

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

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>DEXIS CONSULTING GROUP 401(K) PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>DEXIS CONSULTING GROUP</u></p> <p><u>1331 PENNSYLVANIA AVENUE NW</u> <u>SUITE 300</u> <u>WASHINGTON, DC 20004</u></p>	<p>1c Effective date of plan <u>01/01/2006</u></p> <p>2b Employer Identification Number (EIN) <u>54-2035713</u></p> <p>2c Plan Sponsor's telephone number <u>202-625-9444</u></p> <p>2d Business code (see instructions) <u>541990</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	BRANDY JONES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	590
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	273
	6a(2)	271
	6b	6
	6c	358
	6d	635
	6e	0
	6f	635
	6g(1)	579
6g(2)	627	
6h	24	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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

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

<p>A Name of plan DEXIS CONSULTING GROUP 401(K) PLAN</p>	<p>B Three-digit plan number (PN) ▶ 001</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 DEXIS CONSULTING GROUP</p>	<p>D Employer Identification Number (EIN) 54-2035713</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	123805	656	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 18945
--------------------------------------------------	-----------------------------------------------

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
MAP RETIREMENT USA LLC
W6180 AEROTECH DRIVE
APPLETON, WI 54914

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	18945	TPA COMPENSATION	5

(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.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan DEXIS CONSULTING GROUP 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DEXIS CONSULTING GROUP	D Employer Identification Number (EIN) 54-2035713	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MERRILL LYNCH

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	REGISTERED INVESTMENT AD	50413	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)

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 60 62 63 67 68	RECORDKEEPER	3128	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.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>DEXIS CONSULTING GROUP 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DEXIS CONSULTING GROUP</u>	D Employer Identification Number (EIN) <u>54-2035713</u>

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH 2065 LIFETIME BLEND</u>		
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>		
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1396496</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH 2060 LIFETIME BLEND</u>		
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>		
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1733519</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH 2055 LIFETIME BLEND</u>		
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>		
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4064181</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH 2050 LIFETIME BLEND</u>		
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>		
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4435344</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH 2045 LIFETIME BLEND</u>		
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>		
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2553030</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH 2040 LIFETIME BLEND</u>		
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>		
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1667720</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH 2035 LIFETIME BLEND</u>		
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>		
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2348554</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: JH 2030 LIFETIME BLEND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1930517
a Name of MTIA, CCT, PSA, or 103-12 IE: JH 2025 LIFETIME BLEND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 461789
a Name of MTIA, CCT, PSA, or 103-12 IE: JH 2020 LIFETIME BLEND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 161737
a Name of MTIA, CCT, PSA, or 103-12 IE: JH 2015 LIFETIME BLEND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39924
a Name of MTIA, CCT, PSA, or 103-12 IE: JH 2010 LIFETIME BLEND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 645175
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY REAL ESTATE INDEX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36950
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO SMALL CAP GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41041
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 114523
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22412

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD GROWTH INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 375119
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP GROWTH ETF		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 114710
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP VALUE ETF		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24786
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP GROW INDEX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58035
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP VALUE INDEX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46110
a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2357142
a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL WORLD GROWTH & INCOME		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19763
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43405
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY INTERNATIONAL INDEX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 162371
a Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16312

a Name of MTIA, CCT, PSA, or 103-12 IE: ISHARES MSCI EAFE VALUE ETF		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13430
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN U.S. EQUITY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38624
a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35933
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INTERNATIONAL GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40106
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TOT WLD STK INDEX ETF		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 123165
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD VALUE INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 431829
a Name of MTIA, CCT, PSA, or 103-12 IE: VICTORY TRIVALENT INTL SC		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 139086
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK BOND FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 202113
a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL BOND MARKET FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 493840
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK STABLE VAL		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 569909

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan DEXIS CONSULTING GROUP 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 DEXIS CONSULTING GROUP	D Employer Identification Number (EIN) 54-2035713

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	31	17513
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	11882	0
(2) Participant contributions	1b(2)	44860	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	117460	82850
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	22145099	27086255
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	22319332	27186618
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	77	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	77	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	22319255	27186618

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	904421	
(B) Participants.....	2a(1)(B)	2320591	
(C) Others (including rollovers).....	2a(1)(C)	936083	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		4161095
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(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)	6275	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		6275
(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	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		3375644
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		7543014

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2603753	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2603753
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	14985	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	50413	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	6500	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		71898
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2675651

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		4867363
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **APRIO LLP**

(2) EIN: **57-1157523**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

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

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

A Name of plan DEXIS CONSULTING GROUP 401(K) PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 DEXIS CONSULTING GROUP	D Employer Identification Number (EIN) 54-2035713	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... **1** **0**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 01-0233346

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... **3**

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
6 b Enter the amount contributed by the employer to the plan for this plan year	6b	
6 c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---------------------------------------------------------------------------------------------------------------------------------------------------

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

11 a Does the ESOP hold any preferred stock?..... Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703912A.

2024 FORM 5500 FILING

ATTACHMENT IN LIEU OF ACCOUNTANT'S OPINION

PLAN SPONSOR NAME: DEXIS CONSULTING GROUP

EIN: 54-2035713

PLAN NAME: DEXIS CONSULTING GROUP 401(K) PLAN

PLAN#: 001

THE ACCOUNTANT'S OPINION FOR THE ABOVE REFERENCED BENEFIT PLAN IS IN THE PROCESS OF BEING COMPLETED AND WILL BE SUBMITTED TO THE DEPARTMENT OF LABOR VIA AN AMENDED FILING AS SOON AS POSSIBLE.



STATEMENT OF ASSETS AND LIABILITIES OF
 THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
 FOR CONTRACT # 123805 THE TRUSTEES OF DEXIS CONSULTING GROUP
 401(K) PLAN
 MONEY INVESTED AS OF DECEMBER 31, 2024

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF DEXIS CONSULTING GROUP 401(K) PLAN Total No of Units	Total Value
-----	-----	-----	-----
American Century 2065	\$ 8473148.23	.000000	\$ 0.00
American Century 2060	\$ 25266485.03	.000000	\$ 0.00
American Century 2055	\$ 36365027.62	.000000	\$ 0.00
American Century 2050	\$ 46157771.21	.000000	\$ 0.00
American Century 2045	\$ 46581752.70	.000000	\$ 0.00
American Century 2040	\$ 52831801.19	.000000	\$ 0.00
American Century 2035	\$ 73760176.21	.000000	\$ 0.00
American Century 2030	\$ 79364188.09	.000000	\$ 0.00
American Century 2025	\$ 40703891.60	.000000	\$ 0.00
American Century In Retirement	\$ 36121043.86	.000000	\$ 0.00
American Funds 2065 TD	\$ 275020308.52	.000000	\$ 0.00
American Funds 2060 TD	\$ 621489839.95	.000000	\$ 0.00
American Funds 2055 TD	\$ 872460923.02	.000000	\$ 0.00
American Funds 2050 TD	\$ 1200537288.15	.000000	\$ 0.00
American Funds 2045 TD	\$ 1553510928.46	.000000	\$ 0.00
American Funds 2040 TD	\$ 1604507186.56	.000000	\$ 0.00
American Funds 2035 TD	\$ 1879943775.40	.000000	\$ 0.00
American Funds 2030 TD	\$ 1742451107.81	.000000	\$ 0.00
American Funds 2025 TD	\$ 1023887951.89	.000000	\$ 0.00
American Funds 2020 TD	\$ 392614249.54	.000000	\$ 0.00
American Funds 2015 TD	\$ 120319204.98	.000000	\$ 0.00
American Funds 2010 TD	\$ 157042513.22	.000000	\$ 0.00
BlackRock LifePath Index 2065	\$ 173446902.19	.000000	\$ 0.00
BlackRock LifePath Index 2060	\$ 375305896.37	.000000	\$ 0.00
BlackRock LifePath Index 2055	\$ 530265668.67	.000000	\$ 0.00
BlackRock LifePath Index 2050	\$ 684755751.79	.000000	\$ 0.00

*Assets = Liabilities

Note: this report does not reflect transactions processed after December 31, 2024
 Cash Basis



STATEMENT OF ASSETS AND LIABILITIES OF
 THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
 FOR CONTRACT # 123805 THE TRUSTEES OF DEXIS CONSULTING GROUP
 401(K) PLAN
 MONEY INVESTED AS OF DECEMBER 31, 2024

Sub-Accounts	John Hancock USA		THE TRUSTEES OF DEXIS CONSULTING GROUP	
	Total Sub-Accounts	Assets and Liabilities*	401(K) PLAN	Total Value
BlackRock LifePath Index 2045	\$	797302180.13	.000000	\$ 0.00
BlackRock LifePath Index 2040	\$	831451557.83	.000000	\$ 0.00
BlackRock LifePath Index 2035	\$	894072156.69	.000000	\$ 0.00
BlackRock LifePath Index 2030	\$	834001694.34	.000000	\$ 0.00
BlackRock LifePath Index 2025	\$	480653416.19	.000000	\$ 0.00
BlackRock LifePath Index Ret	\$	330078976.16	.000000	\$ 0.00
JH Lifetime Blend 2065 CIT R2	\$	113354034.57	.000000	\$ 0.00
JH Lifetime Blend 2060 CIT R2	\$	274735642.61	.000000	\$ 0.00
JH Lifetime Blend 2055 CIT R2	\$	424945409.00	.000000	\$ 0.00
JH Lifetime Blend 2050 CIT R2	\$	627264182.15	.000000	\$ 0.00
JH Lifetime Blend 2045 CIT R2	\$	769834214.79	.000000	\$ 0.00
JH Lifetime Blend 2040 CIT R2	\$	820430036.72	.000000	\$ 0.00
JH Lifetime Blend 2035 CIT R2	\$	961937633.80	.000000	\$ 0.00
JH Lifetime Blend 2030 CIT R2	\$	855441344.97	.000000	\$ 0.00
JH Lifetime Blend 2025 CIT R2	\$	579605495.48	.000000	\$ 0.00
JH Lifetime Blend 2020 CIT R2	\$	53769180.96	.000000	\$ 0.00
JH Lifetime Blend 2015 CIT R2	\$	13337998.73	.000000	\$ 0.00
JH Lifetime Blend 2010 CIT R2	\$	298391020.30	.000000	\$ 0.00
JH Multimanager 2065 Lifetime	\$	91726205.39	.000000	\$ 0.00
JH Multimanager 2060 Lifetime	\$	234453112.87	.000000	\$ 0.00
JH Multimanager 2055 Lifetime	\$	317184397.08	.000000	\$ 0.00
JH Multimanager 2050 Lifetime	\$	426075522.89	.000000	\$ 0.00
JH Multimanager 2045 Lifetime	\$	630201901.49	.000000	\$ 0.00
JH Multimanager 2040 Lifetime	\$	638807161.63	.000000	\$ 0.00
JH Multimanager 2035 Lifetime	\$	731497863.85	.000000	\$ 0.00
JH Multimanager 2030 Lifetime	\$	730642474.50	.000000	\$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
 THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
 FOR CONTRACT # 123805 THE TRUSTEES OF DEXIS CONSULTING GROUP
 401(K) PLAN
 MONEY INVESTED AS OF DECEMBER 31, 2024

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF DEXIS CONSULTING GROUP 401(K) PLAN Total No of Units	Total Value
-----	-----	-----	-----
JH Multimanager 2025 Lifetime	\$ 475118884.57	.000000	\$ 0.00
JH Multimanager 2020 Lifetime	\$ 203276375.94	.000000	\$ 0.00
JH Multimanager 2015 Lifetime	\$ 67609678.04	.000000	\$ 0.00
JH Multimanager 2010 Lifetime	\$ 61155662.98	.000000	\$ 0.00
JH 2065 Lifetime Blend	\$ 61590424.07	88452.439216	\$ 1395786.98
JH 2060 Lifetime Blend	\$ 138821762.50	76021.214077	\$ 1789790.39
JH 2055 Lifetime Blend	\$ 234257035.76	160447.324569	\$ 4035836.80
JH 2050 Lifetime Blend	\$ 283987621.04	174170.722968	\$ 4418107.15
JH 2045 Lifetime Blend	\$ 352055835.66	104274.495694	\$ 2610315.86
JH 2040 Lifetime Blend	\$ 401565192.43	57016.598872	\$ 1383570.06
JH 2035 Lifetime Blend	\$ 467259039.99	114192.149047	\$ 2607363.66
JH 2030 Lifetime Blend	\$ 411270316.45	96490.157655	\$ 2061692.06
JH 2025 Lifetime Blend	\$ 254794629.22	22341.743341	\$ 443079.05
JH 2020 Lifetime Blend	\$ 100787714.40	8245.046052	\$ 151583.55
JH 2015 Lifetime Blend	\$ 26100267.56	2196.418413	\$ 38288.92
JH 2010 Lifetime Blend	\$ 33923283.96	1604.074876	\$ 26917.75
MFS Lifetime 2065 Fund	\$ 5166977.33	.000000	\$ 0.00
MFS Lifetime 2060 Fund	\$ 12618723.32	.000000	\$ 0.00
MFS Lifetime 2055 Fund	\$ 19390519.62	.000000	\$ 0.00
MFS Lifetime 2050 Fund	\$ 28227327.32	.000000	\$ 0.00
MFS Lifetime 2045 Fund	\$ 33263499.25	.000000	\$ 0.00
MFS Lifetime 2040 Fund	\$ 38726363.09	.000000	\$ 0.00
MFS Lifetime 2035 Fund	\$ 42676377.50	.000000	\$ 0.00
MFS Lifetime 2030 Fund	\$ 40641705.57	.000000	\$ 0.00
MFS Lifetime 2025 Fund	\$ 22779162.16	.000000	\$ 0.00
MFS Lifetime Income Fund	\$ 16350206.81	.000000	\$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
 THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
 FOR CONTRACT # 123805 THE TRUSTEES OF DEXIS CONSULTING GROUP
 401(K) PLAN
 MONEY INVESTED AS OF DECEMBER 31, 2024

Sub-Accounts	John Hancock USA	THE TRUSTEES OF DEXIS CONSULTING GROUP	
	Total Sub-Accounts Assets and Liabilities*	401(K) PLAN Total No of Units	Total Value
MyWayRet Index 2065 Fund	\$ 28170367.31	.000000	\$ 0.00
MyWayRet Index 2060 Fund	\$ 70129936.00	.000000	\$ 0.00
MyWayRet Index 2055 Fund	\$ 111074220.23	.000000	\$ 0.00
MyWayRet Index 2050 Fund	\$ 153594006.62	.000000	\$ 0.00
MyWayRet Index 2045 Fund	\$ 207962819.79	.000000	\$ 0.00
MyWayRet Index 2040 Fund	\$ 223042751.91	.000000	\$ 0.00
MyWayRet Index 2035 Fund	\$ 270899535.83	.000000	\$ 0.00
MyWayRet Index 2030 Fund	\$ 242440219.48	.000000	\$ 0.00
MyWayRet Index 2025 Fund	\$ 166179589.50	.000000	\$ 0.00
MyWayRet Index Retirement Fund	\$ 99906749.38	.000000	\$ 0.00
Nuveen Lifecycle Index 2065	\$ 87676164.22	.000000	\$ 0.00
Nuveen Lifecycle Index 2060	\$ 194156027.82	.000000	\$ 0.00
Nuveen Lifecycle Index 2055	\$ 269000472.36	.000000	\$ 0.00
Nuveen Lifecycle Index 2050	\$ 377955303.04	.000000	\$ 0.00
Nuveen Lifecycle Index 2045	\$ 440574419.09	.000000	\$ 0.00
Nuveen Lifecycle Index 2040	\$ 456414299.52	.000000	\$ 0.00
Nuveen Lifecycle Index 2035	\$ 499935872.08	.000000	\$ 0.00
Nuveen Lifecycle Index 2030	\$ 446198272.24	.000000	\$ 0.00
Nuveen Lifecycle Index 2025	\$ 298337198.76	.000000	\$ 0.00
Nuveen Lifecycle Index 2020	\$ 96488722.19	.000000	\$ 0.00
Nuveen Lifecycle Index 2015	\$ 24962338.50	.000000	\$ 0.00
Nuveen Lifecycle Index 2010	\$ 10572980.69	.000000	\$ 0.00
Nuveen Lifecycle Index Ret Inc	\$ 40553368.37	.000000	\$ 0.00
State Street Target Ret 2065	\$ 27586086.34	.000000	\$ 0.00
State Street Target Ret 2060	\$ 52279097.56	.000000	\$ 0.00
State Street Target Ret 2055	\$ 74451952.82	.000000	\$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
 THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
 FOR CONTRACT # 123805 THE TRUSTEES OF DEXIS CONSULTING GROUP
 401(K) PLAN
 MONEY INVESTED AS OF DECEMBER 31, 2024

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF DEXIS CONSULTING GROUP 401(K) PLAN Total No of Units	Total Value
-----	-----	-----	-----
State Street Target Ret 2050	\$ 109385722.99	.000000	\$ 0.00
State Street Target Ret 2045	\$ 112637951.76	.000000	\$ 0.00
State Street Target Ret 2040	\$ 121852788.64	.000000	\$ 0.00
State Street Target Ret 2035	\$ 120797467.92	.000000	\$ 0.00
State Street Target Ret 2030	\$ 128897401.34	.000000	\$ 0.00
State Street Target Ret 2025	\$ 69634600.01	.000000	\$ 0.00
State Street Target Ret 2020	\$ 23347804.77	.000000	\$ 0.00
State Street Target Ret Income	\$ 16384513.99	.000000	\$ 0.00
T. Rowe Price Retirement 2065	\$ 41047469.38	.000000	\$ 0.00
T. Rowe Price Retirement 2060	\$ 91869594.66	.000000	\$ 0.00
T. Rowe Price Retirement 2055	\$ 140684008.18	.000000	\$ 0.00
T. Rowe Price Retirement 2050	\$ 180965973.75	.000000	\$ 0.00
T. Rowe Price Retirement 2045	\$ 218703818.63	.000000	\$ 0.00
T. Rowe Price Retirement 2040	\$ 237717360.99	.000000	\$ 0.00
T. Rowe Price Retirement 2035	\$ 278876252.69	.000000	\$ 0.00
T. Rowe Price Retirement 2030	\$ 278904927.26	.000000	\$ 0.00
T. Rowe Price Retirement 2025	\$ 165637884.24	.000000	\$ 0.00
T. Rowe Price Retirement 2020	\$ 61288890.75	.000000	\$ 0.00
T. Rowe Price Retirement 2015	\$ 20478199.03	.000000	\$ 0.00
T. Rowe Price Retirement 2010	\$ 27276812.22	.000000	\$ 0.00
Vanguard Target Ret 2065	\$ 180198770.95	.000000	\$ 0.00
Vanguard Target Ret 2060	\$ 415941100.98	.000000	\$ 0.00
Vanguard Target Ret 2055	\$ 586121818.93	.000000	\$ 0.00
Vanguard Target Ret 2050	\$ 801724001.14	.000000	\$ 0.00
Vanguard Target Ret 2045	\$ 930467751.36	.000000	\$ 0.00
Vanguard Target Ret 2040	\$ 959506627.23	.000000	\$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
 THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
 FOR CONTRACT # 123805 THE TRUSTEES OF DEXIS CONSULTING GROUP
 401(K) PLAN
 MONEY INVESTED AS OF DECEMBER 31, 2024

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF DEXIS CONSULTING GROUP 401(K) PLAN Total No of Units	Total Value
-----	-----	-----	-----
Vanguard Target Ret 2035	\$ 1104686320.01	.000000	\$ 0.00
Vanguard Target Ret 2030	\$ 987942441.03	.000000	\$ 0.00
Vanguard Target Ret 2025	\$ 642152353.05	.000000	\$ 0.00
Vanguard Target Ret 2020	\$ 202548265.80	.000000	\$ 0.00
Vanguard Target Ret Income	\$ 149211255.55	.000000	\$ 0.00
JH Lifestyle Blend Aggressive	\$ 9749350.77	.000000	\$ 0.00
JH Lifestyle Blend Growth	\$ 32031330.52	.000000	\$ 0.00
JH Lifestyle Blend Balanced	\$ 35261932.53	.000000	\$ 0.00
JH Lifestyle Blend Moderate	\$ 17804319.98	.000000	\$ 0.00
JHLifestyle Blend Conservative	\$ 7970081.07	.000000	\$ 0.00
JH Multimanager Aggressive LS	\$ 2409540807.36	.000000	\$ 0.00
JH Multimanager Growth LS	\$ 5772129895.60	.000000	\$ 0.00
JH Multimanager Balanced LS	\$ 5150897751.21	.000000	\$ 0.00
JH Multimanager Moderate LS	\$ 1299941209.66	.000000	\$ 0.00
JH Multimanager Conserv LS	\$ 933302188.04	.000000	\$ 0.00
JH Lifestyle Blend Aggressive	\$ 429521059.29	.000000	\$ 0.00
JH Lifestyle Blend Growth	\$ 922057503.71	.000000	\$ 0.00
JH Lifestyle Blend Balanced	\$ 840279431.52	.000000	\$ 0.00
JH Lifestyle Blend Moderate	\$ 239396803.53	.000000	\$ 0.00
JH Lifestyle Bln Conservative	\$ 188100970.22	.000000	\$ 0.00
JH Managed Volatility Growth	\$ 23007370.48	.000000	\$ 0.00
JH Managed Volatility Bal	\$ 27372344.37	.000000	\$ 0.00
JH Managed Volatility Mod	\$ 16006252.32	.000000	\$ 0.00
JH Managed Volatility Con	\$ 22181694.89	.000000	\$ 0.00
AB Discovery Growth Fund	\$ 984219.50	.000000	\$ 0.00
AB Discovery Value Fund	\$ 3069871.94	.000000	\$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
 THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
 FOR CONTRACT # 123805 THE TRUSTEES OF DEXIS CONSULTING GROUP
 401(K) PLAN
 MONEY INVESTED AS OF DECEMBER 31, 2024

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF DEXIS CONSULTING GROUP 401(K) PLAN Total No of Units	Total Value
-----	-----	-----	-----
AB Large Cap Growth Fund	\$ 307027056.90	.000000	\$ 0.00
AB Small Cap Growth Fund	\$ 12274410.27	.000000	\$ 0.00
Aberdeen EM ex-China Fund	\$ 1041807.22	.000000	\$ 0.00
Allspring Discovery SMID Grow	\$ 14953.13	.000000	\$ 0.00
Allspring Emerging Markets Eq	\$ 809712.80	.000000	\$ 0.00
Allspring Growth Fund	\$ 176098.15	.000000	\$ 0.00
Allspring Small Company Growth	\$ 4083998.72	.000000	\$ 0.00
Allspring Special MidCap Value	\$ 27462056.04	.000000	\$ 0.00
Allspring Special SCap Value	\$ 15576971.04	.000000	\$ 0.00
American Beacon SC Value	\$ 3705542.72	.000000	\$ 0.00
American Century EM Fund	\$ 12206316.66	.000000	\$ 0.00
American Century Focused Dynam	\$ 2604668.48	.000000	\$ 0.00
American Century Heritage	\$ 190411725.13	.000000	\$ 0.00
American Funds AMCAP Fund	\$ 70242958.39	.000000	\$ 0.00
American Funds New World Fund	\$ 220524139.53	.000000	\$ 0.00
American Funds SMALLCAP World	\$ 73945930.69	.000000	\$ 0.00
AF The Growth Fund of America	\$ 1041651473.32	.000000	\$ 0.00
AMG River Road Mid Cap Value	\$ 28879234.72	.000000	\$ 0.00
Avantis US Small Cap Value	\$ 15981383.74	.000000	\$ 0.00
Baird Mid Cap Growth Fund	\$ 9056804.67	.000000	\$ 0.00
Baron Asset Fund	\$ 0.00	.000000	\$ 0.00
Baron Real Estate Fund	\$ 16213918.55	.000000	\$ 0.00
BlackRock Advantage Sm Cap Gr	\$ 437531.00	.000000	\$ 0.00
BlackRock Health Sciences Opp	\$ 38773824.25	.000000	\$ 0.00
BlackRock Mid Cap Equity Index	\$ 24757888.25	.000000	\$ 0.00
BlackRock MidCap Growth Equity	\$ 2099892.79	.000000	\$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
 THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
 FOR CONTRACT # 123805 THE TRUSTEES OF DEXIS CONSULTING GROUP
 401(K) PLAN
 MONEY INVESTED AS OF DECEMBER 31, 2024

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF DEXIS CONSULTING GROUP 401(K) PLAN Total No of Units	Total Value
-----	-----	-----	-----
BlackRock Russell 2000 Index	\$ 23667514.64	.000000	\$ 0.00
Blue Chip Growth Fund	\$ 1858572767.19	4646.472879	\$ 710199.04
Capital Appreciation Fund	\$ 654702217.95	.000000	\$ 0.00
Carillon Eagle Mid Cap Growth	\$ 55592577.83	.000000	\$ 0.00
ClearBridge Large Cap Growth	\$ 31132224.50	.000000	\$ 0.00
ClearBridge Mid Cap Fund	\$ 3761185.24	.000000	\$ 0.00
Cohen & Steers Real Estate	\$ 48286458.39	.000000	\$ 0.00
Columbia Small Cap Value Fund	\$ 1192026.30	.000000	\$ 0.00
Delaware Ivy Small Cap Growth	\$ 9704996.85	.000000	\$ 0.00
Delaware Ivy SMID Cap Core	\$ 5625076.01	.000000	\$ 0.00
Delaware Small Cap Value Fund	\$ 5543220.65	.000000	\$ 0.00
DFA Emerging Markets Value	\$ 90030891.93	.000000	\$ 0.00
DFA Real Estate Securities	\$ 3928287.11	.000000	\$ 0.00
DFA US Targeted Value Fund	\$ 169286434.20	.000000	\$ 0.00
DFA U.S. Small Cap Fund	\$ 253133714.13	.000000	\$ 0.00
Diamond Hill Small-Mid Cap	\$ 6864882.67	.000000	\$ 0.00
Domini Impact Equity Fund	\$ 30979415.54	.000000	\$ 0.00
Eaton Vance Atlanta SMID-Cap	\$ 24988369.99	.000000	\$ 0.00
Federated Kaufmann Large Cap	\$ 3529095.19	.000000	\$ 0.00
Federated Hermes MDT SC Growth	\$ 10492092.38	.000000	\$ 0.00
Fidelity Adv Diversified Stock	\$ 49100201.39	.000000	\$ 0.00
Fidelity Advisor Energy Fund	\$ 23999806.02	.000000	\$ 0.00
Fidelity Advisor Equity Growth	\$ 815642.17	.000000	\$ 0.00
Fidelity Advisor Growth Opps	\$ 14964699.12	.000000	\$ 0.00
Fidelity Adv New Insights	\$ 87562924.29	.000000	\$ 0.00
Fidelity ContraFund	\$ 832071505.61	.000000	\$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
 THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
 FOR CONTRACT # 123805 THE TRUSTEES OF DEXIS CONSULTING GROUP
 401(K) PLAN
 MONEY INVESTED AS OF DECEMBER 31, 2024

Sub-Accounts	John Hancock USA	THE TRUSTEES OF DEXIS CONSULTING GROUP	
	Total Sub-Accounts Assets and Liabilities*	401(K) PLAN Total No of Units	Total Value
Fidelity Mid Cap Index Fund	\$ 499088536.55	.000000	\$ 0.00
Fidelity NASDAQ Composite Idx	\$ 81085910.41	.000000	\$ 0.00
Fidelity Real Estate Index	\$ 38676894.53	1699.878379	\$ 34730.79
Financial Industries Fund	\$ 76299539.87	.000000	\$ 0.00
Franklin DynaTech Fund	\$ 62445172.78	.000000	\$ 0.00
Franklin Growth Fund	\$ 26607372.57	.000000	\$ 0.00
Franklin Small-Mid Growth	\$ 131963320.73	.000000	\$ 0.00
Fundamental All Cap Core Fund	\$ 108315245.17	.000000	\$ 0.00
Goldman Sachs SmCap Eq Insight	\$ 0.00	.000000	\$ 0.00
Harbor Capital Appreciation	\$ 4220228.80	.000000	\$ 0.00
Harbor Mid Cap Value Fund	\$ 20919606.46	.000000	\$ 0.00
Hartford Growth Opportunities	\$ 811573.20	.000000	\$ 0.00
Hartford MidCap Fund	\$ 22899297.47	.000000	\$ 0.00
Hartford Schroders US Mid Cap	\$ 7320666.28	.000000	\$ 0.00
Impax Small Cap Fund	\$ 1130489.70	.000000	\$ 0.00
Invesco Developing Markets	\$ 106624372.96	.000000	\$ 0.00
Invesco Discovery Mid Cap Grow	\$ 26875904.84	.000000	\$ 0.00
Invesco Main Street Mid Cap	\$ 3817596.12	.000000	\$ 0.00
Invesco Real Estate Fund	\$ 3737807.23	.000000	\$ 0.00
Invesco Small Cap Growth	\$ 226254771.30	414.099423	\$ 44762.72
iShares Gold Trust ETF	\$ 83038406.99	.000000	\$ 0.00
iShares Russell 2000 SmCap Ind	\$ 0.00	.000000	\$ 0.00
iShares Russell Mid-Cap Index	\$ 0.00	.000000	\$ 0.00
Janus Henderson Enterprise	\$ 31129807.54	.000000	\$ 0.00
Janus Henderson Forty Fund	\$ 29579614.53	.000000	\$ 0.00
Janus Henderson Gbl Life Sci	\$ 19997572.45	.000000	\$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
 THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
 FOR CONTRACT # 123805 THE TRUSTEES OF DEXIS CONSULTING GROUP
 401(K) PLAN
 MONEY INVESTED AS OF DECEMBER 31, 2024

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF DEXIS CONSULTING GROUP 401(K) PLAN Total No of Units	Total Value
Janus Henderson Triton Fund	\$ 22537145.28	.000000	\$ 0.00
JH Disciplined Value Mid Cap	\$ 86648031.10	.000000	\$ 0.00
John Hancock Diversified Macro	\$ 0.00	.000000	\$ 0.00
John Hancock EM Equity Fund	\$ 1580799.49	.000000	\$ 0.00
John Hancock Mid Cap Growth	\$ 265396928.80	.000000	\$ 0.00
John Hancock Small Cap Core	\$ 12408523.57	.000000	\$ 0.00
JH Small Cap Dynamic Growth	\$ 614293.27	.000000	\$ 0.00
John Hancock U.S. Growth Fund	\$ 131354559.96	.000000	\$ 0.00
John Hancock US Gbl Ldr Grow	\$ 3956951.45	.000000	\$ 0.00
JPMorgan Large Cap Growth	\$ 601940084.31	.000000	\$ 0.00
JPMorgan MidCap Value Fund	\$ 193499766.53	.000000	\$ 0.00
JPMorgan SMID Cap Fund	\$ 25181216.43	.000000	\$ 0.00
Keeley Small Cap Dividend Val	\$ 8599951.09	.000000	\$ 0.00
Lord Abbett Value Opps Fund	\$ 21581872.36	.000000	\$ 0.00
MFS Growth Fund	\$ 71766269.95	.000000	\$ 0.00
MFS International Growth Fund	\$ 464362.69	.000000	\$ 0.00
MFS Mid Cap Growth Fund	\$ 99677299.93	.000000	\$ 0.00
MFS Mid Cap Value Fund	\$ 54621952.14	.000000	\$ 0.00
Mid Cap Index Fund	\$ 726001441.76	2743.517118	\$ 152995.60
Mid Value Fund	\$ 175346135.91	.000000	\$ 0.00
MyWayRet Emerging Markets Fund	\$ 7028412.78	.000000	\$ 0.00
MyWayRet Large Cap Growth Fund	\$ 62287151.45	.000000	\$ 0.00
MyWayRetirement Mid Cap Growth	\$ 15522679.41	.000000	\$ 0.00
MyWayRetirement Mid Cap Value	\$ 7192896.04	.000000	\$ 0.00
MyWayRetirement Real Estate	\$ 4083819.88	.000000	\$ 0.00
MyWayRet Small Cap Growth Fund	\$ 11410365.89	.000000	\$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
 THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
 FOR CONTRACT # 123805 THE TRUSTEES OF DEXIS CONSULTING GROUP
 401(K) PLAN
 MONEY INVESTED AS OF DECEMBER 31, 2024

Sub-Accounts	John Hancock USA		THE TRUSTEES OF DEXIS CONSULTING GROUP	
	Total Sub-Accounts	Assets and Liabilities*	401(K) PLAN	Total Value
MyWayRet Small Cap Value Fund	\$	6054319.10	.000000	\$ 0.00
Nationwide Geneva Small Cap Gr	\$	0.00	.000000	\$ 0.00
Neuberger Berman Genesis Fund	\$	9948626.42	.000000	\$ 0.00
Neuberger Berman Intrinsic Val	\$	765490.20	.000000	\$ 0.00
New Opportunities Fund	\$	20116293.07	.000000	\$ 0.00
Northern EM Equity Index Fund	\$	34753426.36	.000000	\$ 0.00
Northern Small Cap Value Fund	\$	7058258.30	.000000	\$ 0.00
Nuveen Large-Cap Growth Index	\$	407416572.07	.000000	\$ 0.00
Nuveen Quant Small/Mid-Cap Eq	\$	4661983.84	.000000	\$ 0.00
Nuveen Small Cap Value Fund	\$	8510996.56	.000000	\$ 0.00
Nuveen Small-Cap Blend Index	\$	265423453.44	.000000	\$ 0.00
Parnassus Mid Cap Fund	\$	7623362.01	.000000	\$ 0.00
PGIM Jennison Mid Cap Growth	\$	105164670.02	.000000	\$ 0.00
PGIM Jennison Small Company	\$	5977920.38	.000000	\$ 0.00
PGIM Quant Solutions MC Value	\$	1014932.86	.000000	\$ 0.00
Principal Real Estate Securit	\$	920420.38	.000000	\$ 0.00
Putnam Large Cap Growth Fund	\$	50348977.43	.000000	\$ 0.00
Putnam Small Cap Growth Fund	\$	34395829.99	.000000	\$ 0.00
Real Est. Securities Fund	\$	202855853.62	.000000	\$ 0.00
Royce Small-Cap Fund	\$	12651325.29	.000000	\$ 0.00
Royce Small-Cap Opportunity	\$	86162716.01	.000000	\$ 0.00
Royce Small-Cap Total Return	\$	1106100.61	.000000	\$ 0.00
Science & Technology Fund	\$	644260068.89	.000000	\$ 0.00
Small Cap Index Fund	\$	320317598.71	700.656557	\$ 23095.18
Small Cap Stock Fund	\$	66148913.87	.000000	\$ 0.00
Small Cap Value Fund	\$	114102942.20	.000000	\$ 0.00

*Assets = Liabilities

Note: this report does not reflect transactions processed after December 31, 2024
 Cash Basis



STATEMENT OF ASSETS AND LIABILITIES OF
 THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
 FOR CONTRACT # 123805 THE TRUSTEES OF DEXIS CONSULTING GROUP
 401(K) PLAN
 MONEY INVESTED AS OF DECEMBER 31, 2024

Sub-Accounts	John Hancock USA	THE TRUSTEES OF DEXIS CONSULTING GROUP	
	Total Sub-Accounts Assets and Liabilities*	401(K) PLAN Total No of Units	Total Value
Sprott Gold Equity Fund	\$ 52526724.27	.000000	\$ 0.00
T. Rowe Price Growth Stock	\$ 52593160.29	.000000	\$ 0.00
T. Rowe Price Health Sci	\$ 375541717.25	.000000	\$ 0.00
T. Rowe Price Integr US SC Gr	\$ 25580848.48	.000000	\$ 0.00
T. Rowe Price Intl Discovery	\$ 965487.96	.000000	\$ 0.00
T. Rowe Price Large Cap Growth	\$ 1946384.88	.000000	\$ 0.00
T. Rowe Price New Era Fund	\$ 31537858.55	.000000	\$ 0.00
T. Rowe Price Sci & Tech	\$ 682676708.37	.000000	\$ 0.00
T. Rowe Price Sml Cap Val	\$ 119306713.64	.000000	\$ 0.00
Thrivent Mid Cap Stock Fund	\$ 32508784.11	.000000	\$ 0.00
Touchstone Mid Cap Growth Fund	\$ 3199246.14	.000000	\$ 0.00
Undiscovered Mgr Behavioral	\$ 52981594.36	.000000	\$ 0.00
Vanguard Emerging Mkts Stk Ind	\$ 18117907.54	.000000	\$ 0.00
Vanguard Energy Fund	\$ 169689746.71	.000000	\$ 0.00
Vanguard Explorer Fund	\$ 199408749.73	.000000	\$ 0.00
Vanguard Growth Index Fund	\$ 1638664748.76	1695.720584	\$ 394588.82
Vanguard Materials Index Fund	\$ 10096002.72	.000000	\$ 0.00
Vanguard Mid-Cap Growth ETF	\$ 390500099.35	3641.625965	\$ 113137.80
Vanguard Mid-Cap Value ETF	\$ 270181971.13	904.979678	\$ 23960.41
Vanguard Small Cap Grow Index	\$ 479519039.15	563.681601	\$ 60125.14
Vanguard Small Cap Value Index	\$ 372367851.33	447.740851	\$ 47538.28
Vanguard Strategic Equity Fund	\$ 57726439.36	.000000	\$ 0.00
Virtus Ceredex MCV Equity	\$ 4792259.39	.000000	\$ 0.00
Virtus Large Cap Growth Stock	\$ 5637823.49	.000000	\$ 0.00
WisdomTree MidCap Dividend ETF	\$ 43092745.34	.000000	\$ 0.00
WisdomTree MidCap ETF	\$ 12066426.80	.000000	\$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
 THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
 FOR CONTRACT # 123805 THE TRUSTEES OF DEXIS CONSULTING GROUP
 401(K) PLAN
 MONEY INVESTED AS OF DECEMBER 31, 2024

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF DEXIS CONSULTING GROUP 401(K) PLAN Total No of Units	Total Value
-----	-----	-----	-----
WisdomTree SC Dividend ETF	\$ 6422552.16	.000000	\$ 0.00
500 Index Fund	\$ 6706590129.66	26840.841390	\$ 2351344.89
AB Equity Income Fund	\$ 0.00	.000000	\$ 0.00
AB Sustainable Global Thematic	\$ 14278520.48	.000000	\$ 0.00
Allspring Disciplined US Core	\$ 2268409.69	.000000	\$ 0.00
American Century Value Fund	\$ 4068638.36	.000000	\$ 0.00
American Funds American Mutual	\$ 87027.68	.000000	\$ 0.00
Capital World Growth & Income	\$ 318763284.06	178.467362	\$ 18852.03
American Funds EuroPac Growth	\$ 451979934.48	.000000	\$ 0.00
American Funds Fundamental Inv	\$ 325659731.77	.000000	\$ 0.00
American Funds New Perspective	\$ 609156899.25	376.317393	\$ 43292.15
Investment Company of America	\$ 323411804.03	.000000	\$ 0.00
Washington Mutual Investors	\$ 522982347.09	.000000	\$ 0.00
BlackRock EAFE Equity Index	\$ 30896886.41	.000000	\$ 0.00
BlackRock Equity Index Fund	\$ 142529179.69	.000000	\$ 0.00
BlackRock International Fund	\$ 2958081.15	.000000	\$ 0.00
BlackRock Large Cap Focus Val	\$ 27599333.03	.000000	\$ 0.00
ClearBridge Growth Fund	\$ 49169479.35	.000000	\$ 0.00
ClearBridge International Grow	\$ 4636700.88	.000000	\$ 0.00
ClearBridge Large Cap Value	\$ 87487.99	.000000	\$ 0.00
Columbia Contrarian Core Fund	\$ 14080094.97	.000000	\$ 0.00
Columbia Dividend Income Fund	\$ 93782643.24	.000000	\$ 0.00
Columbia Global Value Fund	\$ 2084499.46	.000000	\$ 0.00
Columbia Overseas Value Fund	\$ 13279793.97	.000000	\$ 0.00
Delaware Ivy Intl Core Equity	\$ 4075726.02	.000000	\$ 0.00
DFA Global Equity Fund	\$ 32715818.47	.000000	\$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
 THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
 FOR CONTRACT # 123805 THE TRUSTEES OF DEXIS CONSULTING GROUP
 401(K) PLAN
 MONEY INVESTED AS OF DECEMBER 31, 2024

Sub-Accounts	John Hancock USA	THE TRUSTEES OF DEXIS CONSULTING GROUP	
	Total Sub-Accounts Assets and Liabilities*	401(K) PLAN Total No of Units	Total Value
DFA Global Real Estate Secur	\$ 96008.78	.000000	\$ 0.00
DFA Intl Small Cap Value	\$ 19897895.35	.000000	\$ 0.00
DFA Intl Small Company Fund	\$ 14993947.36	.000000	\$ 0.00
DFA International Value	\$ 112476291.07	.000000	\$ 0.00
DFA US Large Cap Value Fund	\$ 74100340.03	.000000	\$ 0.00
DFA US Large Company Fund	\$ 114205893.63	.000000	\$ 0.00
Diamond Hill Large Cap Fund	\$ 5765488.14	.000000	\$ 0.00
Dodge & Cox International St	\$ 77590584.25	.000000	\$ 0.00
Dodge & Cox Stock Fund	\$ 329975507.31	.000000	\$ 0.00
Domini Impact Intl Equity	\$ 3241003.43	.000000	\$ 0.00
Eaton Vance RB Equity Strategy	\$ 2239447.50	.000000	\$ 0.00
Equity Income Fund	\$ 164511653.00	.000000	\$ 0.00
Fidelity Adv Diversified Intl	\$ 13536722.39	.000000	\$ 0.00
Fidelity Adv Leveraged Co Stk	\$ 42843580.04	.000000	\$ 0.00
Fidelity International Index	\$ 254481501.00	2442.238224	\$ 144609.00
Franklin Mutual Beacon Fund	\$ 83332367.90	.000000	\$ 0.00
Mutual Global Discovery	\$ 124651888.90	.000000	\$ 0.00
Fundamental Large Cap Value	\$ 182594329.45	.000000	\$ 0.00
Harbor Large Cap Value Fund	\$ 462145.58	.000000	\$ 0.00
Hartford Core Equity Fund	\$ 9082948.95	.000000	\$ 0.00
Hartford Equity Income Fund	\$ 12449731.86	.000000	\$ 0.00
Hartford International Oppor	\$ 7053400.14	.000000	\$ 0.00
Hartford Schroders Intl MCV	\$ 7360957.50	.000000	\$ 0.00
Intl Equity Index Fund	\$ 254478036.94	579.941491	\$ 14828.45
Invesco Diversified Dividend	\$ 24959886.57	.000000	\$ 0.00
Invesco EQV Intl Equity Fund	\$ 20829864.29	.000000	\$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
 THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
 FOR CONTRACT # 123805 THE TRUSTEES OF DEXIS CONSULTING GROUP
 401(K) PLAN
 MONEY INVESTED AS OF DECEMBER 31, 2024

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF DEXIS CONSULTING GROUP 401(K) PLAN Total No of Units	Total Value
-----	-----	-----	-----
Invesco Global Fund	\$ 149989996.42	.000000	\$ 0.00
Invesco Growth and Income	\$ 4565529.81	.000000	\$ 0.00
Invesco Main Street Fund	\$ 1313214.96	.000000	\$ 0.00
Invesco Opp Intl Growth Fund	\$ 66105437.96	.000000	\$ 0.00
iShares MSCI EAFE Growth ETF	\$ 17030452.22	.000000	\$ 0.00
iShares MSCI EAFE Value ETF	\$ 18577393.04	689.792016	\$ 10109.84
iShares MSCI Total Intl Index	\$ 0.00	.000000	\$ 0.00
iShares Russell 1000 LaCap Ind	\$ 0.00	.000000	\$ 0.00
Janus Henderson Gbl Eq Income	\$ 21782947.35	.000000	\$ 0.00
John Hancock Classic Value	\$ 1311475.35	.000000	\$ 0.00
John Hancock Disciplined Value	\$ 569525209.67	.000000	\$ 0.00
JH Disciplined Value Intl Fund	\$ 94341891.00	.000000	\$ 0.00
John Hancock ESG Intl Equity	\$ 744961.15	.000000	\$ 0.00
John Hancock ESG LC Core	\$ 4049181.94	.000000	\$ 0.00
JH Fundamental Gbl Franchise	\$ 1808669.85	.000000	\$ 0.00
JH Fundamental Large Cap Core	\$ 10300129.44	.000000	\$ 0.00
John Hancock Global Equity	\$ 1915587.27	.000000	\$ 0.00
JH Intl Dynamic Growth Fund	\$ 520906.35	.000000	\$ 0.00
John Hancock Intl Growth	\$ 49097544.97	.000000	\$ 0.00
John Hancock Intl Small Co	\$ 84544.50	.000000	\$ 0.00
JPMorgan Equity Income Fund	\$ 73527310.57	.000000	\$ 0.00
JPMorgan U.S. Equity Fund	\$ 633870897.22	755.034615	\$ 39464.56
Lazard International Equity	\$ 5224304.77	.000000	\$ 0.00
MFS Blended Research Core Eq	\$ 3862882.04	.000000	\$ 0.00
MFS Intl Diversification Fund	\$ 12741089.74	.000000	\$ 0.00
MFS Massachusetts Investors	\$ 66952844.52	.000000	\$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
 THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
 FOR CONTRACT # 123805 THE TRUSTEES OF DEXIS CONSULTING GROUP
 401(K) PLAN
 MONEY INVESTED AS OF DECEMBER 31, 2024

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF DEXIS CONSULTING GROUP 401(K) PLAN Total No of Units	Total Value
MFS Value Fund	\$ 121855297.10	.000000	\$ 0.00
MyWayRetirement Commodities	\$ 3528698.93	.000000	\$ 0.00
MyWayRet International Growth	\$ 13328935.27	.000000	\$ 0.00
MyWayRet International Value	\$ 6578252.59	.000000	\$ 0.00
MyWayRet Large Cap Value Fund	\$ 34819182.57	.000000	\$ 0.00
Neuberger Berman Intl Equity	\$ 1039964.03	.000000	\$ 0.00
Neuberger Berman Multi-Cap Opp	\$ 1232351.28	.000000	\$ 0.00
Neuberger Berman Sustain Equ	\$ 2240930.40	.000000	\$ 0.00
Nuveen Equity Index Fund	\$ 84918695.32	.000000	\$ 0.00
Nuveen Large-Cap Value Index	\$ 59328070.32	.000000	\$ 0.00
Nuveen Social Choice Equity	\$ 13089032.97	.000000	\$ 0.00
Oakmark Fund	\$ 15383294.26	.000000	\$ 0.00
Oakmark International Fund	\$ 8332346.04	.000000	\$ 0.00
Parnassus Core Equity Fund	\$ 233766468.29	.000000	\$ 0.00
Parnassus Value Equity Fund	\$ 24280285.59	.000000	\$ 0.00
PIMCO Commodity Real Return	\$ 20290271.61	.000000	\$ 0.00
Principal Global Real Estate	\$ 3134542.08	.000000	\$ 0.00
Putnam Large Cap Value Fund	\$ 83178897.96	.000000	\$ 0.00
Putnam Research Fund	\$ 2157728.79	.000000	\$ 0.00
Sit Dividend Growth Fund	\$ 5546151.33	.000000	\$ 0.00
State Street Inst U.S. Equity	\$ 216303.55	.000000	\$ 0.00
T. Rowe Price Dividend Growth	\$ 66742943.19	.000000	\$ 0.00
T. Rowe Price Equity Inc	\$ 207482410.96	.000000	\$ 0.00
T. Rowe Price Intl Value Eqy	\$ 2309672.45	.000000	\$ 0.00
T. Rowe Price Overseas Stock	\$ 35179210.58	.000000	\$ 0.00
Templeton Foreign Fund	\$ 2258495.16	.000000	\$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
 THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
 FOR CONTRACT # 123805 THE TRUSTEES OF DEXIS CONSULTING GROUP
 401(K) PLAN
 MONEY INVESTED AS OF DECEMBER 31, 2024

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF DEXIS CONSULTING GROUP 401(K) PLAN Total No of Units	Total Value
-----	-----	-----	-----
Templeton Foreign Smaller Co	\$ 17704974.78	.000000	\$ 0.00
Templeton World	\$ 65200918.27	.000000	\$ 0.00
Thornburg Global Opportunities	\$ 2938038.84	.000000	\$ 0.00
Total Stock Market Index Fund	\$ 450616050.14	621.448971	\$ 36955.59
Vanguard Equity-Income Fund	\$ 136542243.52	.000000	\$ 0.00
Vanguard High Dividend Yld Idx	\$ 36649499.56	.000000	\$ 0.00
Vanguard International Growth	\$ 133134927.73	252.669080	\$ 38610.10
Vanguard International Value	\$ 7022481.47	.000000	\$ 0.00
Vanguard Total Intl Stock Idx	\$ 108686293.42	.000000	\$ 0.00
Vanguard Tot Wld Stk Index ETF	\$ 131196126.74	4834.010021	\$ 120567.86
Vanguard Value Index Fund	\$ 756802224.19	4818.183266	\$ 413882.06
Victory Diversified Stock	\$ 6368508.58	.000000	\$ 0.00
Victory Trivalent Intl SC	\$ 4737628.98	6923.573696	\$ 127901.08
AF American Balanced Fund	\$ 1660998888.74	.000000	\$ 0.00
AF Capital Income Builder	\$ 114668026.28	.000000	\$ 0.00
American Fund Ret Inc-Enhanced	\$ 0.00	.000000	\$ 0.00
American Fund Ret Inc-Moderate	\$ 0.00	.000000	\$ 0.00
American Fund Ret Inc-Conserv	\$ 0.00	.000000	\$ 0.00
AF The Income Fund of America	\$ 148868162.04	.000000	\$ 0.00
BlackRock Global Allocation	\$ 186397972.54	.000000	\$ 0.00
BlackRock High Equity Income	\$ 3179294.98	.000000	\$ 0.00
Delaware Ivy Asset Strategy	\$ 29614102.69	.000000	\$ 0.00
DWS RREEF Gbl Infrastructure	\$ 1031488.11	.000000	\$ 0.00
Fidelity Advisor Balanced Fund	\$ 74388492.64	.000000	\$ 0.00
First Eagle Global Fund	\$ 3767340.72	.000000	\$ 0.00
Franklin Global Allocation	\$ 15559304.10	.000000	\$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
 THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
 FOR CONTRACT # 123805 THE TRUSTEES OF DEXIS CONSULTING GROUP
 401(K) PLAN
 MONEY INVESTED AS OF DECEMBER 31, 2024

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF DEXIS CONSULTING GROUP 401(K) PLAN Total No of Units	Total Value
-----	-----	-----	-----
Franklin Utilities Fund	\$ 28454693.28	.000000	\$ 0.00
Hartford Balanced Income Fund	\$ 32990034.10	.000000	\$ 0.00
Impax Sustainable Allocation	\$ 9436789.09	.000000	\$ 0.00
Invesco Equity and Income Fund	\$ 12748362.15	.000000	\$ 0.00
Janus Henderson Balanced Fund	\$ 70289444.81	.000000	\$ 0.00
John Hancock Balanced Fund	\$ 29621598.25	.000000	\$ 0.00
John Hancock EM Debt Fund	\$ 1026795.33	.000000	\$ 0.00
John Hancock Infrastructure	\$ 705637.47	.000000	\$ 0.00
Lazard Global Listed Infra	\$ 2455387.86	.000000	\$ 0.00
Loomis Sayles Gbl Allocation	\$ 13082997.52	.000000	\$ 0.00
MainStay Income Builder Fund	\$ 4113057.75	.000000	\$ 0.00
MFS Emerging Markets Debt	\$ 9577787.17	.000000	\$ 0.00
MFS Total Return Fund	\$ 9756536.53	.000000	\$ 0.00
MFS Utilities Fund	\$ 109649699.67	.000000	\$ 0.00
MyWayRetirement Balanced Fund	\$ 22464580.43	.000000	\$ 0.00
PIMCO All Asset	\$ 31829990.79	.000000	\$ 0.00
PIMCO Long Duration Total Rtn	\$ 11239363.82	.000000	\$ 0.00
Principal Spectrum PrefSec Inc	\$ 240375.65	.000000	\$ 0.00
Vanguard Balanced Index Fund	\$ 209374583.55	.000000	\$ 0.00
Vanguard LT Treasury Index	\$ 11521007.85	.000000	\$ 0.00
AB Global Bond Fund	\$ 19031270.07	.000000	\$ 0.00
AB High Income Fund	\$ 13306678.96	.000000	\$ 0.00
AB Income Fund	\$ 2587198.55	.000000	\$ 0.00
Allspring Core Bond Fund	\$ 8508691.66	.000000	\$ 0.00
Allspring Core Plus Bond Fund	\$ 1508770.07	.000000	\$ 0.00
Allspring Government Securitie	\$ 4382668.20	.000000	\$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
 THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
 FOR CONTRACT # 123805 THE TRUSTEES OF DEXIS CONSULTING GROUP
 401(K) PLAN
 MONEY INVESTED AS OF DECEMBER 31, 2024

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF DEXIS CONSULTING GROUP 401(K) PLAN Total No of Units	Total Value
-----	-----	-----	-----
American Century Infl Adj Bond	\$ 4339286.63	.000000	\$ 0.00
American Funds Bond Fund of Am	\$ 67799127.40	.000000	\$ 0.00
AF Capital World Bond Fund	\$ 21671037.72	.000000	\$ 0.00
American Funds Strategic Bond	\$ 3150032.70	.000000	\$ 0.00
AF US Government Securities	\$ 64397414.97	.000000	\$ 0.00
Baird Core Plus Bond Fund	\$ 2789649.89	.000000	\$ 0.00
BlackRock High Yield Bond Fund	\$ 79319349.70	.000000	\$ 0.00
BlackRock Infl Protected Bond	\$ 18680243.26	.000000	\$ 0.00
BlackRock Total Return Fund	\$ 19765137.57	.000000	\$ 0.00
BlackRock U.S. Debt Index Fund	\$ 22534114.30	.000000	\$ 0.00
BlackRock U.S. TIPS Index Fund	\$ 4181153.83	.000000	\$ 0.00
BNY Mellon Bond Market Index	\$ 0.00	.000000	\$ 0.00
Brandywine Global Opps Bond	\$ 1116064.88	.000000	\$ 0.00
Core Bond Fund	\$ 116602411.80	.000000	\$ 0.00
DFA Five-Year Gbl Fixed-Income	\$ 943176.44	.000000	\$ 0.00
DFA Inflation-Protected Sec	\$ 113898194.53	.000000	\$ 0.00
DFA Intermediate Gov Fixed Inc	\$ 12008390.31	.000000	\$ 0.00
DoubleLine Core Fixed Income	\$ 4082861.71	.000000	\$ 0.00
DoubleLine Total Return Bond	\$ 9063372.20	.000000	\$ 0.00
Eaton Vance High Income Opps	\$ 17266726.58	.000000	\$ 0.00
Federated High Yield Bond	\$ 128057798.76	.000000	\$ 0.00
Federated Total Return Bond	\$ 13131809.22	.000000	\$ 0.00
Fidelity Advisor Total Bond	\$ 583417267.11	.000000	\$ 0.00
Floating Rate Income Fund	\$ 15254437.92	.000000	\$ 0.00
Guggenheim Total Return Bond	\$ 17703936.54	.000000	\$ 0.00
Hartford Inflation Plus Fund	\$ 1079454.74	.000000	\$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
 THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
 FOR CONTRACT # 123805 THE TRUSTEES OF DEXIS CONSULTING GROUP
 401(K) PLAN
 MONEY INVESTED AS OF DECEMBER 31, 2024

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF DEXIS CONSULTING GROUP 401(K) PLAN Total No of Units	Total Value
-----	-----	-----	-----
Hartford World Bond Fund	\$ 4024624.42	.000000	\$ 0.00
High Yield Fund	\$ 190267241.67	.000000	\$ 0.00
Invesco Core Bond Fund	\$ 44362.89	.000000	\$ 0.00
Invesco Core Plus Bond Fund	\$ 6398658.08	.000000	\$ 0.00
Invesco International Bond	\$ 17553612.52	.000000	\$ 0.00
Alternative Asset Allocation	\$ 6456462.41	.000000	\$ 0.00
John Hancock Bond Fund	\$ 351949542.13	10426.623050	\$ 196495.04
John Hancock ESG Core Bond	\$ 746682.72	.000000	\$ 0.00
John Hancock Government Income	\$ 257802.27	.000000	\$ 0.00
John Hancock Income Fund	\$ 13843241.16	.000000	\$ 0.00
John Hancock Invt Grade Bond	\$ 7892058.50	.000000	\$ 0.00
JPMorgan Core Bond Fund	\$ 61018315.57	.000000	\$ 0.00
JPMorgan Global Bond Opps	\$ 13034956.14	.000000	\$ 0.00
Loomis Sayles Core Plus Bond	\$ 6591291.82	.000000	\$ 0.00
Lord Abbett Bond Debenture	\$ 22709574.19	.000000	\$ 0.00
Lord Abbett Core Bond Fund	\$ 705791.80	.000000	\$ 0.00
Lord Abbett Core Fixed Income	\$ 6805158.98	.000000	\$ 0.00
Lord Abbett High Yield Fund	\$ 11669305.00	.000000	\$ 0.00
MainStay MacKay HY Corp Bond	\$ 10989054.71	.000000	\$ 0.00
Metropolitan West Ttl Rtn Bond	\$ 7129571.16	.000000	\$ 0.00
MFS Income Fund	\$ 2119711.46	.000000	\$ 0.00
MyWayRetirement Core Bond Fund	\$ 16277403.90	.000000	\$ 0.00
MyWayRetirement Global Bond	\$ 2636573.80	.000000	\$ 0.00
MyWayRet Multi-Sector Bond	\$ 8700160.65	.000000	\$ 0.00
Nuveen Core Impact Bond Fund	\$ 6838931.36	.000000	\$ 0.00
Nuveen Strategic Income Fund	\$ 9951308.85	.000000	\$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
 THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
 FOR CONTRACT # 123805 THE TRUSTEES OF DEXIS CONSULTING GROUP
 401(K) PLAN
 MONEY INVESTED AS OF DECEMBER 31, 2024

Sub-Accounts	John Hancock USA	THE TRUSTEES OF DEXIS CONSULTING GROUP	
	Total Sub-Accounts Assets and Liabilities*	401(K) PLAN Total No of Units	Total Value
Opportunistic Fixed Income	\$ 53360788.76	.000000	\$ 0.00
PGIM Global Total Return Fund	\$ 16490247.37	.000000	\$ 0.00
PGIM Total Return Bond Fund	\$ 105685544.72	.000000	\$ 0.00
PIMCO Income Fund	\$ 140614969.57	.000000	\$ 0.00
PIMCO Intl Bond USD-Hedged	\$ 15028683.71	.000000	\$ 0.00
PIMCO Invt Grade Credit Bond	\$ 5893635.41	.000000	\$ 0.00
PIMCO Real Return	\$ 120796453.88	.000000	\$ 0.00
Putnam Global Income Fund	\$ 804421.76	.000000	\$ 0.00
Strategic Income Opp Fund	\$ 185918975.90	.000000	\$ 0.00
T. Rowe Price Spectrum Inc	\$ 102394060.37	.000000	\$ 0.00
Templeton Global Bond Fund	\$ 35078774.66	.000000	\$ 0.00
Total Bond Market Fund	\$ 306600725.25	40079.807531	\$ 471868.44
Vanguard Interm-Term Bond Idx	\$ 49886205.11	.000000	\$ 0.00
Vanguard Total Bond Market Idx	\$ 145399655.95	.000000	\$ 0.00
Vanguard Total Intl Bond Index	\$ 18296757.61	.000000	\$ 0.00
Virtus Seix Floating Rate HInc	\$ 8489542.12	.000000	\$ 0.00
Western Asset Core Bond Fund	\$ 35897006.48	.000000	\$ 0.00
Western Asset Core Plus Bond	\$ 26333666.76	.000000	\$ 0.00
Calvert Short Duration Income	\$ 5209199.99	.000000	\$ 0.00
DoubleLine Low Duration Bond	\$ 4688646.68	.000000	\$ 0.00
Federated Capital Preservation	\$ 21056228.39	.000000	\$ 0.00
Guggenheim Limited Duration	\$ 3901663.54	.000000	\$ 0.00
Invesco Premier US Govt Money	\$ 105380255.88	.000000	\$ 0.00
John Hancock Stable Val	\$ 1857372490.17	399427.871235	\$ 490007.52
Lord Abbett Short Duration Inc	\$ 43551992.63	.000000	\$ 0.00
Money Market Fund	\$ 1496599694.92	.000000	\$ 0.00

*Assets = Liabilities

Note: this report does not reflect transactions processed after December 31, 2024
 Cash Basis



STATEMENT OF ASSETS AND LIABILITIES OF
 THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
 FOR CONTRACT # 123805 THE TRUSTEES OF DEXIS CONSULTING GROUP
 401(K) PLAN
 MONEY INVESTED AS OF DECEMBER 31, 2024

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF DEXIS CONSULTING GROUP 401(K) PLAN Total No of Units	Total Value
NY Life Ins. Co. Anchor Acct	\$ 36647247.96	.000000	\$ 0.00
Payden Managed Income Fund	\$ 62591788.78	.000000	\$ 0.00
PGIM Short-Term Corporate Bond	\$ 8709826.80	.000000	\$ 0.00
PIMCO Short-Term Fund	\$ 4935208.62	.000000	\$ 0.00
Reliance MetLife Stable Value	\$ 280212750.34	.000000	\$ 0.00
T. Rowe Price Short Term Bond	\$ 26208866.74	.000000	\$ 0.00
Thornburg Limited Term Income	\$ 5860524.21	.000000	\$ 0.00
Vanguard Short-Term Bond Index	\$ 41036475.83	.000000	\$ 0.00
Vanguard Short-Term Federal	\$ 189547747.18	.000000	\$ 0.00
Vanguard ST Investment-Grade	\$ 18273649.58	.000000	\$ 0.00
Russell Equity Growth	\$ 0.00	.000000	\$ 0.00
Russell Growth	\$ 0.00	.000000	\$ 0.00
Russell Balanced	\$ 0.00	.000000	\$ 0.00
Russell Moderate	\$ 0.00	.000000	\$ 0.00
Russell Conservative	\$ 0.00	.000000	\$ 0.00
American Beacon Bridgeway LCV	\$ 0.00	.000000	\$ 0.00
Lazard US Equity Concentrated	\$ 0.00	.000000	\$ 0.00
Thornburg Intl Growth	\$ 0.00	.000000	\$ 0.00
PIMCO All Asset All Authority	\$ 0.00	.000000	\$ 0.00

*Assets = Liabilities

I hereby certify that this statement, given pursuant to 29 CFR 2520.103-5(c), is complete and accurate.

Sue Reibel
 CEO, John Hancock Retirement

Production Date(R): JAN/21/2025