,052,651.99         |
|             |                        |                                             | 3,753,000.00           | 3,270,094.43         | 3,052,651.99         |
| NJ8F        | 912810TK4              | US TREASURY N/B                             | 08/42 3.375            | 3.375 08/15/2042     |                      |
|             |                        |                                             | 4,032,000.00           | 3,567,690.00         | 3,328,222.91         |
|             |                        |                                             | 4,032,000.00           | 3,567,690.00         | 3,328,222.91         |
| NJ8F        | 912810UC0              | US TREASURY N/B                             | 08/54 4.25             | 4.250 08/15/2054     |                      |
|             |                        |                                             | 8,964,000.00           | 8,533,657.97         | 8,185,932.15         |
|             |                        |                                             | 8,964,000.00           | 8,533,657.97         | 8,185,932.15         |
| NJ8F        | 912810UF3              | US TREASURY N/B                             | 11/44 4.625            | 4.625 11/15/2044     |                      |
|             |                        |                                             | 5,635,000.00           | 5,758,045.51         | 5,463,751.67         |
|             |                        |                                             | 5,635,000.00           | 5,758,045.51         | 5,463,751.67         |
| NJ8F        | 91282CLW9              | US TREASURY N/B                             | 11/34 4.25             | 4.250 11/15/2034     |                      |
|             |                        |                                             | 4,483,000.00           | 4,503,138.47         | 4,366,157.73         |
|             |                        |                                             | 4,483,000.00           | 4,503,138.47         | 4,366,157.73         |
| NJ8F        | 91282CLX7              | US TREASURY N/B                             | 11/27 4.125            | 4.125 11/15/2027     |                      |
|             |                        |                                             | 10,292,000.00          | 10,282,475.07        | 10,246,585.73        |
|             |                        |                                             | 10,292,000.00          | 10,282,475.07        | 10,246,585.73        |
| NJ8F        | 91282CLY5              | US TREASURY N/B                             | 11/26 4.25             | 4.250 11/30/2026     |                      |
|             |                        |                                             | 5,045,000.00           | 5,045,000.00         | 5,043,996.80         |
|             |                        |                                             | 5,045,000.00           | 5,045,000.00         | 5,043,996.80         |
| NJ8F        | 91282CLZ2              | US TREASURY N/B                             | 11/31 4.125            | 4.125 11/30/2031     |                      |
|             |                        |                                             | 5,905,000.00           | 5,899,464.06         | 5,778,927.01         |
|             |                        |                                             | 5,905,000.00           | 5,899,464.06         | 5,778,927.01         |
| NJ8F        | 91282CMA6              | US TREASURY N/B                             | 11/29 4.125            | 4.125 11/30/2029     |                      |
|             |                        |                                             | 5,531,000.00           | 5,522,781.88         | 5,468,161.15         |
|             |                        |                                             | 5,531,000.00           | 5,522,781.88         | 5,468,161.15         |

NJZC

GROUP BENEFIT PLAN  
COMPOSITE  
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS  
(HELD AT END OF YEAR)

PLAN YEAR ENDING: 12/31/24

| (A)<br>FUND | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR | RATE<br>(D) COST | MAT DATE | (E) CURRENT<br>VALUE |
|-------------|------------------------|---------------------------------------------|------------------|----------|----------------------|
|             |                        | 150,197,078.49                              | 137,704,617.40   |          | 132,231,189.91       |

NJZC

GROUP BENEFIT PLAN  
COMPOSITE

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS  
(HELD AT END OF YEAR)

| (A)<br>FUND                   | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR | RATE                          | MAT DATE<br>(D) COST | (E) CURRENT<br>VALUE |
|-------------------------------|------------------------|---------------------------------------------|-------------------------------|----------------------|----------------------|
| CORP. DEBT INSTR. - PREFERRED |                        |                                             |                               |                      |                      |
| NJ8F                          | 00287YDT3              | ABBVIE INC                                  | SR UNSECURED 03/31 4.95       | 4.950 03/15/2031     |                      |
|                               |                        | 230,000.00                                  |                               | 236,820.80           | 229,953.43           |
|                               |                        | 230,000.00                                  |                               | 236,820.80           | 229,953.43           |
| NJ8F                          | 00287YDV8              | ABBVIE INC                                  | SR UNSECURED 03/44 5.35       | 5.350 03/15/2044     |                      |
|                               |                        | 145,000.00                                  |                               | 149,532.13           | 141,346.57           |
|                               |                        | 145,000.00                                  |                               | 149,532.13           | 141,346.57           |
| NJ8F                          | 00287YDW6              | ABBVIE INC                                  | SR UNSECURED 03/54 5.4        | 5.400 03/15/2054     |                      |
|                               |                        | 290,000.00                                  |                               | 300,530.59           | 279,141.26           |
|                               |                        | 290,000.00                                  |                               | 300,530.59           | 279,141.26           |
| NJ8F                          | 02361DAZ3              | AMEREN ILLINOIS CO                          | 1ST MORTGAGE 12/52 5.9        | 5.900 12/01/2052     |                      |
|                               |                        | 385,000.00                                  |                               | 415,946.94           | 394,678.92           |
|                               |                        | 385,000.00                                  |                               | 415,946.94           | 394,678.92           |
| NJ8F                          | 03040WAW5              | AMERICAN WATER CAPITAL C                    | SR UNSECURED 05/30 2.8        | 2.800 05/01/2030     |                      |
|                               |                        | 1,800,000.00                                |                               | 1,645,399.22         | 1,616,247.56         |
|                               |                        | 1,800,000.00                                |                               | 1,645,399.22         | 1,616,247.56         |
| NJ8F                          | 03040WBC8              | AMERICAN WATER CAPITAL C                    | SR UNSECURED 03/54 5.45       | 5.450 03/01/2054     |                      |
|                               |                        | 815,000.00                                  |                               | 829,854.77           | 779,345.45           |
|                               |                        | 815,000.00                                  |                               | 829,854.77           | 779,345.45           |
| NJ8F                          | 04685A2K6              | ATHENE GLOBAL FUNDING                       | SECURED 144A 11/26 2.95       | 2.950 11/12/2026     |                      |
|                               |                        | 440,000.00                                  |                               | 423,381.39           | 424,554.97           |
|                               |                        | 440,000.00                                  |                               | 423,381.39           | 424,554.97           |
| NJ8F                          | 04686JAD3              | ATHENE HOLDING LTD                          | SR UNSECURED 05/51 3.95       | 3.950 05/25/2051     |                      |
|                               |                        | 346,000.00                                  |                               | 257,203.77           | 248,587.18           |
|                               |                        | 346,000.00                                  |                               | 257,203.77           | 248,587.18           |
| NJ8F                          | 053484AF8              | AVALONBAY COMMUNITIES                       | SR UNSECURED 06/34 5.35       | 5.350 06/01/2034     |                      |
|                               |                        | 300,000.00                                  |                               | 310,438.54           | 301,609.93           |
|                               |                        | 300,000.00                                  |                               | 310,438.54           | 301,609.93           |
| NJ8F                          | 05565ECS2              | BMW US CAPITAL LLC                          | COMPANY GUAR 144A 08/31 4.85  | 4.850 08/13/2031     |                      |
|                               |                        | 925,000.00                                  |                               | 927,587.74           | 906,068.90           |
|                               |                        | 925,000.00                                  |                               | 927,587.74           | 906,068.90           |
| NJ8F                          | 05581JAA2              | BNSF RAILWAY CO 2015 1 P                    | PASS THRU CE 144A 06/28 3.442 | 3.442 06/16/2028     |                      |
|                               |                        | 311,054.43                                  |                               | 298,499.50           | 295,687.16           |
|                               |                        | 311,054.43                                  |                               | 298,499.50           | 295,687.16           |

| NJZC                                                              |                        | GROUP BENEFIT PLAN<br>COMPOSITE                |                             |                      | PLAN YEAR ENDING: 12/31/24 |              |
|-------------------------------------------------------------------|------------------------|------------------------------------------------|-----------------------------|----------------------|----------------------------|--------------|
| SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS<br>(HELD AT END OF YEAR) |                        |                                                |                             |                      |                            |              |
| (A)<br>FUND                                                       | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR    | RATE                        | MAT DATE<br>(D) COST | (E) CURRENT<br>VALUE       |              |
| NJ8F                                                              | 05964HAX3              | BANCO SANTANDER SA                             | 11/27 VAR                   | 1.000 11/07/2027     |                            |              |
|                                                                   |                        |                                                | 200,000.00                  |                      | 207,422.32                 | 205,748.34   |
|                                                                   |                        |                                                | 200,000.00                  |                      | 207,422.32                 | 205,748.34   |
| NJ8F                                                              | 06051GHV4              | BANK OF AMERICA CORP                           | SR UNSECURED 07/30 VAR      | 1.000 07/23/2030     |                            |              |
|                                                                   |                        |                                                | 969,000.00                  |                      | 907,226.25                 | 892,642.80   |
|                                                                   |                        |                                                | 969,000.00                  |                      | 907,226.25                 | 892,642.80   |
| NJ8F                                                              | 06051GHZ5              | BANK OF AMERICA CORP                           | SR UNSECURED 02/31 VAR      | 1.000 02/13/2031     |                            |              |
|                                                                   |                        |                                                | 686,000.00                  |                      | 614,604.91                 | 603,191.02   |
|                                                                   |                        |                                                | 686,000.00                  |                      | 614,604.91                 | 603,191.02   |
| NJ8F                                                              | 06051GKW8              | BANK OF AMERICA CORP                           | SR UNSECURED 07/28 VAR      | 1.000 07/22/2028     |                            |              |
|                                                                   |                        |                                                | 1,170,000.00                |                      | 1,182,030.07               | 1,172,460.76 |
|                                                                   |                        |                                                | 1,170,000.00                |                      | 1,182,030.07               | 1,172,460.76 |
| NJ8F                                                              | 06051GKY4              | BANK OF AMERICA CORP                           | SR UNSECURED 07/33 VAR      | 1.000 07/22/2033     |                            |              |
|                                                                   |                        |                                                | 997,000.00                  |                      | 1,008,614.48               | 977,876.04   |
|                                                                   |                        |                                                | 997,000.00                  |                      | 1,008,614.48               | 977,876.04   |
| NJ8F                                                              | 06051GLC1              | BANK OF AMERICA CORP                           | SR UNSECURED 11/28 VAR      | 1.000 11/10/2028     |                            |              |
|                                                                   |                        |                                                | 325,000.00                  |                      | 340,635.62                 | 336,476.61   |
|                                                                   |                        |                                                | 325,000.00                  |                      | 340,635.62                 | 336,476.61   |
| NJ8F                                                              | 09581CAC5              | BLUE OWL CREDIT INCOME                         | SR UNSECURED 144A 03/30 5.8 | 5.800 03/15/2030     |                            |              |
|                                                                   |                        |                                                | 490,000.00                  |                      | 484,962.80                 | 482,604.76   |
|                                                                   |                        |                                                | 490,000.00                  |                      | 484,962.80                 | 482,604.76   |
| NJ8F                                                              | 10373QBN9              | BP CAP MARKETS AMERICA                         | COMPANY GUAR 11/50 2.772    | 2.772 11/10/2050     |                            |              |
|                                                                   |                        |                                                | 550,000.00                  |                      | 357,110.89                 | 329,914.55   |
|                                                                   |                        |                                                | 550,000.00                  |                      | 357,110.89                 | 329,914.55   |
| NJ8F                                                              | 10373QBU3              | BP CAP MARKETS AMERICA                         | COMPANY GUAR 02/33 4.812    | 4.812 02/13/2033     |                            |              |
|                                                                   |                        |                                                | 230,000.00                  |                      | 230,061.81                 | 222,336.28   |
|                                                                   |                        |                                                | 230,000.00                  |                      | 230,061.81                 | 222,336.28   |
| NJ8F                                                              | 110122EB0              | BRISTOL MYERS SQUIBB CO                        | SR UNSECURED 11/53 6.25     | 6.250 11/15/2053     |                            |              |
|                                                                   |                        |                                                | 297,000.00                  |                      | 335,034.06                 | 314,634.97   |
|                                                                   |                        |                                                | 297,000.00                  |                      | 335,034.06                 | 314,634.97   |
| NJ8F                                                              | 134429BJ7              | THE CAMPBELLS COMPANY                          | SR UNSECURED 04/30 2.375    | 2.375 04/24/2030     |                            |              |
|                                                                   |                        |                                                | 524,000.00                  |                      | 468,538.17                 | 459,753.88   |
|                                                                   |                        |                                                | 524,000.00                  |                      | 468,538.17                 | 459,753.88   |
| NJ8F                                                              | 14043NAD1              | CAPITAL ONE PRIME AUTO RECEIVA COPAR 2024 1 A3 | 4.620 07/16/2029            |                      |                            |              |
|                                                                   |                        |                                                | 400,000.00                  |                      | 399,943.32                 | 400,494.04   |
|                                                                   |                        |                                                | 400,000.00                  |                      | 399,943.32                 | 400,494.04   |

NJZC

GROUP BENEFIT PLAN  
COMPOSITE

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS  
(HELD AT END OF YEAR)

| (A)<br>FUND | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR          | RATE  | MAT DATE<br>(D) COST | (E) CURRENT<br>VALUE |
|-------------|------------------------|------------------------------------------------------|-------|----------------------|----------------------|
| NJ8F        | 14688NAC3              | CARVANA AUTO RECEIVABLES TRUST CRVNA 2024 P1 A3 144A | 5.050 | 04/10/2029           |                      |
|             |                        | 760,000.00                                           |       | 766,544.13           | 763,859.20           |
|             |                        | 760,000.00                                           |       | 766,544.13           | 763,859.20           |
| NJ8F        | 16144CAC0              | CHASE AUTO OWNER TRUST CHAOT 2024 2A A3 144A         | 5.520 | 06/25/2029           |                      |
|             |                        | 680,000.00                                           |       | 694,894.04           | 690,474.18           |
|             |                        | 680,000.00                                           |       | 694,894.04           | 690,474.18           |
| NJ8F        | 172967MS7              | CITIGROUP INC SR UNSECURED 06/31 VAR                 | 1.000 | 06/03/2031           |                      |
|             |                        | 1,437,000.00                                         |       | 1,278,232.75         | 1,252,434.02         |
|             |                        | 1,437,000.00                                         |       | 1,278,232.75         | 1,252,434.02         |
| NJ8F        | 172967PA3              | CITIGROUP INC SR UNSECURED 11/33 VAR                 | 1.000 | 11/17/2033           |                      |
|             |                        | 979,000.00                                           |       | 1,060,610.25         | 1,026,580.76         |
|             |                        | 979,000.00                                           |       | 1,060,610.25         | 1,026,580.76         |
| NJ8F        | 172967PF2              | CITIGROUP INC SR UNSECURED 02/30 VAR                 | 1.000 | 02/13/2030           |                      |
|             |                        | 860,000.00                                           |       | 876,394.32           | 859,345.63           |
|             |                        | 860,000.00                                           |       | 876,394.32           | 859,345.63           |
| NJ8F        | 233874AC0              | DAIMLER TRUCKS RETAIL TRUST DTRT 2024 1 A3           | 5.490 | 12/15/2027           |                      |
|             |                        | 770,000.00                                           |       | 781,324.08           | 779,778.23           |
|             |                        | 770,000.00                                           |       | 781,324.08           | 779,778.23           |
| NJ8F        | 23636ABG5              | DANSKE BANK A/S 144A 03/28 VAR                       | 1.000 | 03/01/2028           |                      |
|             |                        | 585,000.00                                           |       | 596,088.56           | 590,124.13           |
|             |                        | 585,000.00                                           |       | 596,088.56           | 590,124.13           |
| NJ8F        | 25160PAF4              | DEUTSCHE BANK NY 03/26 1.686                         | 1.686 | 03/19/2026           |                      |
|             |                        | 187,000.00                                           |       | 178,996.63           | 180,400.05           |
|             |                        | 187,000.00                                           |       | 178,996.63           | 180,400.05           |
| NJ8F        | 29366MAD0              | ENTERGY ARKANSAS LLC 1ST MORTGAGE 01/33 5.15         | 5.150 | 01/15/2033           |                      |
|             |                        | 437,000.00                                           |       | 447,301.56           | 434,961.96           |
|             |                        | 437,000.00                                           |       | 447,301.56           | 434,961.96           |
| NJ8F        | 30036FAA9              | EVERGY KANSAS CENTRAL 1ST MORTGAGE 04/50 3.45        | 3.450 | 04/15/2050           |                      |
|             |                        | 1,995,000.00                                         |       | 1,451,626.70         | 1,378,498.50         |
|             |                        | 1,995,000.00                                         |       | 1,451,626.70         | 1,378,498.50         |
| NJ8F        | 30303M8V7              | META PLATFORMS INC SR UNSECURED 08/54 5.4            | 5.400 | 08/15/2054           |                      |
|             |                        | 275,000.00                                           |       | 280,458.38           | 266,300.72           |
|             |                        | 275,000.00                                           |       | 280,458.38           | 266,300.72           |
| NJ8F        | 30303M8W5              | META PLATFORMS INC SR UNSECURED 08/64 5.55           | 5.550 | 08/15/2064           |                      |
|             |                        | 154,000.00                                           |       | 157,748.71           | 150,124.37           |
|             |                        | 154,000.00                                           |       | 157,748.71           | 150,124.37           |

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GROUP BENEFIT PLAN  
COMPOSITE

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS  
(HELD AT END OF YEAR)

| (A)<br>FUND | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR         | RATE  | MAT DATE<br>(D) COST | (E) CURRENT<br>VALUE |
|-------------|------------------------|-----------------------------------------------------|-------|----------------------|----------------------|
| NJ8F        | 30322DAA7              | FRTKL 2021 SFR1 A 144A                              | 1.571 | 09/17/2038           |                      |
|             |                        | 555,000.00                                          |       | 517,794.91           | 521,958.46           |
|             |                        | 555,000.00                                          |       | 517,794.91           | 521,958.46           |
| NJ8F        | 33767PAA6              | FIRSTKEY HOMES TRUST FKH 2022 SFR2 A 144A           | 4.250 | 07/17/2039           |                      |
|             |                        | 558,895.20                                          |       | 551,530.47           | 547,614.52           |
|             |                        | 558,895.20                                          |       | 551,530.47           | 547,614.52           |
| NJ8F        | 341081GK7              | FLORIDA POWER + LIGHT CO 1ST MORTGAGE 04/28 5.05    | 5.050 | 04/01/2028           |                      |
|             |                        | 385,000.00                                          |       | 394,267.35           | 388,695.48           |
|             |                        | 385,000.00                                          |       | 394,267.35           | 388,695.48           |
| NJ8F        | 345290AD2              | FORD CREDIT AUTO LEASE TRUST FORDL 2024 A A3        | 5.060 | 05/15/2027           |                      |
|             |                        | 550,000.00                                          |       | 552,076.80           | 552,709.36           |
|             |                        | 550,000.00                                          |       | 552,076.80           | 552,709.36           |
| NJ8F        | 34535VAD6              | FORD CREDIT AUTO OWNER TRUST FORDO 2024 D A3        | 4.610 | 08/15/2029           |                      |
|             |                        | 300,000.00                                          |       | 299,990.37           | 300,208.50           |
|             |                        | 300,000.00                                          |       | 299,990.37           | 300,208.50           |
| NJ8F        | 36269FAD8              | GM FINANCIAL AUTOMOBILE LEASIN GMALT 2024 1 A3      | 5.090 | 03/22/2027           |                      |
|             |                        | 1,130,000.00                                        |       | 1,136,406.42         | 1,136,881.02         |
|             |                        | 1,130,000.00                                        |       | 1,136,406.42         | 1,136,881.02         |
| NJ8F        | 37045XBT2              | GENERAL MOTORS FINL CO COMPANY GUAR 01/27 4.35      | 4.350 | 01/17/2027           |                      |
|             |                        | 487,000.00                                          |       | 482,839.84           | 481,364.82           |
|             |                        | 487,000.00                                          |       | 482,839.84           | 481,364.82           |
| NJ8F        | 37988XAB1              | GLS AUTO SELECT RECEIVABLES TR GSAR 2024 1A A2 144A | 5.240 | 03/15/2030           |                      |
|             |                        | 415,682.38                                          |       | 416,855.65           | 417,768.86           |
|             |                        | 415,682.38                                          |       | 416,855.65           | 417,768.86           |
| NJ8F        | 38141GYJ7              | GOLDMAN SACHS GROUP INC SR UNSECURED 07/32 VAR      | 1.000 | 07/21/2032           |                      |
|             |                        | 895,000.00                                          |       | 762,061.37           | 745,894.16           |
|             |                        | 895,000.00                                          |       | 762,061.37           | 745,894.16           |
| NJ8F        | 38141GYK4              | GOLDMAN SACHS GROUP INC SR UNSECURED 07/42 VAR      | 1.000 | 07/21/2042           |                      |
|             |                        | 565,000.00                                          |       | 416,597.54           | 392,566.49           |
|             |                        | 565,000.00                                          |       | 416,597.54           | 392,566.49           |
| NJ8F        | 38141GZK3              | GOLDMAN SACHS GROUP INC SR UNSECURED 02/28 VAR      | 1.000 | 02/24/2028           |                      |
|             |                        | 497,000.00                                          |       | 474,241.18           | 474,019.41           |
|             |                        | 497,000.00                                          |       | 474,241.18           | 474,019.41           |
| NJ8F        | 38141GZN7              | GOLDMAN SACHS GROUP INC SR UNSECURED 02/43 VAR      | 1.000 | 02/24/2043           |                      |
|             |                        | 521,000.00                                          |       | 412,532.11           | 387,837.45           |
|             |                        | 521,000.00                                          |       | 412,532.11           | 387,837.45           |

NJZC

GROUP BENEFIT PLAN  
COMPOSITE

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS  
(HELD AT END OF YEAR)

| (A)<br>FUND | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR    | RATE                          | MAT DATE<br>(D) COST | (E) CURRENT<br>VALUE |
|-------------|------------------------|------------------------------------------------|-------------------------------|----------------------|----------------------|
| NJ8F        | 38141GZR8              | GOLDMAN SACHS GROUP INC                        | SR UNSECURED 03/28 VAR        | 1.000 03/15/2028     |                      |
|             |                        | 333,000.00                                     |                               | 325,087.78           | 323,820.06           |
|             |                        | 333,000.00                                     |                               | 325,087.78           | 323,820.06           |
| NJ8F        | 437918AC9              | HONDA AUTO RECEIVABLES OWNER T HAROT 2024 1 A3 | 5.210 08/15/2028              |                      |                      |
|             |                        | 1,260,000.00                                   |                               | 1,275,250.91         | 1,273,063.05         |
|             |                        | 1,260,000.00                                   |                               | 1,275,250.91         | 1,273,063.05         |
| NJ8F        | 44891ACB1              | HYUNDAI CAPITAL AMERICA                        | SR UNSECURED 144A 03/26 5.5   | 5.500 03/30/2026     |                      |
|             |                        | 893,000.00                                     |                               | 901,872.95           | 898,565.30           |
|             |                        | 893,000.00                                     |                               | 901,872.95           | 898,565.30           |
| NJ8F        | 44891ACD7              | HYUNDAI CAPITAL AMERICA                        | SR UNSECURED 144A 03/28 5.6   | 5.600 03/30/2028     |                      |
|             |                        | 675,000.00                                     |                               | 692,551.72           | 683,318.27           |
|             |                        | 675,000.00                                     |                               | 692,551.72           | 683,318.27           |
| NJ8F        | 44891ACE5              | HYUNDAI CAPITAL AMERICA                        | SR UNSECURED 144A 04/30 5.8   | 5.800 04/01/2030     |                      |
|             |                        | 1,141,000.00                                   |                               | 1,192,642.81         | 1,164,636.32         |
|             |                        | 1,141,000.00                                   |                               | 1,192,642.81         | 1,164,636.32         |
| NJ8F        | 44891ACG0              | HYUNDAI CAPITAL AMERICA                        | SR UNSECURED 144A 06/26 5.65  | 5.650 06/26/2026     |                      |
|             |                        | 707,000.00                                     |                               | 717,346.27           | 713,800.92           |
|             |                        | 707,000.00                                     |                               | 717,346.27           | 713,800.92           |
| NJ8F        | 44891ADG9              | HYUNDAI CAPITAL AMERICA                        | SR UNSECURED 144A 09/29 4.55  | 4.550 09/26/2029     |                      |
|             |                        | 290,000.00                                     |                               | 289,921.70           | 281,505.84           |
|             |                        | 290,000.00                                     |                               | 289,921.70           | 281,505.84           |
| NJ8F        | 44891ADH7              | HYUNDAI CAPITAL AMERICA                        | SR UNSECURED 144A 09/31 4.75  | 4.750 09/26/2031     |                      |
|             |                        | 290,000.00                                     |                               | 289,675.20           | 278,662.80           |
|             |                        | 290,000.00                                     |                               | 289,675.20           | 278,662.80           |
| NJ8F        | 44920UAU2              | HYUNDAI CAPITAL SERVICES                       | SR UNSECURED 144A 02/27 5.125 | 5.125 02/05/2027     |                      |
|             |                        | 1,220,000.00                                   |                               | 1,230,717.76         | 1,222,811.08         |
|             |                        | 1,220,000.00                                   |                               | 1,230,717.76         | 1,222,811.08         |
| NJ8F        | 454889AV8              | INDIANA MICHIGAN POWER                         | SR UNSECURED 04/53 5.625      | 5.625 04/01/2053     |                      |
|             |                        | 484,000.00                                     |                               | 499,590.24           | 471,581.32           |
|             |                        | 484,000.00                                     |                               | 499,590.24           | 471,581.32           |
| NJ8F        | 455434BV1              | INDIANAPOLIS PWR + LIGHT                       | 1ST MORTGAGE 144A 12/32 5.65  | 5.650 12/01/2032     |                      |
|             |                        | 560,000.00                                     |                               | 582,207.97           | 565,137.57           |
|             |                        | 560,000.00                                     |                               | 582,207.97           | 565,137.57           |
| NJ8F        | 456837BL6              | ING GROEP NV                                   | SR UNSECURED 03/30 VAR        | 1.000 03/19/2030     |                      |
|             |                        | 720,000.00                                     |                               | 736,117.39           | 722,867.68           |
|             |                        | 720,000.00                                     |                               | 736,117.39           | 722,867.68           |

NJZC

GROUP BENEFIT PLAN  
COMPOSITE

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS  
(HELD AT END OF YEAR)

| (A)<br>FUND | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR | RATE                          | MAT DATE<br>(D) COST | (E) CURRENT<br>VALUE |
|-------------|------------------------|---------------------------------------------|-------------------------------|----------------------|----------------------|
| NJ8F        | 46647PBW5              | JPMORGAN CHASE + CO                         | SR UNSECURED 02/27 VAR        | 1.000 02/04/2027     |                      |
|             |                        | 369,000.00                                  |                               | 350,640.91           | 354,512.77           |
|             |                        | 369,000.00                                  |                               | 350,640.91           | 354,512.77           |
| NJ8F        | 46647PDH6              | JPMORGAN CHASE + CO                         | SR UNSECURED 07/33 VAR        | 1.000 07/25/2033     |                      |
|             |                        | 416,000.00                                  |                               | 418,290.25           | 406,730.20           |
|             |                        | 416,000.00                                  |                               | 418,290.25           | 406,730.20           |
| NJ8F        | 46647PDW3              | JPMORGAN CHASE + CO                         | SR UNSECURED 10/27 VAR        | 1.000 10/22/2027     |                      |
|             |                        | 310,000.00                                  |                               | 320,097.02           | 317,276.40           |
|             |                        | 310,000.00                                  |                               | 320,097.02           | 317,276.40           |
| NJ8F        | 46647PEG7              | JPMORGAN CHASE + CO                         | SR UNSECURED 04/30 VAR        | 1.000 04/22/2030     |                      |
|             |                        | 1,545,000.00                                |                               | 1,608,576.07         | 1,575,509.01         |
|             |                        | 1,545,000.00                                |                               | 1,608,576.07         | 1,575,509.01         |
| NJ8F        | 477920AC6              | JOHN DEERE OWNER TRUST                      | JDOT 2023 B A3                | 5.180 03/15/2028     |                      |
|             |                        | 450,000.00                                  |                               | 453,064.37           | 453,715.52           |
|             |                        | 450,000.00                                  |                               | 453,064.37           | 453,715.52           |
| NJ8F        | 49177JAR3              | KENVUE INC                                  | COMPANY GUAR 03/63 5.2        | 5.200 03/22/2063     |                      |
|             |                        | 194,000.00                                  |                               | 193,998.14           | 179,203.41           |
|             |                        | 194,000.00                                  |                               | 193,998.14           | 179,203.41           |
| NJ8F        | 505713AB3              | LAD AUTO RECEIVABLES TRUST                  | LADAR 2023 2A A2 144A         | 5.930 06/15/2027     |                      |
|             |                        | 120,598.24                                  |                               | 120,816.14           | 120,902.61           |
|             |                        | 120,598.24                                  |                               | 120,816.14           | 120,902.61           |
| NJ8F        | 55279HAV2              | MANUF + TRADERS TRUST CO                    | SR UNSECURED 01/26 4.65       | 4.650 01/27/2026     |                      |
|             |                        | 654,000.00                                  |                               | 649,964.55           | 652,220.98           |
|             |                        | 654,000.00                                  |                               | 649,964.55           | 652,220.98           |
| NJ8F        | 59217GFP9              | MET LIFE GLOB FUNDING I                     | SR SECURED 144A 03/33 5.15    | 5.150 03/28/2033     |                      |
|             |                        | 408,000.00                                  |                               | 418,396.00           | 403,114.91           |
|             |                        | 408,000.00                                  |                               | 418,396.00           | 403,114.91           |
| NJ8F        | 592179KD6              | MET LIFE GLOB FUNDING I                     | SECURED 144A 01/26 5          | 5.000 01/06/2026     |                      |
|             |                        | 762,000.00                                  |                               | 766,723.41           | 765,003.67           |
|             |                        | 762,000.00                                  |                               | 766,723.41           | 765,003.67           |
| NJ8F        | 59833CAC6              | MIDWEST CONNECTOR CAPIT                     | COMPANY GUAR 144A 04/29 4.625 | 4.625 04/01/2029     |                      |
|             |                        | 419,000.00                                  |                               | 416,026.10           | 410,932.08           |
|             |                        | 419,000.00                                  |                               | 416,026.10           | 410,932.08           |
| NJ8F        | 606822BH6              | MITSUBISHI UFJ FIN GRP                      | SR UNSECURED 03/29 3.741      | 3.741 03/07/2029     |                      |
|             |                        | 628,000.00                                  |                               | 610,662.98           | 600,747.30           |
|             |                        | 628,000.00                                  |                               | 610,662.98           | 600,747.30           |

NJZC

GROUP BENEFIT PLAN  
COMPOSITE

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS  
(HELD AT END OF YEAR)

| (A)<br>FUND | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR | RATE                     | MAT DATE<br>(D) COST | (E) CURRENT<br>VALUE |
|-------------|------------------------|---------------------------------------------|--------------------------|----------------------|----------------------|
| NJ8F        | 60687YAT6              | MIZUHO FINANCIAL GROUP                      | SR UNSECURED 09/29 VAR   | 1.000 09/11/2029     |                      |
|             |                        | 314,000.00                                  |                          | 308,864.26           | 305,296.33           |
|             |                        | 314,000.00                                  |                          | 308,864.26           | 305,296.33           |
| NJ8F        | 6174468U6              | MORGAN STANLEY                              | SR UNSECURED 02/32 VAR   | 1.000 02/13/2032     |                      |
|             |                        | 984,000.00                                  |                          | 818,921.76           | 802,780.32           |
|             |                        | 984,000.00                                  |                          | 818,921.76           | 802,780.32           |
| NJ8F        | 61747YEC5              | MORGAN STANLEY                              | SR UNSECURED 07/27 VAR   | 1.000 07/20/2027     |                      |
|             |                        | 500,000.00                                  |                          | 471,546.04           | 475,172.68           |
|             |                        | 500,000.00                                  |                          | 471,546.04           | 475,172.68           |
| NJ8F        | 61747YEU5              | MORGAN STANLEY                              | SR UNSECURED 07/33 VAR   | 1.000 07/20/2033     |                      |
|             |                        | 372,000.00                                  |                          | 371,101.29           | 360,393.29           |
|             |                        | 372,000.00                                  |                          | 371,101.29           | 360,393.29           |
| NJ8F        | 61747YFD2              | MORGAN STANLEY                              | SR UNSECURED 04/29 VAR   | 1.000 04/20/2029     |                      |
|             |                        | 725,000.00                                  |                          | 738,653.32           | 727,040.73           |
|             |                        | 725,000.00                                  |                          | 738,653.32           | 727,040.73           |
| NJ8F        | 61747YFK6              | MORGAN STANLEY                              | SR UNSECURED 01/30 VAR   | 1.000 01/16/2030     |                      |
|             |                        | 780,000.00                                  |                          | 795,980.38           | 781,113.65           |
|             |                        | 780,000.00                                  |                          | 795,980.38           | 781,113.65           |
| NJ8F        | 62946AAC8              | NP SPE LP                                   | NPRL 2017 1A A1 144A     | 3.372 10/21/2047     |                      |
|             |                        | 70,186.66                                   |                          | 68,044.66            | 68,153.07            |
|             |                        | 70,186.66                                   |                          | 68,044.66            | 68,153.07            |
| NJ8F        | 637071AM3              | NOV INC                                     | SR UNSECURED 12/29 3.6   | 3.600 12/01/2029     |                      |
|             |                        | 471,000.00                                  |                          | 446,760.67           | 439,469.77           |
|             |                        | 471,000.00                                  |                          | 446,760.67           | 439,469.77           |
| NJ8F        | 665859AX2              | NORTHERN TRUST CORP                         | SUBORDINATED 11/32 6.125 | 6.125 11/02/2032     |                      |
|             |                        | 589,000.00                                  |                          | 645,505.14           | 621,354.19           |
|             |                        | 589,000.00                                  |                          | 645,505.14           | 621,354.19           |
| NJ8F        | 678858BY6              | OKLAHOMA G+E CO                             | SR UNSECURED 04/53 5.6   | 5.600 04/01/2053     |                      |
|             |                        | 242,000.00                                  |                          | 245,568.11           | 235,513.11           |
|             |                        | 242,000.00                                  |                          | 245,568.11           | 235,513.11           |
| NJ8F        | 69122JAC0              | BLUE OWL CAP CORP III                       | SR UNSECURED 04/27 3.125 | 3.125 04/13/2027     |                      |
|             |                        | 519,000.00                                  |                          | 486,388.94           | 489,776.00           |
|             |                        | 519,000.00                                  |                          | 486,388.94           | 489,776.00           |
| NJ8F        | 695114DC9              | PACIFICORP                                  | 1ST MORTGAGE 02/31 5.3   | 5.300 02/15/2031     |                      |
|             |                        | 1,070,000.00                                |                          | 1,097,369.68         | 1,079,410.77         |
|             |                        | 1,070,000.00                                |                          | 1,097,369.68         | 1,079,410.77         |

NJZC

GROUP BENEFIT PLAN  
COMPOSITE

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS  
(HELD AT END OF YEAR)

| (A)<br>FUND | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR        | RATE  | MAT DATE<br>(D) COST | (E) CURRENT<br>VALUE |
|-------------|------------------------|----------------------------------------------------|-------|----------------------|----------------------|
| NJ8F        | 706874AC8              | PENFED AUTO RECEIVABLES OWNER PNFED 2022 A A3 144A | 3.960 | 04/15/2026           |                      |
|             |                        | 77,702.37                                          |       | 77,454.32            | 77,658.82            |
|             |                        | 77,702.37                                          |       | 77,454.32            | 77,658.82            |
| NJ8F        | 71675CAE8              | PETRONAS CAPITAL LTD COMPANY GUAR 144A 04/61 3.404 | 3.404 | 04/28/2061           |                      |
|             |                        | 958,000.00                                         |       | 681,042.20           | 630,393.24           |
|             |                        | 958,000.00                                         |       | 681,042.20           | 630,393.24           |
| NJ8F        | 716973AD4              | PFIZER INVESTMENT ENTER COMPANY GUAR 05/30 4.65    | 4.650 | 05/19/2030           |                      |
|             |                        | 497,000.00                                         |       | 505,274.21           | 491,757.91           |
|             |                        | 497,000.00                                         |       | 505,274.21           | 491,757.91           |
| NJ8F        | 716973AF9              | PFIZER INVESTMENT ENTER COMPANY GUAR 05/43 5.11    | 5.110 | 05/19/2043           |                      |
|             |                        | 249,000.00                                         |       | 246,173.62           | 233,740.53           |
|             |                        | 249,000.00                                         |       | 246,173.62           | 233,740.53           |
| NJ8F        | 716973AG7              | PFIZER INVESTMENT ENTER COMPANY GUAR 05/53 5.3     | 5.300 | 05/19/2053           |                      |
|             |                        | 647,000.00                                         |       | 650,178.52           | 605,800.88           |
|             |                        | 647,000.00                                         |       | 650,178.52           | 605,800.88           |
| NJ8F        | 718172CX5              | PHILIP MORRIS INTL INC SR UNSECURED 11/32 5.75     | 5.750 | 11/17/2032           |                      |
|             |                        | 623,000.00                                         |       | 659,226.96           | 640,602.06           |
|             |                        | 623,000.00                                         |       | 659,226.96           | 640,602.06           |
| NJ8F        | 718172CZ0              | PHILIP MORRIS INTL INC SR UNSECURED 02/28 4.875    | 4.875 | 02/15/2028           |                      |
|             |                        | 668,000.00                                         |       | 677,417.77           | 669,604.82           |
|             |                        | 668,000.00                                         |       | 677,417.77           | 669,604.82           |
| NJ8F        | 718172DA4              | PHILIP MORRIS INTL INC SR UNSECURED 02/30 5.125    | 5.125 | 02/15/2030           |                      |
|             |                        | 618,000.00                                         |       | 635,370.49           | 621,263.59           |
|             |                        | 618,000.00                                         |       | 635,370.49           | 621,263.59           |
| NJ8F        | 718172DH9              | PHILIP MORRIS INTL INC SR UNSECURED 02/31 5.125    | 5.125 | 02/13/2031           |                      |
|             |                        | 830,000.00                                         |       | 851,411.28           | 830,061.08           |
|             |                        | 830,000.00                                         |       | 851,411.28           | 830,061.08           |
| NJ8F        | 718546AW4              | PHILLIPS 66 COMPANY GUAR 12/30 2.15                | 2.150 | 12/15/2030           |                      |
|             |                        | 652,000.00                                         |       | 566,790.31           | 553,066.78           |
|             |                        | 652,000.00                                         |       | 566,790.31           | 553,066.78           |
| NJ8F        | 74331UAA6              | PROGRESS RESIDENTIAL TRUST PROG 2022 SFR3 A 144A   | 3.200 | 04/17/2039           |                      |
|             |                        | 522,624.68                                         |       | 501,367.50           | 500,880.88           |
|             |                        | 522,624.68                                         |       | 501,367.50           | 500,880.88           |
| NJ8F        | 74331UAC2              | PROGRESS RESIDENTIAL TRUST PROG 2022 SFR3 B 144A   | 3.600 | 04/17/2039           |                      |
|             |                        | 348,000.00                                         |       | 335,154.55           | 335,022.35           |
|             |                        | 348,000.00                                         |       | 335,154.55           | 335,022.35           |

NJZC

GROUP BENEFIT PLAN  
COMPOSITE

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS  
(HELD AT END OF YEAR)

| (A)<br>FUND | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR | RATE                          | MAT DATE<br>(D) COST | (E) CURRENT<br>VALUE |
|-------------|------------------------|---------------------------------------------|-------------------------------|----------------------|----------------------|
| NJ8F        | 74333TAA7              | PROGRESS RESIDENTIAL TRUST                  | PROG 2021 SFR8 A 144A         | 1.510 10/17/2038     |                      |
|             |                        |                                             | 742,597.05                    | 697,825.95           | 704,608.76           |
|             |                        |                                             | 742,597.05                    | 697,825.95           | 704,608.76           |
| NJ8F        | 74456QCL8              | PUBLIC SERVICE ELECTRIC                     | SECURED 03/33 4.65            | 4.650 03/15/2033     |                      |
|             |                        |                                             | 241,000.00                    | 240,787.01           | 233,208.43           |
|             |                        |                                             | 241,000.00                    | 240,787.01           | 233,208.43           |
| NJ8F        | 756109BR4              | REALTY INCOME CORP                          | SR UNSECURED 03/30 4.85       | 4.850 03/15/2030     |                      |
|             |                        |                                             | 403,000.00                    | 408,648.46           | 400,462.25           |
|             |                        |                                             | 403,000.00                    | 408,648.46           | 400,462.25           |
| NJ8F        | 771196CG5              | ROCHE HOLDINGS INC                          | COMPANY GUAR 144A 11/30 5.489 | 5.489 11/13/2030     |                      |
|             |                        |                                             | 850,000.00                    | 900,175.32           | 876,085.68           |
|             |                        |                                             | 850,000.00                    | 900,175.32           | 876,085.68           |
| NJ8F        | 771196CM2              | ROCHE HOLDINGS INC                          | COMPANY GUAR 144A 03/54 5.218 | 5.218 03/08/2054     |                      |
|             |                        |                                             | 300,000.00                    | 311,077.04           | 286,696.93           |
|             |                        |                                             | 300,000.00                    | 311,077.04           | 286,696.93           |
| NJ8F        | 778296AF0              | ROSS STORES INC                             | SR UNSECURED 04/26 0.875      | 0.875 04/15/2026     |                      |
|             |                        |                                             | 1,110,000.00                  | 1,045,183.97         | 1,056,928.88         |
|             |                        |                                             | 1,110,000.00                  | 1,045,183.97         | 1,056,928.88         |
| NJ8F        | 78403DAP5              | SBA TOWER TRUST                             | ASSET BACKED 144A 07/50 1.884 | 1.884 07/15/2050     |                      |
|             |                        |                                             | 65,000.00                     | 62,205.51            | 62,981.54            |
|             |                        |                                             | 65,000.00                     | 62,205.51            | 62,981.54            |
| NJ8F        | 78403DAT7              | SBA TOWER TRUST                             | ASSET BACKED 144A 05/51 1.631 | 1.631 05/15/2051     |                      |
|             |                        |                                             | 478,000.00                    | 443,156.76           | 448,066.45           |
|             |                        |                                             | 478,000.00                    | 443,156.76           | 448,066.45           |
| NJ8F        | 78403DAX8              | SBA TOWER TRUST                             | ASSET BACKED 144A 10/56 2.593 | 2.593 10/15/2056     |                      |
|             |                        |                                             | 639,350.00                    | 539,883.57           | 526,008.14           |
|             |                        |                                             | 639,350.00                    | 539,883.57           | 526,008.14           |
| NJ8F        | 78403DAZ3              | SBA TOWER TRUST                             | ASSET BACKED 144A 01/28 6.599 | 6.599 01/15/2028     |                      |
|             |                        |                                             | 476,000.00                    | 492,259.68           | 488,188.69           |
|             |                        |                                             | 476,000.00                    | 492,259.68           | 488,188.69           |
| NJ8F        | 78433LAC0              | SCE RECOVERY FUNDING LLC                    | SR SECURED 11/43 2.51         | 2.510 11/15/2043     |                      |
|             |                        |                                             | 563,000.00                    | 396,478.17           | 376,308.50           |
|             |                        |                                             | 563,000.00                    | 396,478.17           | 376,308.50           |
| NJ8F        | 80286YAC6              | SANTANDER DRIVE AUTO RECEIVABL              | SDART 2024 2 A3               | 5.630 11/15/2028     |                      |
|             |                        |                                             | 465,000.00                    | 471,421.93           | 469,369.14           |
|             |                        |                                             | 465,000.00                    | 471,421.93           | 469,369.14           |

NJZC

GROUP BENEFIT PLAN  
COMPOSITE  
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS  
(HELD AT END OF YEAR)

PLAN YEAR ENDING: 12/31/24

| (A)<br>FUND | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR | RATE                        | MAT DATE<br>(D) COST | (E) CURRENT<br>VALUE |
|-------------|------------------------|---------------------------------------------|-----------------------------|----------------------|----------------------|
| NJ8F        | 817826AD2              | 7 ELEVEN INC                                | SR UNSECURED 144A 02/28 1.3 | 1.300 02/10/2028     |                      |
|             |                        | 186,000.00                                  |                             | 166,493.23           | 165,090.65           |
|             |                        | 186,000.00                                  |                             | 166,493.23           | 165,090.65           |
| NJ8F        | 817826AE0              | 7 ELEVEN INC                                | SR UNSECURED 144A 02/31 1.8 | 1.800 02/10/2031     |                      |
|             |                        | 186,000.00                                  |                             | 154,553.55           | 150,032.05           |
|             |                        | 186,000.00                                  |                             | 154,553.55           | 150,032.05           |
| NJ8F        | 817826AG5              | 7 ELEVEN INC                                | SR UNSECURED 144A 02/51 2.8 | 2.800 02/10/2051     |                      |
|             |                        | 432,000.00                                  |                             | 268,802.34           | 249,493.62           |
|             |                        | 432,000.00                                  |                             | 268,802.34           | 249,493.62           |
| NJ8F        | 842400FQ1              | SOUTHERN CAL EDISON                         | 1ST REF MORT 09/40 4.5      | 4.500 09/01/2040     |                      |
|             |                        | 1,154,000.00                                |                             | 1,039,752.32         | 1,009,465.17         |
|             |                        | 1,154,000.00                                |                             | 1,039,752.32         | 1,009,465.17         |
| NJ8F        | 842400GG2              | SOUTHERN CAL EDISON                         | 1ST REF MORT 04/47 4        | 4.000 04/01/2047     |                      |
|             |                        | 566,000.00                                  |                             | 458,225.90           | 435,707.09           |
|             |                        | 566,000.00                                  |                             | 458,225.90           | 435,707.09           |
| NJ8F        | 842400GT4              | SOUTHERN CAL EDISON                         | 1ST MORTGAGE 02/50 3.65     | 3.650 02/01/2050     |                      |
|             |                        | 317,000.00                                  |                             | 239,649.06           | 226,425.46           |
|             |                        | 317,000.00                                  |                             | 239,649.06           | 226,425.46           |
| NJ8F        | 842400GU1              | SOUTHERN CAL EDISON                         | 1ST MORTGAGE 06/30 2.25     | 2.250 06/01/2030     |                      |
|             |                        | 317,000.00                                  |                             | 279,858.64           | 275,437.58           |
|             |                        | 317,000.00                                  |                             | 279,858.64           | 275,437.58           |
| NJ8F        | 842400HU0              | SOUTHERN CAL EDISON                         | 1ST MORTGAGE 03/28 5.3      | 5.300 03/01/2028     |                      |
|             |                        | 254,000.00                                  |                             | 260,493.77           | 256,905.28           |
|             |                        | 254,000.00                                  |                             | 260,493.77           | 256,905.28           |
| NJ8F        | 842400JE4              | SOUTHERN CAL EDISON                         | 1ST MORTGAGE 06/31 5.45     | 5.450 06/01/2031     |                      |
|             |                        | 900,000.00                                  |                             | 936,699.08           | 914,497.88           |
|             |                        | 900,000.00                                  |                             | 936,699.08           | 914,497.88           |
| NJ8F        | 85208NAD2              | SPRINT SPECTRUM / SPEC I                    | SR SECURED 144A 03/25 4.738 | 4.738 03/20/2025     |                      |
|             |                        | 70,500.00                                   |                             | 70,298.08            | 70,459.84            |
|             |                        | 70,500.00                                   |                             | 70,298.08            | 70,459.84            |
| NJ8F        | 86562MCR9              | SUMITOMO MITSUI FINL GRP                    | SR UNSECURED 01/28 5.52     | 5.520 01/13/2028     |                      |
|             |                        | 262,000.00                                  |                             | 269,904.99           | 266,162.66           |
|             |                        | 262,000.00                                  |                             | 269,904.99           | 266,162.66           |
| NJ8F        | 86959LAP8              | SVENSKA HANDELSBANKEN AB                    | 144A 06/28 5.5              | 5.500 06/15/2028     |                      |
|             |                        | 613,000.00                                  |                             | 630,425.01           | 620,922.75           |
|             |                        | 613,000.00                                  |                             | 630,425.01           | 620,922.75           |

| NJZC                                                              |                        | GROUP BENEFIT PLAN<br>COMPOSITE             |                             |                      | PLAN YEAR ENDING: 12/31/24 |              |
|-------------------------------------------------------------------|------------------------|---------------------------------------------|-----------------------------|----------------------|----------------------------|--------------|
| SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS<br>(HELD AT END OF YEAR) |                        |                                             |                             |                      |                            |              |
| (A)<br>FUND                                                       | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR | RATE                        | MAT DATE<br>(D) COST | (E) CURRENT<br>VALUE       |              |
| NJ8F                                                              | 87267WAA2              | T MOBILE US TRUST                           | TMUST 2022 1A A 144A        | 4.910                | 05/22/2028                 |              |
|                                                                   |                        |                                             | 855,503.66                  |                      | 854,052.21                 | 856,424.01   |
|                                                                   |                        |                                             | 855,503.66                  |                      | 854,052.21                 | 856,424.01   |
| NJ8F                                                              | 892356AA4              | TRACTOR SUPPLY CO                           | SR UNSECURED 11/30 1.75     | 1.750                | 11/01/2030                 |              |
|                                                                   |                        |                                             | 380,000.00                  |                      | 322,088.56                 | 317,957.10   |
|                                                                   |                        |                                             | 380,000.00                  |                      | 322,088.56                 | 317,957.10   |
| NJ8F                                                              | 895975AA8              | TRICON RESIDENTIAL                          | TCN 2024 SFR4 A 144A        | 4.300                | 11/17/2041                 |              |
|                                                                   |                        |                                             | 475,000.00                  |                      | 455,958.63                 | 457,737.98   |
|                                                                   |                        |                                             | 475,000.00                  |                      | 455,958.63                 | 457,737.98   |
| NJ8F                                                              | 89788MAR3              | TRUIST FINANCIAL CORP                       | SR UNSECURED 01/30 VAR      | 1.000                | 01/24/2030                 |              |
|                                                                   |                        |                                             | 740,000.00                  |                      | 759,041.26                 | 746,531.37   |
|                                                                   |                        |                                             | 740,000.00                  |                      | 759,041.26                 | 746,531.37   |
| NJ8F                                                              | 90782JAA1              | UNION PACIFIC RR 2015 1                     | PASS THRU CE 05/27 2.695    | 2.695                | 05/12/2027                 |              |
|                                                                   |                        |                                             | 343,420.42                  |                      | 326,698.25                 | 326,290.75   |
|                                                                   |                        |                                             | 343,420.42                  |                      | 326,698.25                 | 326,290.75   |
| NJ8F                                                              | 907825AA1              | UNION PACIFIC RR 2014 1                     | PASS THRU CE 05/26 3.227    | 3.227                | 05/14/2026                 |              |
|                                                                   |                        |                                             | 214,512.93                  |                      | 208,918.30                 | 210,766.29   |
|                                                                   |                        |                                             | 214,512.93                  |                      | 208,918.30                 | 210,766.29   |
| NJ8F                                                              | 90932JAA0              | UNITED AIR 2019 2 AA PTT                    | PASS THRU CE 11/33 2.7      | 2.700                | 11/01/2033                 |              |
|                                                                   |                        |                                             | 1,779,997.71                |                      | 1,577,503.04               | 1,572,787.11 |
|                                                                   |                        |                                             | 1,779,997.71                |                      | 1,577,503.04               | 1,572,787.11 |
| NJ8F                                                              | 92866EAD1              | VOLKSWAGEN AUTO LEASE TRUST                 | VWALT 2024 A A3             | 5.210                | 06/21/2027                 |              |
|                                                                   |                        |                                             | 540,000.00                  |                      | 547,094.79                 | 545,075.89   |
|                                                                   |                        |                                             | 540,000.00                  |                      | 547,094.79                 | 545,075.89   |
| NJ8F                                                              | 928668CH3              | VOLKSWAGEN GROUP AMERICA                    | COMPANY GUAR 144A 03/34 5.6 | 5.600                | 03/22/2034                 |              |
|                                                                   |                        |                                             | 810,000.00                  |                      | 832,157.07                 | 794,479.21   |
|                                                                   |                        |                                             | 810,000.00                  |                      | 832,157.07                 | 794,479.21   |
| NJ8F                                                              | 92868RAD0              | VOLKSWAGEN AUTO LOAN ENHANCED               | VALET 2024 1 A3             | 4.630                | 07/20/2029                 |              |
|                                                                   |                        |                                             | 640,000.00                  |                      | 639,939.71                 | 641,337.41   |
|                                                                   |                        |                                             | 640,000.00                  |                      | 639,939.71                 | 641,337.41   |
| NJ8F                                                              | 95000U2J1              | WELLS FARGO + COMPANY                       | SR UNSECURED 02/31 VAR      | 1.000                | 02/11/2031                 |              |
|                                                                   |                        |                                             | 804,000.00                  |                      | 721,402.06                 | 709,033.28   |
|                                                                   |                        |                                             | 804,000.00                  |                      | 721,402.06                 | 709,033.28   |
| NJ8F                                                              | 95000U2Q5              | WELLS FARGO + COMPANY                       | SR UNSECURED 04/41 VAR      | 1.000                | 04/30/2041                 |              |
|                                                                   |                        |                                             | 856,000.00                  |                      | 654,290.57                 | 622,789.19   |
|                                                                   |                        |                                             | 856,000.00                  |                      | 654,290.57                 | 622,789.19   |

|      |                                          |  |  |  |  |                            |
|------|------------------------------------------|--|--|--|--|----------------------------|
| NJZC | GROUP BENEFIT PLAN                       |  |  |  |  | PLAN YEAR ENDING: 12/31/24 |
|      | COMPOSITE                                |  |  |  |  |                            |
|      | SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS |  |  |  |  |                            |
|      | (HELD AT END OF YEAR)                    |  |  |  |  |                            |

| (A)<br>FUND | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR | RATE                   | MAT DATE<br>(D) COST | (E) CURRENT<br>VALUE |
|-------------|------------------------|---------------------------------------------|------------------------|----------------------|----------------------|
| NJ8F        | 95000U2S1              | WELLS FARGO + COMPANY                       | SR UNSECURED 06/28 VAR | 1.000 06/02/2028     |                      |
|             |                        |                                             | 882,000.00             | 832,048.94           | 830,692.27           |
|             |                        |                                             | 882,000.00             | 832,048.94           | 830,692.27           |
|             |                        |                                             |                        |                      |                      |
| NJ8F        | 95000U2V4              | WELLS FARGO + COMPANY                       | SR UNSECURED 03/28 VAR | 1.000 03/24/2028     |                      |
|             |                        |                                             | 539,000.00             | 524,837.16           | 522,791.45           |
|             |                        |                                             | 539,000.00             | 524,837.16           | 522,791.45           |
|             |                        |                                             |                        |                      |                      |
| NJ8F        | 95000U3E1              | WELLS FARGO + COMPANY                       | SR UNSECURED 07/29 VAR | 1.000 07/25/2029     |                      |
|             |                        |                                             | 885,000.00             | 913,881.78           | 898,536.20           |
|             |                        |                                             | 885,000.00             | 913,881.78           | 898,536.20           |
|             |                        |                                             |                        |                      |                      |
| NJ8F        | 95000U3H4              | WELLS FARGO + COMPANY                       | SR UNSECURED 10/34 VAR | 1.000 10/23/2034     |                      |
|             |                        |                                             | 560,000.00             | 616,713.20           | 595,267.39           |
|             |                        |                                             | 560,000.00             | 616,713.20           | 595,267.39           |
|             |                        |                                             |                        |                      |                      |
|             |                        | 79,873,625.73                               | 76,831,483.70          | 75,368,731.90        |                      |

| NJZC                                                              |                        | GROUP BENEFIT PLAN<br>COMPOSITE             |                              |                      |                      | PLAN YEAR ENDING: 12/31/24 |  |
|-------------------------------------------------------------------|------------------------|---------------------------------------------|------------------------------|----------------------|----------------------|----------------------------|--|
| SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS<br>(HELD AT END OF YEAR) |                        |                                             |                              |                      |                      |                            |  |
| (A)<br>FUND                                                       | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR | RATE                         | MAT DATE<br>(D) COST | (E) CURRENT<br>VALUE |                            |  |
| CORP. DEBT INSTR. - ALL OTHER                                     |                        |                                             |                              |                      |                      |                            |  |
| NJ8F                                                              | 00774MAE5              | AERCAP IRELAND CAP/GLOBA                    | COMPANY GUAR 01/28 3.875     | 3.875 01/23/2028     |                      |                            |  |
|                                                                   |                        |                                             | 471,000.00                   | 458,713.62           | 456,156.35           |                            |  |
|                                                                   |                        |                                             | 471,000.00                   | 458,713.62           | 456,156.35           |                            |  |
| NJ8F                                                              | 02005NBT6              | ALLY FINANCIAL INC                          | SR UNSECURED 06/29 VAR       | 1.000 06/13/2029     |                      |                            |  |
|                                                                   |                        |                                             | 492,000.00                   | 521,817.79           | 512,555.90           |                            |  |
|                                                                   |                        |                                             | 492,000.00                   | 521,817.79           | 512,555.90           |                            |  |
| NJ8F                                                              | 03027XBY5              | AMERICAN TOWER CORP                         | SR UNSECURED 03/28 5.5       | 5.500 03/15/2028     |                      |                            |  |
|                                                                   |                        |                                             | 458,000.00                   | 470,503.89           | 464,769.97           |                            |  |
|                                                                   |                        |                                             | 458,000.00                   | 470,503.89           | 464,769.97           |                            |  |
| NJ8F                                                              | 031162DU1              | AMGEN INC                                   | SR UNSECURED 03/63 5.75      | 5.750 03/02/2063     |                      |                            |  |
|                                                                   |                        |                                             | 469,000.00                   | 481,019.42           | 449,798.10           |                            |  |
|                                                                   |                        |                                             | 469,000.00                   | 481,019.42           | 449,798.10           |                            |  |
| NJ8F                                                              | 03666HAC5              | ANTARES HOLDINGS                            | SR UNSECURED 144A 07/26 3.95 | 3.950 07/15/2026     |                      |                            |  |
|                                                                   |                        |                                             | 678,000.00                   | 653,657.75           | 658,045.82           |                            |  |
|                                                                   |                        |                                             | 678,000.00                   | 653,657.75           | 658,045.82           |                            |  |
| NJ8F                                                              | 03835VAJ5              | APTIV SWISS HOLDINGS LTD                    | COMPANY GUAR 12/51 3.1       | 3.100 12/01/2051     |                      |                            |  |
|                                                                   |                        |                                             | 599,000.00                   | 380,442.18           | 350,200.25           |                            |  |
|                                                                   |                        |                                             | 599,000.00                   | 380,442.18           | 350,200.25           |                            |  |
| NJ8F                                                              | 045054AL7              | ASHTEAD CAPITAL INC                         | COMPANY GUAR 144A 11/29 4.25 | 4.250 11/01/2029     |                      |                            |  |
|                                                                   |                        |                                             | 448,000.00                   | 431,155.68           | 424,561.18           |                            |  |
|                                                                   |                        |                                             | 448,000.00                   | 431,155.68           | 424,561.18           |                            |  |
| NJ8F                                                              | 045054AN3              | ASHTEAD CAPITAL INC                         | COMPANY GUAR 144A 08/26 1.5  | 1.500 08/12/2026     |                      |                            |  |
|                                                                   |                        |                                             | 555,000.00                   | 519,707.81           | 525,065.93           |                            |  |
|                                                                   |                        |                                             | 555,000.00                   | 519,707.81           | 525,065.93           |                            |  |
| NJ8F                                                              | 045054AP8              | ASHTEAD CAPITAL INC                         | COMPANY GUAR 144A 08/31 2.45 | 2.450 08/12/2031     |                      |                            |  |
|                                                                   |                        |                                             | 471,000.00                   | 395,330.14           | 391,629.52           |                            |  |
|                                                                   |                        |                                             | 471,000.00                   | 395,330.14           | 391,629.52           |                            |  |
| NJ8F                                                              | 053807AW3              | AVNET INC                                   | SR UNSECURED 03/28 6.25      | 6.250 03/15/2028     |                      |                            |  |
|                                                                   |                        |                                             | 380,000.00                   | 396,682.38           | 390,236.41           |                            |  |
|                                                                   |                        |                                             | 380,000.00                   | 396,682.38           | 390,236.41           |                            |  |
| NJ8F                                                              | 05401AAK7              | AVOLON HOLDINGS FNDG LTD                    | SR UNSECURED 144A 01/26 5.5  | 5.500 01/15/2026     |                      |                            |  |
|                                                                   |                        |                                             | 757,000.00                   | 757,943.03           | 759,139.11           |                            |  |
|                                                                   |                        |                                             | 757,000.00                   | 757,943.03           | 759,139.11           |                            |  |

NJZC

GROUP BENEFIT PLAN  
COMPOSITE

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS  
(HELD AT END OF YEAR)

| (A)<br>FUND | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR                                          | RATE  | MAT DATE<br>(D) COST                       | (E) CURRENT<br>VALUE         |
|-------------|------------------------|--------------------------------------------------------------------------------------|-------|--------------------------------------------|------------------------------|
| NJ8F        | 05401AAP6              | AVOLON HOLDINGS FNDG LTD<br>SR UNSECURED 144A 02/28 2.75<br>319,000.00<br>319,000.00 | 2.750 | 02/21/2028<br>295,065.87<br>295,065.87     | 295,607.36<br>295,607.36     |
| NJ8F        | 05526DBY0              | BAT CAPITAL CORP<br>COMPANY GUAR 02/31 5.834<br>695,000.00<br>695,000.00             | 5.834 | 02/20/2031<br>729,488.27<br>729,488.27     | 710,473.33<br>710,473.33     |
| NJ8F        | 05583JAN2              | BPCE SA<br>144A 01/27 VAR<br>364,000.00<br>364,000.00                                | 1.000 | 01/18/2027<br>368,573.87<br>368,573.87     | 366,815.92<br>366,815.92     |
| NJ8F        | 06738ECF0              | BARCLAYS PLC<br>SR UNSECURED 05/27 VAR<br>599,000.00<br>599,000.00                   | 1.000 | 05/09/2027<br>607,434.78<br>607,434.78     | 605,450.52<br>605,450.52     |
| NJ8F        | 06738ECS2              | BARCLAYS PLC<br>SR UNSECURED 03/55 VAR<br>300,000.00<br>300,000.00                   | 1.000 | 03/12/2055<br>319,685.28<br>319,685.28     | 299,819.99<br>299,819.99     |
| NJ8F        | 07274EAJ2              | BAYER US FINANCE LLC<br>COMPANY GUAR 144A 01/29 6.25<br>796,000.00<br>796,000.00     | 6.250 | 01/21/2029<br>834,249.97<br>834,249.97     | 811,994.74<br>811,994.74     |
| NJ8F        | 07274EAM5              | BAYER US FINANCE LLC<br>COMPANY GUAR 144A 11/53 6.875<br>745,000.00<br>745,000.00    | 6.875 | 11/21/2053<br>810,977.40<br>810,977.40     | 751,056.76<br>751,056.76     |
| NJ8F        | 093662AJ3              | BLOCK FINANCIAL LLC<br>COMPANY GUAR 07/28 2.5<br>361,000.00<br>361,000.00            | 2.500 | 07/15/2028<br>331,669.58<br>331,669.58     | 328,310.58<br>328,310.58     |
| NJ8F        | 096630AK4              | BOARDWALK PIPELINES LP<br>COMPANY GUAR 08/34 5.625<br>285,000.00<br>285,000.00       | 5.625 | 08/01/2034<br>290,955.92<br>290,955.92     | 283,842.17<br>283,842.17     |
| NJ8F        | 097023DG7              | BOEING CO<br>SR UNSECURED 02/26 2.196<br>586,000.00<br>586,000.00                    | 2.196 | 02/04/2026<br>561,488.56<br>561,488.56     | 568,297.41<br>568,297.41     |
| NJ8F        | 097023DT9              | BOEING CO/THE<br>SR UNSECURED 05/54 6.858<br>1,205,000.00<br>1,205,000.00            | 6.858 | 05/01/2054<br>1,297,467.41<br>1,297,467.41 | 1,280,730.14<br>1,280,730.14 |
| NJ8F        | 11134LAH2              | BROADCOM CRP / CAYMN FI<br>COMPANY GUAR 01/27 3.875<br>618,000.00<br>618,000.00      | 3.875 | 01/15/2027<br>609,502.25<br>609,502.25     | 608,347.64<br>608,347.64     |

| NJZC                                                              |                        | GROUP BENEFIT PLAN<br>COMPOSITE             |                          |                      |                      | PLAN YEAR ENDING: 12/31/24 |  |
|-------------------------------------------------------------------|------------------------|---------------------------------------------|--------------------------|----------------------|----------------------|----------------------------|--|
| SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS<br>(HELD AT END OF YEAR) |                        |                                             |                          |                      |                      |                            |  |
| (A)<br>FUND                                                       | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR | RATE                     | MAT DATE<br>(D) COST | (E) CURRENT<br>VALUE |                            |  |
| NJ8F                                                              | 15089QAM6              | CELANESE US HOLDINGS LLC                    | COMPANY GUAR 07/27 6.165 | 6.165 07/15/2027     |                      |                            |  |
|                                                                   |                        |                                             | 767,000.00               |                      | 791,444.41           | 778,429.92                 |  |
|                                                                   |                        |                                             | 767,000.00               |                      | 791,444.41           | 778,429.92                 |  |
| NJ8F                                                              | 15089QAN4              | CELANESE US HOLDINGS LLC                    | COMPANY GUAR 07/29 6.33  | 6.330 07/15/2029     |                      |                            |  |
|                                                                   |                        |                                             | 620,000.00               |                      | 655,384.68           | 632,645.46                 |  |
|                                                                   |                        |                                             | 620,000.00               |                      | 655,384.68           | 632,645.46                 |  |
| NJ8F                                                              | 15089QAP9              | CELANESE US HOLDINGS LLC                    | COMPANY GUAR 07/32 6.629 | 6.629 07/15/2032     |                      |                            |  |
|                                                                   |                        |                                             | 414,000.00               |                      | 437,615.67           | 420,528.43                 |  |
|                                                                   |                        |                                             | 414,000.00               |                      | 437,615.67           | 420,528.43                 |  |
| NJ8F                                                              | 15135UAP4              | CENOVUS ENERGY INC                          | SR UNSECURED 06/37 5.25  | 5.250 06/15/2037     |                      |                            |  |
|                                                                   |                        |                                             | 914,000.00               |                      | 898,533.86           | 855,767.64                 |  |
|                                                                   |                        |                                             | 914,000.00               |                      | 898,533.86           | 855,767.64                 |  |
| NJ8F                                                              | 16411QAQ4              | CHENIERE ENERGY PARTNERS                    | COMPANY GUAR 06/33 5.95  | 5.950 06/30/2033     |                      |                            |  |
|                                                                   |                        |                                             | 243,000.00               |                      | 255,801.48           | 248,756.64                 |  |
|                                                                   |                        |                                             | 243,000.00               |                      | 255,801.48           | 248,756.64                 |  |
| NJ8F                                                              | 16411RAN9              | CHENIERE ENERGY INC                         | SR UNSECURED 04/34 5.65  | 5.650 04/15/2034     |                      |                            |  |
|                                                                   |                        |                                             | 295,000.00               |                      | 303,568.14           | 296,694.48                 |  |
|                                                                   |                        |                                             | 295,000.00               |                      | 303,568.14           | 296,694.48                 |  |
| NJ8F                                                              | 16412XAG0              | CHENIERE CORP CHRISTI HD                    | SR SECURED 06/27 5.125   | 5.125 06/30/2027     |                      |                            |  |
|                                                                   |                        |                                             | 403,000.00               |                      | 407,051.24           | 405,162.25                 |  |
|                                                                   |                        |                                             | 403,000.00               |                      | 407,051.24           | 405,162.25                 |  |
| NJ8F                                                              | 16412XAJ4              | CHENIERE CORP CHRISTI HD                    | SR SECURED 11/29 3.7     | 3.700 11/15/2029     |                      |                            |  |
|                                                                   |                        |                                             | 170,000.00               |                      | 161,809.68           | 159,600.58                 |  |
|                                                                   |                        |                                             | 170,000.00               |                      | 161,809.68           | 159,600.58                 |  |
| NJ8F                                                              | 16412XAL9              | CHENIERE CORP CHRISTI HD                    | SR SECURED 12/39 2.742   | 2.742 12/31/2039     |                      |                            |  |
|                                                                   |                        |                                             | 374,000.00               |                      | 304,345.23           | 297,986.98                 |  |
|                                                                   |                        |                                             | 374,000.00               |                      | 304,345.23           | 297,986.98                 |  |
| NJ8F                                                              | 172967PG0              | CITIGROUP INC                               | SUBORDINATED 02/35 VAR   | 1.000 02/13/2035     |                      |                            |  |
|                                                                   |                        |                                             | 915,000.00               |                      | 940,408.85           | 910,521.85                 |  |
|                                                                   |                        |                                             | 915,000.00               |                      | 940,408.85           | 910,521.85                 |  |
| NJ8F                                                              | 21873AAA5              | COREVEST AMERICAN FINANCE LTD               | CAFL 2020 4 A 144A       | 1.174 12/15/2052     |                      |                            |  |
|                                                                   |                        |                                             | 223,920.83               |                      | 215,071.35           | 218,024.99                 |  |
|                                                                   |                        |                                             | 223,920.83               |                      | 215,071.35           | 218,024.99                 |  |
| NJ8F                                                              | 21873BAA3              | COREVEST AMERICAN FINANCE LTD               | CAFL 2021 2 A 144A       | 1.408 07/15/2054     |                      |                            |  |
|                                                                   |                        |                                             | 337,805.75               |                      | 313,840.93           | 316,881.15                 |  |
|                                                                   |                        |                                             | 337,805.75               |                      | 313,840.93           | 316,881.15                 |  |

NJZC

GROUP BENEFIT PLAN  
COMPOSITE

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS  
(HELD AT END OF YEAR)

| (A)<br>FUND | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR                                       | RATE  | MAT DATE<br>(D) COST                       | (E) CURRENT<br>VALUE         |
|-------------|------------------------|-----------------------------------------------------------------------------------|-------|--------------------------------------------|------------------------------|
| NJ8F        | 21873LAA1              | COREVEST AMERICAN FINANCE LTD CAFL 2021 1 A 144A<br>470,437.93<br>470,437.93      | 1.569 | 04/15/2053<br>444,710.91<br>444,710.91     | 451,734.21<br>451,734.21     |
| NJ8F        | 21873NAG4              | COREVEST AMERICAN FINANCE TRUS CAFL 2021 3 B 144A<br>1,395,000.00<br>1,395,000.00 | 2.494 | 10/15/2054<br>1,315,478.72<br>1,315,478.72 | 1,320,923.55<br>1,320,923.55 |
| NJ8F        | 25466AAP6              | DISCOVER BANK SR UNSECURED 09/28 4.65<br>750,000.00<br>750,000.00                 | 4.650 | 09/13/2028<br>747,466.21<br>747,466.21     | 734,506.04<br>734,506.04     |
| NJ8F        | 268317BB9              | ELECTRICITE DE FRANCE SA SR UNSECURED 144A 04/64 6<br>860,000.00<br>860,000.00    | 6.000 | 04/22/2064<br>853,063.81<br>853,063.81     | 830,895.81<br>830,895.81     |
| NJ8F        | 29250NBR5              | ENBRIDGE INC COMPANY GUAR 03/33 5.7<br>720,000.00<br>720,000.00                   | 5.700 | 03/08/2033<br>750,742.72<br>750,742.72     | 727,479.72<br>727,479.72     |
| NJ8F        | 29278NAE3              | ENERGY TRANSFER LP SR UNSECURED 06/48 6<br>937,000.00<br>937,000.00               | 6.000 | 06/15/2048<br>946,179.14<br>946,179.14     | 905,058.34<br>905,058.34     |
| NJ8F        | 29278NAQ6              | ENERGY TRANSFER LP SR UNSECURED 05/30 3.75<br>674,000.00<br>674,000.00            | 3.750 | 05/15/2030<br>637,549.61<br>637,549.61     | 628,824.81<br>628,824.81     |
| NJ8F        | 30212PBK0              | EXPEDIA GROUP INC COMPANY GUAR 08/27 4.625<br>398,000.00<br>398,000.00            | 4.625 | 08/01/2027<br>399,131.42<br>399,131.42     | 396,378.22<br>396,378.22     |
| NJ8F        | 345397B93              | FORD MOTOR CREDIT CO LLC SR UNSECURED 02/29 2.9<br>554,000.00<br>554,000.00       | 2.900 | 02/10/2029<br>501,546.26<br>501,546.26     | 496,139.00<br>496,139.00     |
| NJ8F        | 35910EAA2              | FRONTIER ISSUER LLC FYBR 2023 1 A2 144A<br>2,200,000.00<br>2,200,000.00           | 6.600 | 08/20/2053<br>2,249,492.96<br>2,249,492.96 | 2,239,120.18<br>2,239,120.18 |
| NJ8F        | 35910EAB0              | FRONTIER ISSUER LLC FYBR 2023 1 B 144A<br>1,520,000.00<br>1,520,000.00            | 8.300 | 08/20/2053<br>1,579,294.90<br>1,579,294.90 | 1,576,209.14<br>1,576,209.14 |
| NJ8F        | 35910EAK0              | FRONTIER ISSUER LLC FYBR 2024 1 A2 144A<br>940,000.00<br>940,000.00               | 6.190 | 06/20/2054<br>964,030.63<br>964,030.63     | 956,079.45<br>956,079.45     |

NJZC

GROUP BENEFIT PLAN  
COMPOSITE

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS  
(HELD AT END OF YEAR)

| (A)<br>FUND | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR        | RATE                          | MAT DATE<br>(D) COST | (E) CURRENT<br>VALUE |
|-------------|------------------------|----------------------------------------------------|-------------------------------|----------------------|----------------------|
| NJ8F        | 36267VAD5              | GE HEALTHCARE TECH INC                             | SR UNSECURED 11/25 5.6        | 5.600 11/15/2025     |                      |
|             |                        | 518,000.00                                         |                               | 522,204.20           | 521,461.91           |
|             |                        | 518,000.00                                         |                               | 522,204.20           | 521,461.91           |
| NJ8F        | 36267VAK9              | GE HEALTHCARE TECH INC                             | SR UNSECURED 11/32 5.905      | 5.905 11/22/2032     |                      |
|             |                        | 613,000.00                                         |                               | 653,157.31           | 636,872.82           |
|             |                        | 613,000.00                                         |                               | 653,157.31           | 636,872.82           |
| NJ8F        | 378272BG2              | GLENCORE FUNDING LLC                               | COMPANY GUAR 144A 09/31 2.625 | 2.625 09/23/2031     |                      |
|             |                        | 565,000.00                                         |                               | 481,973.15           | 476,605.75           |
|             |                        | 565,000.00                                         |                               | 481,973.15           | 476,605.75           |
| NJ8F        | 378272BH0              | GLENCORE FUNDING LLC                               | COMPANY GUAR 144A 09/51 3.375 | 3.375 09/23/2051     |                      |
|             |                        | 377,000.00                                         |                               | 250,394.62           | 246,395.03           |
|             |                        | 377,000.00                                         |                               | 250,394.62           | 246,395.03           |
| NJ8F        | 38410JAA0              | GRACIE POINT INTERNATIONAL FUN GPIF 2023 2A A 144A | 1.000 03/01/2027              |                      |                      |
|             |                        | 156,411.24                                         |                               | 156,834.85           | 156,737.17           |
|             |                        | 156,411.24                                         |                               | 156,834.85           | 156,737.17           |
| NJ8F        | 404119CR8              | HCA INC                                            | COMPANY GUAR 06/53 5.9        | 5.900 06/01/2053     |                      |
|             |                        | 723,000.00                                         |                               | 733,225.66           | 682,302.50           |
|             |                        | 723,000.00                                         |                               | 733,225.66           | 682,302.50           |
| NJ8F        | 42250PAE3              | HEALTHPEAK OP LLC                                  | COMPANY GUAR 12/32 5.25       | 5.250 12/15/2032     |                      |
|             |                        | 223,000.00                                         |                               | 226,878.78           | 221,329.80           |
|             |                        | 223,000.00                                         |                               | 226,878.78           | 221,329.80           |
| NJ8F        | 44107TAW6              | HOST HOTELS + RESORTS LP                           | SR UNSECURED 02/26 4.5        | 4.500 02/01/2026     |                      |
|             |                        | 377,000.00                                         |                               | 374,133.04           | 374,793.27           |
|             |                        | 377,000.00                                         |                               | 374,133.04           | 374,793.27           |
| NJ8F        | 46590XAN6              | JBS USA HOLD/FOOD/LUX CO                           | COMPANY GUAR 02/29 3          | 3.000 02/02/2029     |                      |
|             |                        | 678,000.00                                         |                               | 626,405.28           | 618,459.49           |
|             |                        | 678,000.00                                         |                               | 626,405.28           | 618,459.49           |
| NJ8F        | 46590XAQ9              | JBS USA HOLD/FOOD/LUX CO                           | COMPANY GUAR 02/52 4.375      | 4.375 02/02/2052     |                      |
|             |                        | 1,073,000.00                                       |                               | 842,781.95           | 808,661.86           |
|             |                        | 1,073,000.00                                       |                               | 842,781.95           | 808,661.86           |
| NJ8F        | 53161DAA3              | OASIS SECURITISATION                               | OASIS 2023 1A A 144A          | 7.000 02/15/2035     |                      |
|             |                        | 263,499.55                                         |                               | 263,481.86           | 263,933.43           |
|             |                        | 263,499.55                                         |                               | 263,481.86           | 263,933.43           |
| NJ8F        | 548661ES2              | LOWE S COS INC                                     | SR UNSECURED 04/63 5.85       | 5.850 04/01/2063     |                      |
|             |                        | 487,000.00                                         |                               | 498,263.02           | 476,397.23           |
|             |                        | 487,000.00                                         |                               | 498,263.02           | 476,397.23           |

NJZC

GROUP BENEFIT PLAN  
COMPOSITE  
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS  
(HELD AT END OF YEAR)

PLAN YEAR ENDING: 12/31/24

| (A)<br>FUND | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR | RATE                         | MAT DATE<br>(D) COST | (E) CURRENT<br>VALUE |
|-------------|------------------------|---------------------------------------------|------------------------------|----------------------|----------------------|
| NJ8F        | 55261FAS3              | M+T BANK CORPORATION                        | SR UNSECURED 10/29 VAR       | 1.000 10/30/2029     |                      |
|             |                        |                                             | 1,180,000.00                 | 1,285,149.15         | 1,264,888.16         |
|             |                        |                                             | 1,180,000.00                 | 1,285,149.15         | 1,264,888.16         |
| NJ8F        | 55261FAV6              | M+T BANK CORPORATION                        | SR UNSECURED 01/36 VAR       | 1.000 01/16/2036     |                      |
|             |                        |                                             | 290,000.00                   | 290,000.00           | 280,946.83           |
|             |                        |                                             | 290,000.00                   | 290,000.00           | 280,946.83           |
| NJ8F        | 55336VBQ2              | MPLX LP                                     | SR UNSECURED 08/30 2.65      | 2.650 08/15/2030     |                      |
|             |                        |                                             | 644,000.00                   | 575,582.30           | 563,518.14           |
|             |                        |                                             | 644,000.00                   | 575,582.30           | 563,518.14           |
| NJ8F        | 55336VBR0              | MPLX LP                                     | SR UNSECURED 03/26 1.75      | 1.750 03/01/2026     |                      |
|             |                        |                                             | 217,000.00                   | 207,467.08           | 209,509.31           |
|             |                        |                                             | 217,000.00                   | 207,467.08           | 209,509.31           |
| NJ8F        | 55903VBB8              | WARNERMEDIA HOLDINGS INC                    | COMPANY GUAR 03/29 4.054     | 4.054 03/15/2029     |                      |
|             |                        |                                             | 398,000.00                   | 371,839.38           | 370,318.90           |
|             |                        |                                             | 398,000.00                   | 371,839.38           | 370,318.90           |
| NJ8F        | 55903VBC6              | WARNERMEDIA HOLDINGS INC                    | COMPANY GUAR 03/32 4.279     | 4.279 03/15/2032     |                      |
|             |                        |                                             | 398,000.00                   | 347,912.06           | 350,720.44           |
|             |                        |                                             | 398,000.00                   | 347,912.06           | 350,720.44           |
| NJ8F        | 55903VBD4              | WARNERMEDIA HOLDINGS INC                    | COMPANY GUAR 03/42 5.05      | 5.050 03/15/2042     |                      |
|             |                        |                                             | 597,000.00                   | 478,396.79           | 479,320.67           |
|             |                        |                                             | 597,000.00                   | 478,396.79           | 479,320.67           |
| NJ8F        | 55903VBE2              | WARNERMEDIA HOLDINGS INC                    | COMPANY GUAR 03/52 5.141     | 5.141 03/15/2052     |                      |
|             |                        |                                             | 380,000.00                   | 289,027.45           | 282,341.63           |
|             |                        |                                             | 380,000.00                   | 289,027.45           | 282,341.63           |
| NJ8F        | 55903VBF9              | WARNERMEDIA HOLDINGS INC                    | COMPANY GUAR 03/62 5.391     | 5.391 03/15/2062     |                      |
|             |                        |                                             | 398,000.00                   | 298,882.74           | 292,657.62           |
|             |                        |                                             | 398,000.00                   | 298,882.74           | 292,657.62           |
| NJ8F        | 636180BQ3              | NATIONAL FUEL GAS CO                        | SR UNSECURED 01/26 5.5       | 5.500 01/15/2026     |                      |
|             |                        |                                             | 220,000.00                   | 221,390.70           | 220,854.09           |
|             |                        |                                             | 220,000.00                   | 221,390.70           | 220,854.09           |
| NJ8F        | 654744AD3              | NISSAN MOTOR CO                             | SR UNSECURED 144A 09/30 4.81 | 4.810 09/17/2030     |                      |
|             |                        |                                             | 750,000.00                   | 699,750.00           | 704,870.64           |
|             |                        |                                             | 750,000.00                   | 699,750.00           | 704,870.64           |
| NJ8F        | 65480CAD7              | NISSAN MOTOR ACCEPTANCE                     | SR UNSECURED 144A 09/28 2.45 | 2.450 09/15/2028     |                      |
|             |                        |                                             | 937,000.00                   | 832,751.98           | 831,440.88           |
|             |                        |                                             | 937,000.00                   | 832,751.98           | 831,440.88           |

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GROUP BENEFIT PLAN  
COMPOSITE

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS  
(HELD AT END OF YEAR)

| (A)<br>FUND | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR | RATE                         | MAT DATE<br>(D) COST | (E) CURRENT<br>VALUE |
|-------------|------------------------|---------------------------------------------|------------------------------|----------------------|----------------------|
| NJ8F        | 68377GAA4              | OPORTUN FUNDING LLC                         | OPTN 2021 B A 144A           | 1.470 05/08/2031     |                      |
|             |                        | 742,059.67                                  |                              | 717,462.77           | 718,331.20           |
|             |                        | 742,059.67                                  |                              | 717,462.77           | 718,331.20           |
| NJ8F        | 69120VAM3              | BLUE OWL CREDIT INCOME                      | SR UNSECURED 09/26 3.125     | 3.125 09/23/2026     |                      |
|             |                        | 1,018,000.00                                |                              | 965,455.86           | 976,358.51           |
|             |                        | 1,018,000.00                                |                              | 965,455.86           | 976,358.51           |
| NJ8F        | 691205AE8              | BLUE OWL TECHNOLOGY FINA                    | SR UNSECURED 144A 06/26 3.75 | 3.750 06/17/2026     |                      |
|             |                        | 374,000.00                                  |                              | 356,940.10           | 361,718.47           |
|             |                        | 374,000.00                                  |                              | 356,940.10           | 361,718.47           |
| NJ8F        | 691205AG3              | BLUE OWL TECHNOLOGY FINA                    | SR UNSECURED 01/27 2.5       | 2.500 01/15/2027     |                      |
|             |                        | 299,000.00                                  |                              | 277,064.74           | 280,416.40           |
|             |                        | 299,000.00                                  |                              | 277,064.74           | 280,416.40           |
| NJ8F        | 694308HN0              | PACIFIC GAS + ELECTRIC                      | 1ST MORTGAGE 03/46 4.25      | 4.250 03/15/2046     |                      |
|             |                        | 1,898,000.00                                |                              | 1,493,957.97         | 1,500,443.27         |
|             |                        | 1,898,000.00                                |                              | 1,493,957.97         | 1,500,443.27         |
| NJ8F        | 694308JM0              | PACIFIC GAS + ELECTRIC                      | 1ST MORTGAGE 07/30 4.55      | 4.550 07/01/2030     |                      |
|             |                        | 374,000.00                                  |                              | 365,746.34           | 361,958.15           |
|             |                        | 374,000.00                                  |                              | 365,746.34           | 361,958.15           |
| NJ8F        | 694308JW8              | PACIFIC GAS + ELECTRIC                      | 1ST MORTGAGE 06/28 3         | 3.000 06/15/2028     |                      |
|             |                        | 563,000.00                                  |                              | 528,336.83           | 527,541.75           |
|             |                        | 563,000.00                                  |                              | 528,336.83           | 527,541.75           |
| NJ8F        | 71654QBS0              | PETROLEOS MEXICANOS                         | US GOVT GUAR 04/25 VAR       | 1.000 04/15/2025     |                      |
|             |                        | 142,000.00                                  |                              | 141,822.56           | 141,932.65           |
|             |                        | 142,000.00                                  |                              | 141,822.56           | 141,932.65           |
| NJ8F        | 71654QCK6              | PETROLEOS MEXICANOS                         | COMPANY GUAR 02/28 5.35      | 5.350 02/12/2028     |                      |
|             |                        | 800,000.00                                  |                              | 746,000.00           | 731,182.69           |
|             |                        | 800,000.00                                  |                              | 746,000.00           | 731,182.69           |
| NJ8F        | 71654QDC3              | PETROLEOS MEXICANOS                         | COMPANY GUAR 01/30 6.84      | 6.840 01/23/2030     |                      |
|             |                        | 500,000.00                                  |                              | 463,000.00           | 456,718.99           |
|             |                        | 500,000.00                                  |                              | 463,000.00           | 456,718.99           |
| NJ8F        | 718547AR3              | PHILLIPS 66 CO                              | COMPANY GUAR 06/33 5.3       | 5.300 06/30/2033     |                      |
|             |                        | 673,000.00                                  |                              | 688,663.47           | 666,956.20           |
|             |                        | 673,000.00                                  |                              | 688,663.47           | 666,956.20           |
| NJ8F        | 744320BF8              | PRUDENTIAL FINANCIAL INC                    | JR SUBORDINA 09/48 VAR       | 1.000 09/15/2048     |                      |
|             |                        | 505,000.00                                  |                              | 502,570.04           | 501,270.22           |
|             |                        | 505,000.00                                  |                              | 502,570.04           | 501,270.22           |

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GROUP BENEFIT PLAN  
COMPOSITE

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS  
(HELD AT END OF YEAR)

| (A)<br>FUND | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR | RATE                          | MAT DATE<br>(D) COST | (E) CURRENT<br>VALUE |
|-------------|------------------------|---------------------------------------------|-------------------------------|----------------------|----------------------|
| NJ8F        | 744320BP6              | PRUDENTIAL FINANCIAL INC                    | JR SUBORDINA 03/54 VAR        | 1.000 03/15/2054     |                      |
|             |                        | 1,460,000.00                                |                               | 1,509,933.46         | 1,501,558.90         |
|             |                        | 1,460,000.00                                |                               | 1,509,933.46         | 1,501,558.90         |
| NJ8F        | 74762EAH5              | QUANTA SERVICES INC                         | SR UNSECURED 01/32 2.35       | 2.350 01/15/2032     |                      |
|             |                        | 565,000.00                                  |                               | 475,980.18           | 467,453.76           |
|             |                        | 565,000.00                                  |                               | 475,980.18           | 467,453.76           |
| NJ8F        | 7591EPAU4              | REGIONS FINANCIAL CORP                      | SR UNSECURED 06/30 VAR        | 1.000 06/06/2030     |                      |
|             |                        | 780,000.00                                  |                               | 800,069.07           | 790,788.95           |
|             |                        | 780,000.00                                  |                               | 800,069.07           | 790,788.95           |
| NJ8F        | 759470AV9              | RELIANCE INDUSTRIES LTD                     | US GOVT GUAR 01/26 1.87       | 1.870 01/15/2026     |                      |
|             |                        | 248,052.62                                  |                               | 241,789.52           | 244,195.45           |
|             |                        | 248,052.62                                  |                               | 241,789.52           | 244,195.45           |
| NJ8F        | 80281LAT2              | SANTANDER UK GROUP HLDGS                    | SR UNSECURED 01/29 VAR        | 1.000 01/10/2029     |                      |
|             |                        | 579,000.00                                  |                               | 606,981.29           | 596,697.14           |
|             |                        | 579,000.00                                  |                               | 606,981.29           | 596,697.14           |
| NJ8F        | 80282KBC9              | SANTANDER HOLDINGS USA                      | SR UNSECURED 01/28 VAR        | 1.000 01/06/2028     |                      |
|             |                        | 613,000.00                                  |                               | 575,297.90           | 581,351.82           |
|             |                        | 613,000.00                                  |                               | 575,297.90           | 581,351.82           |
| NJ8F        | 827048AX7              | SILGAN HOLDINGS INC                         | SR SECURED 144A 04/26 1.4     | 1.400 04/01/2026     |                      |
|             |                        | 369,000.00                                  |                               | 347,312.19           | 351,480.05           |
|             |                        | 369,000.00                                  |                               | 347,312.19           | 351,480.05           |
| NJ8F        | 830867AB3              | DELTA AIR LINES/SKYMILES                    | SR SECURED 144A 10/28 4.75    | 4.750 10/20/2028     |                      |
|             |                        | 1,184,000.00                                |                               | 1,172,555.62         | 1,167,830.34         |
|             |                        | 1,184,000.00                                |                               | 1,172,555.62         | 1,167,830.34         |
| NJ8F        | 831641FW0              | SMALL BUSINESS ADMINISTRATION               | SBIC 2023 10B 1               | 5.688 09/10/2033     |                      |
|             |                        | 847,135.90                                  |                               | 881,873.47           | 863,884.03           |
|             |                        | 847,135.90                                  |                               | 881,873.47           | 863,884.03           |
| NJ8F        | 832248BD9              | SMITHFIELD FOODS INC                        | COMPANY GUAR 144A 09/31 2.625 | 2.625 09/13/2031     |                      |
|             |                        | 759,000.00                                  |                               | 633,245.71           | 624,817.05           |
|             |                        | 759,000.00                                  |                               | 633,245.71           | 624,817.05           |
| NJ8F        | 832696AZ1              | JM SMUCKER CO                               | SR UNSECURED 11/53 6.5        | 6.500 11/15/2053     |                      |
|             |                        | 930,000.00                                  |                               | 1,039,348.83         | 997,610.16           |
|             |                        | 930,000.00                                  |                               | 1,039,348.83         | 997,610.16           |
| NJ8F        | 83368RBV3              | SOCIETE GENERALE                            | 144A 01/28 VAR                | 1.000 01/19/2028     |                      |
|             |                        | 685,000.00                                  |                               | 689,615.67           | 687,261.74           |
|             |                        | 685,000.00                                  |                               | 689,615.67           | 687,261.74           |

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GROUP BENEFIT PLAN  
COMPOSITE

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS  
(HELD AT END OF YEAR)

| (A)<br>FUND | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR | RATE  | MAT DATE<br>(D) COST | (E) CURRENT<br>VALUE |
|-------------|------------------------|---------------------------------------------|-------|----------------------|----------------------|
| NJ8F        | 864300AC2              | SUBWAY FUNDING LLC                          |       |                      |                      |
|             |                        | SUBWAY 2024 1A A2II 144A                    | 6.268 | 07/30/2054           |                      |
|             |                        | 305,000.00                                  |       | 316,095.56           | 310,293.03           |
| NJ8F        | 87264ABL8              | T MOBILE USA INC                            |       |                      |                      |
|             |                        | COMPANY GUAR 02/41 3                        | 3.000 | 02/15/2041           |                      |
|             |                        | 421,000.00                                  |       | 314,595.80           | 300,232.68           |
| NJ8F        | 87612GAD3              | TARGA RESOURCES CORP                        |       |                      |                      |
|             |                        | COMPANY GUAR 02/53 6.5                      | 6.500 | 02/15/2053           |                      |
|             |                        | 641,000.00                                  |       | 700,039.45           | 668,034.72           |
| NJ8F        | 88104LAG8              | TERRAFORM POWER OPERATIN                    |       |                      |                      |
|             |                        | COMPANY GUAR 144A 01/30 4.75                | 4.750 | 01/15/2030           |                      |
|             |                        | 212,000.00                                  |       | 200,201.70           | 195,965.03           |
| NJ8F        | 88164AAC8              | TESLA SUSTAINABLE ENERGY TRUST              |       |                      |                      |
|             |                        | TSET 2024 1A A3 144A                        | 5.290 | 06/20/2050           |                      |
|             |                        | 360,000.00                                  |       | 359,825.22           | 355,614.19           |
| NJ8F        | 89156HAA5              | TOTE SHIPHOLDINGS INC                       |       |                      |                      |
|             |                        | US GOVT GUAR 10/40 3.4                      | 3.400 | 10/16/2040           |                      |
|             |                        | 448,000.00                                  |       | 352,862.72           | 382,206.72           |
| NJ8F        | 90346WAA1              | US AIRWAYS 2013 1A PTT                      |       |                      |                      |
|             |                        | PASS THRU CE 05/27 3.95                     | 3.950 | 05/15/2027           |                      |
|             |                        | 448,607.38                                  |       | 441,542.13           | 444,087.17           |
| NJ8F        | 911365BQ6              | UNITED RENTALS NORTH AM                     |       |                      |                      |
|             |                        | SR SECURED 144A 12/29 6                     | 6.000 | 12/15/2029           |                      |
|             |                        | 760,000.00                                  |       | 777,307.48           | 766,747.30           |
| NJ8F        | 92212WAD2              | VAR ENERGI ASA                              |       |                      |                      |
|             |                        | SR UNSECURED 144A 01/28 7.5                 | 7.500 | 01/15/2028           |                      |
|             |                        | 343,000.00                                  |       | 365,979.29           | 362,203.17           |
| NJ8F        | 925650AB9              | VICI PROPERTIES LP                          |       |                      |                      |
|             |                        | SR UNSECURED 02/28 4.75                     | 4.750 | 02/15/2028           |                      |
|             |                        | 403,000.00                                  |       | 401,414.15           | 399,612.34           |
| NJ8F        | 928563AF2              | VMWARE LLC                                  |       |                      |                      |
|             |                        | SR UNSECURED 05/30 4.7                      | 4.700 | 05/15/2030           |                      |
|             |                        | 558,000.00                                  |       | 557,343.74           | 545,932.46           |
| NJ8F        | 928563AJ4              | VMWARE LLC                                  |       |                      |                      |
|             |                        | SR UNSECURED 08/26 1.4                      | 1.400 | 08/15/2026           |                      |
|             |                        | 377,000.00                                  |       | 354,620.66           | 357,136.99           |

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GROUP BENEFIT PLAN  
COMPOSITE

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS  
(HELD AT END OF YEAR)

| (A)<br>FUND | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR | RATE                   | MAT DATE<br>(D) COST | (E) CURRENT<br>VALUE |
|-------------|------------------------|---------------------------------------------|------------------------|----------------------|----------------------|
| NJ8F        | 928563AL9              | VMWARE LLC                                  | SR UNSECURED 08/31 2.2 | 2.200 08/15/2031     |                      |
|             |                        |                                             | 377,000.00             | 318,882.08           | 312,738.41           |
|             |                        |                                             | 377,000.00             | 318,882.08           | 312,738.41           |
| NJ8F        | 95000U3L5              | WELLS FARGO + COMPANY                       | SR UNSECURED 04/28 VAR | 1.000 04/22/2028     |                      |
|             |                        |                                             | 780,000.00             | 801,145.13           | 792,830.13           |
|             |                        |                                             | 780,000.00             | 801,145.13           | 792,830.13           |
| NJ8F        | 958254AJ3              | WESTERN MIDSTREAM OPERAT                    | SR UNSECURED 03/48 5.3 | 5.300 03/01/2048     |                      |
|             |                        |                                             | 535,000.00             | 466,049.20           | 454,365.54           |
|             |                        |                                             | 535,000.00             | 466,049.20           | 454,365.54           |
| NJ8F        | 96034JAB2              | WESTGATE RESORTS                            | WESTR 2022 1A B 144A   | 2.288 08/20/2036     |                      |
|             |                        |                                             | 218,305.88             | 211,293.84           | 213,540.81           |
|             |                        |                                             | 218,305.88             | 211,293.84           | 213,540.81           |
| NJ8F        | 96034KAA1              | WESTGATE RESORTS                            | WESTR 2024 1A A 144A   | 6.060 01/20/2038     |                      |
|             |                        |                                             | 848,670.26             | 857,233.77           | 854,445.46           |
|             |                        |                                             | 848,670.26             | 857,233.77           | 854,445.46           |
| NJ8F        | 96034KAB9              | WESTGATE RESORTS                            | WESTR 2024 1A B 144A   | 6.560 01/20/2038     |                      |
|             |                        |                                             | 709,401.29             | 716,101.44           | 714,011.90           |
|             |                        |                                             | 709,401.29             | 716,101.44           | 714,011.90           |
|             |                        | 67,861,308.30                               | 65,858,535.96          | 64,962,347.45        |                      |

| (A)<br>FUND               | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR | RATE<br>(D) COST | MAT DATE   | (E) CURRENT<br>VALUE |
|---------------------------|------------------------|---------------------------------------------|------------------|------------|----------------------|
| CORPORATE STOCKS - COMMON |                        |                                             |                  |            |                      |
|                           |                        | MORGAN STAN PRIME PROP FD LLC REIT          |                  |            |                      |
|                           |                        | 372,795.644                                 |                  | 374,605.63 | 37,647,040.25        |
| NJ74                      | ACI005C59              | 372,795.644                                 |                  | 374,605.63 | 37,647,040.25        |
|                           |                        | -----                                       |                  | -----      | -----                |
|                           |                        | 372,795.644                                 |                  | 374,605.63 | 37,647,040.25        |

|      |                                          |  |  |  |                            |
|------|------------------------------------------|--|--|--|----------------------------|
| NJZC | GROUP BENEFIT PLAN                       |  |  |  | PLAN YEAR ENDING: 12/31/24 |
|      | COMPOSITE                                |  |  |  |                            |
|      | SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS |  |  |  |                            |
|      | (HELD AT END OF YEAR)                    |  |  |  |                            |

| (A)<br>FUND                    | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR             | RATE<br>(D) COST | MAT DATE | (E) CURRENT<br>VALUE |
|--------------------------------|------------------------|---------------------------------------------------------|------------------|----------|----------------------|
| -----                          |                        |                                                         |                  |          |                      |
| PARTN./JOINT VENTURE INTERESTS |                        |                                                         |                  |          |                      |
| -----                          |                        |                                                         |                  |          |                      |
| NJ74                           | 902JCG901              | IFM GLOBAL INFRA (OFFSHORE) LP LIMITED PARTNERSHIP      |                  |          |                      |
|                                |                        | 10,000,000.000                                          | 10,000,000.00    |          | 10,362,190.00        |
| NJ74                           | 902JCG901              | 10,000,000.000                                          | 10,000,000.00    |          | 10,362,190.00        |
|                                |                        |                                                         |                  |          |                      |
| NJ79                           | 902JCLII1              | OWL ROCK DIV LENDING 20 FD OS LIMITED PARTNERSHIP       |                  |          |                      |
|                                |                        | 7,943,781.130                                           | 7,943,781.13     |          | 7,706,365.34         |
| NJ79                           | 902JCLII1              | 7,943,781.130                                           | 7,943,781.13     |          | 7,706,365.34         |
|                                |                        |                                                         |                  |          |                      |
| NJ74                           | 934MSL908              | HARRISON STREET CORE PROP LP FUND C LIMITED PARTNERSHIP |                  |          |                      |
|                                |                        | 10,328,446.000                                          | 10,328,446.00    |          | 9,905,981.57         |
| NJ74                           | 934MSL908              | 10,328,446.000                                          | 10,328,446.00    |          | 9,905,981.57         |
|                                |                        |                                                         |                  |          |                      |
| NJ79                           | 943JUB903              | ARES PATHFINDER CORE FUND LP LIMITED PARTNERSHIP        |                  |          |                      |
|                                |                        | 5,150,562.900                                           | 5,150,562.90     |          | 5,184,443.30         |
| NJ79                           | 943JUB903              | 5,150,562.900                                           | 5,150,562.90     |          | 5,184,443.30         |
|                                |                        |                                                         |                  |          |                      |
| NJ79                           | 952AGAI19              | ATALAYA AIF EVERGREEN LP                                |                  |          |                      |
|                                |                        | 10,052,531.290                                          | 10,052,531.29    |          | 9,659,105.37         |
| NJ79                           | 952AGAI19              | 10,052,531.290                                          | 10,052,531.29    |          | 9,659,105.37         |
|                                |                        | -----                                                   | -----            |          | -----                |
|                                |                        | 43,475,321.320                                          | 43,475,321.32    |          | 42,818,085.58        |

NJZC

GROUP BENEFIT PLAN  
COMPOSITE

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS  
(HELD AT END OF YEAR)

| (A)<br>FUND                   | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR       | RATE  | MAT DATE<br>(D) COST | (E) CURRENT<br>VALUE |
|-------------------------------|------------------------|---------------------------------------------------|-------|----------------------|----------------------|
| LOANS SECURED BY MTGES-RESID. |                        |                                                   |       |                      |                      |
| NJ8F                          | 30768WAA6              | FARMER MAC AGRICULTURAL REAL E FARM 2021 1 A 144A | 1.000 | 01/25/2051           |                      |
|                               |                        | 451,948.66                                        |       | 367,937.42           | 354,850.29           |
|                               |                        | 451,948.66                                        |       | 367,937.42           | 354,850.29           |
| NJ8F                          | 38382MYF0              | GOVERNMENT NATIONAL MORTGAGE A GNR 2021 8 CT      | 1.000 | 01/20/2050           |                      |
|                               |                        | 823,568.43                                        |       | 650,268.57           | 624,965.15           |
|                               |                        | 823,568.43                                        |       | 650,268.57           | 624,965.15           |
| NJ8F                          | 38383UD80              | GOVERNMENT NATIONAL MORTGAGE A GNR 2022 177 JA    | 5.000 | 05/20/2048           |                      |
|                               |                        | 1,960,858.11                                      |       | 2,012,959.29         | 1,970,245.52         |
|                               |                        | 1,960,858.11                                      |       | 2,012,959.29         | 1,970,245.52         |
| NJ8F                          | 38383VLA4              | GOVERNMENT NATIONAL MORTGAGE A GNR 2023 4 GA      | 5.000 | 07/20/2049           |                      |
|                               |                        | 408,918.85                                        |       | 420,319.44           | 408,357.12           |
|                               |                        | 408,918.85                                        |       | 420,319.44           | 408,357.12           |
| NJ8F                          | 38383VUY2              | GOVERNMENT NATIONAL MORTGAGE A GNR 2023 22 EA     | 5.000 | 09/20/2049           |                      |
|                               |                        | 1,396,534.26                                      |       | 1,454,970.44         | 1,395,102.81         |
|                               |                        | 1,396,534.26                                      |       | 1,454,970.44         | 1,395,102.81         |
| NJ8F                          | 38383VVV7              | GOVERNMENT NATIONAL MORTGAGE A GNR 2023 22 EC     | 5.000 | 01/20/2051           |                      |
|                               |                        | 705,994.77                                        |       | 733,239.84           | 705,910.19           |
|                               |                        | 705,994.77                                        |       | 733,239.84           | 705,910.19           |
| NJ8F                          | 38383XUX0              | GOVERNMENT NATIONAL MORTGAGE A GNR 2023 59 KA     | 5.000 | 11/20/2041           |                      |
|                               |                        | 796,529.99                                        |       | 825,282.13           | 797,116.95           |
|                               |                        | 796,529.99                                        |       | 825,282.13           | 797,116.95           |
| NJ8F                          | 38384AJ20              | GOVERNMENT NATIONAL MORTGAGE A GNR 2023 84 KA     | 5.500 | 06/20/2042           |                      |
|                               |                        | 989,167.56                                        |       | 1,035,467.45         | 993,673.71           |
|                               |                        | 989,167.56                                        |       | 1,035,467.45         | 993,673.71           |
| NJ8F                          | 38384KXM8              | GOVERNMENT NATIONAL MORTGAGE A GNR 2024 51 EC     | 5.000 | 04/20/2062           |                      |
|                               |                        | 958,713.00                                        |       | 1,038,248.41         | 958,306.99           |
|                               |                        | 958,713.00                                        |       | 1,038,248.41         | 958,306.99           |
| -----                         |                        |                                                   | ----- |                      |                      |
|                               |                        | 8,492,233.63                                      |       | 8,538,692.99         | 8,208,528.73         |

NJZC

GROUP BENEFIT PLAN  
COMPOSITE

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS  
(HELD AT END OF YEAR)

| (A)<br>FUND | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR             | RATE  | MAT DATE<br>(D) COST | (E) CURRENT<br>VALUE |
|-------------|------------------------|---------------------------------------------------------|-------|----------------------|----------------------|
| OTHER       |                        |                                                         |       |                      |                      |
| -----       |                        |                                                         |       |                      |                      |
| NJ8F        | 17131RBH8              | CHULA VISTA CA PENSN OBLG CHUGEN 06/45 FIXED 2.905      | 2.905 | 06/01/2045           |                      |
|             |                        | 750,000.00                                              |       | 533,768.03           | 505,410.98           |
|             |                        | 750,000.00                                              |       | 533,768.03           | 505,410.98           |
| NJ8F        | 446201AF2              | HUNTINGTON BEACH CA PENSN OBLI HUNGEN 06/27 FIXED 1.681 | 1.681 | 06/15/2027           |                      |
|             |                        | 435,000.00                                              |       | 403,735.90           | 405,342.40           |
|             |                        | 435,000.00                                              |       | 403,735.90           | 405,342.40           |
| NJ8F        | 50066HAD0              | KOREA EXPRESSWAY CORP SR UNSECURED 144A 05/27 5         | 5.000 | 05/14/2027           |                      |
|             |                        | 1,490,000.00                                            |       | 1,516,633.72         | 1,502,312.47         |
|             |                        | 1,490,000.00                                            |       | 1,516,633.72         | 1,502,312.47         |
| NJ8F        | 72205RFH0              | PINAL CNTY AZ REVENUE OBLGS PINREV 08/26 FIXED 1.579    | 1.579 | 08/01/2026           |                      |
|             |                        | 440,000.00                                              |       | 415,397.58           | 418,819.24           |
|             |                        | 440,000.00                                              |       | 415,397.58           | 418,819.24           |
| NJ8F        | 79766DTW9              | SAN FRANCISCO CALIF CITY CNTY SFOAPT 05/51 FIXED 3.345  | 3.345 | 05/01/2051           |                      |
|             |                        | 180,000.00                                              |       | 136,535.72           | 126,054.00           |
|             |                        | 180,000.00                                              |       | 136,535.72           | 126,054.00           |
| NJ8F        | 956704E48              | WEST VIRGINIA UNIV REVENUES WVSHGR 10/41 FIXED 3.011    | 3.011 | 10/01/2041           |                      |
|             |                        | 375,000.00                                              |       | 301,531.84           | 285,987.68           |
|             |                        | 375,000.00                                              |       | 301,531.84           | 285,987.68           |
| NJ8F        | 98851WAP8              | YUMA AZ PLEDGED REVENUE YUMGEN 07/38 FIXED 2.632        | 2.632 | 07/15/2038           |                      |
|             |                        | 370,000.00                                              |       | 302,056.01           | 287,024.54           |
|             |                        | 370,000.00                                              |       | 302,056.01           | 287,024.54           |
| -----       |                        |                                                         | ----- |                      | -----                |
|             |                        | 4,040,000.00                                            |       | 3,609,658.80         | 3,530,951.31         |

|      |                                          |  |  |                            |  |
|------|------------------------------------------|--|--|----------------------------|--|
| NJZC | GROUP BENEFIT PLAN                       |  |  | PLAN YEAR ENDING: 12/31/24 |  |
|      | COMPOSITE                                |  |  |                            |  |
|      | SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS |  |  |                            |  |
|      | (HELD AT END OF YEAR)                    |  |  |                            |  |

| (A)<br>FUND              | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR | RATE<br>(D) COST | MAT DATE | (E) CURRENT<br>VALUE |
|--------------------------|------------------------|---------------------------------------------|------------------|----------|----------------------|
| COMMON/COLLECTIVE TRUSTS |                        |                                             |                  |          |                      |
|                          |                        | COLUMBIA US HIGH YIELD BD FUND A            |                  |          |                      |
|                          |                        | 446,482.458                                 | 6,308,797.13     |          | 9,300,229.60         |
| NJ8D                     | ACI01QQI9              | 446,482.458                                 | 6,308,797.13     |          | 9,300,229.60         |
|                          |                        | MERGANSER CORE BOND FUND II                 |                  |          |                      |
|                          |                        | 3,260,223.918                               | 32,080,811.49    |          | 28,644,813.12        |
| NJ7Y                     | 931ARE904              | 3,260,223.918                               | 32,080,811.49    |          | 28,644,813.12        |
|                          |                        | SSGA MSCI ACWI IMI NL INDEX CT (ZVQL)       |                  |          |                      |
|                          |                        | 15,299,923.529                              | 227,915,122.22   |          | 285,098,775.04       |
| NJ8E                     | 963KSE902              | 15,299,923.529                              | 227,915,122.22   |          | 285,098,775.04       |
|                          |                        | -----                                       | -----            |          | -----                |
|                          |                        | 19,006,629.905                              | 266,304,730.84   |          | 323,043,817.76       |

| (A)<br>FUND                   | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR | RATE<br>(D) COST | MAT DATE | (E) CURRENT<br>VALUE |
|-------------------------------|------------------------|---------------------------------------------|------------------|----------|----------------------|
| REGISTERED INVESTMENT COMPANY |                        |                                             |                  |          |                      |
|                               |                        | ARROWSTREET GLOBAL EQUITY ACWI CLASS O      |                  |          |                      |
|                               |                        | 906,000.000                                 | 90,600,000.00    |          | 114,020,453.34       |
| NJ73                          | 902JFU006              | 906,000.000                                 | 90,600,000.00    |          | 114,020,453.34       |
|                               |                        | -----                                       | -----            |          | -----                |
|                               |                        | 906,000.000                                 | 90,600,000.00    |          | 114,020,453.34       |

NJZC

GROUP BENEFIT PLAN  
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES  
 BEGINNING NET ASSET VALUE: 766,164,536.70  
 5% OF ASSET VALUE: 38,308,226.84

PLAN YEAR ENDING: 12/31/24

| (A) IDENTITY OF PARTY        |                                | (B) DESCRIPTION OF ASSET |                                | RATE                  |                   | MAT DATE   |                  |               |  |
|------------------------------|--------------------------------|--------------------------|--------------------------------|-----------------------|-------------------|------------|------------------|---------------|--|
| #PUR                         | (C) PURCHASE PRICE             | #SALE                    | (D) SELLING PRICE              | (F) EXPENSES INCURRED | (G) COST OF ASSET | #TOTAL     | (H) CURR VALUE   | (I) GAIN/LOSS |  |
| INTEREST BEARING CASH        |                                |                          |                                |                       |                   |            |                  |               |  |
| 927NHAI12                    | STATE STREET INSTITUTIONAL TRE |                          | STATE STREET INST TREAS PLUS M |                       | 1.000             | 12/31/2050 |                  |               |  |
| 183                          | 563,490,038.86                 | 145                      | 539,814,282.65                 | 0.00                  | 539,814,282.65    | 328        | 1,103,304,321.51 | 0.00          |  |
| INTEREST BEARING CASH TOTALS |                                |                          |                                |                       |                   |            |                  |               |  |
| 183                          | 563,490,038.86                 | 145                      | 539,814,282.65                 | 0.00                  | 539,814,282.65    | 328        | 1,103,304,321.51 | 0.00          |  |

NJZC

GROUP BENEFIT PLAN  
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES  
 BEGINNING NET ASSET VALUE: 766,164,536.70  
 5% OF ASSET VALUE: 38,308,226.84

PLAN YEAR ENDING: 12/31/24

| (A) IDENTITY OF PARTY            |                               | (B) DESCRIPTION OF ASSET |                   | RATE                  |                   | MAT DATE |                |                |  |
|----------------------------------|-------------------------------|--------------------------|-------------------|-----------------------|-------------------|----------|----------------|----------------|--|
| #PUR                             | (C) PURCHASE PRICE            | #SALE                    | (D) SELLING PRICE | (F) EXPENSES INCURRED | (G) COST OF ASSET | #TOTAL   | (H) CURR VALUE | (I) GAIN/LOSS  |  |
| CORPORATE STOCKS - COMMON        |                               |                          |                   |                       |                   |          |                |                |  |
| -----                            |                               |                          |                   |                       |                   |          |                |                |  |
| ACI005C59                        | MORGAN STAN PRIME PROP FD LLC |                          |                   | REIT                  |                   |          |                |                |  |
| 5                                | 39,137,012.43                 | 1                        | 37,647,040.34     | 0.00                  | 72,741,356.45     | 6        | 76,784,052.77  | -35,094,316.11 |  |
| CORPORATE STOCKS - COMMON TOTALS |                               |                          |                   |                       |                   |          |                |                |  |
| -----                            |                               |                          |                   |                       |                   |          |                |                |  |
| 5                                | 39,137,012.43                 | 1                        | 37,647,040.34     | 0.00                  | 72,741,356.45     | 6        | 76,784,052.77  | -35,094,316.11 |  |

NJZC

GROUP BENEFIT PLAN  
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES  
 BEGINNING NET ASSET VALUE: 766,164,536.70  
 5% OF ASSET VALUE: 38,308,226.84

PLAN YEAR ENDING: 12/31/24

| (A) IDENTITY OF PARTY           |                                | (B) DESCRIPTION OF ASSET |                   | RATE                  |                   | MAT DATE |                |               |  |
|---------------------------------|--------------------------------|--------------------------|-------------------|-----------------------|-------------------|----------|----------------|---------------|--|
| #PUR                            | (C) PURCHASE PRICE             | #SALE                    | (D) SELLING PRICE | (F) EXPENSES INCURRED | (G) COST OF ASSET | #TOTAL   | (H) CURR VALUE | (I) GAIN/LOSS |  |
| COMMON/COLLECTIVE TRUSTS        |                                |                          |                   |                       |                   |          |                |               |  |
| 963KSE902                       | SSGA MSCI ACWI IMI NL INDEX CT |                          |                   | (ZVQL)                |                   |          |                |               |  |
| 0                               | 0.00                           | 2                        | 54,000,000.00     | 0.00                  | 42,816,484.16     | 2        | 54,000,000.00  | 11,183,515.84 |  |
| COMMON/COLLECTIVE TRUSTS TOTALS |                                |                          |                   |                       |                   |          |                |               |  |
| 0                               | 0.00                           | 2                        | 54,000,000.00     | 0.00                  | 42,816,484.16     | 2        | 54,000,000.00  | 11,183,515.84 |  |



**Attachment  
Schedule of Assets  
Form 5500 Annual Return/Report  
Plan Year 2024**

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National Rural Electric Cooperative Association  
(NRECA)

EIN: 53-0116145

Group Benefits Program

Plan Number: 501

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Please note that the Schedule of Assets is included in the Auditor's Opinion.

**Attachment**  
**Schedule of Reportable Transactions**  
**Form 5500 Annual Return/Report**  
**Plan Year 2024**

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National Rural Electric Cooperative Association  
(NRECA)

EIN: 53-0116145

Group Benefits Program

Plan Number: 501

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Please note that the Schedule of Reportable Transactions is included in the Auditor's Opinion.

**Attachment**  
**Multiple-Employer Plan Information**  
**Form 5500 Annual Return/Report**  
**Plan Year 2024**

**National Rural Electric Cooperative Association**

**EIN: 53-0116145**

**Group Benefits Program**

**PN: 501**

| <b>Participating Employer Name</b>                | <b>EIN One</b> | <b>%</b> |
|---------------------------------------------------|----------------|----------|
| <b>1803 ELECTRIC COOPERATIVE</b>                  | 834216089      | 0.01353% |
| <b>4 RIVERS ELECTRIC CO-OP</b>                    | 833492758      | 0.10578% |
| <b>4-COUNTY ELEC POWER</b>                        | 640158435      | 0.07531% |
| <b>ACCESS ENERGY COOPERATIVE</b>                  | 420503322      | 0.00638% |
| <b>ACCORD TELECOM COLLAB, LLC</b>                 | 874476240      | 0.00522% |
| <b>ACES</b>                                       | 352064482      | 0.53440% |
| <b>ADAMS COLUMBIA ELECTRIC CO</b>                 | 390121840      | 0.01367% |
| <b>ADAMS EC INC</b>                               | 230329885      | 0.03369% |
| <b>ADAMS ELECTRIC COOPERATIVE</b>                 | 370147965      | 0.00618% |
| <b>ADAMS R E C INC</b>                            | 314112933      | 0.05206% |
| <b>AEConnect, Inc.</b>                            | 853746466      | 0.00045% |
| <b>AGRALITE CO-OP</b>                             | 410560428      | 0.00700% |
| <b>AIKEN ELEC CO-OP INC</b>                       | 570113065      | 0.10260% |
| <b>ALABAMA RURAL ELEC ASSN</b>                    | 630264081      | 0.00321% |
| <b>ALAMO POWER DISTRICT NO 3</b>                  | 886000096      | 0.01455% |
| <b>ALASKA POWER ASSOCIATION</b>                   | 920069880      | 0.03094% |
| <b>ALASKA VILLAGE EC INC</b>                      | 920035763      | 0.23125% |
| <b>ALBEMARLE EMC</b>                              | 560475840      | 0.07582% |
| <b>ALCORN COUNTY ELEC POWER ASSN</b>              | 640111850      | 0.00639% |
| <b>ALFALFA EC INC</b>                             | 730123590      | 0.11243% |
| <b>ALGER-DELTA CO-OP ELEC ASSN</b>                | 350289531      | 0.00410% |
| <b>ALLAMAKEE-CLAYTON ELEC COOP INC</b>            | 420110380      | 0.00005% |
| <b>ALTAMAHA EMC</b>                               | 580137655      | 0.23470% |
| <b>AMERICAN MAINSTREET PUBS</b>                   | 742771103      | 0.01184% |
| <b>AMERICAN SAMOA POWER AUTHORITY</b>             | 980083426      | 0.01229% |
| <b>AMICALOLA EMC</b>                              | 580140201      | 0.43910% |
| <b>A-N ELECTRIC CO-OP</b>                         | 540116855      | 0.16049% |
| <b>ANZA ELECTRIC COOPERATIVE INC</b>              | 951758102      | 0.07022% |
| <b>APPALACHIAN ELEC COOP</b>                      | 620116541      | 0.02205% |
| <b>ARAB ELECTRIC CO-OP</b>                        | 630264087      | 0.00574% |
| <b>ARIZONA ELEC PWR CO-OP INC</b>                 | 860176697      | 0.27974% |
| <b>ARK VALLEY ELEC COOP ASSN INC</b>              | 480124045      | 0.00313% |
| <b>ARKANSAS ELEC CO-OP CORP</b>                   | 710332419      | 0.70065% |
| <b>ARKANSAS ELEC CO-OP INC</b>                    | 710219756      | 0.43557% |
| <b>ARKANSAS VALLEY ELECTRIC CO-OP CORPORATION</b> | 710006335      | 0.49143% |
| <b>ARROWHEAD ELEC CO-OP INC</b>                   | 410735682      | 0.05707% |

**Attachment**  
**Multiple-Employer Plan Information**  
**Form 5500 Annual Return/Report**  
**Plan Year 2024**

**National Rural Electric Cooperative Association**

**EIN: 53-0116145**

**Group Benefits Program**

**PN: 501**

| <b>Participating Employer Name</b> | <b>EIN One</b> | <b>%</b> |
|------------------------------------|----------------|----------|
| ASHLEY-CHICOT ELEC CO-OP INC       | 710205220      | 0.03948% |
| ASSN OF ILLINOIS ELEC COOPS        | 370159736      | 0.04170% |
| ASSN OF LA ELEC CO-OPS             | 720400467      | 0.01370% |
| ASSN OF MISSOURI ELEC CO-OP        | 430631824      | 0.06932% |
| ASSOCIATED ELECTRIC CO-OP INC      | 440662507      | 0.56826% |
| ATCHISON-HOLT ELECTRIC CO-OP       | 440156103      | 0.00538% |
| BAILEY COUNTY EC INC               | 750124533      | 0.12606% |
| BALDWIN COUNTY EMC                 | 630014658      | 0.00004% |
| BANDERA ELECTRIC COOP INC          | 740498072      | 0.29535% |
| BARC ELEC COOP                     | 540130127      | 0.01552% |
| BARRON ELECTRIC CO-OP              | 390150875      | 0.12556% |
| BARROW UTILITIES AND EC            | 920031346      | 0.11143% |
| BARRY ELECTRIC CO-OP               | 440520846      | 0.08787% |
| BARTHOLOMEW COUNTY REMC            | 350165008      | 0.07076% |
| BARTLETT ELECTRIC COOP INC         | 740501156      | 0.12910% |
| BARTON COUNTY ELECTRIC CO-OP       | 440164765      | 0.07391% |
| BAYFIELD ELEC COOP INC             | 390154234      | 0.03893% |
| BEARTOOTH ELEC CO-OP INC           | 810109712      | 0.02413% |
| BEAUREGARD ELEC COOP INC           | 720128078      | 0.28468% |
| BEDFORD REC INC                    | 230394875      | 0.00403% |
| BELTRAMI ELEC CO-OP INC            | 410144943      | 0.02027% |
| BENCO ELECTRIC COOPERATIVE         | 410155615      | 0.11781% |
| BENTON REA                         | 910143426      | 0.22247% |
| BERKELEY ELEC CO-OP INC            | 570123093      | 0.03673% |
| BIG BEND ELEC CO-OP INC            | 910145523      | 0.17155% |
| BIG COUNTRY ELECTRIC               | 752791424      | 0.13015% |
| BIG FLAT ELEC CO-OP INC            | 810217772      | 0.00253% |
| BIG HORN COUNTY ELEC CO-OP INC     | 810111221      | 0.05309% |
| BIG HORN REC                       | 830105430      | 0.04195% |
| BIG RIVERS ELEC CORP               | 610597287      | 0.03157% |
| BIG SANDY RECC                     | 610133681      | 0.00398% |
| BLACHLY-LANE COUNTY COOP ELEC ASSN | 930124804      | 0.07436% |
| BLACK HILLS ELEC CO-OP INC         | 460111503      | 0.08007% |
| BLACK RIVER ELEC CO-OP INC         | 570124487      | 0.00813% |
| BLACK RIVER ELECTRIC CO-OP         | 430184419      | 0.22624% |
| BLOCK ISLAND UTILITY DIST          | 823263092      | 0.00092% |
| BLUE GRASS ENERGY COOPERATIVE CORP | 431948188      | 0.01383% |

**Attachment**  
**Multiple-Employer Plan Information**  
**Form 5500 Annual Return/Report**  
**Plan Year 2024**

**National Rural Electric Cooperative Association**

**EIN: 53-0116145**

**Group Benefits Program**

**PN: 501**

| Participating Employer Name         | EIN One   | %        |
|-------------------------------------|-----------|----------|
| BLUE MOUNTAIN ENERGY                | 521173220 | 0.20131% |
| BLUE RIDGE ELEC COOP INC            | 570125510 | 0.69071% |
| BLUE RIDGE ENERGY                   | 560160075 | 0.53415% |
| BLUE RIDGE MOUNTAIN EMC             | 580165073 | 0.39689% |
| BLUEBONNET ELECTRIC COOP INC        | 740754103 | 0.00004% |
| BLUESTEM ELECTRIC COOPERATIVE, INC. | 481206132 | 0.06858% |
| BON HOMME YANKTON ELEC ASSN INC     | 460211846 | 0.00197% |
| BOONE COUNTY REMC                   | 350188040 | 0.14135% |
| BOONE ELEC CO-OP                    | 430188985 | 0.26367% |
| BOWIE-CASS ELECTRIC COOP INC        | 750150318 | 0.22292% |
| BRAZOS ELECTRIC POWER CO-OP INC     | 740524729 | 0.05286% |
| BRIDGER VALLEY ELEC ASSN INC        | 830106908 | 0.09362% |
| BROAD RIVER ELEC COOP INC           | 570128696 | 0.14303% |
| BROWN COUNTY REA                    | 410167135 | 0.03534% |
| BROWN-ATCHISON ELEC COOP ASSN INC   | 480150563 | 0.02851% |
| BRUNSWICK EMC                       | 560154512 | 0.64240% |
| BUCKEYE POWER INC G & T             | 310676582 | 0.18914% |
| BUCKEYE R E C INC                   | 314137520 | 0.12646% |
| BURKE-DIVIDE ELEC CO-OP INC         | 450217065 | 0.00722% |
| BURT COUNTY PPD                     | 476000057 | 0.09491% |
| BUTLER COUNTY REC                   | 420163705 | 0.06911% |
| BUTLER PUBLIC POWER DISTRICT        | 476000061 | 0.08075% |
| BUTLER REC                          | 480157067 | 0.10082% |
| BUTLER REC INC                      | 310231070 | 0.12144% |
| BUTTE ELEC CO-OP INC                | 460115942 | 0.06587% |
| C & L ELECTRIC CO-OP CORP           | 710025315 | 0.23091% |
| C & T ENTERPRISES, INC              | 232975153 | 0.02279% |
| C M S ELEC CO-OP INC                | 480500268 | 0.09308% |
| CALHOUN COUNTY ELEC COOP ASSN       | 420165440 | 0.00110% |
| CALLAWAY ELECTRIC CO-OP             | 430204430 | 0.11206% |
| CAM-WAL ELEC CO-OP INC              | 460217251 | 0.03163% |
| CANADIAN VALLEY ELEC COOP           | 730171526 | 0.03043% |
| CANEY FORK ELEC COOP INC            | 620148804 | 0.01520% |
| CANEY VALLEY ELEC COOP ASSN INC     | 480498898 | 0.00336% |
| CANOOCHIEE EMC                      | 580182756 | 0.07556% |
| CAPE HATTERAS ELECTRIC CO-OP        | 560511379 | 0.06914% |
| CAPITAL ELEC CO-OP INC              | 450217628 | 0.05459% |

**Attachment**  
**Multiple-Employer Plan Information**  
**Form 5500 Annual Return/Report**  
**Plan Year 2024**

**National Rural Electric Cooperative Association**

**EIN: 53-0116145**

**Group Benefits Program**

**PN: 501**

| Participating Employer Name         | EIN One   | %        |
|-------------------------------------|-----------|----------|
| CARBON POWER & LIGHT INC            | 830108674 | 0.07627% |
| CARDINAL OPERATING COMPANY          | 341025410 | 0.57642% |
| CAROLINACONNECT COOP, INC           | 811529390 | 0.05934% |
| CARROLL ELEC CO-OP CORP             | 710027635 | 0.69172% |
| CARROLL ELEC COOP INC               | 340133865 | 0.07822% |
| CARROLL EMC                         | 580184715 | 0.28258% |
| CARROLL WHITE REMC                  | 453593334 | 0.12904% |
| CARTERET-CRAVEN ELECTRIC CO-OP      | 560168825 | 0.16556% |
| CASS COUNTY ELEC CO-OP INC          | 450115790 | 0.02719% |
| CAVALIER REC INC                    | 450217426 | 0.00205% |
| CEDAR-KNOX PPD                      | 476000071 | 0.10402% |
| CEEUS, INC.                         | 570608184 | 0.22036% |
| CENTRAL ALABAMA ELEC CO-OP          | 630038505 | 0.03193% |
| CENTRAL EC INC                      | 250397695 | 0.17796% |
| CENTRAL ELEC CO-OP INC              | 930137415 | 0.28087% |
| CENTRAL ELEC POWER ASSN             | 640132702 | 0.25541% |
| CENTRAL ELEC POWER CO-OP            | 440542660 | 0.18549% |
| CENTRAL ELEC POWER COOP INC         | 570299350 | 0.13695% |
| CENTRAL ELECTRIC COOP               | 411955109 | 0.04955% |
| CENTRAL EMC                         | 560478157 | 0.13292% |
| CENTRAL FLORIDA ELECTRIC CO-OP INC. | 590188973 | 0.32596% |
| CENTRAL GEORGIA EMC                 | 580187885 | 0.20627% |
| CENTRAL MISSOURI ELEC COOP          | 440195703 | 0.09076% |
| CENTRAL MONTANA ELEC PWR CO-OP      | 810352132 | 0.00492% |
| CENTRAL N M ELEC COOP INC           | 850092965 | 0.00236% |
| CENTRAL NEBRASKA PPID               | 476000076 | 0.22893% |
| CENTRAL POWER ELEC COOP INC         | 450226179 | 0.01522% |
| CENTRAL REC                         | 730177775 | 0.25298% |
| CENTRAL SERVICE ASSN                | 640132815 | 0.25075% |
| CENTRAL TEXAS ELEC COOP INC         | 741095072 | 0.28407% |
| CENTRAL TEXAS EXTRA-SERVICES        | 742863542 | 0.00023% |
| CENTRAL VALLEY ELEC COOP INC        | 850027414 | 0.19184% |
| CENTRAL VIRGINIA ELEC COOP INC      | 540164798 | 0.01411% |
| CENTRAL WISCONSIN ELEC COOP         | 390783977 | 0.00448% |
| CHARITON VALLEY ELEC COOP INC       | 420625814 | 0.00004% |
| CHARLES MIX ELEC ASSN INC           | 460212103 | 0.04850% |
| CHELCO                              | 590192831 | 0.01761% |

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**Plan Year 2024**

**National Rural Electric Cooperative Association**

**EIN: 53-0116145**

**Group Benefits Program**

**PN: 501**

| Participating Employer Name        | EIN One   | %        |
|------------------------------------|-----------|----------|
| CHEROKEE COUNTY ELECTRIC COOP ASSN | 750184514 | 0.20964% |
| CHEROKEE ELEC CO-OP                | 630040445 | 0.05224% |
| CHERRYLAND ELEC CO-OP              | 380416525 | 0.01364% |
| CHERRY-TODD ELEC CO-OP INC         | 460252750 | 0.05749% |
| CHICKASAW ELEC COOP                | 620157827 | 0.00598% |
| CHIMNEY ROCK PPD                   | 690476173 | 0.03301% |
| CHIPPEWA VALLEY ELEC COOP          | 390207312 | 0.00363% |
| CHOCTAW ELECTRIC CO-OP             | 730182325 | 0.01075% |
| CHOPTANK ELEC CO-OP INC            | 520271943 | 0.02267% |
| CHUGACH ELEC ASSN INC              | 920014224 | 0.45619% |
| CIMARRON ELEC CO-OP                | 730195455 | 0.12594% |
| CITIZENS ELECTRIC CORP             | 430634203 | 0.19906% |
| CITY OF STROMSBURG                 | 476006374 | 0.00144% |
| CK Energy Elec Coop, Inc           | 474815587 | 0.28531% |
| CLAIBORNE ELEC CO-OP INC           | 720154371 | 0.15708% |
| CLARK COUNTY REMC                  | 350230915 | 0.12431% |
| CLARK ELEC COOP                    | 390212464 | 0.00726% |
| CLARK ENERGY COOPERATIVE           | 610158153 | 0.01326% |
| CLARKE ELEC COOP INC               | 420243366 | 0.00115% |
| CLARKE WASHINGTON EMC              | 630043915 | 0.02179% |
| CLAVERACK EC INC                   | 240548304 | 0.00096% |
| CLAY COUNTY CONNECT, INC.          | 621677603 | 0.01880% |
| CLAY COUNTY ELEC CO-OP CORP        | 710033825 | 0.18889% |
| CLAY ELEC CO-OP INC                | 590196695 | 0.00057% |
| CLAY ELECTRIC CO-OP INC            | 370219624 | 0.01380% |
| CLAY-UNION ELEC CORP               | 460120430 | 0.04383% |
| CLEARWATER POLK EC INC             | 410654789 | 0.00163% |
| CLEARWATER POWER COMPANY           | 820108745 | 0.01262% |
| CLINTON COUNTY ELEC COOP INC       | 370220745 | 0.02528% |
| CLOVERLAND ELEC COOP               | 380429495 | 0.01705% |
| COAHOMA ELEC POWER ASSN            | 640137498 | 0.00681% |
| COAST ELECTRIC POWER ASSN          | 640169075 | 0.09411% |
| COASTAL ELEC COOPERATIVE INC       | 577143233 | 0.10514% |
| COASTAL EMC                        | 580197945 | 0.17208% |
| COASTCONNECT, LLC                  | 851349209 | 0.00329% |
| COBB EMC                           | 580198155 | 0.00004% |
| CODINGTON-CLARK ELEC COOP INC      | 460121065 | 0.04658% |

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**Plan Year 2024**

**National Rural Electric Cooperative Association**

**EIN: 53-0116145**

**Group Benefits Program**

**PN: 501**

| <b>Participating Employer Name</b>             | <b>EIN One</b> | <b>%</b> |
|------------------------------------------------|----------------|----------|
| COLEMAN COUNTY ELECTRIC COOP INC               | 750199752      | 0.08153% |
| COLES-MOULTRIE ELEC CO-OP                      | 370223453      | 0.01931% |
| COLORADO REA                                   | 840411220      | 0.02889% |
| COLOWYO COAL COMPANY, LP                       | 840705078      | 0.43942% |
| COLQUITT EMC                                   | 580201495      | 0.55206% |
| COLUMBIA BASIN ELEC CO-OP                      | 930593238      | 0.02259% |
| COLUMBIA POWER COOP ASSN                       | 930388092      | 0.03259% |
| COLUMBIA REA                                   | 910182816      | 0.16053% |
| COLUMBUS ELEC COOP INC                         | 850094212      | 0.05244% |
| COMANCHE COUNTY ELECTRIC COOP ASSN             | 750202592      | 0.08150% |
| COMMUNITY ELEC COOP                            | 540178963      | 0.07172% |
| CO-MO ELECTRIC CO-OP INC                       | 440207675      | 0.35845% |
| CONCHO VALLEY ELEC COOP INC                    | 750204684      | 0.12724% |
| CONCORDIA ELEC CO-OP INC                       | 720158715      | 0.01128% |
| CONN MUNIC ELEC ENERGY CO-OP                   | 066205942      | 0.00744% |
| CONSOLIDATED COOPERATIVE                       | 314259080      | 0.17399% |
| CONSOLIDATED ELECTRIC CO-OP                    | 430226184      | 0.09334% |
| CONSUMERS ENERGY                               | 420396598      | 0.00005% |
| CONSUMERS POWER, INC.                          | 930122793      | 0.10947% |
| CONTINENTAL DIVIDE ELEC COOP INC               | 850094829      | 0.00002% |
| CONTINENTAL ELECTRIC COOPERATIVE SERVICES, INC | 251857680      | 0.02445% |
| COOKSON HILLS ELEC COOP INC                    | 730543457      | 0.15302% |
| CO-OP LIGHT & POWER ASSN                       | 410203975      | 0.00397% |
| Cooperative Employees' Credit                  | 736112731      | 0.00515% |
| COOPERATIVE ENERGY                             | 640367992      | 0.10552% |
| COOPERATIVE NETWORK                            | 391128018      | 0.00052% |
| COOPERATIVE RESPONSE CENTER                    | 411733551      | 0.00004% |
| COOPERATIVE SERVICES CENTER                    | 562188558      | 0.08332% |
| COOSA VALLEY ELEC CO-OP INC                    | 630049012      | 0.00004% |
| COOSA VALLEY TECHNOLOGIES                      | 854060207      | 0.00004% |
| COPPER VALLEY ELEC ASSN INC                    | 920023631      | 0.05305% |
| CORDOVA ELECTRIC CO-OP                         | 920069167      | 0.02112% |
| CORN BELT ENERGY CORPORATION                   | 370228808      | 0.11012% |
| CORN BELT POWER COOP                           | 420655796      | 0.19794% |
| CORNHUSKER PPD                                 | 476000103      | 0.16057% |
| COSERV ELECTRIC                                | 750233075      | 0.02487% |

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**Plan Year 2024**

**National Rural Electric Cooperative Association**

**EIN: 53-0116145**

**Group Benefits Program**

**PN: 501**

| <b>Participating Employer Name</b>     | <b>EIN One</b> | <b>%</b> |
|----------------------------------------|----------------|----------|
| <b>COTTON ELEC CO-OP</b>               | 730199463      | 0.00981% |
| <b>COVINGTON ELEC CO-OP</b>            | 630462077      | 0.01831% |
| <b>COWETA-FAYETTE EMC</b>              | 580516995      | 0.42478% |
| <b>CRAIG-BOTETOURT EC</b>              | 540183175      | 0.00181% |
| <b>CRAIGHEAD ELEC CO-OP CORP</b>       | 710039695      | 0.02013% |
| <b>CRAWFORD ELECTRIC CO-OP INC</b>     | 430230792      | 0.18184% |
| <b>CREDA</b>                           | 942575238      | 0.00008% |
| <b>CROW WING COOP PWR AND LGHT CO</b>  | 410208552      | 0.00005% |
| <b>CUIVRE RIVER ELEC CO-OP INC</b>     | 430233223      | 0.32053% |
| <b>CULLMAN ELEC CO-OP</b>              | 630052772      | 0.01019% |
| <b>CUMBERLAND EMC</b>                  | 620174870      | 0.66037% |
| <b>CUMBERLAND VALLEY ELECTRIC INC.</b> | 610169533      | 0.01248% |
| <b>CUMING COUNTY PPD</b>               | 476000123      | 0.05368% |
| <b>CUSTER PPD</b>                      | 476000125      | 0.12444% |
| <b>DAIRYLAND POWER COOP</b>            | 390233059      | 0.09467% |
| <b>DAKOTA ELEC ASSN</b>                | 410212180      | 0.00004% |
| <b>DAKOTA ENERGY COOPERATIVE</b>       | 460434317      | 0.06944% |
| <b>DAKOTA VALLEY ELECTRIC COOP</b>     | 450454206      | 0.01131% |
| <b>DARKE REC INC</b>                   | 344215670      | 0.00323% |
| <b>DAVIESS-MARTIN COUNTY REMC</b>      | 350261964      | 0.06605% |
| <b>DAWSON PUBLIC POWER DISTRICT</b>    | 476000131      | 0.25615% |
| <b>DE LIGHTSPEED</b>                   | 851395458      | 0.00105% |
| <b>DEAF SMITH ELECTRIC COOP INC</b>    | 750230385      | 0.13868% |
| <b>DECATUR COUNTY REMC</b>             | 350265525      | 0.06907% |
| <b>DEEP EAST TEXAS ELEC COOP</b>       | 750229997      | 0.32100% |
| <b>DELAWARE COUNTY ELEC CO-OP INC</b>  | 150287092      | 0.00862% |
| <b>DELAWARE ELECTRIC CO-OP INC</b>     | 510011975      | 0.03957% |
| <b>DELTA - MONTROSE ELEC ASSN</b>      | 840185658      | 0.12776% |
| <b>DELTA ELECTRIC POWER ASSN</b>       | 640146265      | 0.01793% |
| <b>DEMCO</b>                           | 720170797      | 0.00004% |
| <b>DESERET G AND T</b>                 | 870350540      | 0.02237% |
| <b>DIAMOND STATE NETWORK, LLC</b>      | 851228232      | 0.05275% |
| <b>DIVERSE POWER INCORPORATED</b>      | 580465897      | 0.05042% |
| <b>DIXIE ELEC CO-OP</b>                | 630059155      | 0.00057% |
| <b>DIXIE ELECTRIC POWR ASSN</b>        | 640183177      | 0.02027% |
| <b>DIXIE POWER</b>                     | 870339348      | 0.16344% |
| <b>DONIPHAN ELEC CO-OP ASSN INC</b>    | 480198945      | 0.01425% |

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**Group Benefits Program**

**PN: 501**

| <b>Participating Employer Name</b>          | <b>EIN One</b> | <b>%</b> |
|---------------------------------------------|----------------|----------|
| <b>DOUGLAS ELEC CO-OP INC</b>               | 460217086      | 0.02911% |
| <b>DOUGLAS ELEC CO-OP INC</b>               | 930308755      | 0.04275% |
| <b>DS &amp;O RURAL ELEC CO-OP ASSN</b>      | 480188605      | 0.06548% |
| <b>DUBOIS REC INC</b>                       | 350279278      | 0.08283% |
| <b>DUCK RIVER EMC</b>                       | 620186725      | 0.02960% |
| <b>DUNCAN VALLEY EC INC</b>                 | 860086280      | 0.01710% |
| <b>DUNN ENERGY COOPERATIVE</b>              | 390251910      | 0.06758% |
| <b>E. CENTRAL OKLAHOMA ELEC CO-OP INC</b>   | 730224017      | 0.31608% |
| <b>EAST CENTRAL ENERGY</b>                  | 410480748      | 0.39883% |
| <b>EAST CENTRAL IOWA RURAL</b>              | 421445092      | 0.00004% |
| <b>EAST KENTUCKY POWER CO-OP INC</b>        | 610461919      | 0.08449% |
| <b>EAST MISS ELEC POWER ASSN</b>            | 640150802      | 0.45141% |
| <b>EAST RIVER ELEC PWR COOP INC</b>         | 460225402      | 0.32699% |
| <b>East Texas Electric Coop</b>             | 752187855      | 0.05735% |
| <b>EASTERN ILLINI ELECTRIC CO-OP</b>        | 363526205      | 0.11556% |
| <b>EASTERN IOWA LT &amp; PWR CO-OP</b>      | 420228180      | 0.00971% |
| <b>EASTERN MAINE ELECTRIC COOP</b>          | 010056837      | 0.09352% |
| <b>EAU CLAIRE EC</b>                        | 390255675      | 0.08115% |
| <b>EDGEcombe-MARTIN COUNTY EMC</b>          | 560211980      | 0.01356% |
| <b>EDISTO ELEC COOP INC</b>                 | 570158355      | 0.21824% |
| <b>EGYPTIAN ELEC CO-OP ASSN</b>             | 370259803      | 0.04581% |
| <b>ELECTEL COOPERATIVE CREDIT UNION</b>     | 237026963      | 0.02436% |
| <b>ELECTRIC COOPERATIVES CREDIT UNION</b>   | 710451056      | 0.00397% |
| <b>ELECTRIC COOPS OF MISSISSIPPI</b>        | 640200697      | 0.00531% |
| <b>ELECTRICAL DISTRICT NO 2</b>             | 866000091      | 0.09374% |
| <b>ELKHORN RPPD</b>                         | 476000258      | 0.08977% |
| <b>ELMHURST MUTUAL POWER &amp; LIGHT CO</b> | 910211390      | 0.05764% |
| <b>EMPIRE ELEC ASSN INC</b>                 | 840197395      | 0.04126% |
| <b>EMPOWER</b>                              | 823970214      | 0.00433% |
| <b>EMPOWER BROADBAND, INC.</b>              | 541917596      | 0.00224% |
| <b>Energy Consulting Group LLC</b>          | 582557230      | 0.03147% |
| <b>ENERGY UNITED WATER CORPORATION</b>      | 560796237      | 0.02277% |
| <b>ENERGYUNITED ELECTRIC MEMBERSHIP</b>     | 562097218      | 0.04855% |
| <b>ENERSTAR POWER CORP.</b>                 | 370258343      | 0.03365% |
| <b>ESCAMBIA RIVER ELEC CO-OP INC</b>        | 590235225      | 0.13828% |
| <b>EXCELSIOR EMC</b>                        | 580237855      | 0.14695% |
| <b>FAIRFIELD ELEC COOP INC</b>              | 570161235      | 0.01186% |

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**EIN: 53-0116145**

**Group Benefits Program**

**PN: 501**

| <b>Participating Employer Name</b>  | <b>EIN One</b> | <b>%</b> |
|-------------------------------------|----------------|----------|
| FALL RIVER REC INC                  | 820117758      | 0.21573% |
| FANNIN COUNTY ELEC CO-OP INC        | 750261611      | 0.12115% |
| FARMERS ELEC CO-OP CORP             | 710054405      | 0.06195% |
| FARMERS ELEC COOP INC               | 420243365      | 0.00372% |
| FARMERS ELEC COOP INC               | 750263046      | 0.11019% |
| FARMERS ELEC COOP INC               | 850036237      | 0.12477% |
| FARMERS ELECTRIC CO-OP INC          | 440241597      | 0.07081% |
| FARMERS RECC                        | 610189417      | 0.00311% |
| FAYETTE ELECTRIC CO-OP INC          | 740620793      | 0.11165% |
| FAYETTEVILLE PUBLIC UTILITIES       | 620698961      | 0.01811% |
| FEDERATED REA                       | 410252540      | 0.07214% |
| FEDERATED RURAL ELEC MGMT CORP      | 481219966      | 0.21225% |
| FEM ELECTRIC ASSN INC               | 460213171      | 0.04457% |
| FERGUS ELEC CO-OP INC               | 810134746      | 0.12749% |
| FIREFLY FIBER BROADBAND             | 541814019      | 0.00368% |
| FIRELANDS ELEC COOP INC             | 344232845      | 0.06551% |
| FIRST ELECTRIC CO-OP CORP           | 710056715      | 0.05464% |
| FLATHEAD ELEC CO-OP INC             | 810135783      | 0.50843% |
| FLEMING-MASON ENERGY CO-OP. INC.    | 610193917      | 0.00500% |
| FLINT EMC                           | 580456574      | 0.56958% |
| FLINT HILLS RECA INC                | 480222950      | 0.05601% |
| FLORIDA ELECTRIC COOPERATIVES ASSOC | 590633990      | 0.01603% |
| FLORIDA KEYS ELEC CO-OP ASSN        | 590247095      | 0.01952% |
| FLORIDA MUNICIPAL POWER AGENCY      | 591876335      | 0.18677% |
| FORKED DEER CONNECT, LLC.           | 823373740      | 0.00700% |
| FORKED DEER ELEC COOP INC           | 620203915      | 0.07271% |
| FORT BELKNAP ELECTRIC COOP INC      | 750274876      | 0.04843% |
| FORT LOUDOUN ELEC COOPERATIVE       | 620204106      | 0.01289% |
| FOUR COUNTY EMC                     | 560227152      | 0.23534% |
| FOUR STATES FIBER                   | 710661638      | 0.01977% |
| FOX ISLANDS ELECTRIC COOP           | 010333304      | 0.02154% |
| FRANKLIN REC                        | 420260720      | 0.00140% |
| FREEBORN MOWER ELECTRIC CO-OP       | 410266055      | 0.13521% |
| FREESTATE ELECTRIC COOP, INC        | 814078510      | 0.19874% |
| FRENCH BROAD EMC                    | 560229234      | 0.37669% |
| FRONTIER POWER CO                   | 314328402      | 0.08900% |
| FULTON COUNTY REMC                  | 350324995      | 0.05701% |

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**EIN: 53-0116145**

**Group Benefits Program**

**PN: 501**

| <b>Participating Employer Name</b>        | <b>EIN One</b> | <b>%</b> |
|-------------------------------------------|----------------|----------|
| <b>GARKANE ENERGY COOP INC UTAH</b>       | 870133588      | 0.02073% |
| <b>GARLAND LIGHT &amp; POWER COMPANY</b>  | 830119598      | 0.02394% |
| <b>GASCOSAGE ELECTRIC CO-OP</b>           | 430618625      | 0.17952% |
| <b>GENERAL PACIFIC, INC</b>               | 930522219      | 0.15371% |
| <b>GEORGIA EMC</b>                        | 580530279      | 0.11954% |
| <b>GEORGIA ENERGY COOPERATIVE</b>         | 582664429      | 0.01165% |
| <b>Georgia Right of Way Company</b>       | 208204716      | 0.21988% |
| <b>GIBSON CONNECT, LLC</b>                | 822160661      | 0.01424% |
| <b>GIBSON EMC</b>                         | 620212280      | 0.30145% |
| <b>GILA RIVER UTILITY AUTHORITY</b>       | 460469654      | 0.07555% |
| <b>GLACIER ELEC CO-OP INC</b>             | 810218082      | 0.08820% |
| <b>GLADES ELEC CO-OP INC</b>              | 590538145      | 0.09798% |
| <b>GLENN'S APPLIANCE, INC.</b>            | 831049073      | 0.00010% |
| <b>GO ENERGY FINANCIAL CREDIT UNION</b>   | 581113994      | 0.05453% |
| <b>GOLDEN SPREAD ELEC CO-OP</b>           | 751941060      | 0.22484% |
| <b>GOLDEN STATE POWER COOPERATIVE</b>     | 680441905      | 0.00039% |
| <b>GOLDENWEST ELEC CO-OP INC</b>          | 810216809      | 0.02114% |
| <b>GOODHUE COUNTY COOP ELEC ASSN</b>      | 410281425      | 0.05469% |
| <b>GRADY EMC</b>                          | 580264525      | 0.00004% |
| <b>GRAHAM COUNTY EC INC</b>               | 860079733      | 0.08038% |
| <b>GRAND CANYON STATE ELEC COOP INC</b>   | 866056759      | 0.01140% |
| <b>GRAND ELEC CO-OP INC</b>               | 460221377      | 0.01239% |
| <b>GRAND VALLEY RUR PWR LINES</b>         | 840215835      | 0.05427% |
| <b>GRAYSON RECC</b>                       | 610447602      | 0.11734% |
| <b>GRAYSON-COLLIN ELEC CO-OP INC</b>      | 750300645      | 0.00004% |
| <b>GREAT LAKES ENERGY</b>                 | 383321875      | 0.02150% |
| <b>GREENBELT ELECTRIC CO-OP INC</b>       | 750304276      | 0.07794% |
| <b>GRESKO</b>                             | 582516216      | 0.05015% |
| <b>GREYSTONE POWER CORPORATION</b>        | 580224655      | 0.07791% |
| <b>GRIZZLY BROADBAND</b>                  | 822143837      | 0.03790% |
| <b>GRUNDY COUNTY REC</b>                  | 420287740      | 0.00004% |
| <b>GRUNDY ELECTRIC CO-OP INC</b>          | 440270266      | 0.01201% |
| <b>GUADALUPE VALLEY ELECTRIC COOP INC</b> | 743023938      | 0.03100% |
| <b>GUERNSEY-MUSKINGUM EC INC</b>          | 314197135      | 0.09379% |
| <b>GULF COAST ELEC CO-OP INC</b>          | 590543772      | 0.01247% |
| <b>GUNNISON COUNTY ELEC ASSN</b>          | 840219342      | 0.12711% |
| <b>GUTHRIE COUNTY RECA</b>                | 420288775      | 0.00004% |

**Attachment**  
**Multiple-Employer Plan Information**  
**Form 5500 Annual Return/Report**  
**Plan Year 2024**

**National Rural Electric Cooperative Association**

**EIN: 53-0116145**

**Group Benefits Program**

**PN: 501**

| <b>Participating Employer Name</b>  | <b>EIN One</b> | <b>%</b> |
|-------------------------------------|----------------|----------|
| HABERSHAM EMC                       | 580273635      | 0.21519% |
| HALIFAX EMC                         | 560250191      | 0.10254% |
| HAMILTON COUNTY ELECTRIC COOP ASSN  | 740667584      | 0.09500% |
| HANCOCK-WOOD ELEC COOP INC          | 344253615      | 0.12456% |
| HARDWICK ELECTRIC DEPARTMENT        | 036000500      | 0.00164% |
| HARMON ELEC ASSN INC                | 730274135      | 0.05192% |
| HARNEY ELEC CO-OP INC               | 930454456      | 0.10024% |
| HARRISON COUNTY REC                 | 420297955      | 0.00005% |
| HARRISON COUNTY REMC                | 350367872      | 0.08650% |
| HARRISON REA INC                    | 550189745      | 0.02919% |
| HART EMC                            | 580280657      | 0.21708% |
| HAYWOOD EMC                         | 560193499      | 0.01829% |
| HAYWOOD SERVICES, INC.              | 561884718      | 0.00078% |
| H-D ELECTRIC CO-OP INC              | 460212565      | 0.05620% |
| HEART OF TEXAS ELECTRIC COOP        | 205724955      | 0.09628% |
| HEARTLAND CONSUMERS PWR DIST        | 460334809      | 0.04525% |
| HEARTLAND POWER COOP                | 421468305      | 0.00271% |
| Heartland REMC                      | 471911282      | 0.17781% |
| HEARTLAND RURAL ELECTRIC CO-OP INC. | 742805422      | 0.08767% |
| HENDRICKS POWER COOPERATIVE         | 350376478      | 0.17207% |
| HENRY COUNTY REMC                   | 350377085      | 0.07904% |
| HEREFORD TEXAS FEDERAL CREDIT UNION | 750795129      | 0.02409% |
| HIGH PLAINS POWER, INC              | 841414521      | 0.03318% |
| HIGH WEST ENERGY                    | 830143525      | 0.20608% |
| HIGHLAND COUNTY WATER COMPANY INC   | 310742125      | 0.06299% |
| HIGHLINE ELEC ASSN                  | 840226805      | 0.13037% |
| HILCO ELECTRIC COOPERATIVE, INC.    | 740683625      | 0.23234% |
| HILL COUNTY ELEC CO-OP INC          | 810218593      | 0.00006% |
| HOLMES WAYNE ELEC COOP INC          | 340294570      | 0.00950% |
| HOLSTON ELEC COOP INC               | 620238497      | 0.01720% |
| HOLY CROSS ENERGY                   | 840229176      | 0.00007% |
| HOMER ELEC ASSN INC                 | 920014079      | 0.29400% |
| HOMESTEAD ADVISERS CORP.            | 521694000      | 0.07546% |
| HOMEWORKS TRI-COUNTY ELEC CO-OP     | 381109570      | 0.01029% |
| HOOSIER ENERGY RURAL ELEC CO-OP INC | 350411710      | 0.07103% |
| HOOSIER HERITAGE MGMT               | 462114190      | 0.02695% |
| HORRY ELEC COOP INC                 | 570184136      | 0.60935% |

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**Plan Year 2024**

**National Rural Electric Cooperative Association**

**EIN: 53-0116145**

**Group Benefits Program**

**PN: 501**

| <b>Participating Employer Name</b>  | <b>EIN One</b> | <b>%</b> |
|-------------------------------------|----------------|----------|
| HOUSTON COUNTY ELECTRIC COOP INC    | 751108699      | 0.17762% |
| HOWARD ELEC CO-OP                   | 430330970      | 0.03161% |
| HOWARD GREELEY RPPD                 | 476000203      | 0.07630% |
| HOWELL OREGON ELEC COOP INC         | 440290777      | 0.22304% |
| I N N ELECTRIC CO-OP                | 920082071      | 0.00554% |
| IDAHO COOPERATIVE UTILITIES ASSN IN | 820502739      | 0.00377% |
| IDAHO CTY LT & PWR CO-OP ASSN       | 820129905      | 0.01164% |
| ILLINOIS ELECTRIC COOP              | 370345145      | 0.13217% |
| ILLINOIS COOPERATIVE ASSOC. INC.    | 364134088      | 0.01247% |
| IN THE STIX BROADBAND, LLC          | 263793270      | 0.00659% |
| INDIAN ELEC COOP INC                | 730297135      | 0.01529% |
| INDIANA ELECTRIC CO-OPS             | 351499808      | 0.07517% |
| INLAND POWER AND LIGHT COMPANY      | 910267315      | 0.23091% |
| INNOVATIVE ENERGY ALLIANCE          | 208895499      | 0.00473% |
| INSIDE PASSAGE ELECTRIC COOPERATIVE | 920065936      | 0.03915% |
| INTERBEL TELEPHONE CO-OP            | 816013157      | 0.03567% |
| INTER-COUNTY ENERGY CO-OP, CORP.    | 610235235      | 0.01035% |
| IOWA ASSN OF ELECTRIC COOPS         | 420662488      | 0.00004% |
| IOWA LAKES EC                       | 421259366      | 0.02017% |
| IRWIN ELECTRIC MEMBERSHIP CORP      | 580300540      | 0.12801% |
| ITASCA MANTRAP CO-OP EA             | 410330817      | 0.00196% |
| J.A.C. ELECTRIC COOP ASSOCIATION    | 750357146      | 0.06542% |
| JACKSON COUNTY REMC                 | 350418308      | 0.12983% |
| JACKSON ELEC CO-OP                  | 390370662      | 0.05355% |
| JACKSON ELECTRIC CO-OP INC          | 740708876      | 0.15105% |
| JACKSON EMC                         | 580301471      | 0.02116% |
| JACKSON ENERGY COOPERATIVE CORP.    | 610236351      | 0.02061% |
| JACKSON PURCHASE ENERGY             | 610236522      | 0.00904% |
| JAMES VALLEY TELECOMMUNICATIONS     | 911789911      | 0.03362% |
| JASPER COUNTY REMC                  | 350420295      | 0.11255% |
| JASPER NEWTON ELEC CO-OP INC        | 740711255      | 0.27666% |
| JAY COUNTY REMC                     | 350420975      | 0.08520% |
| JEFFERSON DAVIS ELEC CO-OP          | 720362325      | 0.08651% |
| JEFFERSON ENERGY COOPERATIVE        | 580303365      | 0.03237% |
| JEMEZ MOUNTAINS ELEC COOP INC       | 850098061      | 0.00060% |
| JO-CARROLL ENERGY INC               | 361284865      | 0.04207% |
| JOE WHEELER EMC                     | 630224987      | 0.06960% |

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**EIN: 53-0116145**

**Group Benefits Program**

**PN: 501**

| <b>Participating Employer Name</b>           | <b>EIN One</b> | <b>%</b> |
|----------------------------------------------|----------------|----------|
| <b>JOHNSON COUNTY REMC</b>                   | 350424700      | 0.18268% |
| <b>JONES-ONSLOW EMC</b>                      | 560283268      | 0.51402% |
| <b>JUMP RIVER ELEC COOP</b>                  | 390382695      | 0.08401% |
| <b>JWEMC COMMUNICATIONS, LLC</b>             | 364964955      | 0.03998% |
| <b>K B R RPPD</b>                            | 470350954      | 0.05079% |
| <b>K C ELEC ASSN</b>                         | 840390042      | 0.07430% |
| <b>KAMO POWER</b>                            | 730308057      | 0.66119% |
| <b>KANDIYOHI POWER COOPERATIVE</b>           | 410345595      | 0.05742% |
| <b>KANKAKEE VALLEY REMC</b>                  | 350431792      | 0.10590% |
| <b>KANSAS ELEC CO-OPS INC (STATEWIDE)</b>    | 480541902      | 0.03169% |
| <b>KANSAS ELECTRIC POWER CO-OP (G&amp;T)</b> | 480836984      | 0.07172% |
| <b>KARNES ELECTRIC CO-OP INC</b>             | 740720615      | 0.21202% |
| <b>KAY ELEC CO-OP</b>                        | 730308955      | 0.14080% |
| <b>KEM ELEC CO-OP INC</b>                    | 450218423      | 0.00218% |
| <b>KENERGY</b>                               | 611345109      | 0.02383% |
| <b>KIAMICHI ELEC CO-OP INC</b>               | 730539216      | 0.00830% |
| <b>KINGSBURY ELEC CO-OP INC</b>              | 460215043      | 0.02014% |
| <b>KIT CARSON ELEC COOP INC</b>              | 850081882      | 0.00835% |
| <b>KODIAK ELEC ASSN INC</b>                  | 920010172      | 0.03339% |
| <b>KOOTENAI ELEC CO-OP INC</b>               | 820136983      | 0.15229% |
| <b>KOSCIUSKO REMC</b>                        | 350449575      | 0.08295% |
| <b>KOSCIUSKO CONNECT LLC</b>                 | 861244291      | 0.01200% |
| <b>KOTZEBUE ELEC ASSN INC</b>                | 920021979      | 0.02567% |
| <b>KY ASSN OF ELEC CO-OPS</b>                | 610420165      | 0.00004% |
| <b>LACLEDE ELECTRIC CO-OP</b>                | 440319785      | 0.34837% |
| <b>LACREEK ELEC ASSN INC</b>                 | 460218629      | 0.08453% |
| <b>LaFOLLETTE UTILITIES</b>                  | 626000329      | 0.02810% |
| <b>LAGRANGE COUNTY REMC</b>                  | 350457973      | 0.06264% |
| <b>LAKE COUNTRY POWER</b>                    | 411857633      | 0.01791% |
| <b>LAKE REGION ELEC ASSN INC</b>             | 460156581      | 0.05658% |
| <b>LAKE REGION ELEC CO-OP INC</b>            | 730579543      | 0.37180% |
| <b>LAKE REGION ELECTRIC COOPERATIVE</b>      | 410363020      | 0.01021% |
| <b>LAMAR COUNTY ELEC COOPERATIVE ASSN</b>    | 750384046      | 0.11163% |
| <b>LAMB COUNTY ELECTRIC COOP INC</b>         | 750384297      | 0.09832% |
| <b>LANE ELEC COOP</b>                        | 930209125      | 0.01775% |
| <b>LANE-SCOTT ELECTRIC CO-OP INC</b>         | 480526038      | 0.00395% |
| <b>LAURENS ELEC COOP INC</b>                 | 570196563      | 0.37489% |

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**Plan Year 2024**

**National Rural Electric Cooperative Association**

**EIN: 53-0116145**

**Group Benefits Program**

**PN: 501**

| <b>Participating Employer Name</b> | <b>EIN One</b> | <b>%</b> |
|------------------------------------|----------------|----------|
| LEA COUNTY ELEC COOP INC           | 850096243      | 0.02632% |
| LEWIS COUNTY RECA                  | 430377360      | 0.07589% |
| LICKING RURAL ELECTRIFICATION, INC | 314234980      | 0.02520% |
| LICKING VALLEY RECC                | 610259922      | 0.10963% |
| LIGHTHOUSE ELECTRIC COOP INC       | 750273171      | 0.14653% |
| LINCOLN COUNTY POWER DIST NO 1     | 886000096      | 0.05417% |
| LINCOLN ELEC CO-OP INC             | 810228361      | 0.03146% |
| LINN COUNTY REC                    | 420381704      | 0.00118% |
| LITTLE OCMULGEE EMC                | 580328075      | 0.11418% |
| LITTLE RIVER ELEC COOP INC         | 570199889      | 0.07479% |
| LOGAN CTY CO-OP PWR & LIGHT        | 344291370      | 0.06419% |
| LORAIN-MEDINA REC INC              | 340365430      | 0.12143% |
| LOST RIVER ELEC CO-OP INC          | 820139694      | 0.04889% |
| LOUP RIVER PUBLIC POWER DISTRICT   | 476000241      | 0.52098% |
| LOUP VALLEYS RPPD                  | 690476118      | 0.04570% |
| LOWER YELLOWSTONE REA INC          | 810160950      | 0.14511% |
| LUMBEE RIVER EMC                   | 560305124      | 0.03093% |
| LUMINATE BROADBAND                 | 833781878      | 0.02420% |
| LYNCHES RIVER COMMUNICATIONS       | 843209062      | 0.02687% |
| LYNCHES RIVER ELEC COOP INC        | 570201923      | 0.11935% |
| LYNTEGAR ELECTRIC CO-OP INC        | 750405473      | 0.28599% |
| LYON REC                           | 420389015      | 0.00005% |
| LYON-LINCOLN ELEC CO-OP INC        | 410387084      | 0.03770% |
| M & A ELECTRIC POWER CO-OP         | 430641433      | 0.07468% |
| M. J. M. ELECTRIC CO-OP INC        | 370394535      | 0.03205% |
| MACON ELECTRIC CO-OP               | 430388909      | 0.00724% |
| MAGIC VALLEY ELECTRIC COOP INC     | 740758801      | 0.02614% |
| MAGNOLIA ELECTRIC POWER ASSN       | 640195613      | 0.01193% |
| MAINTENANCE SOLUTIONS CO-OP        | 834568631      | 0.00181% |
| MAQUOKETA VALLEY REC               | 420394605      | 0.00808% |
| MARIAS RIVER ELEC CO-OP INC        | 810218128      | 0.01704% |
| MARK-IT-RIGHT, LLC                 | 833039832      | 0.03713% |
| Marlboro Development Team          | 463147291      | 0.01103% |
| MARSHALL COUNTY REMC               | 350491815      | 0.05635% |
| MARSHALL DEKALB ELEC CO-OP         | 630132555      | 0.00460% |
| MATANUSKA ELEC ASSN INC            | 920007954      | 0.85370% |
| MCCONE ELEC CO-OP INC              | 810216629      | 0.08618% |

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**EIN: 53-0116145**

**Group Benefits Program**

**PN: 501**

| <b>Participating Employer Name</b>         | <b>EIN One</b> | <b>%</b> |
|--------------------------------------------|----------------|----------|
| <b>MCCOOK PPD</b>                          | 476000265      | 0.08018% |
| <b>MCDONOUGH POWER CO-OP</b>               | 370408325      | 0.04060% |
| <b>MCEC FIBER, INC</b>                     | 845005438      | 0.00453% |
| <b>MCKENZIE ELEC CO-OP INC</b>             | 290217439      | 0.14730% |
| <b>MCLEAN ELEC CO-OP INC</b>               | 450216719      | 0.04775% |
| <b>MCLEOD CO-OP POWER ASSN</b>             | 410403745      | 0.09041% |
| <b>MEADE COUNTY RECC</b>                   | 610277343      | 0.00897% |
| <b>MECKLENBURG ELEC COOP</b>               | 540299805      | 0.02143% |
| <b>MEDINA ELECTRIC CO-OP INC</b>           | 740779023      | 0.29152% |
| <b>MEEKER ENERGY</b>                       | 410404900      | 0.00329% |
| <b>MENARD ELECTRIC CO-OP</b>               | 370413095      | 0.06549% |
| <b>MERIWETHER LEWIS ELEC COOP</b>          | 690292655      | 0.36407% |
| <b>MIAMI-CASS COUNTY REMC</b>              | 383710495      | 0.00307% |
| <b>MIAMI-CASS COUNTY REMC</b>              | 350512035      | 0.05026% |
| <b>MICHIGAN ELECTRIC CO-OP ASSN</b>        | 382214287      | 0.00055% |
| <b>MID OHIO ENERGY COOPERATIVE</b>         | 314243520      | 0.05452% |
| <b>MID-CAROLINA ELEC COOP INC</b>          | 570210417      | 0.38290% |
| <b>MIDDLE GEORGIA EMC</b>                  | 580350804      | 0.11707% |
| <b>MIDLAND POWER COOPERATIVE</b>           | 421378565      | 0.00821% |
| <b>MIDSOUTH ELECTRIC CO-OP</b>             | 740783753      | 0.39654% |
| <b>MIDSTATE ELEC CO-OP INC</b>             | 930389023      | 0.21920% |
| <b>MIDWEST ELEC CONSUMERS ASSN</b>         | 840509417      | 0.00832% |
| <b>MIDWEST ELEC COOPERATIVE CORP</b>       | 470348438      | 0.07580% |
| <b>MIDWEST ELEC INC</b>                    | 344304217      | 0.05880% |
| <b>MIDWEST ENERGY AND COMM</b>             | 383386126      | 0.00005% |
| <b>MIDWEST ENERGY INC</b>                  | 480163970      | 0.00008% |
| <b>MID-YELLOWSTONE ELEC CO-OP</b>          | 810166465      | 0.02556% |
| <b>MIENERGY ELEC CO-OP</b>                 | 410254835      | 0.01057% |
| <b>MILLE LACS ELEC CO-OP</b>               | 410411772      | 0.00414% |
| <b>MINN VALLEY COOP LIGHT AND PRW</b>      | 410419129      | 0.08099% |
| <b>MINN VALLEY EC</b>                      | 410419150      | 0.01248% |
| <b>MINNESOTA RURAL ELEC ASSN</b>           | 410417193      | 0.00157% |
| <b>MISSISSIPPI COUNTY EC INC</b>           | 710122860      | 0.03881% |
| <b>MISSOULA ELEC COOP INC</b>              | 810168065      | 0.01298% |
| <b>MISSOURI ELEC COOP EES CREDIT UNION</b> | 431044975      | 0.03785% |
| <b>MISSOURI ELECTRIC COMMISSION</b>        | 012561657      | 0.14501% |
| <b>MISSOURI REC</b>                        | 430416260      | 0.08089% |

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**National Rural Electric Cooperative Association**

**EIN: 53-0116145**

**Group Benefits Program**

**PN: 501**

| <b>Participating Employer Name</b>    | <b>EIN One</b> | <b>%</b> |
|---------------------------------------|----------------|----------|
| MITCHELL EMC                          | 580353974      | 0.23569% |
| ML CONNECT, LLC                       | 824951415      | 0.06447% |
| MOHAVE ELEC CO-OP INC                 | 860079750      | 0.16372% |
| MONROE COUNTY ELECTRIC POWER ASSN     | 640208370      | 0.00568% |
| MONROE CTY ELEC CO-OP                 | 370425335      | 0.07033% |
| MONTANA ELEC CO-OP ASSN               | 810229220      | 0.02837% |
| MOR GRAN SOU ELEC COOP INC.           | 450217935      | 0.00392% |
| MORA-SAN MIGUEL ELEC COOP INC         | 850084487      | 0.00004% |
| MOREAU GRAND ELEC COOP INC            | 460214198      | 0.04851% |
| MORGAN COUNTY REA                     | 840271515      | 0.13724% |
| MOUNTAIN ELEC COOP                    | 620301937      | 0.01145% |
| MOUNTAIN PARKS ELEC INC               | 840401033      | 0.15299% |
| MOUNTAIN VIEW ELEC ASSN INC           | 840275175      | 0.44919% |
| MOUNTRAIL-WILLIAMS ELECTRIC           | 450216732      | 0.02679% |
| MPD COOPERATIVE, INC                  | 854014392      | 0.32931% |
| MPD Energy                            | 873378810      | 0.01686% |
| MT WHEELER POWER INC                  | 880106922      | 0.15471% |
| N DAKOTA ASSOCIATION OF REC           | 450231058      | 0.00731% |
| N W ELECTRIC POWER CO-OP INC          | 440542209      | 0.17522% |
| NAKNEK ELEC ASSN INC                  | 920027674      | 0.00316% |
| NATCHEZ TRACE ELECTRIC POWER ASSN     | 640211938      | 0.00004% |
| NATIONAL COOPERATIVE BANK, N.A. (NCB) | 521157795      | 0.72895% |
| NATIONAL COUNCIL OF FARMER COOPS      | 530115150      | 0.03278% |
| NAT'L COOP SERVICES CORPORATION       | 521208731      | 0.00121% |
| NAT'L RURAL ELEC COOP ASSN            | 530116145      | 1.76797% |
| NAVARRO COUNTY ELEC CO-OP INC         | 750458545      | 0.08642% |
| NAVASOTA VALLEY ELECTRIC COOP         | 740866703      | 0.01086% |
| NAVOPACHE ELEC CO-OP INC              | 860079371      | 0.01726% |
| NEBRASKA ELEC G&T COOP INC            | 470438125      | 0.00742% |
| NEBRASKA RURAL ELEC ASSN              | 470394033      | 0.00927% |
| NEMAHA-MARSHALL ELEC COOP ASSN INC    | 480350145      | 0.04298% |
| NESPELEM VALLEY ELEC COOP INC         | 910334493      | 0.02484% |
| NEVADA RURAL ELECTRIC ASSN            | 880237046      | 0.00077% |
| NEW ENTERPRISE RURAL ELEC COOP INC    | 230913675      | 0.00237% |
| NEW HAMPSHIRE EC                      | 020172119      | 0.03371% |
| NEW HORIZON ELECTRIC COOP, INC        | 562057487      | 0.09855% |
| NEW MEXICO REC ASSOCIATION            | 850155370      | 0.01866% |

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**Group Benefits Program**

**PN: 501**

| Participating Employer Name         | EIN One   | %        |
|-------------------------------------|-----------|----------|
| NEWBERRY ELEC COOP INC              | 570216285 | 0.00441% |
| NEW-MAC ELECTRIC CO-OP INC          | 440371025 | 0.06529% |
| NEWTON COUNTY REMC                  | 350547565 | 0.02109% |
| NEXT, LLC                           | 812002691 | 0.02559% |
| NINNESCAH RECA INC                  | 480352913 | 0.00393% |
| NIOBRARA ELEC ASSN INC              | 830164125 | 0.07276% |
| NIOBRARA VALLEY EMC                 | 470355437 | 0.06911% |
| NISHNABOTNA VALLEY REC              | 420519838 | 0.00223% |
| NOBLE REMC                          | 350549925 | 0.06936% |
| NOBLES CO-OP ELEC                   | 410443750 | 0.07086% |
| NODAK ELECTRIC CO-OP                | 450172533 | 0.00923% |
| NOLIN RECC                          | 610294540 | 0.01094% |
| NORRIS PPD                          | 476000349 | 0.25768% |
| NORTH ALABAMA ELEC CO-OP            | 630153273 | 0.02149% |
| NORTH ARKANSAS EC INC               | 710131073 | 0.30286% |
| NORTH CAROLINA ELEC MEMBERSHIP CORP | 560995910 | 0.48935% |
| NORTH CENTRAL ELEC COOP INC         | 450173086 | 0.00707% |
| NORTH CENTRAL ELEC COOP INC         | 344316639 | 0.11835% |
| NORTH CENTRAL MISSOURI ELEC CO-OP   | 440373333 | 0.00517% |
| NORTH CENTRAL PPD                   | 690470387 | 0.05429% |
| NORTH GEORGIA NETWORK               | 270496741 | 0.00004% |
| NORTH ITASCA ELEC COOP INC          | 410445923 | 0.01027% |
| NORTH PLAINS ELECTRIC COOP INC      | 756168197 | 0.15437% |
| NORTH STAR ELEC CO-OP INC           | 410449191 | 0.03266% |
| NORTH WEST RURAL ELECTRIC COOP      | 421404169 | 0.00005% |
| NORTH WESTERN ELEC COOP INC         | 344317160 | 0.03944% |
| NORTHCENTRAL ELECTRIC COOP          | 640300045 | 0.02136% |
| NORTHEAST LA PWR CO-OP              | 720275430 | 0.00484% |
| NORTHEAST MISS ELEC POWER ASSN      | 640214575 | 0.02210% |
| NORTHEAST MISSOURI ELEC POWER COOP  | 430635689 | 0.01248% |
| NORTHEAST OKLAHOMA EC INC           | 730375582 | 0.17969% |
| NORTHEAST POWER                     | 391916325 | 0.07166% |
| NORTHEAST PUBLIC POWER ASSN         | 042440855 | 0.00113% |
| NORTHEAST TEXAS ELEC CO-OP INC      | 751615421 | 0.00598% |
| NORTHEASTERN REMC                   | 350756490 | 0.13809% |
| NORTHERN ELEC CO-OP INC             | 460151015 | 0.09300% |
| NORTHERN LIGHTS INC                 | 820150010 | 0.23357% |

**Attachment**  
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**National Rural Electric Cooperative Association**

**EIN: 53-0116145**

**Group Benefits Program**

**PN: 501**

| <b>Participating Employer Name</b>   | <b>EIN One</b> | <b>%</b> |
|--------------------------------------|----------------|----------|
| NORTHERN NECK ELEC COOP              | 540322350      | 0.11262% |
| NORTHERN PLAINS ELECTRIC CO-OP       | 450447121      | 0.01004% |
| NORTHERN RIO ARRIBA ELEC COOP INC    | 850098999      | 0.00200% |
| NORTHERN VA ELEC COOPERATIVE         | 540346923      | 0.07590% |
| NORTHERN WASCO COUNTY P U D          | 936001695      | 0.20763% |
| NORTHFORK ELEC CO-OP INC             | 730375288      | 0.00325% |
| NORTHWEST ENERGY MANAGEMENT SERVICES | 710916277      | 0.00004% |
| NORTHWEST IOWA POWER COOP            | 420723014      | 0.01114% |
| NORTHWEST REQUIREMENTS UTILITIES     | 930909219      | 0.01404% |
| NORTHWEST RPPD                       | 476007441      | 0.05024% |
| NORTHWESTERN ELEC COOP INC           | 730375825      | 0.14936% |
| NORTHWESTERN RECA INC                | 250696880      | 0.12061% |
| NORVAL ELEC CO-OP INC                | 810215971      | 0.04380% |
| NRUCFC                               | 520891669      | 0.48400% |
| NUECES ELECTRIC CO-OP INC            | 740811772      | 0.18636% |
| NUSHAGAK ELEC & TELEPHONE CO-OP INC  | 920177246      | 0.07730% |
| NW OHIO PROPANE, LLC.                | 815043435      | 0.00940% |
| NW PUBLIC POWER ASSOCIATION          | 910535366      | 0.03936% |
| OAHE ELEC CO-OP INC                  | 460221074      | 0.04401% |
| OAKDALE CO-OP ELEC ASSN              | 390512153      | 0.00602% |
| OCMULGEE EMC                         | 580372515      | 0.09668% |
| OCONEE EMC                           | 580372535      | 0.01957% |
| OCONTO ELEC CO-OP                    | 390513423      | 0.00699% |
| OHIO REC INC                         | 510174617      | 0.05020% |
| OHOP MUTUAL LIGHT COMPANY            | 910344550      | 0.02861% |
| OKANOGAN COUNTY ELEC COOP INC        | 910344665      | 0.06540% |
| OKEFENOKE REMC                       | 580373327      | 0.24919% |
| OKLAHOMA ASSN OF ELECTRIC COOPS      | 730556236      | 0.05732% |
| OKLAHOMA ELEC CO-OP                  | 730382745      | 0.02710% |
| OLD DOMINION ELEC CO-OP              | 237048405      | 0.34395% |
| ONEIDA-MADISON ELEC COOP INC         | 150405592      | 0.01240% |
| ONTONAGON COUNTY REA                 | 380895655      | 0.00098% |
| ORANGE COUNTY REMC                   | 350561545      | 0.12225% |
| ORCAS POWER & LIGHT COOPERATIVE      | 910348358      | 0.06353% |
| OREGON RECA                          | 930593238      | 0.00741% |
| OREGON TRAIL ELEC. CONSUMERS CO-OP   | 930958642      | 0.21988% |
| OSAGE VALLEY ELEC COOP ASSN          | 440378635      | 0.16756% |

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**Group Benefits Program**

**PN: 501**

| <b>Participating Employer Name</b> | <b>EIN One</b> | <b>%</b> |
|------------------------------------|----------------|----------|
| OSCEOLA ELEC COOP INC              | 420451575      | 0.00108% |
| OTERO COUNTY ELEC CO-OP INC        | 850058679      | 0.00680% |
| OTSEGO ELEC CO-OP INC              | 150500061      | 0.00362% |
| OUACHITA ELECTRIC CO-OP CORP       | 710133895      | 0.08822% |
| OVERTON POWER DISTRICT NO 5        | 886001194      | 0.14470% |
| OWEN ELECTRIC COOPERATIVE INC      | 610299615      | 0.00964% |
| OZARK BORDER ELECTRIC CO-OP        | 430445644      | 0.09701% |
| OZARK ELECTRIC CO-OP               | 440380405      | 0.16741% |
| OZARKS ELEC CO-OP CORP             | 710134686      | 0.57866% |
| OZARKSGO, LLC                      | 812135966      | 0.11851% |
| PACIFIC NORTHWEST GENERATING CO    | 931192140      | 0.04757% |
| PALMETTO ECONOMIC DEV CORP         | 570873176      | 0.02175% |
| PALMETTO ELEC COOP INC             | 570221355      | 0.53804% |
| PANHANDLE REMA                     | 470348046      | 0.05679% |
| PANOLA-HARRISON ELECTRIC COOP INC  | 750481385      | 0.12304% |
| PARK ELEC CO-OP INC                | 810180438      | 0.02850% |
| PARKE COUNTY REMC                  | 350568161      | 0.08699% |
| PARKLAND LIGHT AND WATER CO        | 910357190      | 0.09366% |
| PAULDING-PUTNAM ELEC CO-OP INC     | 344325955      | 0.10661% |
| PD Fiber, LLC                      | 823311563      | 0.01086% |
| PEA RIVER ELEC CO-OP               | 630161119      | 0.01416% |
| PEACE RIVER ELEC COOP INC          | 590395398      | 0.00006% |
| PEARL RIVER VALLEY ELEC PWR ASSN   | 640219645      | 0.03157% |
| PearlComm                          | 852692674      | 0.00070% |
| PEE DEE EMC                        | 560123345      | 0.01733% |
| PELLA COOP ELECTRIC ASSN           | 421013931      | 0.00004% |
| PEMISCOT-DUNKLIN ELEC CO-OP        | 430452625      | 0.10810% |
| PENINSULA LIGHT CO                 | 910361270      | 0.21042% |
| PENNYRILE RECC                     | 610305525      | 0.00063% |
| PENTEX ENERGY                      | 750208872      | 0.12721% |
| PEOPLE'S ELEC COOP                 | 730298273      | 0.01062% |
| PEOPLE'S ENERGY COOPERATIVE        | 410473341      | 0.14864% |
| PERENNIAL PUBLIC POWER DISTRICT    | 476000562      | 0.07438% |
| PETIT JEAN ELEC CO-OP CORP         | 710139955      | 0.22796% |
| PETIT JEAN FIBER, LLC              | 861314167      | 0.00484% |
| PICKWICK ELEC COOP                 | 620325390      | 0.01254% |
| PIEDMONT EMC                       | 560358446      | 0.22790% |

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**Group Benefits Program**

**PN: 501**

| <b>Participating Employer Name</b>               | <b>EIN One</b> | <b>%</b> |
|--------------------------------------------------|----------------|----------|
| <b>PIERCE PEPIN COOPERATIVE SERVICES</b>         | 390539446      | 0.08380% |
| <b>PIONEER ELEC COOP</b>                         | 480493444      | 0.00004% |
| <b>PIONEER ELEC CO-OP</b>                        | 630033945      | 0.00654% |
| <b>PIONEER REC INC</b>                           | 310407700      | 0.12522% |
| <b>PITT &amp; GREENE EMC</b>                     | 560360850      | 0.02228% |
| <b>PKM ELECTRIC COOP INC</b>                     | 410484875      | 0.00351% |
| <b>PLANTERS EMC</b>                              | 580388085      | 0.08303% |
| <b>PLATEAU ELEC COOP</b>                         | 620326835      | 0.01154% |
| <b>PLATTE CLAY ELEC COOP INC</b>                 | 440392918      | 0.19707% |
| <b>PLUMAS SIERRA REC</b>                         | 940775035      | 0.21063% |
| <b>POINTE COUPEE E M C</b>                       | 720289844      | 0.14203% |
| <b>POLK COUNTY RPPD</b>                          | 476000410      | 0.05177% |
| <b>POLK-BURNETT ELEC CO-OP</b>                   | 390544115      | 0.01586% |
| <b>PONTOTOC ELECTRIC POWER ASSN</b>              | 640224230      | 0.00004% |
| <b>POUDRE VALLEY REA INC</b>                     | 840294734      | 0.27403% |
| <b>POWDER RIVER ENERGY CORP</b>                  | 830162161      | 0.04717% |
| <b>POWELL VALLEY ELEC CO-OP</b>                  | 540345615      | 0.00945% |
| <b>POWERSOUTH ENERGY COOPERATIVE</b>             | 630238274      | 0.12392% |
| <b>PRAIRIE ENERGY COOPERATIVE</b>                | 421506645      | 0.00791% |
| <b>PRAIRIE LAND ELECTRIC CO-OP, INC.</b>         | 480354623      | 0.01796% |
| <b>PRAIRIE POWER INC</b>                         | 371013955      | 0.13900% |
| <b>PRENTISS COUNTY EPA</b>                       | 640225540      | 0.00583% |
| <b>PRESQUE ISLE ELEC &amp; GAS CO-OP</b>         | 380941545      | 0.01701% |
| <b>PRICE ELEC CO-OP INC</b>                      | 390548758      | 0.05596% |
| <b>PRINCE GEORGE ELEC COOP</b>                   | 540346866      | 0.11529% |
| <b>PROF. COMPUTER SOLUTIONS LLC</b>              | 832207264      | 0.03704% |
| <b>PROPANE ENERGY PARTNERS, LLC</b>              | 611330047      | 0.02923% |
| <b>PUBLIC POWER COUNCIL</b>                      | 911015971      | 0.02500% |
| <b>PUBLIC UTILITIES RISK MANAGEMENT</b>          | 043346955      | 0.00056% |
| <b>Raccoon Valley Electric Cooperative</b>       | 271224818      | 0.00658% |
| <b>RAFT RIVER REC INC</b>                        | 820157233      | 0.06979% |
| <b>RALLS COUNTY ELECTRIC CO-OP</b>               | 430470456      | 0.14438% |
| <b>RANDOLPH EMC</b>                              | 560371555      | 0.01802% |
| <b>RAPID FIBER INTERNET, LLC</b>                 | 920724017      | 0.00710% |
| <b>RAPPAHANNOCK ELEC COOPERATIVE</b>             | 541135340      | 0.09887% |
| <b>RAPPAHANNOCK ELECTRIC COMMUNICATIONS INC.</b> | 541509322      | 0.00999% |

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**Group Benefits Program**

**PN: 501**

| Participating Employer Name     | EIN One   | %        |
|---------------------------------|-----------|----------|
| RAVALLI COUNTY ELEC COOP INC.   | 810186335 | 0.09411% |
| RAYBURN ELECTRIC COOPERATIVE    | 751668526 | 0.32690% |
| RAYLE EMC                       | 580398354 | 0.14514% |
| REA ENERGY COOPERATIVE, INC.    | 250809685 | 0.00797% |
| RED LAKE ELEC CO-OP INC         | 410496565 | 0.03347% |
| RED RIVER VALLEY CPA            | 410497361 | 0.00004% |
| RED RIVER VALLEY REA            | 730417655 | 0.13481% |
| REDWOOD EC                      | 410184475 | 0.06125% |
| RENVILLE-SIBLEY CO-OP PWR ASSN  | 410501059 | 0.03279% |
| RICH MOUNTAIN ELEC CO-OP INC    | 710207627 | 0.12576% |
| RICHLAND ELEC CO-OP             | 390568995 | 0.00427% |
| RIO GRANDE ELEC                 | 741062291 | 0.39305% |
| RITA BLANCA ELECTRIC CO-OP INC  | 750712525 | 0.12175% |
| RIVERLAND ENERGY COOPERATIVE    | 390663435 | 0.09640% |
| RIVERSIDE ELEC COMPANY          | 820159335 | 0.00589% |
| ROANOKE ELECTRIC CO-OP          | 560378505 | 0.19757% |
| ROCK ENERGY COOPERATIVE         | 390574424 | 0.11979% |
| ROLLING HILLS ELECTRIC          | 481251358 | 0.00593% |
| ROOSEVELT COUNTY EC INC         | 850065332 | 0.05786% |
| ROOSEVELT PPD                   | 476000420 | 0.04797% |
| ROSEAU ELEC CO-OP INC           | 410510033 | 0.07156% |
| ROSEBUD EC INC                  | 460215360 | 0.06753% |
| ROUGH RIDER ELECTRIC CO-OP, INC | 262059712 | 0.01247% |
| RUNESTONE ELEC ASSN             | 410223597 | 0.09174% |
| RURAL ELEC CONV CO-OP CO        | 370495772 | 0.00323% |
| RURAL ELEC CO-OP INC            | 730431276 | 0.16241% |
| RURAL ELEC SUPPLY COOP          | 390715790 | 0.13572% |
| Rural Energy Solutions, LLC     | 923942909 | 0.00584% |
| RURAL PROPANE SERVICES LLC      | 465371638 | 0.02147% |
| RUSH SHELBY ENERGY              | 352068789 | 0.11089% |
| RUSHMORE ELEC POWER COOP INC    | 460226551 | 0.07327% |
| RUSK COUNTY ELECTRIC CO-OP INC  | 750535849 | 0.19097% |
| RUTHERFORD EMC                  | 560386171 | 0.55581% |
| S CENTRAL ARKANSAS EC INC       | 710165740 | 0.04415% |
| S WESTERN POWER RESOURCES ASSN  | 730999766 | 0.00595% |
| SAC OSAGE ELECTRIC CO-OP INC    | 440418245 | 0.09569% |
| SALEM ELECTRIC                  | 930272945 | 0.12992% |

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**Group Benefits Program**

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| <b>Participating Employer Name</b>        | <b>EIN One</b> | <b>%</b> |
|-------------------------------------------|----------------|----------|
| <b>SALMON RIVER ELEC CO-OP INC</b>        | 820205289      | 0.00381% |
| <b>SALMON RIVER PROPANE, INC.</b>         | 481305755      | 0.00106% |
| <b>SALT RIVER RECC</b>                    | 610329022      | 0.02661% |
| <b>SAM HOUSTON ELECTRIC CO-OP INC</b>     | 740695563      | 0.44281% |
| <b>SAN BERNARD ELECTRIC CO-OP INC</b>     | 740880083      | 0.24564% |
| <b>SAN ISABEL ELECTRIC ASSN INC</b>       | 840312535      | 0.00893% |
| <b>SAN LUIS VALLEY REC INC</b>            | 840312795      | 0.15479% |
| <b>SAN MIGUEL ELECTRIC CO-OP INC</b>      | 741937134      | 0.33492% |
| <b>SAN MIGUEL POWER ASSN INC</b>          | 840312816      | 0.11179% |
| <b>SAN PATRICIO ELECTRIC COOP INC</b>     | 740880813      | 0.08418% |
| <b>SAND HILLS UTILITY SERVICES</b>        | 562186233      | 0.08803% |
| <b>SAND MOUNTAIN ELEC CO-OP</b>           | 630182345      | 0.02705% |
| <b>SANGRE DE CRISTO ELEC ASSN INC</b>     | 840313075      | 0.09743% |
| <b>SANTEE ELEC COOP INC</b>               | 570240935      | 0.36543% |
| <b>SATILLA REMC</b>                       | 580417350      | 0.09661% |
| <b>SAWNEE EMC</b>                         | 580246393      | 1.16608% |
| <b>SCENIC RIVERS ENERGY COOP</b>          | 390314085      | 0.00348% |
| <b>SECO ENERGY</b>                        | 590469125      | 0.00009% |
| <b>SECOM</b>                              | 460707018      | 0.10022% |
| <b>SEDGWICK COUNTY ELEC COOP ASSN INC</b> | 480410158      | 0.03865% |
| <b>SE-MA-NO ELECTRIC CO-OP</b>            | 440518478      | 0.02716% |
| <b>SEMINOLE ELEC CO-OP INC</b>            | 591160409      | 0.00007% |
| <b>SEMO ELECTRIC CO-OP</b>                | 430510025      | 0.13001% |
| <b>SEQUACHEE VALLEY ELEC COOP</b>         | 620352367      | 0.01322% |
| <b>SHELBY ELECTRIC CO-OP</b>              | 370512347      | 0.16149% |
| <b>SHELBY ENERGY COOPERATIVE</b>          | 610337665      | 0.00487% |
| <b>SHENANDOAH VALLEY EC INC</b>           | 540377465      | 0.00004% |
| <b>SHERIDAN ELEC CO-OP INC</b>            | 810216871      | 0.04426% |
| <b>SHO-ME POWER ELECTRIC COOPERATIVE</b>  | 440502163      | 0.23302% |
| <b>SIERRA ELEC COOP</b>                   | 850093694      | 0.02595% |
| <b>SINGING RIVER ELECTRIC CO-OP</b>       | 640239641      | 0.03209% |
| <b>SIOUX VALLEY ENERGY</b>                | 460189704      | 0.13463% |
| <b>SLASH PINE EMC</b>                     | 580428892      | 0.09755% |
| <b>SLOPE ELEC COOP INC</b>                | 450217360      | 0.00221% |
| <b>SNAPPING SHOALS EMC</b>                | 580433463      | 0.02303% |
| <b>SNAPPING SHOALS ENERGY MGMT</b>        | 582360640      | 0.64657% |
| <b>SO LA ELEC CO-OP ASSN</b>              | 720320746      | 0.36384% |

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| <b>Participating Employer Name</b>               | <b>EIN One</b> | <b>%</b> |
|--------------------------------------------------|----------------|----------|
| <b>SOCORRO ELEC COOP INC</b>                     | 850084968      | 0.07695% |
| <b>SOMERSET REC INC</b>                          | 250807950      | 0.00697% |
| <b>SOUTH ALABAMA ELEC CO-OP</b>                  | 630193841      | 0.00422% |
| <b>SOUTH CENTRAL CONNECT</b>                     | 711848009      | 0.03725% |
| <b>SOUTH CENTRAL ELEC ASSOCIATION</b>            | 410548360      | 0.07348% |
| <b>SOUTH CENTRAL INDIANA REMC</b>                | 356043583      | 0.39056% |
| <b>SOUTH CENTRAL POWER COMPANY</b>               | 314311730      | 0.02100% |
| <b>SOUTH CENTRAL PPD</b>                         | 476000996      | 0.07514% |
| <b>SOUTH DAKOTA REA</b>                          | 460231254      | 0.02953% |
| <b>SOUTH KENTUCKY RECC</b>                       | 610344362      | 0.00004% |
| <b>SOUTH PLAINS ELEC COOP INC</b>                | 750569260      | 0.08223% |
| <b>SOUTH RIVER EMC</b>                           | 560405464      | 0.26429% |
| <b>SOUTH SIDE ELECTRIC INC</b>                   | 820110465      | 0.02290% |
| <b>SOUTH TEXAS ELECTRIC CO-OP</b>                | 741393760      | 0.71713% |
| <b>SOUTHEAST ALASKA POWER AGENCY</b>             | 920174669      | 0.03452% |
| <b>SOUTHEAST COLORADO POWER ASSN</b>             | 840147605      | 0.11054% |
| <b>SOUTHEAST ELEC CO-OP INC</b>                  | 810228814      | 0.02862% |
| <b>SOUTHEASTERN ELEC COOP INC</b>                | 730457520      | 0.13335% |
| <b>SOUTHEASTERN ELECTRIC</b>                     | 460454373      | 0.16294% |
| <b>SOUTHEASTERN IL ELEC CO-OP INC</b>            | 370524860      | 0.03669% |
| <b>SOUTHEASTERN INDIANA REMC</b>                 | 350672337      | 0.15971% |
| <b>SOUTHERN ILLINOIS ELEC CO-OP</b>              | 370525125      | 0.02145% |
| <b>SOUTHERN ILLINOIS POWER CO-OP</b>             | 370801403      | 0.10982% |
| <b>SOUTHERN INDIANA REC INC</b>                  | 350672654      | 0.03992% |
| <b>SOUTHERN IOWA ELEC COOP INC</b>               | 420536190      | 0.00452% |
| <b>SOUTHERN PINE ELEC CO-OP</b>                  | 630196775      | 0.00004% |
| <b>SOUTHERN PINE ELECTRIC</b>                    | 640243969      | 0.03459% |
| <b>SOUTHERN PUBLIC POWER DISTRICT</b>            | 476000471      | 0.27209% |
| <b>SOUTHERN RIVERS ENERGY</b>                    | 580319365      | 0.15166% |
| <b>SOUTHSIDE ELECTRIC, INC.</b>                  | 540387895      | 0.03536% |
| <b>SOUTHWEST ARKANSAS ELEC CO-OP CORP</b>        | 710166791      | 0.21647% |
| <b>SOUTHWEST ELECTRIC</b>                        | 640244325      | 0.01790% |
| <b>SOUTHWEST ELECTRIC CO-OP</b>                  | 440441450      | 0.21731% |
| <b>SOUTHWEST IOWA RURAL ELECTRIC COOPERATIVE</b> | 200538386      | 0.00006% |
| <b>SOUTHWEST LOUISIANA E M C</b>                 | 720323335      | 0.60731% |
| <b>SOUTHWEST PPD</b>                             | 476014498      | 0.10751% |

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**Group Benefits Program**

**PN: 501**

| Participating Employer Name       | EIN One   | %        |
|-----------------------------------|-----------|----------|
| SOUTHWEST REA INC                 | 730459033 | 0.08138% |
| SOUTHWEST TENNESSEE EMC           | 620366645 | 0.00611% |
| SOUTHWEST TEXAS ELECTRIC COOP INC | 750696759 | 0.14644% |
| SOUTHWESTERN ELEC COOP            | 370525575 | 0.05554% |
| SOUTHWESTERN ELEC COOP INC        | 850092760 | 0.00170% |
| SPOON RIVER ELEC CO-OP INC        | 370527067 | 0.02493% |
| SPRINGER ELEC COOP INC            | 850083345 | 0.03054% |
| ST. CROIX ELECTRIC COOPERATIVE    | 390585072 | 0.05423% |
| STANTON COUNTY PPD                | 476000473 | 0.03894% |
| STAR ENERGY SERVICES LLC          | 411887707 | 0.09045% |
| STEARNS CO-OP ELEC ASSN           | 410558175 | 0.15735% |
| STEELE-WASECA CO-OP ELEC          | 410558515 | 0.09465% |
| STEUBEN COUNTY REMC               | 350687680 | 0.06693% |
| SULLIVAN COUNTY REC INC           | 240736315 | 0.00558% |
| SULPHUR SPRINGS VALLEY EC         | 860059728 | 0.02550% |
| SUMNER-COWLEY ELEC COOP INC       | 480441812 | 0.02313% |
| SUMTER EMC                        | 580452284 | 0.14670% |
| SUN RIVER ELEC CO-OP INC          | 810199536 | 0.08103% |
| SURPRISE VALLEY ELEC CORP         | 940912124 | 0.00364% |
| SURRY-YADKIN EMC                  | 560421795 | 0.19653% |
| SUSSEX REC                        | 221317845 | 0.12666% |
| SUWANNEE VALLEY ELEC CO-OP INC    | 590472323 | 0.01361% |
| SWISHER ELEC CO-OP                | 750594971 | 0.11974% |
| T I P RURAL ELEC COOP             | 420557125 | 0.00005% |
| TALLAHATCHIE VALLEY EPA           | 640251165 | 0.02611% |
| TALLAPOOSA RIVER ELEC CO-OP INC   | 630205975 | 0.00004% |
| TALQUIN ELEC CO-OP INC            | 590474475 | 0.04938% |
| TANNER ELEC                       | 910330490 | 0.03865% |
| TAYLOR COUNTY RECC                | 610359668 | 0.00732% |
| TAYLOR ELECTRIC CO-OP INC         | 750597925 | 0.18128% |
| TAYLOR ELECTRIC COOPERATIVE       | 390651310 | 0.02845% |
| TENNESSEE ELEC COOP ASSN          | 620461397 | 0.03378% |
| TEXAS ELEC COOPERATIVES INC       | 741007829 | 0.00000% |
| THE ELEC COOPERATIVES OF SC       | 570308664 | 0.01506% |
| THREE NOTCH EMC                   | 580462070 | 0.09706% |
| THREE RIVERS ELECTRIC CO-OP       | 430552055 | 0.07222% |
| THUMB ELECTRIC CO-OP INC          | 381101255 | 0.01094% |

**Attachment**  
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**Plan Year 2024**

**National Rural Electric Cooperative Association**

**EIN: 53-0116145**

**Group Benefits Program**

**PN: 501**

| <b>Participating Employer Name</b> | <b>EIN One</b> | <b>%</b> |
|------------------------------------|----------------|----------|
| TIDELAND EMC                       | 560993598      | 0.15356% |
| TIPMONT REMC                       | 350711159      | 0.30271% |
| TIPPAH EPA                         | 111111111      | 0.10288% |
| TISHOMINGO COUNTY EPA              | 640254465      | 0.01195% |
| TODAY'S POWER, INC                 | 472436394      | 0.00950% |
| TODD-WADENA ELEC CO-OP             | 410579258      | 0.08647% |
| TOHONO O'ODHAM UTILITY AUTHORITY   | 860257794      | 0.16366% |
| TOMBIGBEE ELEC CO-OP INC           | 630211368      | 0.00001% |
| TONGUE RIVER ELEC COOP INC         | 810225169      | 0.05829% |
| TRAILWAVE FIBER, INC               | 582469719      | 0.01434% |
| TRAPPER MINING INC                 | 942785879      | 0.09806% |
| TRAVERSE ELEC CO-OP INC            | 410581955      | 0.00295% |
| TRICO ELEC CO-OP INC               | 860082366      | 0.02679% |
| TRICOLINK, INC                     | 851403042      | 0.01871% |
| TRI-COUNTY ELEC CO-OP INC          | 590485704      | 0.01167% |
| TRI-COUNTY ELEC CO-OP INC          | 370555013      | 0.07786% |
| TRI-COUNTY ELEC CO-OP INC          | 570263136      | 0.19313% |
| TRI-COUNTY ELEC CO-OP INC          | 730539914      | 0.24460% |
| TRI-COUNTY ELECTRIC CO-OP ASSN     | 430556071      | 0.05898% |
| TRI-COUNTY ELECTRIC CO-OP INC      | 750619960      | 0.64062% |
| TRI-COUNTY EMC                     | 580465263      | 0.12314% |
| TRI-COUNTY EMC                     | 560432086      | 0.16651% |
| TRI-COUNTY EMC                     | 620387653      | 0.27286% |
| TRICOUNTY REC INC                  | 344337745      | 0.00282% |
| TRI-COUNTY REC INC                 | 240744667      | 0.00807% |
| TRINITY PUBLIC UTILITY DISTRICT    | 942778873      | 0.10764% |
| TRINITY VALLEY ELEC COOP           | 750371277      | 0.57208% |
| TRI-STATE EMC                      | 620459672      | 0.16846% |
| TRI-STATE G&T ASSOCIATION, INC     | 840464189      | 1.63719% |
| TRUCKEE-DONNER PUD                 | 946001449      | 0.33608% |
| TWIN COUNTY EPA                    | 640256623      | 0.01003% |
| TWIN VALLEY ELEC CO-OP             | 480506619      | 0.00285% |
| TWIN VALLEYS PPD                   | 476007405      | 0.06817% |
| UMATILLA ELECTRIC CO-OP            | 930300375      | 0.19842% |
| UNALAKLEET VALLEY EC               | 920075153      | 0.00958% |
| UNION COUNTY ELEC COOP INC         | 460200495      | 0.02445% |
| UNION POWER COOPERATIVE            | 560435549      | 0.44204% |

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|-------------------------------------|----------------|----------|
| UNION REC INC                       | 314329510      | 0.11031% |
| UNITED ELEC COOP INC                | 251182502      | 0.13852% |
| UNITED ELECTRIC COOP                | 841424733      | 0.10099% |
| UNITED ELECTRIC COOPERATIVE SERVICE | 752871400      | 0.15526% |
| UNITED ELECTRIC COOPERATIVE, INC.   | 431767011      | 0.03257% |
| UNITED POWER INC                    | 840340655      | 0.00008% |
| UNITED UTILITY SUPPLY CO-OP         | 610570562      | 0.00004% |
| UPPER COLO ENVIRONMENTAL PLANT CTR  | 840688880      | 0.01097% |
| UPPER CUMBERLAND EMC                | 620393118      | 0.02901% |
| UPPER MISSOURI POWER CO-OP          | 810285379      | 0.01742% |
| UPSHUR RECC                         | 750628787      | 0.25057% |
| UPSON ELEC MEMBERSHIP CORPORATION   | 580470783      | 0.04046% |
| UTAH RURAL ELEC ASSN                | 870270889      | 0.00742% |
| UTILITIES DISTRICT OF W INDIANA REM | 350726238      | 0.05031% |
| VA MD AND DE ASSN OF ELEC COOP      | 540553861      | 0.05905% |
| VALLEY ELEC ASSN                    | 880089964      | 0.40074% |
| VALLEY REC INC                      | 231179011      | 0.00876% |
| VERDIGRIS VALLEY EC INC             | 730495962      | 0.35847% |
| VERENDRYE ELEC CO-OP INC            | 450206162      | 0.01138% |
| VERMONT ELEC COOP INC               | 030164375      | 0.01989% |
| VERNON ELEC CO-OP                   | 390677390      | 0.09265% |
| VICTORIA ELECTRIC CO-OP CO          | 740964933      | 0.16770% |
| VICTORY ELEC COOP ASSN INC          | 480499309      | 0.01380% |
| VIGILANTE ELEC CO-OP INC            | 810152585      | 0.06492% |
| WABASH VALLEY POWER ALLIANCE        | 351274565      | 0.23095% |
| WAKE EMC                            | 560440935      | 0.12123% |
| WARREN COUNTY REMC                  | 350739817      | 0.05828% |
| WARREN COUNTY WATER DISTRICT        | 610866161      | 0.00655% |
| WARREN ELEC COOP INC                | 250865701      | 0.05665% |
| WARREN RECC                         | 610375145      | 0.02930% |
| WASCO ELEC CO-OP INC                | 930306737      | 0.06569% |
| WASH RURAL ELEC COOP ASSN           | 911236389      | 0.00341% |
| WASH.-ST TAMMANY ELEC CO-OP INC     | 720347084      | 0.02735% |
| WASHINGTON ELEC COOP INC            | 030165895      | 0.00970% |
| WASHINGTON ELEC COOP INC            | 314335585      | 0.06994% |
| WASHINGTON EMC                      | 580478785      | 0.17119% |
| WASHINGTON ISLAND ELEC CO-OP INC    | 390688605      | 0.01431% |

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| <b>Participating Employer Name</b>   | <b>EIN One</b> | <b>%</b> |
|--------------------------------------|----------------|----------|
| WASHINGTON P U D                     | 910486104      | 0.02449% |
| WAVE RURAL CONNECT, LLC              | 831520863      | 0.04633% |
| WAYNE-WHITE CTY ELEC CO-OP           | 370574965      | 0.04572% |
| WEBSTER ELECTRIC CO-OP               | 440516670      | 0.09586% |
| WELLS REC                            | 880086059      | 0.16674% |
| WEST CENTRAL ELEC COOP INC           | 460225950      | 0.09416% |
| WEST CENTRAL ELEC COOP INC           | 440483533      | 0.11557% |
| WEST FL ELEC CO-OP ASSN INC          | 590504115      | 0.02872% |
| WEST KENTUCKY RECC                   | 610378848      | 0.01308% |
| WEST OREGON ELEC COOP INC            | 930324524      | 0.07138% |
| WEST RIVER ELEC ASSN INC             | 460204517      | 0.16190% |
| WESTERN COOP ELECTRIC ASSN INC       | 480504601      | 0.01301% |
| WESTERN FARMERS EC                   | 730506959      | 0.92111% |
| WESTERN FUELS ASSN                   | 456038480      | 0.02177% |
| WESTERN FUELS-WYOMING, DRY FORK MINE | 521619390      | 0.22499% |
| WESTERN ILLINOIS ELEC CO-OP          | 370580852      | 0.02806% |
| WESTERN IOWA POWER COOPERATIVE       | 391884367      | 0.00824% |
| WESTERN UNITED ELECTRIC SUPPLY CORP  | 840712423      | 0.10809% |
| WHARTON COUNTY ELECTRIC COOP INC     | 746175062      | 0.07973% |
| WHEATBELT PPD                        | 476000636      | 0.08657% |
| WHEATLAND ELEC CO-OP INC             | 480532188      | 0.02095% |
| WHEATLAND REA                        | 830154975      | 0.02118% |
| WHETSTONE VALLEY ELEC COOP INC       | 460205275      | 0.06530% |
| WHITE RIVER CONNECT                  | 431791421      | 0.02603% |
| WHITE RIVER ELEC ASSN INC            | 840372091      | 0.11549% |
| WHITE RIVER VALLEY ELEC COOP         | 440488595      | 0.12030% |
| WHITEWATER VALLEY REMC               | 351902531      | 0.05712% |
| WIDE OPEN UTILITY SERVICE            | 320634503      | 0.00112% |
| WILD RICE ELEC CO-OP INC             | 410612945      | 0.08241% |
| WIN ENERGY                           | 352025174      | 0.01235% |
| WIREGRASS ELEC CO-OP INC (UNION)     | 630229728      | 0.01087% |
| WISCONSIN ELECTRIC COOP ASSN         | 390715790      | 0.00189% |
| WISE ELECTRIC CO-OP INC              | 750665517      | 0.15829% |
| WITHLACOOCHIEE RIVER ELEC CO-OP      | 590545223      | 0.00004% |
| WOLVERINE POWER SUPPLY CO-OP         | 381326766      | 0.01248% |
| WOOD COUNTY ELECTRIC CO-OP INC       | 750667075      | 0.25369% |
| WOODBURY COUNTY RECA                 | 420608219      | 0.00328% |

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|-----------------------------------------|----------------|-------------------|
| <b>WOODRUFF ELEC CO-OP CORP</b>         | 710195390      | 0.01133%          |
| <b>WRIGHT HENNEPIN CO-OP ELEC ASSN.</b> | 410621437      | 0.00722%          |
| <b>WYOMING RURAL ELECTRIC ASSN</b>      | 830207211      | 0.00468%          |
| <b>WYRULEC COMPANY</b>                  | 830157475      | 0.05293%          |
| <b>Y W ELEC ASSN INC</b>                | 840373770      | 0.10326%          |
| <b>YAMPA VALLEY ELEC ASSN INC</b>       | 840358317      | 0.18634%          |
| <b>YAZOO VALLEY EPA</b>                 | 640269325      | 0.00836%          |
| <b>YELLOWSTONE VALLEY EC INC</b>        | 810211565      | 0.18784%          |
| <b>YORK ELEC COOP INC</b>               | 570274084      | 0.37186%          |
| <b>Total</b>                            |                | <b>100.00000%</b> |