

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <h1 style="text-align: center;">2024</h1> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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
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1a Name of plan <u>HOLSTON MEDICAL ASSISTANCE AND LIFE INSURANCE PLAN</u>	1b Three-digit plan number (PN) ▶ <u>503</u>
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>HOLSTON DEFENSE CORPORATION</u> <u>PO BOX 1038</u> <u>KINGSPORT, TN 37662</u>	1c Effective date of plan <u>01/01/1995</u> 2b Employer Identification Number (EIN) <u>62-0461469</u> 2c Plan Sponsor's telephone number <u>423-229-2000</u> 2d Business code (see instructions) <u>325900</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	CHRIS M. MCREYNOLDS
	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 type="checkbox"/> Same as Plan Sponsor HOLSTON MANAGEMENT COMMITTEE ON COMPENSATION AND BENEFIT PLANS HOLSTON MCCBP PO BOX 1038 KINGSPORT, TN 37662	3b Administrator's EIN 62-0461469 3c Administrator's telephone number 423-229-2000																				
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	5 544																				
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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td style="text-align: right;">0</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">0</td></tr> <tr><td>6b</td><td style="text-align: right;">549</td></tr> <tr><td>6c</td><td style="text-align: right;">22</td></tr> <tr><td>6d</td><td style="text-align: right;">571</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)	0	6a(2)	0	6b	549	6c	22	6d	571	6e		6f		6g(1)		6g(2)		6h	
6a(1)	0																				
6a(2)	0																				
6b	549																				
6c	22																				
6d	571																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: 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: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan HOLSTON MEDICAL ASSISTANCE AND LIFE INSURANCE PLAN</p>	<p>B Three-digit plan number (PN) ▶ 503</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 HOLSTON DEFENSE CORPORATION</p>	<p>D Employer Identification Number (EIN) 62-0461469</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
BLUECROSS BLUESHIELD OF TENNESSEE, INC.

(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
62-0427913	54518	115613	544	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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		1794352
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan HOLSTON MEDICAL ASSISTANCE AND LIFE INSURANCE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>503</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 HOLSTON DEFENSE CORPORATION</p>	<p>D Employer Identification Number (EIN) 62-0461469</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
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0231994	0	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.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">3350</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

FIDELITY HEALTH INSURANCE SERVICES **20 COMMERCE WAY STE 800 PNC BANK**
C/O FMR LLC LOCKBOX NUMBER 844303
WOBURN, MA 01801-1057

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3350	3350	SUPPLEMENTAL COMPENSATION	3

(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. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 0
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3)
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 0
d	Total of balance and additions (add lines 7b and 7c(6))	7d 0
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 0	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		0
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan HOLSTON MEDICAL ASSISTANCE AND LIFE INSURANCE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>503</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 HOLSTON DEFENSE CORPORATION</p>	<p>D Employer Identification Number (EIN) 62-0461469</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
PRUDENTIAL INSURANCE COMPANY OF AMERICA

(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
22-1211670	68241	71867	258	01/01/2024	12/31/2024

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(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	
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:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

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		596621
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan HOLSTON MEDICAL ASSISTANCE AND LIFE INSURANCE PLAN	B Three-digit plan number (PN) ▶	503
C Plan sponsor's name as shown on line 2a of Form 5500 HOLSTON DEFENSE CORPORATION	D Employer Identification Number (EIN) 62-0461469	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

TRUIST WEALTH

PO BOX 4418 MAIL CODE GA-ATL-0219
ATLANTA, GA 30302-4418

56-1074313

(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?
21	TRUSTEE	210680	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)

BLUECROSS BLUESHIELD OF TENNESSEE

62-0427913

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	CONTRACT ADMINISTRATOR	194080	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	6689	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CUNDY, INC.

59-1089031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	ADMINISTRATOR	61151	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

TOWERS WATSON

23-1159360

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	37000	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)

ARMANINO, LLP

94-6214841

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	21919	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)

WAGEWORKS, INC

94-3351864

(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?
49	OTHER	19283	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ACCESS

500 UNICORN PARK DRIVE
WOBURN, MA 01801

(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?
28	INVESTMENT MANAGEMENT	9423	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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: ARMANINO, LLP	b EIN: 94-6214841
c Position: AUDITOR	
d Address: 6 CITYPLACE DRIVE, SUITE 900 ST. LOUIS, MO 63141	e Telephone: 314-983-1200

Explanation: REASON FOR TERMINATION : COMPETITIVE RFP PROCESS

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan HOLSTON MEDICAL ASSISTANCE AND LIFE INSURANCE PLAN	B Three-digit plan number (PN) ▶ 503
C Plan sponsor's name as shown on line 2a of Form 5500 HOLSTON DEFENSE CORPORATION	D Employer Identification Number (EIN) 62-0461469

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
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	43370	42227
(3) Other	1b(3)	0	661412
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	41255522	33987635
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	39157135	49418929
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	790071	332416
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	3608876	0

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	84854974	84442619
Liabilities			
g Benefit claims payable.....	1g	235286	0
h Operating payables.....	1h	620387	239568
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	855673	239568
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	83999301	84203051

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)		
(B) Participants.....	2a(1)(B)	507647	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		507647
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	32119	
(B) U.S. Government securities.....	2b(1)(B)	1571248	
(C) Corporate debt instruments.....	2b(1)(C)	1774128	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	125195	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3502690
(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)	178829	
(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)		178829
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1303615
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2885551

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2148377	
(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)		2148377
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)	254402	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	21919	
(5) Investment advisory and investment management fees	2i(5)	9423	
(6) Bank or trust company trustee/custodial fees	2i(6)	210680	
(7) Actuarial fees	2i(7)	37000	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		533424
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2681801

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		203750
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: CROWE LLP

(2) EIN: 35-0921680

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		15000000
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 _____.

**HOLSTON MEDICAL ASSISTANCE AND
LIFE INSURANCE PLAN**

FINANCIAL STATEMENTS

December 31, 2024 and 2023

HOLSTON MEDICAL ASSISTANCE AND LIFE INSURANCE PLAN

FINANCIAL STATEMENTS
December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Participants of the
Holston Medical Assistance and Life Insurance Plan
Kingsport, Tennessee

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 Financial Statements

We have performed an audit of the financial statements of the Holston Medical Assistance and Life Insurance Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2024 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of December 31, 2024, and for the year then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2024 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2024 Financial Statements section

- the amounts and disclosures in the accompanying 2024 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2024 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

(Continued)

Basis for Opinion on the 2024 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2024 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion on the 2024 financial statements.

Responsibilities of Management for the 2024 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the 2024 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

(Continued)

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2024 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matters

2024 Supplemental Schedules Required by ERISA

The supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

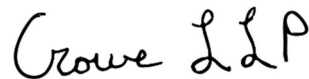
In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

(Continued)

Auditor's Report on the 2023 Financial Statements

Predecessor auditors performed an audit of the 2023 financial statements of the Holston Medical Assistance and Life Insurance Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated October 14, 2024 indicated that (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2023 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2023 supplemental schedule, other than the information in the 2023 supplemental schedule that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2023 supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determines meets the requirements of ERISA Section 103(a)(3)(C).



Crowe LLP

New York, New York
October 13, 2025

HOLSTON MEDICAL ASSISTANCE AND LIFE INSURANCE PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023
(Dollars in thousands)

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at fair value	\$ 83,739	\$ 84,225
Retiree contribution receivable	42	43
Accrued income	<u>661</u>	<u>587</u>
Total assets	<u>84,442</u>	<u>84,855</u>
LIABILITIES		
Administrative expenses	64	85
Payable for securities purchased	<u>175</u>	<u>535</u>
Total liabilities	<u>239</u>	<u>620</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 84,203</u>	<u>\$ 84,235</u>

See accompanying notes to financial statements.

HOLSTON MEDICAL ASSISTANCE AND LIFE INSURANCE PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2024
(Dollars in thousands)

Additions to net assets

Contributions	
Retiree	\$ 508
Total contributions	<u>508</u>

Investment income (loss)

Net depreciation in fair value of investments	(1,304)
Dividend income	<u>3,681</u>
Total investment income	<u>2,377</u>

Total additions to net assets, including investment income 2,885

Deductions from net assets

Claim payments and insurance premium payments	2,384
Administrative expenses	<u>533</u>
Total deductions from net assets	<u>2,917</u>

Net decrease in net assets available for benefits (32)

Net assets available for benefits, beginning of year 84,235

Net assets available for benefits, end of year \$ 84,203

See accompanying notes to financial statements.

HOLSTON MEDICAL ASSISTANCE AND LIFE INSURANCE PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023
(Dollars in thousands)

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Holston Medical Assistance and Life Insurance Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: The Plan is a health and welfare plan of Holston Defense Corporation (Holston, Company, or Plan Sponsor), a wholly-owned subsidiary of Eastman Chemical Company (Eastman) that was amended and restated as recently as December 31, 2022. The Plan is an employee welfare plan providing medical, dental and life insurance benefits to eligible retired and disabled Holston employees and their dependents.

Holston had, as its sole business, operated the government-owned Holston Army Ammunition Plant (the Facility) beginning in 1949 under a series of cost-plus-fixed fee contracts with the U.S. Army. In June 1988, the U.S. Army awarded a contract to a third party, other than Holston, to manage the Facility effective January 1, 1999. Accordingly, Holston no longer operates the Facility, and thus no longer has active employees as of January 1999. All contributions made to the Plan by Holston through the termination of the contract on December 31, 1998 were reimbursed by the U.S. Army in accordance with the terms of the contract between Holston and the U.S. Army.

Holston's management negotiated with the U.S. Army for a settlement of postretirement benefit obligations resulting from Holston's operation of the Facility. On October 3, 2006, the U.S. Army awarded Holston a sum of \$90.0 million to meet the continuing postretirement benefit obligation, which was deposited into a grantor trust (Trust). The assets of the Trust are held by Truist Bank, the Trustee. The funds of the Trust are to be distributed solely to fund the obligations of the Plan. Any excess of the funds over the obligations of the Plan reverts to the U.S. Army, not to Eastman, Holston, or the Plan, upon the death of the last plan participant. On December 29, 2006, the U.S. Army funded \$9.0 million to the Trust, which was shown as an asset on December 21, 2006. On July 6, 2007, the U.S. Army funded the remaining \$89.9 million, including interest.

The U.S. Army estimates that the contributions of \$98.9 million, if invested in appropriate interest-bearing securities, will be sufficient over time, to satisfy the postretirement obligations for all remaining plan participants who have life expectancies ranging through the year 2062.

The Plan is administered by Holston's Management Committee on Compensation and Benefit Plans, the Plan Administrator and the named fiduciary of the Plan.

Eligibility and Plan Benefits: Substantially all former active employees participated in the Plan. Effective January 1, 1999 as the result of the termination of the contract to operate the government-owned, contractor-operated facility, the Company no longer retains active employees to fulfill its responsibilities under the contract. The Plan's sole participants are eligible retirees and disabled individuals of the Company, as well as their survivors and dependents. A former active employee, who, at the time of termination of employment with the Company, qualified for at least an early retirement benefit, whether or not they elected to receive such a benefit, was deemed a "retiree". An individual was able to qualify for early retirement if (1) they had attained the age of 55 or older and completed at least ten years of service to the Company, or (2) the sum of their age and years of service equaled or exceeded 75.

(Continued)

HOLSTON MEDICAL ASSISTANCE AND LIFE INSURANCE PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023
(Dollars in thousands)

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

The Plan provides medical benefits and dental coverage to participants and their dependents through Blue Cross and Blue Shield of Tennessee (BCBST). For medical benefits, Medicare-eligible participants can elect to enroll in an insured Medicare Advantage plan at BCBST. Under this plan a fixed fee per member per month is paid to the Third-Party Administrator (TPA) each month from the trust fund. BCBST serves as the primary TPA for the Plan. Non-Medicare eligible participants can elect to enroll in one of two self-insured Preferred Provider Organizations (PPOs) through BCBST. Participants in the PPO can obtain services from a large group of providers. Claims are received, processed, and reimbursed directly to the health care provider by the TPA. The TPA is reimbursed for claims and administration fees each month from the Trust.

Prescription drug claims covered by the non-Medicare Plan are handled by a separate TPA (CVS Caremark) and paid by the Trust in the same manner as non-Medicare medical services.

All dental service claim information is provided to BCBST which processes the claims, reimburses the participant or provider, as appropriate, and advises the Plan Administrator of claims approved/paid to the providers and participants and the amounts due to BCBST by the Plan. Dental claims and administration fees are also paid each month to BCBST from the Trust. For additional information regarding the description of services available to participants, see the complete Plan documents.

Life insurance benefits are provided to beneficiaries through group insurance contracts with MetLife Services and Solutions, LLC (MetLife). Upon the death of a participant, the beneficiary must submit a claim, including all required information, to MetLife. Payment of life insurance proceeds and other death benefits will be made by MetLife to the designated beneficiary in a lump sum payment, subject to all terms and conditions of the Plan. As further discussed in the Plan documents, the amount of a participant's coverage is based on factors including, but not limited to, retirement date, number of years of service with the Company and salary at retirement (i.e., insurance annual salary rate) and in certain circumstances, is reduced on an annual basis on the participant's 66th through 70th birthdays. Premiums for life insurance coverage are paid each month from the Trust.

Effective December 31, 2022, Eastman amended the Plan to approve the termination of a component of the welfare benefits plan that comprises a portion of the Plan, specifically the retiree dependent life insurance component. Eastman determined there are no longer any individuals currently eligible to elect dependent life insurance coverage pursuant to the life insurance component and there are no dependents currently covered under the life insurance component.

Payment of Benefits and Expenses and Funding Policy: Retiree contributions are made to the Plan depending on the type of coverage elected by the participant. Employees retired on or before January 1, 1993, make no contributions towards their medical and dental benefit coverage. However, retirees who became eligible for retirement after January 1, 1993 make contributions towards the cost of their coverage at a rate based on the retiree's age and length of service at the time of retirement. Additional amounts are required to be contributed by retirees if any plan option richer than the base plan is elected or if spousal or dependent coverage is elected. Those premiums paid by participants for medical and dental coverage in excess of the base coverage are determined by the Company on an annual basis and are paid by retirees, disabled individuals, and their survivors through the Automated Clearing House (ACH) collection system. The cost share percentage for the postretirement benefits varies due to the healthcare credits received by the participants.

(Continued)

HOLSTON MEDICAL ASSISTANCE AND LIFE INSURANCE PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023
(Dollars in thousands)

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

Medical and dental claims and payments processed by BCBST, and third party administrative expenses related to retired and disabled participants and their dependents are paid out of the general assets of the Trust, and recorded as a liability of the Plan and reported in the calculation of benefit obligations when incurred. Administration fee payments to BCBST and prescription drug claims and administration fee payments to CVS Caremark are also paid out of the general assets of the Trust.

All retirees are provided Company-paid base life insurance coverage with no contribution required by the retiree. The amount of the base coverage is determined by the retiree's former Insurance Annual Salary Rate (as defined in the Plan document), by the current age of the retiree, and by the insurance plan elected when the retiree was an active employee. Contributions in the form of premium payments would be required of the retiree if additional and/or optional coverage is elected beyond the base coverage. Those premiums paid by participants for life insurance in excess of the base coverage are determined by the Company on an annual basis and are paid by retirees through ACH collections from the retiree's designated bank account. These premiums are included in the range previously discussed. Life insurance premiums on retiree participant life insurance policies and administrative expenses are paid out of the Trust and recorded as a liability of the Plan and reported in the calculation of benefit obligations when incurred.

Plan Amendment and Termination: Holston has the right to amend or terminate the Plan at any time by resolution of the Plan Sponsor. In the event of termination of the Trust as a result of or incident to termination of the Plan or satisfaction of all benefit obligations, no part of the corpus or income of the Trust will revert to the Company or be used for, or diverted to, any purposes other than for the exclusive benefit of Plan participants and their survivors and dependents. Any remaining Trust assets will revert to the U.S. Army. Holston has no intention of terminating the Plan.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following accounting policies, which conform with accounting principles generally accepted in the United States of America (U.S. GAAP), have been used consistently in the preparation of the Plan's financial statements.

Basis of Accounting: The Plan's financial statements have been prepared on the accrual basis of accounting in accordance with U.S. GAAP.

Use of Estimates: The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the financial statements, including claims and insurance premiums payable and the present value of postretirement benefit obligation at the date of the financial statements and the changes in the present values of postretirement benefit obligation for the year then ended. Actual results could differ from those estimates.

Investment Valuation and Income Recognition: The Plan's investments are held by the Trustee and are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements.

Purchases and sales of investments are recorded on the trade date. Interest income is reported on the accrual basis. Dividends are recorded on the ex-dividend date. The Plan presents in the statements of changes in net assets available for benefits the net appreciation (depreciation) in the fair value of its investments, which consists of the realized gains and losses and the unrealized appreciation (depreciation) of those investments.

(Continued)

HOLSTON MEDICAL ASSISTANCE AND LIFE INSURANCE PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023
(Dollars in thousands)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Payments of Benefits: Benefit payments are recorded upon distribution.

Administrative Expenses: The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are reimbursed by the Trust to the Company. Expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits.

Reclassifications: Some items in the prior year financial statements and footnote disclosures were reclassified to conform to the current presentation. Reclassifications had no effect on prior year net assets available for benefits or the prior year net increase in net assets available for benefits.

Subsequent Events: The Plan has evaluated subsequent events through October 13, 2025, the date the financial statements are available to be issued.

NOTE 3 - BENEFIT OBLIGATIONS

The Plan's benefit obligations include the actuarial present value of those estimated future benefits that are attributable to a retiree's prior service to Holston through the valuation date, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to or for currently retired or terminated employees and their beneficiaries and dependents. The postretirement benefit obligations represent the amount that is to be funded from existing plan assets. The actuarial calculation of postretirement benefit obligations was determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims cost per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

As of December 31, 2024 and 2023, the significant actuarial assumptions used included the following:

	<u>2024</u>	<u>2023</u>
Discount rate	5.48%	5.17%
Pre-65 retirement health care trend rate assumed for next year	6.50%	6.75%
Post-65 retirement health care trend rate assumed for next year	6.25%	6.50%
Rate at which the cost trend rate is assumed decline (ultimate trend rate)	5.00%	5.00%

(Continued)

HOLSTON MEDICAL ASSISTANCE AND LIFE INSURANCE PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023
(Dollars in thousands)

NOTE 3 - BENEFIT OBLIGATIONS (Continued)

The assumed trend rate for health care costs for Pre-65 is expected to decrease at a level of 0.25% per year and reach the ultimate trend rate in 2031. The assumed trend rate for health care costs for Post-65 is expected to remain the same for 2024 at 6.50% and then decrease at a level of 0.25% per year and reach the ultimate trend rate in 2030.

The healthy mortality table used for the actuarial valuations at December 31, 2024 and 2023, is as follows:

Separate rates for non-annuitants (based on PriH-2012 "Employees" table without collar or amount adjustments, projected forward to 2017 using MP-2019 with ultimate improvement rate of 0.75% through age 85, grading linearly to 0.6375% at age 95, and then grading linearly to 0.00% at age 115) and annuitants (based on PriH-2012 "Healthy Annuitants" table without collar or amount adjustments, projected forward to 2017 using MP-2019 with generational projection adjusted Scale MP-2020 with ultimate improvement rate of 0.75% through age 85, grading linearly to 0.6375% at age 95, and then grading linearly to 0.00% at age 115), with a base table mortality multiplier of 103.6%.

The disabled mortality table used for the actuarial valuations at December 31, 2024 and 2023, was as follows:

IRS prescribed (Revenue Ruling 96-7) tables for disabled participants.

The discount rate was changed from 5.17% at December 31, 2023, to 5.48% at December 31, 2024.

The Plan's benefit obligations as of December 31, 2024 and 2023, are as follows:

	<u>2024</u>	<u>2023</u>
Retirees, dependents and surviving spouses	\$ 15,286	\$ 15,855

The Plan's changes in benefit obligations for the year ending December 31, 2024, are as follows:

Benefit obligations, beginning of year	\$	15,855
Claims and premiums paid		(2,384)
Interest		753
Actuarial loss		554
Participant contributions		<u>508</u>
Net decrease in benefit obligations		<u>(569)</u>
Benefit obligations, end of year	\$	<u>15,286</u>

(Continued)

HOLSTON MEDICAL ASSISTANCE AND LIFE INSURANCE PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023
(Dollars in thousands)

NOTE 3 - BENEFIT OBLIGATIONS (Continued)

The Plan provides prescription drugs in accordance with the Medicare Prescription Drug, Improvement and Modernization Act of 2003. The Plan's benefit obligations and the changes in the Plan's benefit obligations have not been adjusted for any amount associated with the Medicare subsidy as the Plan is not directly entitled to the subsidy. Since the Plan Sponsor benefits from the Medicare subsidy, the actuarial calculation is adjusted in the Plan Sponsor's filings with the Securities and Exchange Commission.

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

Plan benefit obligations at December 31, 2024 and 2023, for claims incurred but not reported (IBNR) are estimated based upon information provided by BCBST. These amounts are paid by the Plan only if claims are submitted and approved for payment. While Plan management believes the amount to be fairly stated, the ultimate liabilities may be in excess of, or less than, the amounts estimated and disclosed. The total amount of IBNR is immaterial to the financial statements and is included in the Plan's benefit obligations.

NOTE 4 - CERTIFIED INFORMATION

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held at December 31, 2024 and 2023, and net depreciation in fair value of investments and dividend income for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Truist Bank, the Trustee of the Plan.

NOTE 5 - FAIR VALUE MEASUREMENTS

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

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission (SEC). These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Corporate and municipal bonds: Valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry-standard models that consider various assumptions, included time value and yield curve as well as other relevant economic measures.

(Continued)

HOLSTON MEDICAL ASSISTANCE AND LIFE INSURANCE PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023
(Dollars in thousands)

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

U.S. government and agency obligations: Valued using pricing models maximizing the use of observable inputs for similar securities.

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

The Plan measures the fair value of its assets using the price that would be received to sell an asset or paid to transfer a liability in the principal market for that asset or liability. U.S. GAAP provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 - Quoted prices (unadjusted) in active markets for identical assets or liabilities.

Level 2 - Quoted prices for similar assets and liabilities in active markets or inputs that are observable, for the asset or liability, either directly or indirectly through market corroboration, for substantially the full term of the financial instrument.

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

A financial instrument's classification within the hierarchy is determined based on the lowest level input that is significant to the fair value measurement.

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

	2024			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Mutual funds	\$ 332	\$ -	\$ -	\$ 332
Corporate bonds	-	49,419	-	49,419
U.S. government and agency obligations	-	33,988	-	33,988
Total assets at fair value	\$ 332	\$ 83,407	\$ -	\$ 83,739

(Continued)

HOLSTON MEDICAL ASSISTANCE AND LIFE INSURANCE PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023
(Dollars in thousands)

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

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

	2023			Total Fair Value
	Quoted Prices in Active Markets for Identical Assets <u>(Level 1)</u>	Significant Other Observable Inputs <u>(Level 2)</u>	Significant Unobservable Inputs <u>(Level 3)</u>	
Mutual funds	\$ 790	\$ -	\$ -	\$ 790
Corporate bonds	-	39,157	-	39,157
Municipal bonds	-	3,609	-	3,609
U.S. government and agency obligations	-	40,669	-	40,669
Total assets at fair value	\$ 790	\$ 83,435	\$ -	\$ 84,225

NOTE 6 - TAX STATUS

The grantor trust established under the Plan to hold the Plan's net assets is, for federal income tax purposes, considered to be owned by the government pursuant to Sections 671 through 677 of the Internal Revenue Code, and thus is exempt from taxation. Therefore, at December 31, 2024 and 2023, no provision for income taxes for the assets in the grantor trust has been included in the accompanying financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2021.

(Continued)

HOLSTON MEDICAL ASSISTANCE AND LIFE INSURANCE PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023
(Dollars in thousands)

NOTE 7 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at December 31:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 84,203	\$ 84,235
Claims and premiums payable and IBNR	<u>-</u>	<u>(235)</u>
Net assets available for benefits per the Form 5500	<u>\$ 84,203</u>	<u>\$ 84,000</u>

The following is a reconciliation of the changes in net assets available for benefits per the financial statements to Form 5500 at December 31, 2024:

Change in net assets available for benefits per the financial statements		\$ (32)
Less: Claims and premiums payable and IBNR at December 31, 2024		-
Add: Claims and premiums payable and IBNR at December 31, 2023		<u>235</u>
Change in net assets available for benefits per Form 5500		<u>\$ 203</u>

NOTE 8 - PARTY-IN-INTEREST TRANSACTIONS

Administrative expenses of \$533 for the year ended December 31, 2024, were recorded by the Plan for services provided by the Trustee, investment advisors, auditors, actuary, and benefits administrators. These expenses qualify as party-in-interest transactions. Amounts payable to the parties-in-interest amounted to \$64 and \$85 at December 31, 2024 and 2023.

NOTE 9 - RISKS AND UNCERTAINTIES

Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

The actuarial present value of benefit obligations is reported based upon certain assumptions pertaining to interest rates, healthcare inflation rates and employee demographics, all of which are subject to change. Due to the uncertainties inherent in the estimates and assumptions, changes in the near term could be material to the financial statements.

SUPPLEMENTAL SCHEDULE

HOLSTON MEDICAL ASSISTANCE AND LIFE INSURANCE PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024
(Dollars in thousands)

Name of Plan Sponsor: Holston Defense Corporation
Employee Identification Number: 62-0461469
Three-digit Plan Number: 503

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Mutual funds			
	FED HERMES TREASURY OBLIG MMKT-#68	Mutual funds	\$ 332	\$ 332
	Corporate bonds			
	VERIZON MASTER ABS 5.340% 4/22/30	Corporate bonds	498	501
	SMB PRIVATE EDU ABS 5.090% 10/16/56	Corporate bonds	809	805
	ONEMAIN FINL ABS 3.140% 10/14/36	Corporate bonds	1,113	1,148
	MORGAN STANLEY CMO 4.177% 7/15/51	Corporate bonds	881	874
	MORGAN STANLEY CMO 3.720% 12/15/49	Corporate bonds	869	875
	MORGAN STANLEY CMO 3.049% 11/15/49	Corporate bonds	848	870
	MVW OWNER TRUST ABS 4.430% 3/20/42	Corporate bonds	246	241
	JP MORGAN CMO V-M 3.648% 12/15/49	Corporate bonds	861	875
	JPMORGAN COM CMO 3.934% 9/17/47	Corporate bonds	9	10
	HERTZ VEHICLE F ABS 5.480% 1/27/31	Corporate bonds	863	869
	GM FINANCIAL ABS 4.590% 7/17/28	Corporate bonds	1,006	1,001
	GM FINANCIAL REV ABS 1.170% 6/12/34	Corporate bonds	1,106	1,180
	FORD CREDIT ABS 3.190% 7/15/31	Corporate bonds	508	525
	CITIGROUP COMM CMO 3.778% 9/10/58	Corporate bonds	869	890
	ENTERPRISE FLEET ABS 4.790% 5/21/29	Corporate bonds	999	1,001
	CITIGROUP COMM CMO 3.712% 4/14/50	Corporate bonds	857	865
	COMM MTGE TRUST CMO 3.510% 9/10/50	Corporate bonds	851	856
	BMO MORT CMO V-M 5.4779% 11/15/57	Corporate bonds	347	342
	BENCHMARK CMO 5.92554% 3/15/29	Corporate bonds	269	268
	BENCHMARK MORT CMO 6.533% 6/15/29	Corporate bonds	385	388
	BENCHMARK MTG CMO 6.228% 6/15/29	Corporate bonds	479	483
	BENCHMARK MORT CMO 5.8053% 1/10/57	Corporate bonds	508	505
	BENCHMARK MORTG CMO 6.363% 7/15/56	Corporate bonds	88	87
	BENCHMARK CMO V-M 6.537% 5/15/55	Corporate bonds	185	185
	BANK5 CMO 6.790% 5/15/57	Corporate bonds	543	552
	BANK5 CMO 6.225% 5/15/57	Corporate bonds	567	578
	BANK5 CMO V-M 6.268% 2/15/29	Corporate bonds	330	322
	BANK CMO V-M 5.355% 10/15/34	Corporate bonds	237	226
	BANK CMO 5.053% 9/15/34	Corporate bonds	250	239
	BMO MTGE TRU CMO V- 6.127% 7/15/57	Corporate bonds	363	365
	BMO MTGE TRUST CMO 5.7592% 7/15/57	Corporate bonds	427	429
	BARCLAYS CMO V-M 6.094% 5/15/57	Corporate bonds	180	180
	BARCLAYS CMO V-M 5.829% 5/15/57	Corporate bonds	199	201
	BARCLAYS COMM CMO 5.946% 3/15/57	Corporate bonds	291	292
	AVIS BUDGET ABS 3.830% 8/20/28	Corporate bonds	1,050	1,073
	DELL INTL LLC 5.400% 4/15/34	Corporate bonds	188	188
	DIAMONDBACK ENERGY 5.400% 4/18/34	Corporate bonds	123	121
	DOMINION ENERGY V-A 6.625% 5/15/55	Corporate bonds	160	163
	DUKE ENERGY PROGRESS 3.600% 9/15/47	Corporate bonds	193	175

(Continued)

HOLSTON MEDICAL ASSISTANCE AND LIFE INSURANCE PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024
(Dollars in thousands)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Corporate bonds (continued)			
	ENERGY TRANSFER 3.750% 5/15/30	Corporate bonds	\$ 177	\$ 176
	ENSTAR FINANCE V-A 5.500% 1/15/42	Corporate bonds	18	19
	ENERGY LOUISIANA 5.700% 3/15/54	Corporate bonds	123	122
	ENTERPRISE PRODUCTS 4.800% 2/01/49	Corporate bonds	317	225
	F&G ANNUITIES & LIFE 6.250% 10/04/34	Corporate bonds	137	134
	META PLATFORMS INC 5.400% 8/15/54	Corporate bonds	161	157
	FACTSET RESEARCH 3.450% 3/01/32	Corporate bonds	259	265
	FIFTH THIRD BANC V-D 4.055% 4/25/28	Corporate bonds	159	167
	FORD MOTOR COMPANY 6.100% 8/19/32	Corporate bonds	187	192
	GE HEALTHCARE 5.857% 3/15/30	Corporate bonds	380	373
	GENERAL MTRS FINL CO 5.850% 4/06/30	Corporate bonds	130	132
	HCA INC 5.500% 6/01/33	Corporate bonds	230	226
	HOME DEPOT INC 2.700% 4/15/30	Corporate bonds	117	116
	HOWMET AEROSPACE INC 4.850% 10/15/31	Corporate bonds	39	38
	IND MICH POWER 4.550% 3/15/46	Corporate bonds	171	161
	INVITATION HOMES OP 4.150% 4/15/32	Corporate bonds	168	167
	IQVIA INC 6.250% 2/01/29	Corporate bonds	96	99
	JPMORGAN CHASE V-D 4.912% 7/25/33	Corporate bonds	302	298
	JPMORGAN CHASE V-D 5.012% 1/23/30	Corporate bonds	444	442
	JEFFERIES GROUP LLC 4.150% 1/23/30	Corporate bonds	101	103
	KENVUE INC 5.000% 3/22/30	Corporate bonds	220	223
	KEYCORP MTN 2.550% 10/01/29	Corporate bonds	199	208
	KRAFT HEINZ FOODS 4.875% 10/01/49	Corporate bonds	193	198
	KYNDRYL HOLDINGS INC 3.150% 10/15/31	Corporate bonds	172	173
	L BRANDS INC 6.875% 11/01/35	Corporate bonds	143	142
	L3HARRIS TECH INC 5.400% 7/31/33	Corporate bonds	230	237
	LYB INTERNATIONAL FI 5.500% 3/01/34	Corporate bonds	237	236
	LEXINGTON REALTY TRU 2.700% 9/15/30	Corporate bonds	133	138
	LXP INDUSTRIAL TRUST 6.750% 11/15/28	Corporate bonds	86	91
	MGM RESORTS INTERN 6.125% 9/15/29	Corporate bonds	110	110
	MPLX LP 4.500% 4/15/38	Corporate bonds	68	67
	DTE ELECTRIC CO 5.200% 4/01/33	Corporate bonds	173	170
	COREBRIDGE FINL V-A 6.375% 9/15/54	Corporate bonds	197	193
	CONSTELLATION BRANDS 4.900% 5/01/33	Corporate bonds	137	134
	CONCENTRIX CORP 6.850% 8/02/33	Corporate bonds	169	168
	COMERICA INC V-D 5.982% 1/30/30	Corporate bonds	155	156
	CITIZENS FINL V-D 5.841% 1/23/30	Corporate bonds	165	166
	CITIGROUP INC V-Q 2.976% 11/05/30	Corporate bonds	191	188
	CITIGROUP INC V-A VAR CPN 12/31/99	Corporate bonds	170	179
	CITIGROUP INC V-Q 3.668% 7/24/28	Corporate bonds	427	366
	CHARTER COMM OPT 6.550% 6/01/34	Corporate bonds	184	185
	CHARTER COMMUNICAT 6.100% 6/01/29	Corporate bonds	133	130
	CENTERPOINT ENERGY 5.150% 3/01/34	Corporate bonds	164	162
	CRH AMERICA FINANCE 5.400% 5/21/34	Corporate bonds	201	202
	CMS ENERGY CORP 4.700% 3/31/43	Corporate bonds	189	179
	BURLINGTON NORTHERN 4.950% 9/15/41	Corporate bonds	153	140
	BROADCOM INC 4.150% 11/15/30	Corporate bonds	133	129

(Continued)

HOLSTON MEDICAL ASSISTANCE AND LIFE INSURANCE PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024
(Dollars in thousands)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
Corporate bonds (continued)				
	BOEING CO/THE 6.298% 5/01/29	Corporate bonds	\$ 103	\$ 106
	BOEING CO 5.705% 5/01/40	Corporate bonds	148	139
	BLUE OWL FIN LLC 4.125% 10/07/51	Corporate bonds	121	133
	BLACKSTONE PRIVATE 5.950% 7/16/29	Corporate bonds	82	81
	BLACKROCK INC 1.900% 1/28/31	Corporate bonds	176	177
	BARINGS BDC INC 3.300% 11/23/26	Corporate bonds	79	85
	BANK OF AMER MTN V-D 5.288% 4/25/34	Corporate bonds	299	304
	BANK OF AMERICA V-Q 3.419% 12/20/28	Corporate bonds	346	353
	BAT CAPITAL CORP 6.421% 8/02/33	Corporate bonds	203	209
	ATHENE HOLDING V-D 6.625% 10/15/54	Corporate bonds	127	126
	ATHENE HOLDING LTD 5.875% 1/15/34	Corporate bonds	363	369
	ARES CAPITAL CORP 5.950% 7/15/29	Corporate bonds	212	211
	ARES MANAGEMENT CORP 6.375% 11/10/28	Corporate bonds	126	132
	APACHE CORP 5.100% 9/01/40	Corporate bonds	133	137
	ANHEUSER-BUSCH 4.900% 2/01/46	Corporate bonds	106	104
	AMGEN INC 5.250% 3/02/30	Corporate bonds	327	325
	AMAZON.COM INC 2.875% 5/12/41	Corporate bonds	124	122
	AT&T INC 3.500% 6/01/41	Corporate bonds	225	223
	AT&T INC 4.300% 2/15/30	Corporate bonds	120	119
	S&P GLOBAL INC 4.250% 5/01/29	Corporate bonds	166	164
	SBL HOLDINGS LLC 5.125% 11/13/26	Corporate bonds	165	168
	SEMPRA ENERGY 3.800% 2/01/38	Corporate bonds	218	205
	RETAIL OPPORTUNITY 6.750% 10/15/28	Corporate bonds	150	160
	RTX CORPORATION 6.100% 3/15/34	Corporate bonds	111	117
	RADIANT GROUP INC 6.200% 5/15/29	Corporate bonds	129	132
	SOUTHERN CAL EDISON 5.950% 11/01/32	Corporate bonds	247	240
	SOUTHERN CALIF EDISO 5.750% 4/15/54	Corporate bonds	123	124
	PIONEER NAT RES 1.900% 8/15/30	Corporate bonds	116	125
	PHILLIPS EDISON GROC 4.950% 1/15/35	Corporate bonds	216	207
	STEEL DYNAMICS INC 5.375% 8/15/34	Corporate bonds	124	125
	PHILIP MORRIS INTL 5.125% 2/15/30	Corporate bonds	128	127
	STORE CAPITAL CORP 2.750% 11/18/30	Corporate bonds	116	142
	T MOBILE INC 6.000% 6/15/54	Corporate bonds	270	263
	TANGER PROPERTIES LP 2.750% 9/01/31	Corporate bonds	138	148
	TARGA RES PRTNRS 6.500% 3/30/34	Corporate bonds	122	122
	TRANSATLANTIC HLDGS 8.000% 11/30/39	Corporate bonds	209	197
	OWL ROCK CAP CORP 3.400% 7/15/26	Corporate bonds	115	123
	UBER TECHNOLOGIES 4.500% 8/15/29	Corporate bonds	210	206
	OVINTIV INC 6.250% 7/15/33	Corporate bonds	156	160
	US BANCORP V-D 5.850% 10/21/33	Corporate bonds	111	108
	ORACLE CORP 4.900% 2/06/33	Corporate bonds	235	230
	VICI PROPERTIE 5.750% 4/01/34	Corporate bonds	163	168
	ONEMAIN FINANCE CORP 7.500% 5/15/31	Corporate bonds	161	161
	NUSTAR LOGISTICS LP 5.750% 10/01/25	Corporate bonds	208	210
	VULCAN MATERIALS CO 4.500% 6/15/47	Corporate bonds	108	100
	WELLS FARGO MTN V-Q 2.879% 10/30/30	Corporate bonds	266	263

(Continued)

HOLSTON MEDICAL ASSISTANCE AND LIFE INSURANCE PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024
(Dollars in thousands)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
Corporate bonds (continued)				
	WELLS FARGO MTN V-D 4.808% 7/25/28	Corporate bonds	\$ 188	\$ 188
	NEXTERA ENERGY CAPIT 2.440% 1/15/32	Corporate bonds	151	150
	NEWMONT GOLDCORP 2.800% 10/01/29	Corporate bonds	266	270
	WESTERN MIDSTREAM 4.050% 2/01/30	Corporate bonds	128	127
	MORGAN STANLEY V-D 5.250% 4/21/34	Corporate bonds	373	368
	MORGAN STANLEY V-Q 3.591% 7/22/28	Corporate bonds	242	257
	RTX CORPORATION	Corporate bonds	197	193
	SPRINT CAPITAL CORP 8.750% 3/15/32	Corporate bonds	283	277
	MARVELL TECHNOLOGY 5.950% 9/15/33	Corporate bonds	95	97
	HUNTINGTON BANCSHARE 6.208% 8/21/29	Corporate bonds	275	280
	MARVELL TECHNOLOGY 2.950% 4/15/31	Corporate bonds	157	161
	WARNERMEDIA HLDG 4.279% 3/15/32	Corporate bonds	173	171
	FLORIDA POWER CORP 6.400% 6/15/38	Corporate bonds	145	144
	BACARDI LTD 5.400% 6/15/33	Corporate bonds	177	174
	TRANSCANADA TR V-A 5.600% 3/07/82	Corporate bonds	105	111
	AVOLON HOLDINGS FNDG 5.750% 3/01/29	Corporate bonds	277	280
	TORONTO-DOM BK V-S 3.625% 9/15/31	Corporate bonds	256	262
	CSL FINANCE PLC 4.250% 4/27/32	Corporate bonds	160	155
	CARNIVAL CORP 4.000% 8/01/28	Corporate bonds	200	198
	SUMITOMO MITSUI FINL 2.130% 7/08/30	Corporate bonds	173	180
	WESTPAC MTN CONV V-S 4.322% 11/23/31	Corporate bonds	186	189
	AERCAP IRELAND CAP 6.150% 9/30/30	Corporate bonds	218	230
	SMURFIT KAPPA TREAS 5.438% 4/03/34	Corporate bonds	200	200
	MACQUARIE GROUP V-Q 1.340% 1/12/27	Corporate bonds	196	212
	LUNDIN ENERGY FIN 3.100% 7/15/31	Corporate bonds	238	242
	MITSUBISHI UFJ V-A 5.422% 2/22/29	Corporate bonds	205	207
	ENSTAR GROUP LTD 3.100% 9/01/31	Corporate bonds	145	158
	NATWEST GRP CONV V-A 7.300% 12/31/99	Corporate bonds	200	197
	NIPPON LIFE INS V-A 5.950% 4/16/54	Corporate bonds	201	203
	JAZZ SECURITIES 4.375% 1/15/29	Corporate bonds	421	417
	PFIZER INVT ENTER 4.650% 5/19/30	Corporate bonds	124	123
	SBL HOLDINGS INC 7.200% 10/30/34	Corporate bonds	128	124
	RGA GLOBAL FUNDING 5.500% 1/11/31	Corporate bonds	155	158
	ENLINK MIDSTREAM LLC 6.500% 9/01/30	Corporate bonds	187	185
	MERITAGE HOMES CORP 3.875% 4/15/29	Corporate bonds	194	193
	SAMMONS FINL GROUP 3.350% 4/16/31	Corporate bonds	85	92
	ENTEGRIS ESCROW CORP 4.750% 4/15/29	Corporate bonds	83	84
	PROLOGIS TA US LOG 5.500% 4/01/34	Corporate bonds	144	146
	PRIME SEC/FIN 3.375% 8/31/27	Corporate bonds	83	85
	STARWOOD PROPERTY 3.625% 7/15/26	Corporate bonds	80	86
	COLGATE ENERGY PRTNS 5.875% 7/01/29	Corporate bonds	165	171
	CLEVELAND-CLIFFS INC 7.000% 3/15/32	Corporate bonds	88	87
	STARWOOD PROP TR 7.250% 4/01/29	Corporate bonds	210	208
	FIRST CITIZENS V-Q 3.375% 3/15/30	Corporate bonds	200	209
	FOUNDRY JV HOLDC 6.150% 1/25/32	Corporate bonds	208	202
	GA GLOBAL FNDING 5.500% 1/08/29	Corporate bonds	149	151

(Continued)

HOLSTON MEDICAL ASSISTANCE AND LIFE INSURANCE PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024
(Dollars in thousands)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Corporate bonds (continued)			
	SUNOCO LP 7.000% 5/01/29	Corporate bonds	\$ 169	\$ 166
	GARTNER INC 4.500% 7/01/28	Corporate bonds	174	177
	PENSKE TRUCK LEASING 6.200% 6/15/30	Corporate bonds	157	152
	GLOBAL PARTNERS LP 8.250% 1/15/32	Corporate bonds	169	168
	GLOBAL ATLANTIC FIN 6.750% 3/15/54	Corporate bonds	206	205
	PATTERN ENERGY 4.500% 8/15/28	Corporate bonds	125	127
	HESS MIDSTREAM OPER 5.125% 6/15/28	Corporate bonds	80	81
	BROADCOM INC 4.926% 5/15/37	Corporate bonds	110	114
	PANTHER ES IS LLC 7.125% 6/01/31	Corporate bonds	211	207
	CRESCENT ENRGY 7.625% 4/01/32	Corporate bonds	171	168
	UNITED AIRLINES INC 4.375% 4/15/26	Corporate bonds	85	88
	ORGANON & CO/ORGANON 6.750% 5/15/34	Corporate bonds	199	198
	IRON MOUNTAIN INC 4.500% 2/15/31	Corporate bonds	211	211
	VISTRA OPERATIONS CO 5.700% 12/30/34	Corporate bonds	47	47
	JANE STR GROUP LLC 7.125% 4/30/31	Corporate bonds	165	163
	AVIENT CORPORATION 6.250% 11/01/31	Corporate bonds	11	11
	JOHNSON (S.C.) 4.750% 10/15/46	Corporate bonds	240	212
	KKR GROUP FINAN 5.125% 6/01/44	Corporate bonds	114	112
	LPL HOLDINGS INC 4.375% 5/15/31	Corporate bonds	168	175
	ASCENT RESOURCES 6.625% 10/15/32	Corporate bonds	23	23
	AMERICAN FIN TR INC 4.500% 9/30/28	Corporate bonds	89	105
	ARES FINANCE CO V-S 4.125% 6/30/51	Corporate bonds	88	88
	NEW HOME CO INC 9.250% 10/01/29	Corporate bonds	205	212
	ANTERO RESOURCES 5.375% 3/01/30	Corporate bonds	198	194
	ANTERO MIDSTREAM 5.750% 3/01/27	Corporate bonds	166	169
	APOLLO DEBT SOLUTION 6.900% 4/13/29	Corporate bonds	256	260
	Total Corporate bonds		49,259	49,419
	U.S. government and agency bonds			
	FHLMC PL #ZT0541 4.000% 6/01/48	U.S. government and agency bonds	1,406	1,321
	FHLMC PL #SD3072 6.000% 5/01/53	U.S. government and agency bonds	457	455
	FHLMC PL #SD6940 5.500% 12/01/54	U.S. government and agency bonds	269	267
	FHLMC PL #SD8195 3.000% 2/01/52	U.S. government and agency bonds	318	277
	FHLMC PL #SD8184 3.000% 12/01/51	U.S. government and agency bonds	1,320	1,207
	FHLMC PL #SD8255 3.500% 10/01/52	U.S. government and agency bonds	416	392
	FHLMC PL #SD8267 5.000% 11/01/52	U.S. government and agency bonds	294	287
	GNMA II PL #786280 4.000% 7/20/52	U.S. government and agency bonds	478	458
	FNMA PL #MA4842 5.500% 12/01/52	U.S. government and agency bonds	286	281
	FNMA PL #MA4732 4.000% 9/01/52	U.S. government and agency bonds	398	374
	FNMA PL #MA4656 4.500% 7/01/52	U.S. government and agency bonds	714	668
	FNMA PL #MA4587 2.500% 4/01/42	U.S. government and agency bonds	322	277
	FNMA PL #MA4438 2.500% 10/01/51	U.S. government and agency bonds	887	736
	FNMA PL #FS8708 4.000% 8/01/51	U.S. government and agency bonds	257	246
	FNMA PL #FS6616 6.000% 6/01/53	U.S. government and agency bonds	590	588
	FNMA PL #FS5589 5.500% 7/01/53	U.S. government and agency bonds	712	702
	FNMA PL #FS5233 6.000% 7/01/53	U.S. government and agency bonds	510	517

(Continued)

HOLSTON MEDICAL ASSISTANCE AND LIFE INSURANCE PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024
(Dollars in thousands)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
U.S. government and agency bonds (continued)				
	FNMA PL #FS4571 5.500% 5/01/53	U.S. government and agency bonds	\$ 739	\$ 728
	FNMA PL #FS5284 3.500% 9/01/50	U.S. government and agency bonds	798	788
	FNMA PL #FS3925 5.500% 3/01/53	U.S. government and agency bonds	568	562
	FNMA PL #FS3809 4.500% 11/01/52	U.S. government and agency bonds	506	485
	FNMA PL #CB6304 4.500% 5/01/53	U.S. government and agency bonds	589	569
	FNMA PL #CB5278 5.000% 11/01/52	U.S. government and agency bonds	486	479
	FNMA PL #CB2668 3.000% 1/01/52	U.S. government and agency bonds	720	726
	FNMA PL #CA1711 4.500% 5/01/48	U.S. government and agency bonds	1,178	1,115
	FHLMC PL #RB5175 4.000% 8/01/42	U.S. government and agency bonds	1,135	1,082
	FHLMC PL #RB5163 3.000% 5/01/42	U.S. government and agency bonds	198	185
	FHLMC PL #RB5148 2.000% 3/01/42	U.S. government and agency bonds	912	842
	FHLMC PL #RA8382 5.000% 1/01/53	U.S. government and agency bonds	1,265	1,217
	FHLMC PL #RA6815 2.500% 2/01/52	U.S. government and agency bonds	489	432
	FHLMC PL #RA7191 3.500% 4/01/52	U.S. government and agency bonds	1,527	1,426
	FHLMC PL #RA2970 2.500% 7/01/50	U.S. government and agency bonds	1,116	1,016
	FHLMC PL #QF8052 5.500% 2/01/53	U.S. government and agency bonds	710	700
	FHLMC PL #SD4222 6.000% 10/01/53	U.S. government and agency bonds	700	714
	FHLMC PL #SD3814 5.000% 8/01/53	U.S. government and agency bonds	564	555
	FNMA 6.625% 11/15/30	U.S. government and agency bonds	282	207
	GNMA SER 154 CMO 6.000% 4/20/50	U.S. government and agency bonds	739	760
	FNMA SER 38 CMO 4.500% 8/25/33	U.S. government and agency bonds	1,429	1,364
	FHLMC SER 5205 CMO 2.500% 5/25/35	U.S. government and agency bonds	1,259	1,215
	U.S. TREASURY BONDS 2.500% 2/15/45	U.S. government and agency bonds	4,574	4,178
	U.S. TREASURY BONDS 1.375% 8/15/50	U.S. government and agency bonds	3,299	3,006
	U.S. TREASURY NOTES 4.125% 11/15/32	U.S. government and agency bonds	606	584
	Total U.S. government and agency bonds		<u>36,019</u>	<u>33,988</u>
			<u>\$ 85,610</u>	<u>\$ 83,739</u>

* Indicates party-in-interest

Refer to Independent Auditor's Report

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

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

B This return/report is: the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)

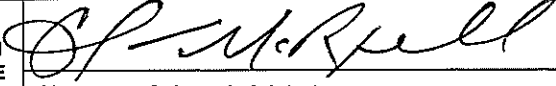
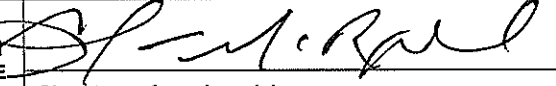
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan HOLSTON MEDICAL ASSISTANCE AND LIFE INSURANCE PLAN	1b Three-digit plan number (PN) ▶ 503 1c Effective date of plan 01/01/1995
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) Holston Defense Corporation PO Box 1038 Kingsport TN 37662	2b Employer Identification Number (EIN) 62-0461469 2c Plan Sponsor's telephone number 423-229-2000 2d Business code (see instructions) 325900

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		13 Oct 2025	CHRIS M. MCREYNOLDS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		13 Oct 2025	CHRIS M. MCREYNOLDS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor HOLSTON MANAGEMENT COMMITTEE ON COMPENSATION AND BENEFIT PLANS HOLSTON MCCBP PO BOX 1038 KINGSPORT TN 37662	3b Administrator's EIN 62-0461469 <hr/> 3c Administrator's telephone number 423-229-2000
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	544
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	0
a(2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits	6b	549
c Other retired or separated participants entitled to future benefits	6c	22
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d	571
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e.	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>3</u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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HOLSTON MEDICAL ASSISTANCE AND LIFE INSURANCE PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024
(Dollars in thousands)

Name of Plan Sponsor: Holston Defense Corporation
Employee Identification Number: 62-0461469
Three-digit Plan Number: 503

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Mutual funds			
	FED HERMES TREASURY OBLIG MMKT-#68	Mutual funds	\$ 332	\$ 332
	Corporate bonds			
	VERIZON MASTER ABS 5.340% 4/22/30	Corporate bonds	498	501
	SMB PRIVATE EDU ABS 5.090% 10/16/56	Corporate bonds	809	805
	ONEMAIN FINL ABS 3.140% 10/14/36	Corporate bonds	1,113	1,148
	MORGAN STANLEY CMO 4.177% 7/15/51	Corporate bonds	881	874
	MORGAN STANLEY CMO 3.720% 12/15/49	Corporate bonds	869	875
	MORGAN STANLEY CMO 3.049% 11/15/49	Corporate bonds	848	870
	MVW OWNER TRUST ABS 4.430% 3/20/42	Corporate bonds	246	241
	JP MORGAN CMO V-M 3.648% 12/15/49	Corporate bonds	861	875
	JPMORGAN COM CMO 3.934% 9/17/47	Corporate bonds	9	10
	HERTZ VEHICLE F ABS 5.480% 1/27/31	Corporate bonds	863	869
	GM FINANCIAL ABS 4.590% 7/17/28	Corporate bonds	1,006	1,001
	GM FINANCIAL REV ABS 1.170% 6/12/34	Corporate bonds	1,106	1,180
	FORD CREDIT ABS 3.190% 7/15/31	Corporate bonds	508	525
	CITIGROUP COMM CMO 3.778% 9/10/58	Corporate bonds	869	890
	ENTERPRISE FLEET ABS 4.790% 5/21/29	Corporate bonds	999	1,001
	CITIGROUP COMM CMO 3.712% 4/14/50	Corporate bonds	857	865
	COMM MTGE TRUST CMO 3.510% 9/10/50	Corporate bonds	851	856
	BMO MORT CMO V-M 5.4779% 11/15/57	Corporate bonds	347	342
	BENCHMARK CMO 5.92554% 3/15/29	Corporate bonds	269	268
	BENCHMARK MORT CMO 6.533% 6/15/29	Corporate bonds	385	388
	BENCHMARK MTG CMO 6.228% 6/15/29	Corporate bonds	479	483
	BENCHMARK MORT CMO 5.8053% 1/10/57	Corporate bonds	508	505
	BENCHMARK MORTG CMO 6.363% 7/15/56	Corporate bonds	88	87
	BENCHMARK CMO V-M 6.537% 5/15/55	Corporate bonds	185	185
	BANK5 CMO 6.790% 5/15/57	Corporate bonds	543	552
	BANK5 CMO 6.225% 5/15/57	Corporate bonds	567	578
	BANK5 CMO V-M 6.268% 2/15/29	Corporate bonds	330	322
	BANK CMO V-M 5.355% 10/15/34	Corporate bonds	237	226
	BANK CMO 5.053% 9/15/34	Corporate bonds	250	239
	BMO MTGE TRU CMO V- 6.127% 7/15/57	Corporate bonds	363	365
	BMO MTGE TRUST CMO 5.7592% 7/15/57	Corporate bonds	427	429
	BARCLAYS CMO V-M 6.094% 5/15/57	Corporate bonds	180	180
	BARCLAYS CMO V-M 5.829% 5/15/57	Corporate bonds	199	201
	BARCLAYS COMM CMO 5.946% 3/15/57	Corporate bonds	291	292
	AVIS BUDGET ABS 3.830% 8/20/28	Corporate bonds	1,050	1,073
	DELL INTL LLC 5.400% 4/15/34	Corporate bonds	188	188
	DIAMONDBACK ENERGY 5.400% 4/18/34	Corporate bonds	123	121
	DOMINION ENERGY V-A 6.625% 5/15/55	Corporate bonds	160	163
	DUKE ENERGY PROGRESS 3.600% 9/15/47	Corporate bonds	193	175

(Continued)

HOLSTON MEDICAL ASSISTANCE AND LIFE INSURANCE PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024
(Dollars in thousands)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Corporate bonds (continued)			
	ENERGY TRANSFER 3.750% 5/15/30	Corporate bonds	\$ 177	\$ 176
	ENSTAR FINANCE V-A 5.500% 1/15/42	Corporate bonds	18	19
	ENERGY LOUISIANA 5.700% 3/15/54	Corporate bonds	123	122
	ENTERPRISE PRODUCTS 4.800% 2/01/49	Corporate bonds	317	225
	F&G ANNUITIES & LIFE 6.250% 10/04/34	Corporate bonds	137	134
	META PLATFORMS INC 5.400% 8/15/54	Corporate bonds	161	157
	FACTSET RESEARCH 3.450% 3/01/32	Corporate bonds	259	265
	FIFTH THIRD BANC V-D 4.055% 4/25/28	Corporate bonds	159	167
	FORD MOTOR COMPANY 6.100% 8/19/32	Corporate bonds	187	192
	GE HEALTHCARE 5.857% 3/15/30	Corporate bonds	380	373
	GENERAL MTRS FINL CO 5.850% 4/06/30	Corporate bonds	130	132
	HCA INC 5.500% 6/01/33	Corporate bonds	230	226
	HOME DEPOT INC 2.700% 4/15/30	Corporate bonds	117	116
	HOWMET AEROSPACE INC 4.850% 10/15/31	Corporate bonds	39	38
	IND MICH POWER 4.550% 3/15/46	Corporate bonds	171	161
	INVITATION HOMES OP 4.150% 4/15/32	Corporate bonds	168	167
	IQVIA INC 6.250% 2/01/29	Corporate bonds	96	99
	JPMORGAN CHASE V-D 4.912% 7/25/33	Corporate bonds	302	298
	JPMORGAN CHASE V-D 5.012% 1/23/30	Corporate bonds	444	442
	JEFFERIES GROUP LLC 4.150% 1/23/30	Corporate bonds	101	103
	KENVUE INC 5.000% 3/22/30	Corporate bonds	220	223
	KEYCORP MTN 2.550% 10/01/29	Corporate bonds	199	208
	KRAFT HEINZ FOODS 4.875% 10/01/49	Corporate bonds	193	198
	KYNDRYL HOLDINGS INC 3.150% 10/15/31	Corporate bonds	172	173
	L BRANDS INC 6.875% 11/01/35	Corporate bonds	143	142
	L3HARRIS TECH INC 5.400% 7/31/33	Corporate bonds	230	237
	LYB INTERNATIONAL FI 5.500% 3/01/34	Corporate bonds	237	236
	LEXINGTON REALTY TRU 2.700% 9/15/30	Corporate bonds	133	138
	LXP INDUSTRIAL TRUST 6.750% 11/15/28	Corporate bonds	86	91
	MGM RESORTS INTERN 6.125% 9/15/29	Corporate bonds	110	110
	MPLX LP 4.500% 4/15/38	Corporate bonds	68	67
	DTE ELECTRIC CO 5.200% 4/01/33	Corporate bonds	173	170
	COREBRIDGE FINL V-A 6.375% 9/15/54	Corporate bonds	197	193
	CONSTELLATION BRANDS 4.900% 5/01/33	Corporate bonds	137	134
	CONCENTRIX CORP 6.850% 8/02/33	Corporate bonds	169	168
	COMERICA INC V-D 5.982% 1/30/30	Corporate bonds	155	156
	CITIZENS FINL V-D 5.841% 1/23/30	Corporate bonds	165	166
	CITIGROUP INC V-Q 2.976% 11/05/30	Corporate bonds	191	188
	CITIGROUP INC V-A VAR CPN 12/31/99	Corporate bonds	170	179
	CITIGROUP INC V-Q 3.668% 7/24/28	Corporate bonds	427	366
	CHARTER COMM OPT 6.550% 6/01/34	Corporate bonds	184	185
	CHARTER COMMUNICAT 6.100% 6/01/29	Corporate bonds	133	130
	CENTERPOINT ENERGY 5.150% 3/01/34	Corporate bonds	164	162
	CRH AMERICA FINANCE 5.400% 5/21/34	Corporate bonds	201	202
	CMS ENERGY CORP 4.700% 3/31/43	Corporate bonds	189	179
	BURLINGTON NORTHERN 4.950% 9/15/41	Corporate bonds	153	140
	BROADCOM INC 4.150% 11/15/30	Corporate bonds	133	129

(Continued)

HOLSTON MEDICAL ASSISTANCE AND LIFE INSURANCE PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024
(Dollars in thousands)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Corporate bonds (continued)			
	BOEING CO/THE 6.298% 5/01/29	Corporate bonds	\$ 103	\$ 106
	BOEING CO 5.705% 5/01/40	Corporate bonds	148	139
	BLUE OWL FIN LLC 4.125% 10/07/51	Corporate bonds	121	133
	BLACKSTONE PRIVATE 5.950% 7/16/29	Corporate bonds	82	81
	BLACKROCK INC 1.900% 1/28/31	Corporate bonds	176	177
	BARINGS BDC INC 3.300% 11/23/26	Corporate bonds	79	85
	BANK OF AMER MTN V-D 5.288% 4/25/34	Corporate bonds	299	304
	BANK OF AMERICA V-Q 3.419% 12/20/28	Corporate bonds	346	353
	BAT CAPITAL CORP 6.421% 8/02/33	Corporate bonds	203	209
	ATHENE HOLDING V-D 6.625% 10/15/54	Corporate bonds	127	126
	ATHENE HOLDING LTD 5.875% 1/15/34	Corporate bonds	363	369
	ARES CAPITAL CORP 5.950% 7/15/29	Corporate bonds	212	211
	ARES MANAGEMENT CORP 6.375% 11/10/28	Corporate bonds	126	132
	APACHE CORP 5.100% 9/01/40	Corporate bonds	133	137
	ANHEUSER-BUSCH 4.900% 2/01/46	Corporate bonds	106	104
	AMGEN INC 5.250% 3/02/30	Corporate bonds	327	325
	AMAZON.COM INC 2.875% 5/12/41	Corporate bonds	124	122
	AT&T INC 3.500% 6/01/41	Corporate bonds	225	223
	AT&T INC 4.300% 2/15/30	Corporate bonds	120	119
	S&P GLOBAL INC 4.250% 5/01/29	Corporate bonds	166	164
	SBL HOLDINGS LLC 5.125% 11/13/26	Corporate bonds	165	168
	SEMPRA ENERGY 3.800% 2/01/38	Corporate bonds	218	205
	RETAIL OPPORTUNITY 6.750% 10/15/28	Corporate bonds	150	160
	RTX CORPORATION 6.100% 3/15/34	Corporate bonds	111	117
	RADIAN GROUP INC 6.200% 5/15/29	Corporate bonds	129	132
	SOUTHERN CAL EDISON 5.950% 11/01/32	Corporate bonds	247	240
	SOUTHERN CALIF EDISO 5.750% 4/15/54	Corporate bonds	123	124
	PIONEER NAT RES 1.900% 8/15/30	Corporate bonds	116	125
	PHILLIPS EDISON GROC 4.950% 1/15/35	Corporate bonds	216	207
	STEEL DYNAMICS INC 5.375% 8/15/34	Corporate bonds	124	125
	PHILIP MORRIS INTL 5.125% 2/15/30	Corporate bonds	128	127
	STORE CAPITAL CORP 2.750% 11/18/30	Corporate bonds	116	142
	T MOBILE INC 6.000% 6/15/54	Corporate bonds	270	263
	TANGER PROPERTIES LP 2.750% 9/01/31	Corporate bonds	138	148
	TARGA RES PRTNRS 6.500% 3/30/34	Corporate bonds	122	122
	TRANSATLANTIC HLDGS 8.000% 11/30/39	Corporate bonds	209	197
	OWL ROCK CAP CORP 3.400% 7/15/26	Corporate bonds	115	123
	UBER TECHNOLOGIES 4.500% 8/15/29	Corporate bonds	210	206
	OVINTIV INC 6.250% 7/15/33	Corporate bonds	156	160
	US BANCORP V-D 5.850% 10/21/33	Corporate bonds	111	108
	ORACLE CORP 4.900% 2/06/33	Corporate bonds	235	230
	VICI PROPERTIE 5.750% 4/01/34	Corporate bonds	163	168
	ONEMAIN FINANCE CORP 7.500% 5/15/31	Corporate bonds	161	161
	NUSTAR LOGISTICS LP 5.750% 10/01/25	Corporate bonds	208	210
	VULCAN MATERIALS CO 4.500% 6/15/47	Corporate bonds	108	100
	WELLS FARGO MTN V-Q 2.879% 10/30/30	Corporate bonds	266	263

(Continued)

HOLSTON MEDICAL ASSISTANCE AND LIFE INSURANCE PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024
(Dollars in thousands)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
Corporate bonds (continued)				
	WELLS FARGO MTN V-D 4.808% 7/25/28	Corporate bonds	\$ 188	\$ 188
	NEXTERA ENERGY CAPIT 2.440% 1/15/32	Corporate bonds	151	150
	NEWMONT GOLDCORP 2.800% 10/01/29	Corporate bonds	266	270
	WESTERN MIDSTREAM 4.050% 2/01/30	Corporate bonds	128	127
	MORGAN STANLEY V-D 5.250% 4/21/34	Corporate bonds	373	368
	MORGAN STANLEY V-Q 3.591% 7/22/28	Corporate bonds	242	257
	RTX CORPORATION	Corporate bonds	197	193
	SPRINT CAPITAL CORP 8.750% 3/15/32	Corporate bonds	283	277
	MARVELL TECHNOLOGY 5.950% 9/15/33	Corporate bonds	95	97
	HUNTINGTON BANCSHARE 6.208% 8/21/29	Corporate bonds	275	280
	MARVELL TECHNOLOGY 2.950% 4/15/31	Corporate bonds	157	161
	WARNERMEDIA HLDG 4.279% 3/15/32	Corporate bonds	173	171
	FLORIDA POWER CORP 6.400% 6/15/38	Corporate bonds	145	144
	BACARDI LTD 5.400% 6/15/33	Corporate bonds	177	174
	TRANSCANADA TR V-A 5.600% 3/07/82	Corporate bonds	105	111
	AVOLON HOLDINGS FNDG 5.750% 3/01/29	Corporate bonds	277	280
	TORONTO-DOM BK V-S 3.625% 9/15/31	Corporate bonds	256	262
	CSL FINANCE PLC 4.250% 4/27/32	Corporate bonds	160	155
	CARNIVAL CORP 4.000% 8/01/28	Corporate bonds	200	198
	SUMITOMO MITSUI FINL 2.130% 7/08/30	Corporate bonds	173	180
	WESTPAC MTN CONV V-S 4.322% 11/23/31	Corporate bonds	186	189
	AERCAP IRELAND CAP 6.150% 9/30/30	Corporate bonds	218	230
	SMURFIT KAPPA TREAS 5.438% 4/03/34	Corporate bonds	200	200
	MACQUARIE GROUP V-Q 1.340% 1/12/27	Corporate bonds	196	212
	LUNDIN ENERGY FIN 3.100% 7/15/31	Corporate bonds	238	242
	MITSUBISHI UFJ V-A 5.422% 2/22/29	Corporate bonds	205	207
	ENSTAR GROUP LTD 3.100% 9/01/31	Corporate bonds	145	158
	NATWEST GRP CONV V-A 7.300% 12/31/99	Corporate bonds	200	197
	NIPPON LIFE INS V-A 5.950% 4/16/54	Corporate bonds	201	203
	JAZZ SECURITIES 4.375% 1/15/29	Corporate bonds	421	417
	PFIZER INVT ENTER 4.650% 5/19/30	Corporate bonds	124	123
	SBL HOLDINGS INC 7.200% 10/30/34	Corporate bonds	128	124
	RGA GLOBAL FUNDING 5.500% 1/11/31	Corporate bonds	155	158
	ENLINK MIDSTREAM LLC 6.500% 9/01/30	Corporate bonds	187	185
	MERITAGE HOMES CORP 3.875% 4/15/29	Corporate bonds	194	193
	SAMMONS FINL GROUP 3.350% 4/16/31	Corporate bonds	85	92
	ENTEGRIS ESCROW CORP 4.750% 4/15/29	Corporate bonds	83	84
	PROLOGIS TA US LOG 5.500% 4/01/34	Corporate bonds	144	146
	PRIME SEC/FIN 3.375% 8/31/27	Corporate bonds	83	85
	STARWOOD PROPERTY 3.625% 7/15/26	Corporate bonds	80	86
	COLGATE ENERGY PRTNS 5.875% 7/01/29	Corporate bonds	165	171
	CLEVELAND-CLIFFS INC 7.000% 3/15/32	Corporate bonds	88	87
	STARWOOD PROP TR 7.250% 4/01/29	Corporate bonds	210	208
	FIRST CITIZENS V-Q 3.375% 3/15/30	Corporate bonds	200	209
	FOUNDRY JV HOLDC 6.150% 1/25/32	Corporate bonds	208	202
	GA GLOBAL FNDING 5.500% 1/08/29	Corporate bonds	149	151

(Continued)

HOLSTON MEDICAL ASSISTANCE AND LIFE INSURANCE PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024
(Dollars in thousands)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
Corporate bonds (continued)				
	SUNOCO LP 7.000% 5/01/29	Corporate bonds	\$ 169	\$ 166
	GARTNER INC 4.500% 7/01/28	Corporate bonds	174	177
	PENSKE TRUCK LEASING 6.200% 6/15/30	Corporate bonds	157	152
	GLOBAL PARTNERS LP 8.250% 1/15/32	Corporate bonds	169	168
	GLOBAL ATLANTIC FIN 6.750% 3/15/54	Corporate bonds	206	205
	PATTERN ENERGY 4.500% 8/15/28	Corporate bonds	125	127
	HESS MIDSTREAM OPER 5.125% 6/15/28	Corporate bonds	80	81
	BROADCOM INC 4.926% 5/15/37	Corporate bonds	110	114
	PANTHER ES IS LLC 7.125% 6/01/31	Corporate bonds	211	207
	CRESCENT ENRGY 7.625% 4/01/32	Corporate bonds	171	168
	UNITED AIRLINES INC 4.375% 4/15/26	Corporate bonds	85	88
	ORGANON & CO/ORGANON 6.750% 5/15/34	Corporate bonds	199	198
	IRON MOUNTAIN INC 4.500% 2/15/31	Corporate bonds	211	211
	VISTRA OPERATIONS CO 5.700% 12/30/34	Corporate bonds	47	47
	JANE STR GROUP LLC 7.125% 4/30/31	Corporate bonds	165	163
	AVIENT CORPORATION 6.250% 11/01/31	Corporate bonds	11	11
	JOHNSON (S.C.) 4.750% 10/15/46	Corporate bonds	240	212
	KKR GROUP FINAN 5.125% 6/01/44	Corporate bonds	114	112
	LPL HOLDINGS INC 4.375% 5/15/31	Corporate bonds	168	175
	ASCENT RESOURCES 6.625% 10/15/32	Corporate bonds	23	23
	AMERICAN FIN TR INC 4.500% 9/30/28	Corporate bonds	89	105
	ARES FINANCE CO V-S 4.125% 6/30/51	Corporate bonds	88	88
	NEW HOME CO INC 9.250% 10/01/29	Corporate bonds	205	212
	ANTERO RESOURCES 5.375% 3/01/30	Corporate bonds	198	194
	ANTERO MIDSTREAM 5.750% 3/01/27	Corporate bonds	166	169
	APOLLO DEBT SOLUTION 6.900% 4/13/29	Corporate bonds	256	260
	Total Corporate bonds		49,259	49,419
U.S. government and agency bonds				
	FHLMC PL #ZT0541 4.000% 6/01/48	U.S. government and agency bonds	1,406	1,321
	FHLMC PL #SD3072 6.000% 5/01/53	U.S. government and agency bonds	457	455
	FHLMC PL #SD6940 5.500% 12/01/54	U.S. government and agency bonds	269	267
	FHLMC PL #SD8195 3.000% 2/01/52	U.S. government and agency bonds	318	277
	FHLMC PL #SD8184 3.000% 12/01/51	U.S. government and agency bonds	1,320	1,207
	FHLMC PL #SD8255 3.500% 10/01/52	U.S. government and agency bonds	416	392
	FHLMC PL #SD8267 5.000% 11/01/52	U.S. government and agency bonds	294	287
	GNMA II PL #786280 4.000% 7/20/52	U.S. government and agency bonds	478	458
	FNMA PL #MA4842 5.500% 12/01/52	U.S. government and agency bonds	286	281
	FNMA PL #MA4732 4.000% 9/01/52	U.S. government and agency bonds	398	374
	FNMA PL #MA4656 4.500% 7/01/52	U.S. government and agency bonds	714	668
	FNMA PL #MA4587 2.500% 4/01/42	U.S. government and agency bonds	322	277
	FNMA PL #MA4438 2.500% 10/01/51	U.S. government and agency bonds	887	736
	FNMA PL #FS8708 4.000% 8/01/51	U.S. government and agency bonds	257	246
	FNMA PL #FS6616 6.000% 6/01/53	U.S. government and agency bonds	590	588
	FNMA PL #FS5589 5.500% 7/01/53	U.S. government and agency bonds	712	702
	FNMA PL #FS5233 6.000% 7/01/53	U.S. government and agency bonds	510	517

(Continued)

HOLSTON MEDICAL ASSISTANCE AND LIFE INSURANCE PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024
(Dollars in thousands)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
U.S. government and agency bonds (continued)				
	FNMA PL #FS4571 5.500% 5/01/53	U.S. government and agency bonds	\$ 739	\$ 728
	FNMA PL #FS5284 3.500% 9/01/50	U.S. government and agency bonds	798	788
	FNMA PL #FS3925 5.500% 3/01/53	U.S. government and agency bonds	568	562
	FNMA PL #FS3809 4.500% 11/01/52	U.S. government and agency bonds	506	485
	FNMA PL #CB6304 4.500% 5/01/53	U.S. government and agency bonds	589	569
	FNMA PL #CB5278 5.000% 11/01/52	U.S. government and agency bonds	486	479
	FNMA PL #CB2668 3.000% 1/01/52	U.S. government and agency bonds	720	726
	FNMA PL #CA1711 4.500% 5/01/48	U.S. government and agency bonds	1,178	1,115
	FHLMC PL #RB5175 4.000% 8/01/42	U.S. government and agency bonds	1,135	1,082
	FHLMC PL #RB5163 3.000% 5/01/42	U.S. government and agency bonds	198	185
	FHLMC PL #RB5148 2.000% 3/01/42	U.S. government and agency bonds	912	842
	FHLMC PL #RA8382 5.000% 1/01/53	U.S. government and agency bonds	1,265	1,217
	FHLMC PL #RA6815 2.500% 2/01/52	U.S. government and agency bonds	489	432
	FHLMC PL #RA7191 3.500% 4/01/52	U.S. government and agency bonds	1,527	1,426
	FHLMC PL #RA2970 2.500% 7/01/50	U.S. government and agency bonds	1,116	1,016
	FHLMC PL #QF8052 5.500% 2/01/53	U.S. government and agency bonds	710	700
	FHLMC PL #SD4222 6.000% 10/01/53	U.S. government and agency bonds	700	714
	FHLMC PL #SD3814 5.000% 8/01/53	U.S. government and agency bonds	564	555
	FNMA 6.625% 11/15/30	U.S. government and agency bonds	282	207
	GNMA SER 154 CMO 6.000% 4/20/50	U.S. government and agency bonds	739	760
	FNMA SER 38 CMO 4.500% 8/25/33	U.S. government and agency bonds	1,429	1,364
	FHLMC SER 5205 CMO 2.500% 5/25/35	U.S. government and agency bonds	1,259	1,215
	U.S. TREASURY BONDS 2.500% 2/15/45	U.S. government and agency bonds	4,574	4,178
	U.S. TREASURY BONDS 1.375% 8/15/50	U.S. government and agency bonds	3,299	3,006
	U.S. TREASURY NOTES 4.125% 11/15/32	U.S. government and agency bonds	606	584
	Total U.S. government and agency bonds		<u>36,019</u>	<u>33,988</u>
			<u>\$ 85,610</u>	<u>\$ 83,739</u>

* Indicates party-in-interest

Refer to Independent Auditor's Report