

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: MEDICAL PRACTICE CONSORTIUM HEALTH PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 07/01/2019
2a Plan sponsor's name (employer, if for a single-employer plan): MEDICAL PRACTICE CONSORTIUM
2b Employer Identification Number (EIN): 83-2817001
2c Plan Sponsor's telephone number: 317-261-2060
2d Business code (see instructions): 525100

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

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

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<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: <b>a</b> Sponsor's name <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>	842
<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> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <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) ..... <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) ..... <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>	836
	<b>6a(2)</b>	909
	<b>6b</b>	5
	<b>6c</b>	0
	<b>6d</b>	914
	<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 4D 4E

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

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

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

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

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

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

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

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

Receipt Confirmation Code 156975995

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>MEDICAL PRACTICE CONSORTIUM HEALTH PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MEDICAL PRACTICE CONSORTIUM</b>	<b>D</b> Employer Identification Number (EIN) <b>83-2817001</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier

**EIPHANYRX**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>04-3608530</b>	<b>52519</b>	<b>E0048</b>	<b>1996</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		3875980
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>		

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>MEDICAL PRACTICE CONSORTIUM HEALTH PLAN</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MEDICAL PRACTICE CONSORTIUM</b>		<b>D</b> Employer Identification Number (EIN) <b>83-2817001</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier

**ANTHEM INSURANCE COMPANIES, INC. (G2001)**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>35-0781558</b>	<b>28207</b>	<b>001108979</b>	<b>1996</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		1488288
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>		

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>MEDICAL PRACTICE CONSORTIUM HEALTH PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MEDICAL PRACTICE CONSORTIUM</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>83-2817001</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**DELTA DENTAL OF INDIANA**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-1545647	62111	DDPIN0010120	15434	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		503216
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>		

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<b>A</b> Name of plan <b>MEDICAL PRACTICE CONSORTIUM HEALTH PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MEDICAL PRACTICE CONSORTIUM</b>	<b>D</b> Employer Identification Number (EIN) <b>83-2817001</b>	

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

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

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

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

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

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

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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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**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)

ANTHEM INSURANCE COMPANIES, INC

35-0781558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 62	NONE	827322	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"/>

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

INDIANA STATE MEDICAL ASSOC INS AGY

35-1731389

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23	NONE	323341	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)

LHD BENEFITS ADVISORS

35-2150902

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	142800	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)

BOSE, MCKINNEY & EVANS LLP

35-0957980

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	110242	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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	54884	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)

CLK SOLUTIONS LLC

87-2050867

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTANT	39835	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)

VITAL INCITE, LLC

82-3614359

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	29714	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)

DELTA DENTAL OF INDIANA

35-1545647

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13	BENEFIT ADMINISTRATOR	27403	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)

BRADY WARE RKN

34-1476702

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 49 62	NONE	25100	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)

EPIPHANYRX

04-3608530

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	252700	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)

ARTHUR J GALLAGHER & CO

36-2151613

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22	NONE	44296	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>MEDICAL PRACTICE CONSORTIUM HEALTH PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MEDICAL PRACTICE CONSORTIUM</b>	<b>D</b> Employer Identification Number (EIN) <b>83-2817001</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	3077	6206
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	555313	668641
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	4664388	5698157
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	450111	475568
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	2618558	908494
<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>	6341370	5045422
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	141401	530403
<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>		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	14774218	13332891
<b>Liabilities</b>			
g Benefit claims payable.....	1g	1097802	1140596
h Operating payables.....	1h	77678	90049
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	939741	1405197
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2115221	2635842
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	12658997	10697049

**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: (A) Employers.....	2a(1)(A)	11880730	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		11880730
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	363142	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		363142
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		995479
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		13239351

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	11589646	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	1432233	
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		13021879
<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>	0	
(2) Contract administrator fees .....	<b>2i(2)</b>	1575926	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	25260	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	76565	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	55558	
(8) Legal fees .....	<b>2i(8)</b>	110204	
(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>	335907	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		2179420
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		15201299

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-1961948
<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: **BRADYWARE & SCHOENFELD**

(2) EIN: **35-1476702**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<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.)

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

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

**MEDICAL PRACTICE CONSORTIUM  
HEALTH PLAN**

**FINANCIAL STATEMENTS  
AND SUPPLEMENTARY INFORMATION**

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

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## INDEPENDENT AUDITORS' REPORT

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Plan Administrator  
**Medical Practice Consortium Health Plan**  
Indianapolis, Indiana

### Opinion

We have audited the accompanying financial statements of **Medical Practice Consortium Health Plan** (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits 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 of **Medical Practice Consortium Health Plan** as of December 31, 2024 and 2023, and the changes in its net assets available for benefits 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. 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 **Medical Practice Consortium Health Plan** and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 of 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 **Medical Practice Consortium Health Plan's** ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

## INDEPENDENT AUDITORS' REPORT - CONTINUED

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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 generally accepted auditing standards 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 generally accepted auditing standards, 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 **Medical Practice Consortium Health Plan's** internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the **Medical Practice Consortium Health Plan's** ability to continue as a going concern for a reasonable period of time.

## INDEPENDENT AUDITORS' REPORT - CONTINUED

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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) on pages 13 - 16 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 generally accepted auditing standards.

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

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



Richmond, Indiana  
April 2, 2025

**MEDICAL PRACTICE CONSORTIUM HEALTH PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

**December 31, 2024 and 2023**

---

	<u>2024</u>	<u>2023</u>
<b>ASSETS</b>		
Cash - interest bearing	\$ 5,219,050	\$ 4,481,829
Investments at fair value	7,438,994	9,733,999
Other receivables	23,217	33,256
Stop loss and rebates receivable	626,705	503,955
Contributions receivable	6,206	3,077
Prepaid expenses	18,719	18,102
	<u>13,332,891</u>	<u>14,774,218</u>
Total assets		
<b>LIABILITIES</b>		
Accounts payable	90,049	77,678
Other liabilities	338,885	12,000
Premiums received in advance	1,066,312	927,741
	<u>1,495,246</u>	<u>1,017,419</u>
Total liabilities		
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b><u>\$ 11,837,645</u></b>	<b><u>\$ 13,756,799</u></b>

**MEDICAL PRACTICE CONSORTIUM HEALTH PLAN****STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>ADDITIONS TO NET ASSETS ATTRIBUTED TO</b>		
Contributions		
Employer contributions	<u>\$ 11,880,730</u>	<u>\$ 10,007,010</u>
Investment income		
Net appreciation in fair value of investments	<u>995,479</u>	778,570
Interest and dividends	<u>363,142</u>	<u>377,875</u>
	<u>1,358,621</u>	1,156,445
Less investment expenses	<u>(76,565)</u>	<u>(69,915)</u>
Net investment income	<u>1,282,056</u>	<u>1,086,530</u>
Total additions	<u>13,162,786</u>	<u>11,093,540</u>
<b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO</b>		
Benefits paid	<u>11,546,852</u>	9,086,963
Administrative expenses	<u>2,102,855</u>	1,787,145
Reinsurance premiums	<u>1,432,233</u>	<u>1,171,904</u>
Total deductions	<u>15,081,940</u>	<u>12,046,012</u>
<b>NET DECREASE</b>	<u>(1,919,154)</u>	<u>(952,472)</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>		
Beginning of year	<u>13,756,799</u>	<u>14,709,271</u>
End of year	<u>\$ 11,837,645</u>	<u>\$ 13,756,799</u>

## MEDICAL PRACTICE CONSORTIUM HEALTH PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### NOTE 1 - DESCRIPTION OF PLAN

The following description of the **Medical Practice Consortium Health Plan** (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General** - The Plan provides health and other benefits covering all eligible employees of participating medical practices located in the State of Indiana (Employers). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees of the Medical Practice Consortium oversees governance of the Plan.

**Contributions** - Employers and participating employees are required to make monthly contributions to the Plan based on established rates for elected coverage. Contribution rates are determined annually by the Board of Trustees. The Board of Trustees approved a one month premium holiday in 2024 and 2023.

**Benefits** - The Plan provides health benefits (medical, prescription drugs, and dental) for employees of the Employers and their eligible dependents, which are self-insured. The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA). The Plan's dental coverage became self-insured effective January 1, 2022.

**Stop Loss Coverage** - The Plan has entered into a stop loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims). Premiums for stop loss insurance are included in the accompanying statements of changes in net assets available for benefits. The Plan recognized \$715,000 and \$24,287 of stop loss reimbursements during the years ended December 31, 2024 and 2023 which have been netted against benefit expenses on the statements of changes in net assets available for benefits.

**Self-insured Benefits** - The claims for self-insured benefits are processed by the Plan's third-party claims processors. The claims processors pay claims directly on behalf of participants and are then reimbursed by the Plan. Despite the Plan's utilization of third-party processors, ultimate responsibility for payments to providers and participants is retained by the Plan.

#### NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting** - The financial statements of the Plan are prepared using the accrual method of accounting.

**Financial Estimates** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's administrator to make estimates and assumptions that affect the reported amounts of net assets, and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

**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.

# MEDICAL PRACTICE CONSORTIUM HEALTH PLAN

## NOTES TO FINANCIAL STATEMENTS

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### NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

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

**Concentrations** - Financial instruments that potentially subject the Plan to credit risk consist principally of cash. At December 31, 2024 and 2023, the recorded amount and credit union balance of the Plan's deposits was \$5,219,050 and \$4,481,829. At December 31, 2024 and 2023, \$250,000 was insured by the National Credit Union Share Insurance Fund (NCUSIF). In addition, as of December 31, 2024 and 2023, the Plan's credit union provided a \$5,000,000 insurance policy through an independent provider. There were no uninsured amounts at December 31, 2024 and 2023.

The Plan's investments in money market funds and other securities are not insured by the FDIC and are subject to custodial risk. The Plan's U.S. Treasury notes are guaranteed by the United States government.

**Stop Loss and Rebates Receivable** - Stop loss receivables represent amounts due to the Plan from its reinsurance carrier for reimbursement of claims paid that exceed the stop loss limit. Rebate receivables represent prescription rebates for prior claims paid.

**Other Liabilities** - As of December 31, 2024, \$159,885 of the other liabilities balance represents amounts owed to the stop loss carrier for stop loss reimbursements received in 2024 for the 2024 policy year that should not have been paid to the Plan. The remaining \$179,000 in other liabilities is related to accrued taxes. See Note 8 for further information related to income taxes for the Trust.

**Payment of Benefits** - Claim payments are recorded when paid and are reflected in the accompanying statements of changes in net assets available for benefits.

**Administrative Expenses** - Plan expenses are paid by the Plan, as provided by the Plan document. Expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits.

**Actuarial Present Value of Benefit Obligations** - Plan obligations at December 31 for medical, prescription, and dental claims incurred by active participants, but not reported at December 31, are estimated by the Plan's actuary in accordance with accepted actuarial principles. The actuarial present value of claims incurred but not reported (IBNR) is based on past paid claims data in order to develop an estimate of the percentage unpaid. Such estimated amounts are reported in Notes 4 and 5 at present value.

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.

**Subsequent Events** - In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through April 2, 2025, the date the financial statements were available to be issued.

## MEDICAL PRACTICE CONSORTIUM HEALTH PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### NOTE 3 - FAIR VALUE MEASUREMENTS

Accounting standards provide a framework for measuring fair value. This framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements), and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under the accounting standards 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:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability's fair value measurement 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.

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

*Money market funds, fixed income securities - mutual funds, U.S. Treasury notes, and equities:* Fair values are determined by quoted market prices.

*Fixed income securities - bonds:* Fair values are calculated using quoted market prices for similar assets in markets that are not active.

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

## MEDICAL PRACTICE CONSORTIUM HEALTH PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### NOTE 3 - FAIR VALUE MEASUREMENTS - CONTINUED

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Fair Value</u>
Money market funds	\$ 479,107	\$ -	\$ -	\$ 479,107
Fixed income securities - mutual funds	530,403	-	-	530,403
Fixed income securities - bonds	-	908,494	-	908,494
U.S. Treasury notes	475,568	-	-	475,568
Equities	5,045,422	-	-	5,045,422
	<u>\$ 6,530,500</u>	<u>\$ 908,494</u>	<u>\$ -</u>	<u>\$ 7,438,994</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Fair Value</u>
Money market funds	\$ 182,559	\$ -	\$ -	\$ 182,559
Fixed income securities - mutual funds	141,401	-	-	141,401
Fixed income securities - bonds	-	2,618,558	-	2,618,558
U.S. Treasury notes	450,111	-	-	450,111
Equities	6,341,370	-	-	6,341,370
	<u>\$ 7,115,441</u>	<u>\$ 2,618,558</u>	<u>\$ -</u>	<u>\$ 9,733,999</u>

#### NOTE 4 - SUMMARY OF PLAN BENEFIT OBLIGATIONS

Amounts payable for claims incurred but not yet reported and claims payable are as follows:

	<u>2024</u>	<u>2023</u>
Claims incurred but not yet reported	\$ 983,000	\$ 811,000
Claims payable	157,596	286,802
Plan's Total Benefit Obligation	<u>\$ 1,140,596</u>	<u>\$ 1,097,802</u>

## MEDICAL PRACTICE CONSORTIUM HEALTH PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### NOTE 5 - SUMMARY OF CHANGES IN PLAN BENEFIT OBLIGATIONS

The changes in amounts payable for claims incurred but not yet reported and claims payable are as follows:

	<u>2024</u>	<u>2023</u>
Balance, beginning of year	\$ 1,097,802	\$ 619,405
Net change during the year	<u>42,794</u>	<u>478,397</u>
Balance, end of year	<u>\$ 1,140,596</u>	<u>\$ 1,097,802</u>
Plan's Total Benefit Obligation	<u>\$ 1,140,596</u>	<u>\$ 1,097,802</u>

#### NOTE 6 - PARTY-IN-INTEREST TRANSACTIONS

As described in Note 2, the Plan paid certain expenses related to Plan operations to various service providers. These transactions are party-in-interest transactions under ERISA.

#### NOTE 7 - PLAN TERMINATION

Although the Employers have not expressed any intention to do so, they have the right to discontinue participation in the Plan subject to provisions set forth in the Plan Participation Agreement, Consortium Agreement, and ERISA. In the event the Plan is terminated, the net assets of the Plan must first be distributed to pay claims of participants of the Plan. Remaining funds, if any, shall be distributed to the participating employers in a manner consistent with Section 501(c)(9) of the Internal Revenue Code, on a prorated basis, consistent with its contributions to the Plan.

#### NOTE 8 - TAX STATUS

The Trust established under the Plan to hold the Plan's assets is intended to qualify pursuant to Section 501(c)(9) of the Internal Revenue Code. The Trust's investment income is subject to income taxes, and the Trust files the applicable tax returns in order to pay the tax assessed on its investment income. The Plan recognized \$280,439 and \$114,915 of federal and state expenses during the years ended December 31, 2024 and 2023. The Trust has obtained a favorable tax determination letter from the Internal Revenue Service, and the Plan Sponsor believes that the Trust continues to qualify and to operate in accordance with applicable provisions of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require the Plan Administrator to evaluate tax positions taken by the plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. Based on the results of the Plan Administrator's evaluation, no liability has been recognized in the accompanying statements of net assets available for benefits for uncertain income tax positions. The Trust is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

## MEDICAL PRACTICE CONSORTIUM HEALTH PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### NOTE 9 - RISKS AND UNCERTAINTIES

The actuarial claims incurred but not reported calculation is reported based on certain assumptions pertaining to health care inflation rates and employee demographics, all of which are subject to change. In addition, the Plan invests in various investment securities which are exposed to risks such as interest rate, market, and credit risks. Due to uncertainties inherent in the estimations and assumptions process as well as the level of risk associated with certain investment securities, it is at least reasonably possible that changes in these estimates, assumptions, and risks in the near term would be material to the financial statements.

#### NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits and the net decrease in net assets available for benefits between the financial statements and the Form 5500 as of and for the years ended December 31, 2024 and 2023.

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per Form 5500	<b>\$ 10,697,049</b>	\$ 12,658,997
Benefit obligations	<b><u>1,140,596</u></b>	<u>1,097,802</u>
Net assets available for benefits per the financial statements	<b><u>\$ 11,837,645</u></b>	<b><u>\$ 13,756,799</u></b>
	<u>2024</u>	<u>2023</u>
Net decrease in net assets available for benefits per Form 5500	<b>\$ (1,961,948)</b>	\$ (1,430,869)
Change in benefit obligations	<b><u>42,794</u></b>	<u>478,397</u>
Net decrease in net assets available for benefits per the financial statements	<b><u>\$ (1,919,154)</u></b>	<b><u>\$ (952,472)</u></b>

#### NOTE 11 - SUPPLEMENTAL CONTRIBUTION FUND

At December 31, 2024 and 2023, the balance in the Plan's supplemental contribution fund was \$4,168,084 and \$4,050,011. The projected premium income for 2025, plus the Plan's supplemental contribution fund balance at December 31, 2024 is not sufficient to cover the projected claims liability plus expenses for the Plan for 2025. An additional transfer of \$243,867 to the supplemental contribution fund will be required in 2025.

## MEDICAL PRACTICE CONSORTIUM HEALTH PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### NOTE 12 - IDOI MINIMUM FUND BALANCE REQUIREMENT

The Indiana Department of Insurance (IDOI) requires multi-employer welfare plans to maintain a minimum fund balance of \$500,000 determined as follows for the years ended December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Fund balance, as defined by IDOI regulations		
Assets		
Cash - interest bearing	\$ 5,219,050	\$ 4,481,829
Investments at fair value	7,438,994	9,733,999
Other receivables	23,217	33,256
Stop loss and rebates receivable	626,705	503,955
Contributions receivable	6,206	3,077
Prepaid expenses	18,719	18,102
Total Assets	<u>13,332,891</u>	<u>14,774,218</u>
Liabilities		
Accounts payable	90,049	77,678
Claims payable	157,596	286,802
Other liabilities	338,885	12,000
Premiums received in advance	1,066,312	927,741
Obligation for claims incurred but not reported	983,000	811,000
Total Liabilities	<u>2,635,842</u>	<u>2,115,221</u>
Fund balance, as defined by IDOI regulations	<u>\$ 10,697,049</u>	<u>\$ 12,658,997</u>

The Plan met the required minimum fund balance of \$500,000 at December 31, 2024 and 2023.

MEDICAL PRACTICE CONSORTIUM HEALTH PLAN

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

PLAN'S EMPLOYER IDENTIFICATION NUMBER: 83-2817001

PLAN NUMBER: 501

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value	
<b>Money market funds</b>				
FMPW INST Money Account PR	Money market fund	\$ 479,107	\$ 479,107	
<b>Fixed income securities - mutual funds</b>				
IShares 0-3 Month Treasury Bond ETF	Exchange-traded fund	20,663	20,666	
SPDR Bloomberg 1-3 Mo Tbill	Exchange-traded fund	18,939	18,926	
Avalonbay Cmnty Inc	Mutual fund	35,256	35,187	
American Express Co Sgn	Mutual fund	38,895	39,055	
Burlington Northn Santa Fe	Mutual fund	29,461	29,143	
CVS Health Corp	Mutual fund	30,657	30,014	
Caterpillar Finl SVCS	Mutual fund	39,919	40,208	
Duke Energy Carolinas LLC	Mutual fund	38,513	38,832	
Equinix Inc	Mutual fund	37,353	36,769	
HCA Inc	Mutual fund	40,094	40,099	
Magna Intl Inc SR Global	Mutual fund	39,996	40,191	
McDonalds Corp	Mutual fund	45,518	45,310	
Mid America Apts LP	Mutual fund	38,451	38,530	
Uber Technologies Inc	Mutual fund	39,948	38,696	
Wells Fargo & Co	Mutual fund	39,818	38,777	
		533,481	530,403	
<b>Fixed income securities - bonds</b>				
American Honda Finance	Bond; 3.500% due 2/15/28	38,561	38,468	
American Tower Corp	Bond; 5.250% due 7/15/28	39,695	40,250	
Bank of America Corp	Bond; 3.500% due 4/19/26	48,835	49,251	
Broadcom Inc	Bond; 4.750% due 4/15/29	39,263	39,740	
Citigroup Inc	Bond; 3.200% due 10/21/26	49,125	48,633	
John Deere Capital Corp	Bond; 4.750% due 1/20/28	39,662	40,206	
Keurig Dr Pepper Inc	Bond; 2.550% due 6/15/26	33,783	33,813	
Goldman Sachs Group Inc	Bond; 3.750% due 2/25/26	45,085	44,504	
Home Depot Inc	Bond; 2.800% due 9/14/27	38,603	38,322	
JP Morgan Chase & Co	Bond; 2.950% due 10/1/26	49,140	48,711	

MEDICAL PRACTICE CONSORTIUM HEALTH PLAN

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

PLAN'S EMPLOYER IDENTIFICATION NUMBER: 83-2817001

PLAN NUMBER: 501

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value
<b>Fixed income securities - bonds - continued</b>				
	Marriot International	Bond; 5.000% due 10/15/27	34,507	35,283
	Morgan Stanley	Bond; 3.625% due 1/20/27	42,919	44,186
	Nike Inc	Bond; 2.750% due 3/27/27	38,479	38,562
	Omnicom Group	Bond; 2.450% due 4/30/30	35,337	35,114
	Oracle Corp	Bond; 4.500% due 5/06/28	38,791	39,601
	Packaging Corp of America	Bond; 3.000% due 12/15/29	37,960	36,472
	Paypal Holdings Inc	Bond; 2.650% due 10/1/26	39,216	38,741
	Simon Property Group Lp	Bond; 1.750% due 2/01/28	35,173	36,611
	Southwest Airlines Co	Bond; 3.000% due 11/15/26	38,316	38,647
	Starbucks Corp	Bond; 3.500% due 3/01/28	37,536	38,580
	Toronto Dominion Bank	Bond; 5.156% due 1/10/28	40,375	40,187
	United Parcel Service Inc	Bond; 3.050% due 11/15/27	28,631	28,830
	Waste Management Inc De	Bond; 1.150% due 3/15/28	35,152	35,782
			904,144	908,494
<b>U.S. Treasury notes</b>				
	U.S. Treasury Note	0.750% due 8/31/26	135,700	136,923
	U.S. Treasury Note	1.250% due 9/30/28	26,522	26,808
	U.S. Treasury Note	2.500% due 3/31/27	158,646	154,050
	U.S. Treasury Note	4.000% due 1/31/29	157,231	157,787
			478,099	475,568

MEDICAL PRACTICE CONSORTIUM HEALTH PLAN

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

PLAN'S EMPLOYER IDENTIFICATION NUMBER: 83-2817001

PLAN NUMBER: 501

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value	
<b>Equities</b>				
Accenture Plc Adr	Stock	147,655	172,377	
Chubb Limited Adr	Stock	79,240	114,941	
Alphabet Cl A Com	Stock	113,540	188,921	
Elevance Health Inc Com	Stock	201,779	157,520	
Automatic Data Processing Com	Stock	99,323	118,556	
Broadcom Inc NPV Com	Stock	54,127	236,477	
Chevron Corp Com	Stock	147,660	130,356	
Danaher Corp Com	Stock	198,635	190,756	
Darden Restaurants Com	Stock	108,453	135,537	
Dover Corp Com	Stock	140,606	187,600	
EOG Resources Inc Com	Stock	133,808	134,838	
Fiserv Incorporated Wi Com	Stock	121,376	251,640	
Gallagher Arthur J & Co Com	Stock	136,761	218,565	
Home Depot Inc Com	Stock	173,400	219,779	
Honeywell Intl Inc Com	Stock	213,035	248,479	
Houlihan Lokey Inc	Stock	78,466	156,294	
Intercontinental Exchange Com	Stock	171,813	230,966	
Johnson & Johnson Com	Stock	116,407	95,883	
Microsoft Corp Com	Stock	115,262	168,600	
Morgan Stanley Dean Witter Com	Stock	172,061	245,154	
Motorola Solutions Inc. Com	Stock	90,068	184,892	
Novartis A G Sponsored Adr	Stock	86,307	100,716	
Nextera Energy Inc Com	Stock	120,799	113,270	
Progressive Corp Ohio Com	Stock	112,094	239,610	
Sempra Energy Com	Stock	94,647	94,738	
Stryker Corp Com	Stock	101,744	162,743	
UnitedHealth Group Inc Com	Stock	98,014	101,172	
Eaton Corp Adr	Stock	5,968	13,275	
Medtronic Incorporated Adr	Stock	18,198	17,494	
Garmin Ltd Com	Stock	11,020	24,132	
Amgen Inc Com	Stock	9,288	10,426	
Blackrock	Stock	15,370	22,552	
Broadridge Finl Solutions Com	Stock	18,365	19,670	
CME Group Com	Stock	14,434	19,043	
Cisco Systems Com	Stock	16,018	21,253	
Coca Cola Co Com	Stock	16,783	17,184	
Consolidated Edison Inc Com	Stock	16,569	16,418	
General Dynamics Corp Com	Stock	7,995	10,276	
Genuine Part Co Com	Stock	17,382	13,077	
Hartford Financial Services Com	Stock	15,793	24,943	
Illinois Tool Works Inc Com	Stock	13,835	16,481	
Intl Business Machines Corp Com	Stock	8,738	15,168	
JPMorgan Chase & Co Com	Stock	11,849	23,971	
Kinder Morgan Inc Del Com	Stock	15,393	24,633	
Paychex Inc Com	Stock	13,273	14,022	

MEDICAL PRACTICE CONSORTIUM HEALTH PLAN

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

PLAN'S EMPLOYER IDENTIFICATION NUMBER: 83-2817001

PLAN NUMBER: 501

December 31, 2024

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value	
<b>Equities - continued</b>				
Pfizer Inc Com	Stock	21,587	13,265	
Southern Co Com	Stock	14,634	18,522	
Texas Instrs Inc Com	Stock	14,812	18,001	
United Parcel Service Com	Stock	17,842	14,123	
Wec Energy Group Com	Stock	26,773	28,400	
Watsco Inc Com	Stock	4,190	4,739	
The Williams Co (Delaware) Com	Stock	14,322	23,974	
		3,787,511	5,045,422	
Total investments at fair value		\$ 6,182,342	\$ 7,438,994	
<b>Cash - interest bearing</b>				
Indiana Members Credit Union	Cash - interest bearing	\$ 5,219,050	\$ 5,219,050	

# Medical Practice Consortium - 2024 Activity

<b>Name of Participating Employer</b>	<b>EIN</b>	<b>Contributions</b>
20/20 Eye Physicians of Indiana PC	35-1770916	0.86%
Abrams EyeCare Associates	35-2003594	3.17%
Advanced Healthcare PC	92-0889219	0.43%
Advanced Medical Center	03-0391579	0.53%
Advanced Pain Management of Central IN	26-1545061	0.35%
Associated Pediatricians LLC	35-1582506	1.01%
Auburn OBGYN, PC	35-2030990	0.06%
Balance MD	20-5956619	0.65%
Basinski & Juran MDs	02-0571279	0.43%
Beeson Cosmetic Surgery LLC	35-2015445	0.11%
Bloomington Anesthesiologists, PC	35-1949028	4.78%
Boling Vision Center	20-5040190	4.60%
Briggs Ophthalmology & Associates S.C.	36-3990968	0.37%
CAMP Laboratory, PC	35-1604525	0.15%
Cancer Care Group, PC (Employees)	35-2091937	3.86%
Cancer Care Group, PC (Physicians)	35-2091937	3.05%
CarePointe PC	35-1474543	1.36%
Carmel Cosmetic Plastic Surgeons	74-3163479	0.35%
Cellular Therapy Consortium	93-2389704	0.01%
Central Indiana Urology	35-2586418	0.27%
Chest Diseases Associates	35-1681848	0.33%
Clariti	26-0765054	0.26%
Community Anesthesia Associates PC	35-2115070	6.95%
Crown Point Obstetrics & Gynecology PC	35-1830373	0.61%
Deen-Gross Eye Centers	35-2040326	1.29%
Digestive Medicine Associates PC	35-1614687	0.45%
Directed Rehabilitation Services	84-3226944	0.59%
Donald P Snyder MD LLC	45-4558182	0.04%
Drs. Vogel & Lee	31-7487633	1.27%
Eye Physicians, Inc.	35-1281709	0.48%
Eye Surgeons of Indiana	35-2020403	11.82%
Fort Wayne Retina PC	35-2115519	0.34%
Gerig Surgical Associates, PC	35-1770382	2.45%
Gillum Sinus & Allergy Institute	20-0823917	0.43%
Greenwood Dermatology (renamed from L J Buckel, MD, Inc)	35-1378879	0.46%
Greenwood Orthopaedics, PC	20-0154767	2.28%
Hamilton Medical Consultants	46-1102051	0.02%
Hazel Dell Pediatrics	35-2151508	0.67%
Healthy Aging Enterprise LLC	81-1369949	0.22%
Hendricks County Radiology	35-1344539	0.10%
I Care Center, LLC	35-1937200	1.19%
Illiana Nephrology Associates	20-0221942	0.23%
Infectious Disease Specialists, PC	35-1941675	0.68%
John R. Larson, MD	37-1199381	0.11%
Kauffman Eye Care	47-5301470	0.23%
Kids ENT of Indiana	82-3564207	0.02%
Kids First Pediatrics on 30	32-0149967	1.02%
Lafayette Pain Care, PC	46-1017238	1.47%
Layous Medical Group LLC	47-3948260	0.43%
Lewyckyj Taglia Felton Eye Clinic	35-1833372	0.48%

# Medical Practice Consortium - 2024 Activity

<b>Name of Participating Employer</b>	<b>EIN</b>	<b>Contributions</b>
Lifetime Skin Care Centers	35-2098057	1.69%
Ludag LLC	32-0000698	0.62%
MK Dermatology	92-0895513	0.25%
Medical Associates LLP	35-6061776	5.73%
Medical Associates of NWI	45-2523204	0.23%
Medical Specialists of Madison County PC	35-1574272	0.92%
Meridian Plastic Surgery Center	35-1784454	0.64%
Michael A Rothbaum MD LLC	46-2080201	0.30%
Midwest Hospitalists LLC	81-2860347	0.57%
Midwest Wellness LLC	47-3620863	0.06%
Moon and Associates LLC	83-4474548	0.25%
Muncie Primary Care	46-3986500	0.17%
Munster Gastroenterology Consultants LLC	47-4971820	1.09%
NWI MDVIP LLC (renamed from Winfield Family Medicine LLC)	92-0740697	0.35%
Nasr Psychiatric Services	35-1792611	0.04%
Nephrology Associates of Indianapolis	20-3269272	0.36%
Northside Anesthesia Services LLC	35-1904143	9.51%
Novapex LLC	45-0519589	0.00%
Ohio Valley Pathologists PC	35-1687475	1.14%
Otolaryngology Specialty Care	45-5264463	0.70%
Perkins VanNatta Plastic Surgeons	35-1631231	1.55%
Premier Surgical Specialists	46-5681918	0.00%
Price Vision Group	35-1616572	2.19%
Pulmonary Specialists of NW Indiana	35-1627895	0.85%
Retina Consultants of IN & OH PC	27-1080507	0.13%
Riverview Anesthesiologists PC	35-1956834	0.85%
Sang H. Kim, MD	35-1992680	0.57%
South Bend Emergency Physicians, Inc.	35-1278228	3.78%
Southeastern Indiana Gastroenterology	82-0564758	0.71%
Southside Center for Sight	20-5645680	0.58%
Stephen R. Klapper, MD, LLC	35-2125843	0.37%
Terre Haute Internal Medicine Associates	30-0105184	0.13%
Terre Haute Pulmonary & Pediatric LLC	35-2005429	0.04%
TruCare Medical Center	81-3397241	0.27%
Uro-Surgery Associates LLC	35-2029220	0.00%
Visionary Eye Specialists LLC	85-0695241	0.04%

MEDICAL PRACTICE CONSORTIUM HEALTH PLAN

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

PLAN'S EMPLOYER IDENTIFICATION NUMBER: 83-2817001

PLAN NUMBER: 501

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value
<b>Money market funds</b>				
	FMPW INST Money Account PR	Money market fund	\$ 479,107	\$ 479,107
<b>Fixed income securities - mutual funds</b>				
	IShares 0-3 Month Treasury Bond ETF	Exchange-traded fund	20,663	20,666
	SPDR Bloomberg 1-3 Mo Tbill	Exchange-traded fund	18,939	18,926
	Avalonbay Cmnty Inc	Mutual fund	35,256	35,187
	American Express Co Sgn	Mutual fund	38,895	39,055
	Burlington Northn Santa Fe	Mutual fund	29,461	29,143
	CVS Health Corp	Mutual fund	30,657	30,014
	Caterpillar Finl SVCS	Mutual fund	39,919	40,208
	Duke Energy Carolinas LLC	Mutual fund	38,513	38,832
	Equinix Inc	Mutual fund	37,353	36,769
	HCA Inc	Mutual fund	40,094	40,099
	Magna Intl Inc SR Global	Mutual fund	39,996	40,191
	McDonalds Corp	Mutual fund	45,518	45,310
	Mid America Apts LP	Mutual fund	38,451	38,530
	Uber Technologies Inc	Mutual fund	39,948	38,696
	Wells Fargo & Co	Mutual fund	39,818	38,777
			533,481	530,403
<b>Fixed income securities - bonds</b>				
	American Honda Finance	Bond; 3.500% due 2/15/28	38,561	38,468
	American Tower Corp	Bond; 5.250% due 7/15/28	39,695	40,250
	Bank of America Corp	Bond; 3.500% due 4/19/26	48,835	49,251
	Broadcom Inc	Bond; 4.750% due 4/15/29	39,263	39,740
	Citigroup Inc	Bond; 3.200% due 10/21/26	49,125	48,633
	John Deere Capital Corp	Bond; 4.750% due 1/20/28	39,662	40,206
	Keurig Dr Pepper Inc	Bond; 2.550% due 6/15/26	33,783	33,813
	Goldman Sachs Group Inc	Bond; 3.750% due 2/25/26	45,085	44,504
	Home Depot Inc	Bond; 2.800% due 9/14/27	38,603	38,322
	JP Morgan Chase & Co	Bond; 2.950% due 10/1/26	49,140	48,711

MEDICAL PRACTICE CONSORTIUM HEALTH PLAN

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

PLAN'S EMPLOYER IDENTIFICATION NUMBER: 83-2817001

PLAN NUMBER: 501

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value
<b>Fixed income securities - bonds - continued</b>				
	Marriot International	Bond; 5.000% due 10/15/27	34,507	35,283
	Morgan Stanley	Bond; 3.625% due 1/20/27	42,919	44,186
	Nike Inc	Bond; 2.750% due 3/27/27	38,479	38,562
	Omnicom Group	Bond; 2.450% due 4/30/30	35,337	35,114
	Oracle Corp	Bond; 4.500% due 5/06/28	38,791	39,601
	Packaging Corp of America	Bond; 3.000% due 12/15/29	37,960	36,472
	Paypal Holdings Inc	Bond; 2.650% due 10/1/26	39,216	38,741
	Simon Property Group Lp	Bond; 1.750% due 2/01/28	35,173	36,611
	Southwest Airlines Co	Bond; 3.000% due 11/15/26	38,316	38,647
	Starbucks Corp	Bond; 3.500% due 3/01/28	37,536	38,580
	Toronto Dominion Bank	Bond; 5.156% due 1/10/28	40,375	40,187
	United Parcel Service Inc	Bond; 3.050% due 11/15/27	28,631	28,830
	Waste Management Inc De	Bond; 1.150% due 3/15/28	35,152	35,782
			904,144	908,494
<b>U.S. Treasury notes</b>				
	U.S. Treasury Note	0.750% due 8/31/26	135,700	136,923
	U.S. Treasury Note	1.250% due 9/30/28	26,522	26,808
	U.S. Treasury Note	2.500% due 3/31/27	158,646	154,050
	U.S. Treasury Note	4.000% due 1/31/29	157,231	157,787
			478,099	475,568

MEDICAL PRACTICE CONSORTIUM HEALTH PLAN

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

PLAN'S EMPLOYER IDENTIFICATION NUMBER: 83-2817001

PLAN NUMBER: 501

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value	
<b>Equities</b>				
Accenture Plc Adr	Stock	147,655	172,377	
Chubb Limited Adr	Stock	79,240	114,941	
Alphabet Cl A Com	Stock	113,540	188,921	
Elevance Health Inc Com	Stock	201,779	157,520	
Automatic Data Processing Com	Stock	99,323	118,556	
Broadcom Inc NPV Com	Stock	54,127	236,477	
Chevron Corp Com	Stock	147,660	130,356	
Danaher Corp Com	Stock	198,635	190,756	
Darden Restaurants Com	Stock	108,453	135,537	
Dover Corp Com	Stock	140,606	187,600	
EOG Resources Inc Com	Stock	133,808	134,838	
Fiserv Incorporated Wi Com	Stock	121,376	251,640	
Gallagher Arthur J & Co Com	Stock	136,761	218,565	
Home Depot Inc Com	Stock	173,400	219,779	
Honeywell Intl Inc Com	Stock	213,035	248,479	
Houlihan Lokey Inc	Stock	78,466	156,294	
Intercontinental Exchange Com	Stock	171,813	230,966	
Johnson & Johnson Com	Stock	116,407	95,883	
Microsoft Corp Com	Stock	115,262	168,600	
Morgan Stanley Dean Witter Com	Stock	172,061	245,154	
Motorola Solutions Inc. Com	Stock	90,068	184,892	
Novartis A G Sponsored Adr	Stock	86,307	100,716	
Nextera Energy Inc Com	Stock	120,799	113,270	
Progressive Corp Ohio Com	Stock	112,094	239,610	
Sempra Energy Com	Stock	94,647	94,738	
Stryker Corp Com	Stock	101,744	162,743	
UnitedHealth Group Inc Com	Stock	98,014	101,172	
Eaton Corp Adr	Stock	5,968	13,275	
Medtronic Incorporated Adr	Stock	18,198	17,494	
Garmin Ltd Com	Stock	11,020	24,132	
Amgen Inc Com	Stock	9,288	10,426	
Blackrock	Stock	15,370	22,552	
Broadridge Finl Solutions Com	Stock	18,365	19,670	
CME Group Com	Stock	14,434	19,043	
Cisco Systems Com	Stock	16,018	21,253	
Coca Cola Co Com	Stock	16,783	17,184	
Consolidated Edison Inc Com	Stock	16,569	16,418	
General Dynamics Corp Com	Stock	7,995	10,276	
Genuine Part Co Com	Stock	17,382	13,077	
Hartford Financial Services Com	Stock	15,793	24,943	
Illinois Tool Works Inc Com	Stock	13,835	16,481	
Intl Business Machines Corp Com	Stock	8,738	15,168	
JPMorgan Chase & Co Com	Stock	11,849	23,971	
Kinder Morgan Inc Del Com	Stock	15,393	24,633	
Paychex Inc Com	Stock	13,273	14,022	

MEDICAL PRACTICE CONSORTIUM HEALTH PLAN

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

PLAN'S EMPLOYER IDENTIFICATION NUMBER: 83-2817001

PLAN NUMBER: 501

December 31, 2024

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value	
<b>Equities - continued</b>				
Pfizer Inc Com	Stock	21,587	13,265	
Southern Co Com	Stock	14,634	18,522	
Texas Instrs Inc Com	Stock	14,812	18,001	
United Parcel Service Com	Stock	17,842	14,123	
Wec Energy Group Com	Stock	26,773	28,400	
Watsco Inc Com	Stock	4,190	4,739	
The Williams Co (Delaware) Com	Stock	14,322	23,974	
		3,787,511	5,045,422	
Total investments at fair value		\$ 6,182,342	\$ 7,438,994	
<b>Cash - interest bearing</b>				
Indiana Members Credit Union	Cash - interest bearing	\$ 5,219,050	\$ 5,219,050	