

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

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

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>CONSOLIDATED 403(B) PLAN OF HACKENSACK MERIDIAN HEALTH</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>016</u></p>
<p><b>2a</b> 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>HACKENSACK MERIDIAN HEALTH</u></p> <p><u>343 THORNALL STREET, 8TH FLOOR</u> <u>EDISON, NJ 08837</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/2011</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>22-3474145</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>844-464-9355</u></p> <p><b>2d</b> Business code (see instructions) <u>622000</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/13/2025	FRANK MUCCIOLO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/13/2025	FRANK MUCCIOLO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	25694
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	16823
	<b>6a(2)</b>	16020
	<b>6b</b>	0
	<b>6c</b>	8547
	<b>6d</b>	24567
	<b>6e</b>	67
	<b>6f</b>	24634
	<b>6g(1)</b>	23667
<b>6g(2)</b>	22465	
<b>6h</b>	2	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2F 2G 2L 2M 2T 3H 3D

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

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

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

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>16</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>CONSOLIDATED 403(B) PLAN OF HACKENSACK MERIDIAN HEALTH</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>016</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HACKENSACK MERIDIAN HEALTH</b>		<b>D</b> Employer Identification Number (EIN) <b>22-3474145</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**BRIGHTHOUSE LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>06-0566090</b>	<b>87726</b>	<b>923891</b>	<b>8</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	67513
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	60510
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment      (4) <input checked="" type="checkbox"/> other ▶ <b>GROUP ANNUITY CONTRACT</b>	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 69253
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 2070
	(4) Transferred from separate account .....	<b>7c(4)</b>
	(5) Other (specify below)..... ▶	<b>7c(5)</b>
	(6) Total additions .....	<b>7c(6)</b> 2070
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 71323
<b>e</b>	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 3810
	(2) Administration charge made by carrier.....	<b>7e(2)</b>
	(3) Transferred to separate account .....	<b>7e(3)</b>
	(4) Other (specify below)..... ▶	<b>7e(4)</b>
(5) Total deductions .....	<b>7e(5)</b> 3810	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 67513

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>CONSOLIDATED 403(B) PLAN OF HACKENSACK MERIDIAN HEALTH</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>016</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HACKENSACK MERIDIAN HEALTH</b>	<b>D</b> Employer Identification Number (EIN) <b>22-3474145</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**BRIGHTHOUSE LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>06-0566090</b>	<b>87726</b>	<b>930362</b>	<b>24</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

<b>(a)</b> Total amount of commissions paid <b>25</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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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  
**LPL FINANCIAL LLC** **PO BOX 509026**  
**SAN DIEGO, CA 92150**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>14</b>			<b>3</b>

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**LPL FINANCIAL LLC** **9785 TOWNE CENTRE DRIVE**  
**SAN DIEGO, CA 92121**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>11</b>			<b>3</b>

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

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

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

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

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

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

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

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

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

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

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

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	348354
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	835963

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	340480
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<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	10257
	<b>7c(4)</b>	11737
	<b>7c(5)</b>	

(6) Total additions .....	<b>7c(6)</b>	21994
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<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	362474
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<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	13423
	<b>7e(2)</b>	697
	<b>7e(3)</b>	
	<b>7e(4)</b>	

(5) Total deductions .....	<b>7e(5)</b>	14120
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<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	348354
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**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>CONSOLIDATED 403(B) PLAN OF HACKENSACK MERIDIAN HEALTH</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>016</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HACKENSACK MERIDIAN HEALTH</b>		<b>D</b> Employer Identification Number (EIN) <b>22-3474145</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**BRIGHTHOUSE LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>06-0566090</b>	<b>87726</b>	<b>916357</b>	<b>18</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

<b>(a)</b> Total amount of commissions paid <b>18</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
--	--

**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

**MML INVESTORS SERVICES LLC**  
**PO BOX 17480**  
**NEWARK, NJ 07194-7480**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>18</b>			<b>3</b>

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	462331
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	1858927

**6** Contracts With Allocated Funds:

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

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

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

**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 ▶

**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 ▶

<b>6b</b>	
<b>6c</b>	
<b>6d</b>	

**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 ▶ GROUP ANNUITY CONTRACT

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	532334
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	17009
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	(6) Total additions .....	<b>7c(6)</b>
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	549343
<b>e</b> Deductions:		
	<b>7e(1)</b>	87012
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
(5) Total deductions .....	<b>7e(5)</b>	87012
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	462331

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>CONSOLIDATED 403(B) PLAN OF HACKENSACK MERIDIAN HEALTH</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>016</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HACKENSACK MERIDIAN HEALTH</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>22-3474145</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**THE 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	006986	0	01/01/2024	03/01/2024

**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><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">0</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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	0
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	0

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

**b** Balance at the end of the previous year ..... **7b** 632030

<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	3049
	<b>7c(4)</b>	
	<b>7c(5)</b>	

(6) Total additions ..... **7c(6)** 3049

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 635079

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	256
(2) Administration charge made by carrier.....	<b>7e(2)</b>	
(3) Transferred to separate account .....	<b>7e(3)</b>	9788
(4) Other (specify below)..... ▶ <b>TRANSFERS</b>	<b>7e(4)</b>	625035

(5) Total deductions ..... **7e(5)** 635079

**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:

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

**10** Nonexperience-rated contracts:

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

**Part IV Provision of Information**

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

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

<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></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><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p><b>A</b> Name of plan <span style="color: blue;">CONSOLIDATED 403(B) PLAN OF HACKENSACK MERIDIAN HEALTH</span></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><span style="color: blue;">016</span></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">HACKENSACK MERIDIAN HEALTH</span></p>	<p><b>D</b> Employer Identification Number (EIN) <span style="color: blue;">22-3474145</span></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  
EMPOWER ANNUITY 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
06-1050034	93629	523337-01	342	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	6279333
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

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

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

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

**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 ▶

**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 ▶

<b>6b</b>	
<b>6c</b>	
<b>6d</b>	

**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 ▶ GROUP ANNUITY CONTRACT

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	7744949
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	164810
	<b>7c(4)</b>	240287
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	405097
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	8150046
<b>e</b> Deductions:	<b>7e(1)</b>	1448315
	<b>7e(2)</b>	
	<b>7e(3)</b>	422398
	<b>7e(4)</b>	
	(5) Total deductions .....	<b>7e(5)</b>
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	6279333

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>CONSOLIDATED 403(B) PLAN OF HACKENSACK MERIDIAN HEALTH</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>016</b></p>	
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HACKENSACK MERIDIAN HEALTH</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>22-3474145</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**THE 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	524381-01	26	03/02/2024	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><b>(a)</b> Total amount of commissions paid <b>1953</b></p>	<p><b>(b)</b> Total amount of fees paid <b>0</b></p>
--	--

**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  
**SECURITIES AMERICA INC** **36 W ROUTE 70 STE 210**  
**MARLTON, NJ 08053**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1164			3

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**OSAIC WEALTH INC** **36 W ROUTE 70 STE 210**  
**MARLTON, NJ 08053**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
789			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	

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

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	580308
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	723886

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

**b** Balance at the end of the previous year ..... **7b** 0

<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	15309
	<b>7c(4)</b>	636164
	<b>7c(5)</b>	

(6) Total additions ..... **7c(6)** 651473

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 651473

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	67001
(2) Administration charge made by carrier.....	<b>7e(2)</b>	224
(3) Transferred to separate account .....	<b>7e(3)</b>	3940
(4) Other (specify below) .....	<b>7e(4)</b>	

(5) Total deductions ..... **7e(5)** 71165

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 580308

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>CONSOLIDATED 403(B) PLAN OF HACKENSACK MERIDIAN HEALTH</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>016</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HACKENSACK MERIDIAN HEALTH</b>		<b>D</b> Employer Identification Number (EIN) <b>22-3474145</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier

**AXA EQUITABLE LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-5570651</b>	<b>62944</b>	<b>793399</b>	<b>266</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	1757438
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	8289738

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

**b** Balance at the end of the previous year ..... **7b** 2338732

<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	52053
	<b>7c(4)</b>	
	<b>7c(5)</b>	17001
▶ <b>LOAN REPAYMENTS</b>		
(6) Total additions .....		<b>7c(6)</b> 69054

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 2407786

<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	573345
	<b>7e(2)</b>	2619
	<b>7e(3)</b>	74384
	<b>7e(4)</b>	
(5) Total deductions .....		<b>7e(5)</b> 650348

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 1757438

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>CONSOLIDATED 403(B) PLAN OF HACKENSACK MERIDIAN HEALTH</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>016</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HACKENSACK MERIDIAN HEALTH</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>22-3474145</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**METROPOLITAN LIFE OF CT**

(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
06-0566090	87726	1014183-02	39	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	680743
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment      (4) <input checked="" type="checkbox"/> other ▶ <b>GROUP ANNUITY CONTRACT</b>	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 1110302
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 14976
	(4) Transferred from separate account .....	<b>7c(4)</b>
	(5) Other (specify below)..... ▶	<b>7c(5)</b>
	(6) Total additions .....	<b>7c(6)</b> 14976
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 1125278
<b>e</b>	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 444535
	(2) Administration charge made by carrier.....	<b>7e(2)</b>
	(3) Transferred to separate account .....	<b>7e(3)</b>
	(4) Other (specify below)..... ▶	<b>7e(4)</b>
(5) Total deductions .....	<b>7e(5)</b> 444535	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 680743

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>CONSOLIDATED 403(B) PLAN OF HACKENSACK MERIDIAN HEALTH</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>016</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HACKENSACK MERIDIAN HEALTH</b>	<b>D</b> Employer Identification Number (EIN) <b>22-3474145</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**METROPOLITAN INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-5581829</b>	<b>65978</b>	<b>1071009</b>	<b>25</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	332776
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	1225117
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input checked="" type="checkbox"/> other ▶ <b>GROUP DEFERRED ANNUITIES</b>	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 339843
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 11322
	(4) Transferred from separate account .....	<b>7c(4)</b>
	(5) Other (specify below)..... ▶	<b>7c(5)</b>
	(6) Total additions .....	<b>7c(6)</b> 11322
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 351165
<b>e</b>	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 18389
	(2) Administration charge made by carrier.....	<b>7e(2)</b>
	(3) Transferred to separate account .....	<b>7e(3)</b>
	(4) Other (specify below)..... ▶	<b>7e(4)</b>
(5) Total deductions .....	<b>7e(5)</b> 18389	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 332776

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>CONSOLIDATED 403(B) PLAN OF HACKENSACK MERIDIAN HEALTH</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>016</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HACKENSACK MERIDIAN HEALTH</b>	<b>D</b> Employer Identification Number (EIN) <b>22-3474145</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**METROPOLITAN LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-5581829</b>	<b>65978</b>	<b>1071074</b>	<b>66</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	2190881
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	1085132

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

**b** Balance at the end of the previous year ..... **7b** 2351991

<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	76706
	<b>7c(4)</b>	
	<b>7c(5)</b>	

(6) Total additions ..... **7c(6)** 76706

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 2428697

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	235800
(2) Administration charge made by carrier.....	<b>7e(2)</b>	
(3) Transferred to separate account .....	<b>7e(3)</b>	2016
(4) Other (specify below) .....	<b>7e(4)</b>	

(5) Total deductions ..... **7e(5)** 237816

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 2190881

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>CONSOLIDATED 403(B) PLAN OF HACKENSACK MERIDIAN HEALTH</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>016</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HACKENSACK MERIDIAN HEALTH</b>		<b>D</b> Employer Identification Number (EIN) <b>22-3474145</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**METROPOLITAN LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-5581829</b>	<b>65978</b>	<b>1071056</b>	<b>49</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	2672503
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	2502173

**6** Contracts With Allocated Funds:

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

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

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

**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 ▶

**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 ▶

<b>6b</b>	
<b>6c</b>	
<b>6d</b>	

**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 ▶ GROUP DEFERRED ANNUITIES

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	2431150
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	82884
	<b>7c(4)</b>	238056
	<b>7c(5)</b>	
	(6) Total additions .....	<b>7c(6)</b>
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	2752090
<b>e</b> Deductions:		
	<b>7e(1)</b>	79587
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
(5) Total deductions .....	<b>7e(5)</b>	79587
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	2672503

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>CONSOLIDATED 403(B) PLAN OF HACKENSACK MERIDIAN HEALTH</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>016</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HACKENSACK MERIDIAN HEALTH</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>22-3474145</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**TIAA-CREF**

(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
13-1624203	69345	405334	4910	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	154342359
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 165373764
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 4466767
	(4) Transferred from separate account .....	<b>7c(4)</b> 20929607
	(5) Other (specify below).....	<b>7c(5)</b> 1339213
	▶ MISCELLANEOUS CREDITS, INCLUDING INVESTMENT GAINS AND TRANSFERS FROM FULLY ALLOCATED CONTRACTS	
	(6) Total additions .....	<b>7c(6)</b> 26735587
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 192109351
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 20145906
	(2) Administration charge made by carrier.....	<b>7e(2)</b> 47789
	(3) Transferred to separate account .....	<b>7e(3)</b> 16996132
	(4) Other (specify below).....	<b>7e(4)</b> 577165
▶ MISCELLANEOUS DEBITS, INCLUDING INVESTMENT LOSSES AND TRANSFERS TO FULLY ALLOCATED CONTRACTS		
	(5) Total deductions .....	<b>7e(5)</b> 37766992
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 154342359

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>CONSOLIDATED 403(B) PLAN OF HACKENSACK MERIDIAN HEALTH</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>016</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HACKENSACK MERIDIAN HEALTH</b>	<b>D</b> Employer Identification Number (EIN) <b>22-3474145</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**THE VARIABLE ANNUITY LIFE INSURANCE CO.**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>74-1625348</b>	<b>70238</b>	<b>51838</b>	<b>2</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	230869
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input checked="" type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 224145
<b>c</b>	(1) Contributions deposited during the year .....	<b>7c(1)</b>
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 6724
	(4) Transferred from separate account .....	<b>7c(4)</b>
	(5) Other (specify below)..... ▶	<b>7c(5)</b>
	(6) Total additions .....	<b>7c(6)</b> 6724
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 230869
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>
	(2) Administration charge made by carrier.....	<b>7e(2)</b>
	(3) Transferred to separate account .....	<b>7e(3)</b>
	(4) Other (specify below)..... ▶	<b>7e(4)</b>
(5) Total deductions .....	<b>7e(5)</b> 0	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 230869

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A**  
**(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>CONSOLIDATED 403(B) PLAN OF HACKENSACK MERIDIAN HEALTH</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>016</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HACKENSACK MERIDIAN HEALTH</b>	<b>D</b> Employer Identification Number (EIN) <b>22-3474145</b>

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

**1** Coverage Information:

(a) Name of insurance carrier  
**THE VARIABLE ANNUITY LIFE INSURANCE CO.**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<b>74-1625348</b>	<b>70238</b>	<b>51053</b>	<b>586</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

(a) Total amount of commissions paid <b>1096</b>	(b) Total amount of fees paid <b>0</b>
---	---

**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  
**MAYHART, GARRETT** **2929 ALLEN PARKWAY**  
**HOUSTON, TX 77019**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<b>213</b>			<b>3</b>

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**BARAN, DANIELLE M** **2929 ALLEN PARKWAY**  
**HOUSTON, TX 77019**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<b>161</b>			<b>3</b>

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

SCHROYER, TIMOTHY C 2929 ALLEN PARKWAY  
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
143			3

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

GREGORY, JEROME 2929 ALLEN PARKWAY  
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
113			3

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

CASSIN, DAVID T 2929 ALLEN PARKWAY  
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
111			3

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

PIUS-NWAGWU, IKECHUKWU U 2929 ALLEN PARKWAY  
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
75			3

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

CINALLI, JR, RICHARD P 2929 ALLEN PARKWAY  
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
73			3

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

CARNEY, DIANA A 2929 ALLEN PARKWAY  
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
45			3

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

HADEN, II, THOMAS D 2929 ALLEN PARKWAY  
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
35			3

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

CLARK, TRACY 2929 ALLEN PARKWAY  
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24			3

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

BEGUM, NAZMA 2929 ALLEN PARKWAY  
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
23			3

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

BAZAREVITSCH, NICOLAS 2929 ALLEN PARKWAY  
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
21			3

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

AVILES, JR, DANIEL 2929 ALLEN PARKWAY  
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
21			3

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

LYNCH, THOMAS J 2929 ALLEN PARKWAY  
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16			3

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

MILEWSKI, MARK J 2929 ALLEN PARKWAY  
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11			3

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

WILSON, RICHARD 2929 ALLEN PARKWAY  
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11			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	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	11825063
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	38717001
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input checked="" type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 12833603
<b>c</b>	(1) Contributions deposited during the year .....	<b>7c(1)</b>
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 354484
	(4) Transferred from separate account .....	<b>7c(4)</b> 436435
	(5) Other (specify below)..... ▶	<b>7c(5)</b>
	(6) Total additions .....	<b>7c(6)</b> 790919
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 13624522
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 1658991
	(2) Administration charge made by carrier.....	<b>7e(2)</b> 691
	(3) Transferred to separate account .....	<b>7e(3)</b> 139777
	(4) Other (specify below)..... ▶	<b>7e(4)</b>
(5) Total deductions .....	<b>7e(5)</b> 1799459	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 11825063

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>CONSOLIDATED 403(B) PLAN OF HACKENSACK MERIDIAN HEALTH</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>016</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HACKENSACK MERIDIAN HEALTH</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>22-3474145</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**THE VARIABLE ANNUITY LIFE INSURANCE CO**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	53746	27	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><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">0</p>
---	--

**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	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	58617
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	90430
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input checked="" type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 63023
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 1773
	(4) Transferred from separate account .....	<b>7c(4)</b> 1008
	(5) Other (specify below)..... ▶	<b>7c(5)</b>
	(6) Total additions .....	<b>7c(6)</b> 2781
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 65804
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 7187
	(2) Administration charge made by carrier.....	<b>7e(2)</b>
	(3) Transferred to separate account .....	<b>7e(3)</b>
	(4) Other (specify below)..... ▶	<b>7e(4)</b>
(5) Total deductions .....	<b>7e(5)</b> 7187	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 58617

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>CONSOLIDATED 403(B) PLAN OF HACKENSACK MERIDIAN HEALTH</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>016</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HACKENSACK MERIDIAN HEALTH</b>		<b>D</b> Employer Identification Number (EIN) <b>22-3474145</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**THE VARIABLE ANNUITY LIFE INSURANCE CO.**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
74-1625348	70238	60500	55	01/01/2024	12/31/2024

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

<b>(a)</b> Total amount of commissions paid <b>40</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
--	--

**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  
**TOTH, ROBERT W** **2929 ALLEN PARKWAY**  
**HOUSTON, TX 77019**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
40			3

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	274822
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	1981103
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input checked="" type="checkbox"/> deposit administration      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment      (4) <input type="checkbox"/> other ▶	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 268560
<b>c</b>	(1) Contributions deposited during the year .....	<b>7c(1)</b>
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 7780
	(4) Transferred from separate account .....	<b>7c(4)</b> 496
	(5) Other (specify below)..... ▶	<b>7c(5)</b>
	(6) Total additions .....	<b>7c(6)</b> 8276
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 276836
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 1914
	(2) Administration charge made by carrier.....	<b>7e(2)</b> 100
	(3) Transferred to separate account .....	<b>7e(3)</b>
	(4) Other (specify below)..... ▶	<b>7e(4)</b>
(5) Total deductions .....	<b>7e(5)</b> 2014	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 274822

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<b>A</b> Name of plan <b>CONSOLIDATED 403(B) PLAN OF HACKENSACK MERIDIAN HEALTH</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>016</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HACKENSACK MERIDIAN HEALTH</b>	<b>D</b> Employer Identification Number (EIN) <b>22-3474145</b>	

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

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

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

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

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

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

TIAA  
  
13-1624203

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

PRUDENTIAL RETIREMENT INSURANCE  
  
06-1050034

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

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

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

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

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

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

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**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)

TIAA

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17 27 28 38 50 52 54 64 66	NONE	549993	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

VALIC RETIREMENT SERVICES COMPANY

51-0396365

(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 50	NONE	5357	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)

AXA EQUITABLE

13-5770651

(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 50 67	NONE	5183	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)

METLIFE LIFE INSURANCE COMPANY

11225 NORTH COMMUNITY HOUSE ROAD  
CHARLOTTE, NC 28277

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 50 64	NONE	4324	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

EMPOWER ANNUITY INS. CO. OF AMERICA

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

(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?
50 64	NONE	405	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <u>CONSOLIDATED 403(B) PLAN OF HACKENSACK MERIDIAN HEALTH</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>016</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HACKENSACK MERIDIAN HEALTH</u>	<b>D</b> Employer Identification Number (EIN) <u>22-3474145</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQ CALVERT SOCIALLY RESPONSIBLE</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>AXA EQUITABLE LIFE INSURANCE COMPANY</u>				
<b>c</b> EIN-PN <u>13-5770651-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>137611</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQ CONSERVATIVE GROWTH MF/ETF</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>AXA EQUITABLE LIFE INSURANCE COMPANY</u>				
<b>c</b> EIN-PN <u>13-5770651-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>69405</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AXA AGGRESSIVE ALLOCATION</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>AXA EQUITABLE LIFE INSURANCE COMPANY</u>				
<b>c</b> EIN-PN <u>13-5770651-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>374360</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AXA BALANCED STRATEGY</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>AXA EQUITABLE LIFE INSURANCE COMPANY</u>				
<b>c</b> EIN-PN <u>13-5770651-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>4410</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AXA CONSERVATIVE ALLOCATION</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>AXA EQUITABLE LIFE INSURANCE COMPANY</u>				
<b>c</b> EIN-PN <u>13-5770651-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>6212</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AXA GLOBAL EQUITY MNGD. VOLATILITY</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>AXA EQUITABLE LIFE INSURANCE COMPANY</u>				
<b>c</b> EIN-PN <u>13-5770651-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>170016</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AXA HORIZON SMALL CAP VALUE</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>AXA EQUITABLE LIFE INSURANCE COMPANY</u>				
<b>c</b> EIN-PN <u>13-5770651-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>247610</u>	

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AXA INTL CORE MANAGED VOLATILITY		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56861
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AXA INTL VALUE MANAGED VOLATILITY		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56271
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AXA LARGE CAP CORE MANGD VOLATILITY		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32060
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AXA LRGE CAP GROWTH MANGD VOLATILIT		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 492720
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AXA LARGE CAP VALUE MNGD VOLATILITY		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 645096
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AXA MID CAP VALUE MNGD VOLATILITY		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 386156
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AXA MODERATE ALLOCATION		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 128620
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AXA MODERATE-PLUS ALLOCATION		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 241585
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AXAAB SMALL CAP GROWTH		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 242735
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: E/Q CLEARBRIDGE LARGE CAP GROWTH		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41519

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: E/Q CLEARBRIDGE SELECT EQUITY MANAG		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ MORGAN STANLEY MID CAP GROWTH		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 124736
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ MORGAN STANLEY SMALL CAP GROWTH		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 99642
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AXALOOMIS SAYLES GROWTH		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 423
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CHARTER MULTI-SECTOR BOND		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12451
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQAGGRESSIVE GROWTH STRATEGY		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2126
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQAMERICAN CENTURY MID CAP VALUE		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39085
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQLNTERMEDIATE GOVERNMENT BOND		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7702
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQLNVESCO COMSTOCK		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64560
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MFS MID CAP FOCUSED GROWTH		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2968

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQMFS INTERNATIONAL GROWTH		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6650
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MFS INTERNATIONAL INTRINSIC VALU		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2748
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ/GOLDMAN SACHS MID CAP VALUE		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2929
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQBLACKROCK BASIC VALUE EQUITY		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 234177
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQBOSTON ADVISORS EQUITY INCOME		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88397
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQCAPITAL GUARDIAN RESEARCH		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 367608
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQCOMMON STOCK INDEX		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 778585
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQCORE BOND INDEX		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14666
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQEQUITY 500 INDEX		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1099620
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQFIDELITY INSTITUTIONAL AM LARGE C		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50360

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">EQGAMCO MERGERS &amp; ACQUISITIONS</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">AXA EQUITABLE LIFE INSURANCE COMPANY</a>		
<b>c</b> EIN-PN <a href="#">13-5770651-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">62438</a>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">EQGAMCO SMALL COMPANY VALUE</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">AXA EQUITABLE LIFE INSURANCE COMPANY</a>		
<b>c</b> EIN-PN <a href="#">13-5770651-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">191680</a>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">EQLINTERNATIONAL EQUITY INDEX</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">AXA EQUITABLE LIFE INSURANCE COMPANY</a>		
<b>c</b> EIN-PN <a href="#">13-5770651-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">50596</a>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">EQJPMORGAN VALUE OPPORTUNITIES</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">AXA EQUITABLE LIFE INSURANCE COMPANY</a>		
<b>c</b> EIN-PN <a href="#">13-5770651-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">67106</a>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">EQLARGE CAP GROWTH INDEX</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">AXA EQUITABLE LIFE INSURANCE COMPANY</a>		
<b>c</b> EIN-PN <a href="#">13-5770651-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">137581</a>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">EQLARGE CAP VALUE INDEX</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">AXA EQUITABLE LIFE INSURANCE COMPANY</a>		
<b>c</b> EIN-PN <a href="#">13-5770651-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">43859</a>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">EQLAZARD EMERGING MARKETS EQUITY</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">AXA EQUITABLE LIFE INSURANCE COMPANY</a>		
<b>c</b> EIN-PN <a href="#">13-5770651-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">8993</a>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">EQMFS TECHNOLOGY</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">AXA EQUITABLE LIFE INSURANCE COMPANY</a>		
<b>c</b> EIN-PN <a href="#">13-5770651-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">64953</a>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">EQMID CAP INDEX</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">AXA EQUITABLE LIFE INSURANCE COMPANY</a>		
<b>c</b> EIN-PN <a href="#">13-5770651-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">488567</a>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">EQMONEY MARKET</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">AXA EQUITABLE LIFE INSURANCE COMPANY</a>		
<b>c</b> EIN-PN <a href="#">13-5770651-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">99458</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQOPPENHEIMER GLOBAL		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12723
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQPIMCO ULTRA SHORT BOND		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10192
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQSMALL COMPANY INDEX		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 126774
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQJP MORGAN GROWTH STOCK		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 121774
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: QEQ/QUALITY BONDS PLUS		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DELAWARE IVY VIP HIGH INCOME		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 123
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MFS MASS INVESTORS GROWTH STOCK		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 158
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MULTIMANAGER AGGRESSIVE EQUITY		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 108391
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MULTIMANAGER CORE BOND		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1249
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MULTIMANAGER TECHNOLOGY		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 194040

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL VC EQUITY INCOME		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37699
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TARGET 2035 ALLOCATION		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57160
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TARGET 2045 ALLOCATION		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21915
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SIO- S&P 500 INDEX 5YR- 10% BUFFER		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35600
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SIO- S&P 500 INDEX 5YR- 20% BUFFER		
<b>b</b> Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5770651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14023
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: 1919 VARIABLE SOCIALLY RESPONSIBLE		
<b>b</b> Name of sponsor of entity listed in (a): BRIGHTHOUSE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 06-0566090-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GROWTH ALLOCATION		
<b>b</b> Name of sponsor of entity listed in (a): BRIGHTHOUSE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 06-0566090-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 219226
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BH ASSET ALLOCATION 60		
<b>b</b> Name of sponsor of entity listed in (a): BRIGHTHOUSE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 06-0566090-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 862347
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BH ASSET ALLOCATION 80		
<b>b</b> Name of sponsor of entity listed in (a): BRIGHTHOUSE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 06-0566090-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 362830
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BH SMALL CAP VALUE		
<b>b</b> Name of sponsor of entity listed in (a): BRIGHTHOUSE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 06-0566090-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5711

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK CAPITAL APPRECIATION			
<b>b</b> Name of sponsor of entity listed in (a): BRIGHTHOUSE LIFE INSURANCE COMPANY			
<b>c</b> EIN-PN 06-0566090-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	197467
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK ULTRA SHORT-TERM BOND			
<b>b</b> Name of sponsor of entity listed in (a): BRIGHTHOUSE LIFE INSURANCE COMPANY			
<b>c</b> EIN-PN 06-0566090-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	13968
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CLEARBRIDGE VARIABLE LARGE CAP GROW			
<b>b</b> Name of sponsor of entity listed in (a): BRIGHTHOUSE LIFE INSURANCE COMPANY			
<b>c</b> EIN-PN 06-0566090-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1493
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CLARION GLOBAL REAL ESTATE			
<b>b</b> Name of sponsor of entity listed in (a): BRIGHTHOUSE LIFE INSURANCE COMPANY			
<b>c</b> EIN-PN 06-0566090-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3055
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP CONTRAFUND			
<b>b</b> Name of sponsor of entity listed in (a): BRIGHTHOUSE LIFE INSURANCE COMPANY			
<b>c</b> EIN-PN 06-0566090-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4074
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP EQUITY INCOME			
<b>b</b> Name of sponsor of entity listed in (a): BRIGHTHOUSE LIFE INSURANCE COMPANY			
<b>c</b> EIN-PN 06-0566090-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	268613
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FRONTIER MID CAP GROWTH PORTFOLIO			
<b>b</b> Name of sponsor of entity listed in (a): BRIGHTHOUSE LIFE INSURANCE COMPANY			
<b>c</b> EIN-PN 06-0566090-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	219540
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON OVERSEAS PORTFOLIO			
<b>b</b> Name of sponsor of entity listed in (a): BRIGHTHOUSE LIFE INSURANCE COMPANY			
<b>c</b> EIN-PN 06-0566090-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4720
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JENNISON GROWTH			
<b>b</b> Name of sponsor of entity listed in (a): BRIGHTHOUSE LIFE INSURANCE COMPANY			
<b>c</b> EIN-PN 06-0566090-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	519551
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JP MORGAN SMALL CAP VALUE			
<b>b</b> Name of sponsor of entity listed in (a): BRIGHTHOUSE LIFE INSURANCE COMPANY			
<b>c</b> EIN-PN 06-0566090-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1305

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>BH/WELLINGTON BALANCED</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>BRIGHTHOUSE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>06-0566090-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>56692</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>METLIFE AGGREGATE BOND INDEX</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>BRIGHTHOUSE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>06-0566090-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>100287</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>METLIFE STOCK INDEX PORTFOLIO</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>BRIGHTHOUSE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>06-0566090-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>359414</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MFS TOTAL RETURN PORTFOLIO</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>BRIGHTHOUSE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>06-0566090-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>167130</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MFS VALUE PORTFOLIO</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>BRIGHTHOUSE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>06-0566090-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>44879</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>METLIFE MSCI EAFE INDEX</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>BRIGHTHOUSE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>06-0566090-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>164523</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>OPPENHEIMER GLOBAL EQUITY</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>BRIGHTHOUSE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>06-0566090-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>75678</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>METLIFE RUSSELL 2000 INDEX</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>BRIGHTHOUSE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>06-0566090-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>86542</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>TEMPLETON DEVELOPING MARKETS VIP</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>BRIGHTHOUSE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>06-0566090-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>3486</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>AMERICAN FUNDS GLOBAL SC FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>METROPOLITAN LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>13-5581829-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>49802</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS BALANCED ALLOCATION		
<b>b</b> Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5581829-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GROWTH FUND		
<b>b</b> Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5581829-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74482
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GROWTH-INCOME FUND		
<b>b</b> Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5581829-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 255072
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BH ASSET ALLOCATION 100		
<b>b</b> Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5581829-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56699
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BAILLIE INTERNATIONAL STOCK		
<b>b</b> Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5581829-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18712
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BH/WELLINGTON CORE EQUITY OPPORTINI		
<b>b</b> Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5581829-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 250010
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK BOND INCOME		
<b>b</b> Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5581829-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39849
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP MID CAP		
<b>b</b> Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5581829-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9489
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP GROWTH		
<b>b</b> Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5581829-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1117741
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP INVESTMENT GRADE BOND		
<b>b</b> Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5581829-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15967

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: HARRIS OAKMARK INTERNATIONAL		
<b>b</b> Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5581829-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34855
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES SMALL CAP GROWTH		
<b>b</b> Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5581829-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10812
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES SMALL CAP CORE		
<b>b</b> Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5581829-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6345
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES GLOBAL ALLOCATION POR		
<b>b</b> Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5581829-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES GROWTH PORTFOLIO		
<b>b</b> Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5581829-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 323682
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BH/ARTISAN MID CAP VALUE		
<b>b</b> Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5581829-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71879
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE MID CAP STOCK INDEX		
<b>b</b> Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5581829-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63488
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MFS RESEARCH INTERNATIONAL		
<b>b</b> Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5581829-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59776
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MFS VALUE PORTFOLIO E		
<b>b</b> Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5581829-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35724
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MS DISCOVERY PORTFOLIO		
<b>b</b> Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5581829-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 132595

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>BH/WELLINGTON LARGE CAP RESEARCH</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>METROPOLITAN LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>13-5581829-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>249223</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>NEUBERGER BERMAN GENESIS</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>METROPOLITAN LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>13-5581829-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>40932</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PLMCO INFLATION PROTECTED BOND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>METROPOLITAN LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>13-5581829-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>55834</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PIMCO TOTAL RETURN</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>METROPOLITAN LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>13-5581829-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1539</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>STOCK INDEX FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>METROPOLITAN LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>13-5581829-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>496153</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>T. ROWE PRICE LARGE CAP GROWTH</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>METROPOLITAN LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>13-5581829-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>14907</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>T. ROWE PRICE SMALL CAP GROWTH</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>METROPOLITAN LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>13-5581829-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>81639</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>T. ROWE PRICE MID CAP GROWTH</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>METROPOLITAN LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>13-5581829-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>26068</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VICTORY SYCAMORE MID CAP VALUE PORT</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>METROPOLITAN LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>13-5581829-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>222306</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>WESTERN ASSET MNGMNT STRATEGY BOND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>METROPOLITAN LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>13-5581829-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>9640</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>AGGRESSIVE GROWTH LIFESTYLE</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE CO.</b>		
<b>c</b> EIN-PN <b>74-1625348-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>192944</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>AMERICAN BEACON BROADWAY LC GROWTH</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE CO.</b>		
<b>c</b> EIN-PN <b>74-1625348-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>34627</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>ARIEL APPRECIATION FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE CO.</b>		
<b>c</b> EIN-PN <b>74-1625348-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>913361</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>ARIEL FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE CO.</b>		
<b>c</b> EIN-PN <b>74-1625348-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>563977</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>ASSET ALLOCATION FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE CO.</b>		
<b>c</b> EIN-PN <b>74-1625348-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>111251</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>CORE BOND FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE CO.</b>		
<b>c</b> EIN-PN <b>74-1625348-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>607764</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>DIVIDEND VALUE</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE CO.</b>		
<b>c</b> EIN-PN <b>74-1625348-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>383489</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>EMERGING ECONOMIES</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE CO.</b>		
<b>c</b> EIN-PN <b>74-1625348-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>200753</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>GLOBAL REAL ESTATE FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE CO.</b>		
<b>c</b> EIN-PN <b>74-1625348-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>61156</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>GLOBAL STRATEGY</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE CO.</b>		
<b>c</b> EIN-PN <b>74-1625348-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>152524</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: GOVERNMENT SECURITIES FUND		
<b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.		
<b>c</b> EIN-PN 74-1625348-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59795
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: GROWTH FUND		
<b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.		
<b>c</b> EIN-PN 74-1625348-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4916667
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: GS VIT GOVERNMENT MONEY MARKET FUND		
<b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.		
<b>c</b> EIN-PN 74-1625348-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 360902
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD BOND FUND		
<b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.		
<b>c</b> EIN-PN 74-1625348-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 97755
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INFLATION PROTECTED FUND		
<b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.		
<b>c</b> EIN-PN 74-1625348-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 92612
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL EQUITIES INDEX FUND		
<b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.		
<b>c</b> EIN-PN 74-1625348-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 332707
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL GOVERNMENT BOND		
<b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.		
<b>c</b> EIN-PN 74-1625348-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5802
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL GROWTH FUND		
<b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.		
<b>c</b> EIN-PN 74-1625348-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 323584
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL OPPORTUNITIES		
<b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.		
<b>c</b> EIN-PN 74-1625348-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 132297
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL VALUE FUND		
<b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.		
<b>c</b> EIN-PN 74-1625348-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 304112

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INTL. SOCIALLY RESPONSIBLE</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE CO.</b>		
<b>c</b> EIN-PN <b>74-1625348-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>60508</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INVESCO BAL-RISK COMMODITY STRATEGY</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE CO.</b>		
<b>c</b> EIN-PN <b>74-1625348-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>30468</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LARGE CAPITAL GROWTH</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE CO.</b>		
<b>c</b> EIN-PN <b>74-1625348-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>2601027</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MID CAP INDEX FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE CO.</b>		
<b>c</b> EIN-PN <b>74-1625348-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1991057</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MID CAP STRATEGIC GROWTH</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE CO.</b>		
<b>c</b> EIN-PN <b>74-1625348-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1621296</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MID CAP VALUE FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE CO.</b>		
<b>c</b> EIN-PN <b>74-1625348-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>370675</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>NASDAQ-100(R) INDEX FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE CO.</b>		
<b>c</b> EIN-PN <b>74-1625348-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>710228</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SCIENCE &amp; TECHNOLOGY FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE CO.</b>		
<b>c</b> EIN-PN <b>74-1625348-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>8073057</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SMALL CAP GROWTH FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE CO.</b>		
<b>c</b> EIN-PN <b>74-1625348-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>667577</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SMALL CAP INDEX FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE CO.</b>		
<b>c</b> EIN-PN <b>74-1625348-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>378949</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SMALL CAP SPECIAL VALUE FUND</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE CO.</b>			
<b>c</b> EIN-PN <b>74-1625348-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>916658</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SMALL CAP VALUE FUND</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE CO.</b>			
<b>c</b> EIN-PN <b>74-1625348-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>115714</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>STOCK INDEX FUND</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE CO.</b>			
<b>c</b> EIN-PN <b>74-1625348-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>3551653</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SYSTEMATIC CORE FUND</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE CO.</b>			
<b>c</b> EIN-PN <b>74-1625348-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>1503381</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SYSTEMATIC GROWTH FUND</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE CO.</b>			
<b>c</b> EIN-PN <b>74-1625348-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>869251</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SYSTEMATIC VALUE</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE CO.</b>			
<b>c</b> EIN-PN <b>74-1625348-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>166219</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>T ROWE PRICE RETIREMENT 2025</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE CO.</b>			
<b>c</b> EIN-PN <b>74-1625348-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>2790</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>T ROWE PRICE RETIREMENT 2030</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE CO.</b>			
<b>c</b> EIN-PN <b>74-1625348-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>13260</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>T ROWE PRICE RETIREMENT 2035</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE CO.</b>			
<b>c</b> EIN-PN <b>74-1625348-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>16998</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>US SOCIALLY RESPONSIBLE FUND</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE CO.</b>			
<b>c</b> EIN-PN <b>74-1625348-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>142035</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRATEGY CONSERVATIVE		
<b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.		
<b>c</b> EIN-PN 74-1625348-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8252
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRATEGY GROWTH		
<b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.		
<b>c</b> EIN-PN 74-1625348-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19322
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRATEGY MODERATE		
<b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.		
<b>c</b> EIN-PN 74-1625348-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 150366
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LONG-TERM TREASURY		
<b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.		
<b>c</b> EIN-PN 74-1625348-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 121839
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LT INVESTMENT-GRADE FUND		
<b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.		
<b>c</b> EIN-PN 74-1625348-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 162449
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD WELLINGTON FUND		
<b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.		
<b>c</b> EIN-PN 74-1625348-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1493027
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD WINDSOR II		
<b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.		
<b>c</b> EIN-PN 74-1625348-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5031777
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VC I CAPITAL APPRECIATION FUND		
<b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.		
<b>c</b> EIN-PN 74-1625348-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 147276
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VC I CONSERVATIVE GROWTH LIFESTYLE		
<b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.		
<b>c</b> EIN-PN 74-1625348-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3346
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: GOVERNMENT INCOME PORTFOLIO		
<b>b</b> Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA		
<b>c</b> EIN-PN 22-1211670-084	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3945

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GROWTH PORTFOLIO		
<b>b</b> Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA		
<b>c</b> EIN-PN 22-1211670-005	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 168421
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLEND PORTFOLIO		
<b>b</b> Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA		
<b>c</b> EIN-PN 22-1211670-069	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 210663
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PGIM TOTAL RETURN BOND PORTFOLIO		
<b>b</b> Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA		
<b>c</b> EIN-PN 22-1211670-083	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2723
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PGIM 50/50 BALANCED PORTFOLIO		
<b>b</b> Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA		
<b>c</b> EIN-PN 22-1211670-087	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1570
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FLEXIBLE MANAGED PORTFOLIO		
<b>b</b> Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA		
<b>c</b> EIN-PN 22-1211670-086	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 106573
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL PORTFOLIO		
<b>b</b> Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA		
<b>c</b> EIN-PN 22-1211670-071	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33992
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: GOVERNMENT MONEY MARKET PORTFOLIO		
<b>b</b> Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA		
<b>c</b> EIN-PN 22-1211670-025	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 127
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: STOCK INDEX PORTFOLIO		
<b>b</b> Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA		
<b>c</b> EIN-PN 22-1211670-070	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 195872
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>CONSOLIDATED 403(B) PLAN OF HACKENSACK MERIDIAN HEALTH</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>016</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HACKENSACK MERIDIAN HEALTH</b>	<b>D</b> Employer Identification Number (EIN) <b>22-3474145</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	0                      12624280
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	16739348                      14824682
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	53755830                      57369980
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	1449647756                      1537914837
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	196654159                      182103910
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	1716797093	1804837689
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	1716797093	1804837689

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	1125722	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	5287973	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		6413695
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	61316412	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		61316412
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		1917497
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		149210461
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		218858065

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	125631446	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	5201371	
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		130832817
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	14865	
(3) Recordkeeping fees .....	<b>2i(3)</b>	550398	
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	933	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		566196
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		131399013

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		87459052
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		581544
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **TORRILLO & ASSOCIATES, LLC**

(2) EIN: **83-0414789**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		25000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>CONSOLIDATED 403(B) PLAN OF HACKENSACK MERIDIAN HEALTH</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>016</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>HACKENSACK MERIDIAN HEALTH</u>	<b>D</b> Employer Identification Number (EIN) <u>22-3474145</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

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

1		0
---	--	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 82-2826183 51-0396365

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

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

3	
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<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

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

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

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

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

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

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

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....  Yes  No

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 08 / 07 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J600957A.

**CONSOLIDATED 403(B) PLAN OF  
HACKENSACK MERIDIAN HEALTH**

**Financial Statements  
As of December 31, 2024 and 2023  
And  
For the Year Ended  
December 31, 2024  
And  
Supplemental Schedule  
As of December 31, 2024**

## **Consolidated 403(b) Plan of Hackensack Meridian Health Index**

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- \* The supplemental schedule included is presented for purposes of additional analysis and is not a required part of the financial statements but is required by the Employee Retirement Income Security Act of 1974 (“ERISA”). Other schedules required by Section 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

## INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the  
Consolidated 403(b) Plan of Hackensack Meridian Health

### Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of the Consolidated 403(b) Plan of Hackensack Meridian Health, 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 statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Plan management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements of the Consolidated 403(b) Plan of Hackensack Meridian Health 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 audits 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").

Plan management has obtained certifications from qualified institutions as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### Opinion

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

- the amounts and disclosures in the financial statements referred to above, 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 financial statements referred to above related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that Plan management determined meet the requirements of ERISA Section 103(a)(3)(C).

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Consolidated 403(b) Plan of Hackensack Meridian Health 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.

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

Plan 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. Plan management's election of the ERISA Section 103(a)(3)(C) audit does not affect Plan management's responsibility for the financial statements.

In preparing the financial statements, Plan management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the ability of the Consolidated 403(b) Plan of Hackensack Meridian Health to continue as a going concern for one year after the date the financial statements are available to be issued.

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

## **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* 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 internal control of the Consolidated 403(b) Plan of Hackensack Meridian Health. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by Plan 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 ability of the Consolidated 403(b) Plan of Hackensack Meridian Health to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the 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 Matter - Supplemental Schedule Required by ERISA**

The supplemental Schedule H, Line 4(i) – 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 Plan 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. 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 qualified institutions agrees to or is derived from, in all material respects, the information prepared and certified by institutions that Plan management determined meet the requirements of ERISA Section 103(a)(3)(C).

*Tomillo Associates, LLC*

October 14, 2025

**Consolidated 403(b) Plan of Hackensack Meridian Health  
Statements of Net Assets Available for Benefits  
As of December 31, 2024 and 2023**

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	<u>2024</u>	<u>2023</u>
Assets		
Investments, at fair value	\$ 1,595,284,817	\$ 1,503,403,586
Fully benefit-responsive investment contracts, at contract value	182,103,910	196,654,159
Receivables		
Accrued income	12,624,280	-
Notes receivable from participants	14,824,682	16,739,348
Total receivables	<u>27,448,962</u>	<u>16,739,348</u>
Total assets	<u>1,804,837,689</u>	<u>1,716,797,093</u>
Net assets available for benefits	<u>\$ 1,804,837,689</u>	<u>\$ 1,716,797,093</u>

The accompanying notes are an integral part of these financial statements.

**Consolidated 403(b) Plan of Hackensack Meridian Health  
Statement of Changes in Net Assets Available for Benefits  
For the Year Ended December 31, 2024**

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	<u>2024</u>
Additions	
Net appreciation in fair value of investments	\$ 151,127,958
Dividend and interest income	66,604,385
Total investment income	<u>217,732,343</u>
Interest income on notes receivable from participants	1,125,722
Total additions	<u>218,858,065</u>
Deductions	
Benefits paid to participants	130,832,817
Administrative expenses	566,196
Total deductions	<u>131,399,013</u>
Net increase	87,459,052
Other transfers, net	581,544
Net assets available for benefits – beginning of year	<u>1,716,797,093</u>
Net assets available for benefits – end of year	<u>\$ 1,804,837,689</u>

The accompanying notes are an integral part of these financial statements.

**Consolidated 403(b) Plan of Hackensack Meridian Health  
Notes to Financial Statements  
As of December 31, 2024 and 2023 and for the Year Ended December 31, 2024**

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**1. Description of Plan**

The following description of the Consolidated 403(b) Plan of Hackensack Meridian Health (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, which was created and became effective January 1, 2011, is a defined contribution plan operating under Section 403(b) of the Internal Revenue Code (“IRC”). The Plan sponsor is Hackensack Meridian Health, Inc. (“HMH” or the “Network”). Effective January 1, 2021, the Plan was amended and restated. The Plan is subject to the provisions of the ERISA, as amended.

During 2024, the Plan’s custodians are Teachers Insurance and Annuity Association and College Retirement Equities Fund, insurance companies which control TIAA Trust, N.A., (“TIAA”), Metropolitan Life Insurance Company (“Metlife”), Brighthouse Life Insurance Company (“Brighthouse”), Empower Annuity Insurance Company and Empower Trust Company, LLC (“Empower”), Prudential Insurance Company of America (“Prudential”), Equitable Financial Life Insurance Company (“AXA”), and The Variable Annuity Life Insurance Company (“VALIC”).

Transfers to the Plan from other retirement plans were \$581,544.

**Plan Amendments**

Effective December 31, 2018, the Plan was amended to freeze further participation and contributions. Upon the Plan freeze, no individual will become a participant, including upon rehire; no compensation shall be taken into account under the Plan; and no deferrals or contributions shall be made to the Plan, thereafter.

Effective December 31, 2019, HMH adopted resolutions to, among other matters, merge the assets and liabilities of the JFK Hartwyck 403(b) Plan, JFK Health System Defined Contribution Plan, JFK Medical Associates 403(b) Plan, Meridian 403(b) Savings Plan, Meridian 403(b) Savings Plan for Cash Balance Participants, Meridian 403(b) Savings Plan for Partner Companies, Palisades Medical Center 403(b) Savings Plan, and Shore Rehabilitation Institute Retirement Savings with and into the Plan.

Effective December 31, 2022, the Plan was amended to merge the assets and liabilities of the Carrier Clinic 403(b) Plan with and into the Plan.

**Eligibility**

The Plan is a frozen plan and no new employees may become participants.

**Contributions**

The Plan is a frozen plan and no additional contributions may be made to the Plan.

**Participant Accounts**

Each participant’s account is reduced by any payments made therefrom, increased (reduced) by participant’s allocable share of the net amount of income, gains and losses (realized and unrealized) and administrative expenses, including investment fees. Allocations are based on participant earnings or account balances, as defined by the Plan. Participants direct the investment of their accounts into various investment funds offered by the Plan. Participants may elect to have the contributions invested in one of the investment funds or allocated between multiple funds. Prior to the Plan freeze, each participant’s account was credited with the participant’s contributions and matching contributions. The benefits to which a participant is entitled are the benefits that can be provided from the participant’s vested account.

**Vesting**

Participants are immediately and fully vested in their own contributions and in their rollover contributions, if any, plus actual earnings thereon. Participants vest in employer sourced contributions based on the vesting schedules of their respective legacy plan. Participants also vest in employer sourced contributions upon normal retirement age (65), death or disability.

**Consolidated 403(b) Plan of Hackensack Meridian Health**  
**Notes to Financial Statements**  
**As of December 31, 2024 and 2023 and for the Year Ended December 31, 2024**

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**Forfeitures**

When certain terminations of participants in the Plan occur, the nonvested portion of the participant's account, as defined, represents a forfeiture. Forfeitures may be used to pay Plan expenses or may be allocated to participants. As of December 31, 2024 and 2023, there were approximately \$36,000 and \$12,000, respectively, of forfeiture balances. During 2024, forfeitures of approximately \$22,000 were used to reinstate previously forfeited accounts.

**Payment of Benefits**

Upon termination of service for any reason, a participant is eligible to receive a distribution of their vested account balance in the form of a lump sum, installments, an annuity or an ad-hoc distribution. Hardship withdrawals are permitted on participant contributions (excluding any investment earnings) for circumstances defined in the Plan document. Rollover accounts can be distributed at any time. All vested accounts can be distributed in-service after attainment of age 59½. In addition, minimum payments must begin subject to Internal Revenue Service ("IRS") guidelines.

**Notes Receivable from Participants**

Participants may borrow from their account up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loans are secured by the balance in the participant's account. All loans are directly from the participants' accumulations. Note terms range from one to five years or up to fifteen years for the purchase of a primary residence. The interest rate charged is determined by the Teachers Insurance Annuity Association and College Retirement Equities Fund ("TIAA-CREF") or the applicable legacy custodian. During 2024, interest rates ranged from 3.25% to 9.50%. A note may be repaid in full as of any date without penalty. A participant may not have more than two notes outstanding at any time. Periodic payments of principal and interest are paid directly to the custodians by the participant.

**2. Summary of Significant Accounting Policies**

The following are the significant accounting policies followed by the Plan:

**Basis of Accounting**

The financial statements of the Plan are prepared on the accrual basis of accounting.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. The financial statements include the fully benefit-responsive investment contracts and their related activity on a contract value basis (see Note 5).

**Use of Estimates**

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results may differ from those estimates.

**Investment Valuation and Income Recognition**

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investment committee determines the Plan's valuation policies utilizing information provided by custodians and investment advisors. See Note 4 for discussion of fair value measurements.

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

**Consolidated 403(b) Plan of Hackensack Meridian Health**  
**Notes to Financial Statements**  
**As of December 31, 2024 and 2023 and for the Year Ended December 31, 2024**

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**Benefits Paid to Participants**

Benefits paid to participants are recorded when paid.

**Notes Receivable from Participants**

Notes receivable from participants (participant loans for Form 5500 reporting purposes) are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

**Expenses**

Certain expenses necessary to operate and administer the Plan are paid by the Plan, unless otherwise paid by HMH. Expenses of maintaining the Plan that are paid directly by HMH are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

**3. Information Certified by Qualified Institutions**

The Plan administrator having determined that it is permissible in the circumstances elected to have the audits of the Plan 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. Accordingly, as permitted under such election, the following information included in the accompanying financial statements and ERISA-required supplemental schedule of assets (held at end of year) was obtained or derived from information obtained by the Plan administrator and certified as complete and accurate by Teachers Insurance and Annuity Association and College Retirement Equities Fund, insurance companies, which control TIAA Trust, N.A.; Metropolitan Life Insurance Company; Brighthouse Life Insurance Company; Empower Annuity Insurance Company and Empower Trust Company, LLC; Prudential Insurance Company of America; Equitable Financial Life Insurance Company; and The Variable Annuity Life Insurance Company, custodians of the Plan and qualified institutions, in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA:

Information obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the qualified institutions includes:

- Investments, at fair value, fully benefit-responsive investment contracts, at contract value, and notes receivable from participants as shown in the statements of net assets available for benefits as of December 31, 2024 and 2023.
- Investment activity, including net appreciation in fair value of investments, dividend and interest income, and interest income on notes receivable from participants, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2024.
- The information for fully benefit-responsive investment contracts, mutual funds, pooled separate accounts and participant loans listed in the schedule of assets (held at end of year) as of December 31, 2024 as shown in the ERISA-required supplemental schedule.

**4. Fair Value Measurements**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

**Consolidated 403(b) Plan of Hackensack Meridian Health**  
**Notes to Financial Statements**  
**As of December 31, 2024 and 2023 and for the Year Ended December 31, 2024**

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Level 2: Inputs to the valuation methodology include:

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used as of 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 U.S. Securities and Exchange Commission. 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.

*Pooled separate accounts:* Pooled separate accounts are valued at the NAV or equivalent based on units of the pooled separate accounts. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the pooled separate account less its liabilities. This practical expedient is not used when it is determined to be probable that the pooled separate account will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of a pooled separate account, the investment advisor reserves the right to temporarily delay withdrawal from the account in order to ensure that securities liquidations will be carried out in an orderly business manner. The NAV is based on the market prices of the underlying investments in the accounts at year-end.

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 the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual funds	\$1,537,914,837	\$1,537,914,837	\$ -	\$ -
Pooled separate accounts*	57,369,980	-	-	-
Total	<u>\$1,595,284,817</u>	<u>\$1,537,914,837</u>	<u>\$ -</u>	<u>\$ -</u>

**Consolidated 403(b) Plan of Hackensack Meridian Health**  
**Notes to Financial Statements**  
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The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2023:

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual funds	\$1,449,647,756	\$1,449,647,756	\$ -	\$ -
Pooled separate accounts*	53,755,830	-		
Total	<u>\$1,503,403,586</u>	<u>\$1,449,647,756</u>	<u>\$ -</u>	<u>\$ -</u>

\*In accordance with fair value measurement guidance, certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented as investments in the statements of net assets available for benefits.

The following table sets forth additional disclosures for the fair value measurement of investments in certain entities that calculate NAV per share (or its equivalent) as of December 31, 2024 and 2023:

<u>Investment Type</u>	<u>Fair Value</u> <u>December 31,</u> <u>2024</u>	<u>Fair Value</u> <u>December 31,</u> <u>2023</u>	<u>Unfunded</u> <u>Commitments</u>	<u>Redemption</u> <u>Frequency</u>	<u>Redemption</u> <u>Notice Period</u>
Pooled Separate Accounts	\$ 57,369,980	\$ 53,755,830	\$ -	Daily	Daily

The Plan's pooled separate accounts are invested in a variety of funds designed to mirror the investment strategies of similar registered investment companies (mutual funds), including equity-style funds, fixed income style funds and target date funds. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of a pooled separate account, the custodians reserve the right to temporarily delay withdrawal from the account in order to ensure that securities liquidations will be carried out in an orderly business manner.

**5. Fully Benefit-Responsive Investment Contracts**

TIAA Stable Value Fund

The Plan holds the TIAA Stable Value Fund, a traditional investment contract. This fund meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings less participant withdrawals, and administrative expenses.

The fund is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and interest at a specified rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 1%. The crediting rate is reviewed on a semi-annual basis for resetting. The contract cannot be terminated before the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments. As of December 31, 2024 and 2023, the high credit ratings of Teachers Insurance and Annuity Association and College Retirement Equities Fund uphold its ability to meet obligations set forth in contracts.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. No events have occurred or are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

**Consolidated 403(b) Plan of Hackensack Meridian Health**  
**Notes to Financial Statements**  
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In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value.

Other Fully Benefit-Responsive Investment Contracts

As of December 31, 2024, the Plan also held several fully benefit-responsive investment contracts with Empower, Prudential, MetLife, Brighthouse, AXA, and VALIC provided under group annuity contracts. These contracts are from previous mergers into the Plan (see Note 1). These contracts meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value.

Amounts are held in various insurance company general accounts. The contract issuers are contractually obligated to repay the principal and interest at the specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 1% to 3%, depending on the terms of the contract. The crediting rate is reviewed on a quarterly basis for resetting. The contracts cannot be terminated before the scheduled maturity date.

The Plan's ability to receive amounts due is in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Certain events (including but not limited to: transfers from the contracts may not be able to be made directly to a competing fund) might limit the ability of the Plan to transact at contract value with the contract issuer.

Due to the Carrier Clinic 403(b) Plan merger detailed in Note 1, the MetLife Strategic Value Annuity Liquid Fixed Fund (the "SVA Fixed Fund") was subject to a redemption notice period. Participants invested in the SVA Fixed Fund continued to be able to direct the withdrawal or transfer of all or a portion of their investment at contract value. Under the terms of the contract with Metropolitan Life Insurance Company, balances in the SVA Fixed Fund have a partial withdrawal and transfer limit of 20%, which limits the amount that may be transferred out of the SVA Fixed Fund to other contract investments. Balances in the SVA Fixed Fund are to be transferred over a five-year annual installment transfer period. At each annual installment, funds in the SVA Fixed Fund are to be allocated to the TIAA Stable Value Fund. No other events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer and that also would limit the ability of the Plan to transact at contract value with participants.

## **6. Risks and Uncertainties**

The Plan provides for various investment options in any combination of registered investment companies (mutual funds), pooled separate accounts and guaranteed annuity contracts. Investment securities are exposed to various risks; such as interest rate, market volatility, and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

In February 2025, former Network employees filed a complaint against the Network, alleging that the Network breached its fiduciary duty of prudence under ERISA by offering the TIAA Stable Value Fund as an investment option and having excessive recordkeeping fees for the Plan. In August 2025, management filed a motion to dismiss this complaint. While the outcome of this complaint cannot be determined with certainty at this time, management believes that it will not have a material effect on the financial statements of the Plan.

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**Notes to Financial Statements**  
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**7. Related Party and Party-In-Interest Transactions**

Certain Plan investments are managed by the custodians, and therefore, these transactions qualify as party-in-interest transactions. The Plan also issues notes to its participants, which are secured by the participants' account balance. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

Certain administrative functions of the Plan are performed by officers or employees of HMM. No such officer or employee receives compensation from the Plan.

**8. Plan Termination**

HMM has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in all contributions.

**9. Tax Status**

The Plan has been designed to qualify under Section 403(b) of the IRC. Effective January 1, 2021, HMM adopted a volume submitter plan sponsored by TIAA. The IRS issued an advisory letter dated August 7, 2017, stating that the form of the volume submitter 403(b) plan document, as then designed, was acceptable under IRC requirements as of that date. The Plan is required to operate in conformity with the IRC to maintain the tax-exempt status for the Plan participants under Section 403(b). The Plan administrator believes the Plan is operating in accordance with the applicable requirements of the Section 403(b) of the Code, and therefore believes the Plan is qualified and the related custodial accounts are tax-exempt.

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 IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, 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.

**10. Subsequent Events**

Management evaluated subsequent events for the Plan through October 14, 2025, the date the financial statements were available to be issued. There are no subsequent events identified except for those previously disclosed.

**SUPPLEMENTAL SCHEDULE**

**Consolidated 403(b) Plan of Hackensack Meridian Health  
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)  
As of December 31, 2024**

**EIN: 22-3474145 Plan #016**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
<b>Fully benefit-responsive investment contracts</b>				
*	Brighthouse	Fixed Account	**	\$ 415,867
*	Brighthouse	Fixed Rider Account	**	289,943
*	Brighthouse	T-Flex Account	**	172,388
*	Empower	Guaranteed Long Term Account	**	6,279,333
*	Prudential	Guaranteed Interest Account	**	580,308
*	VALIC	Fixed Account Plus	**	9,318,850
*	AXA	Guaranteed Interest Account	**	1,757,438
*	MetLife	Guaranteed Interest Account	**	4,863,384
*	MetLife	Guaranteed Fixed Account	**	332,776
*	MetLife	Strategic Value Annuity Liquid Fixed Fund	**	680,743
*	TIAA	Stable Value	**	154,342,359
*	VALIC	Short Term Fixed Account	**	3,070,521
Total fully benefit-responsive investment contracts				182,103,910
<b>Mutual funds</b>				
	American Century	Discipline Core Value Index Fund	**	29,970
	BNY Mellon	Bond Market Index Fund	**	50,338
	BNY Mellon	S&P 500 Index Fund	**	657,651
	ClearBridge	Aggressive Growth Fund	**	37,411
	ClearBridge	Large Cap Value Fund	**	23,320
	ClearBridge	Mid Cap Fund	**	8,926
	ClearBridge	Small Cap Growth Fund	**	22,690
	Fidelity	Equity Growth Fund	**	30,126
	Fidelity	Value Strategies Fund	**	15,539
	Gabelli	Asset AAA Fund	**	93,969
	Janus	Forty Fund	**	5,203
	Janus	Flexible Bond Fund	**	20,737
	Janus	Small Cap Value Fund	**	163,830
	JP Morgan	Smart Retirement 2020 Fund	**	13,070
	JP Morgan	Smart Retirement 2025 Fund	**	51,099
	JP Morgan	Smart Retirement 2030 Fund	**	70,477
	JP Morgan	Smart Retirement 2035 Fund	**	90,477
	JP Morgan	Smart Retirement 2040 Fund	**	74,958
	JP Morgan	Smart Retirement 2045 Fund	**	18,108
	JP Morgan	Smart Retirement Income Fund	**	42,548
	Lord Abbett	Bond-Debenture Fund	**	17,948
	MFS	Core Equity Fund	**	15,328
	MFS	Diversified Income Fund	**	182
	MFS	Massachusetts Investors Trust Fund	**	12,952
	MFS	Total Return Fund	**	57,663
	MFS	Value Fund	**	46,389
	Oppenheimer	Capital Appreciation Fund	**	50,036
	Oppenheimer	International Growth Fund	**	77,496
	Oppenheimer	Main Street Mid Cap Fund	**	17,447
	State Street	US Government Money Market	**	160,473
	Vanguard	500 Index Fund	**	29,865
	Vanguard	Federal Money Market	**	2,774
	Vanguard	Small-Cap Index Fund	**	42,994
	Vanguard	Total Bond Market Index Fund	**	1,709
	Vanguard	Extended Market Index Fund	**	79,365,413
	Vanguard	Institutional Index Fund	**	249,588,996
	Vanguard	Total International Stock Index Fund	**	56,346,903
	Vanguard	Total Bond Market Index Fund	**	52,107,791
	Vanguard	Target Retirement 2020 Fund	**	61,323,721
	Vanguard	Target Retirement 2025 Fund	**	79,043,224
	Vanguard	Target Retirement 2030 Fund	**	142,493,501

**Consolidated 403(b) Plan of Hackensack Meridian Health**  
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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Vanguard	Target Retirement 2035 Fund	**	\$ 92,403,537
	Vanguard	Target Retirement 2040 Fund	**	113,463,078
	Vanguard	Target Retirement 2045 Fund	**	66,922,131
	Vanguard	Target Retirement 2050 Fund	**	78,990,185
	Vanguard	Target Retirement 2055 Fund	**	36,581,580
	Vanguard	Target Retirement 2060 Fund	**	5,909,748
	Vanguard	Target Retirement 2065 Fund	**	461,539
	Vanguard	Target Retirement 2070 Fund	**	341,305
	Vanguard	Target Retirement Income Fund	**	25,274,097
	Columbia	Contrarian Core Fund	**	201,432,950
	The Hartford	International Opportunities Fund	**	45,872,467
	Ninety One	Emerging Markets Equity Fund	**	13,771,423
	Metropolitan West	Total Return Bond Fund	**	36,708,847
	Principal	Diversified Real Asset Fund	**	7,306,744
	AMG	DW&K Small Mid Cap Fund	**	54,464,380
	Federated Hermes	Institutional High Yield Bond Fund	**	13,147,059
	Vanguard	FTSE Social Index Fund	**	18,987,855
	Macquaire	Mid Growth Equity Fund	**	958,464
	Macquaire	Small Cap Value Fund	**	99,945
	Fidelity	Advisor Growth Opportunities Fund	**	1,826,506
	Fidelity	Advisor Value Strategies Fund	**	570,903
	Fidelity	Advisor Balanced Fund M	**	96,842
	Total mutual funds			1,537,914,837
<b><u>Pooled separate accounts</u></b>				
*	AXA	EQ/Calvert Socially Responsible	**	137,611
*	AXA	Eq Conservative Growth MF/ETF	**	69,405
*	AXA	AXA Aggressive Allocation	**	374,360
*	AXA	AXA Balanced Strategy	**	4,410
*	AXA	AXA Conservative Allocation	**	6,212
*	AXA	AXA Global Equity Managed Volatility	**	170,016
*	AXA	AXA Horizon Small Cap Value	**	247,610
*	AXA	AXA International Core Managed Volatility	**	56,861
*	AXA	AXA International Value Managed Volatility	**	56,271
*	AXA	AXA Large Cap Core Managed Volatility	**	32,060
*	AXA	AXA Large Cap Growth Managed Volatility	**	492,720
*	AXA	AXA Large Cap Value Managed Volatility	**	645,096
*	AXA	AXA Mid Cap Value Managed Volatility	**	386,156
*	AXA	AXA Moderate Allocation	**	128,620
*	AXA	AXA Moderate-Plus Allocation	**	241,585
*	AXA	AXA/AB Small Cap Growth	**	242,735
*	AXA	E/Q Clearbridge Large Cap Growth	**	41,519
*	AXA	E/Q Clearbridge Select Equity Managed Volatility	**	5
*	AXA	E/Q Morgan Stanley Mid Cap Growth/Janus	**	124,736
*	AXA	E/Q Morgan Stanley Small Cap Growth	**	99,642
*	AXA	AXA/Loomis Sayles Growth	**	423
*	AXA	Charter Multi-Sector Bond	**	12,451
*	AXA	EQ/Aggressive Growth Strategy	**	2,126
*	AXA	EQ/American Century Mid Cap Value	**	39,085
*	AXA	EQ/Intermediate Government Bond	**	7,702
*	AXA	EQ/Invesco Comstock	**	64,560
*	AXA	EQ/MFS Mid Cap Focused Growth	**	2,968
*	AXA	EQ/MFS International Growth	**	6,650
*	AXA	EQ/MFS International Intrinsic Value	**	2,748
*	AXA	EQ/Goldman Sachs Mid Cap Value	**	2,929
*	AXA	EQ/BlackRock Basic Value Equity	**	234,177
*	AXA	EQ/Boston Advisors Equity Income	**	88,397
*	AXA	EQ/Capital Guardian Research	**	367,608

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	AXA	EQ/Common Stock Index	**	\$ 778,585
*	AXA	EQ/Core Bond Index	**	14,666
*	AXA	EQ/Equity 500 Index	**	1,099,620
*	AXA	EQ/Fidelity Institutional Am Large Cap	**	50,360
*	AXA	EQ/GAMCO Mergers & Acquisitions	**	62,438
*	AXA	EQ/GAMCO Small Company Value	**	191,680
*	AXA	EQ/International Equity Index	**	50,596
*	AXA	EQ/JPMorgan Value Opportunities	**	67,106
*	AXA	EQ/Large Cap Growth Index	**	137,581
*	AXA	EQ/Large Cap Value Index	**	43,859
*	AXA	EQ/Lazard Emerging Markets Equity	**	8,993
*	AXA	EQ/MFS Technology	**	64,953
*	AXA	EQ/Mid Cap Index	**	488,567
*	AXA	EQ/Money Market	**	99,458
*	AXA	EQ/Oppenheimer Global	**	12,723
*	AXA	EQ/PIMCO Ultra Short Bond	**	10,192
*	AXA	EQ/Small Company Index	**	126,774
*	AXA	EQ/JP Morgan Growth Stock	**	121,774
*	AXA	QEQ/Quality Bonds Plus	**	1
*	AXA	Delaware Ivy VIP High Income	**	123
*	AXA	MFS Mass Investors Growth Stock	**	158
*	AXA	Multimanager Aggressive Equity	**	108,391
*	AXA	Multimanager Core Bond	**	1,249
*	AXA	Multimanager Technology	**	194,040
*	AXA	Principal VC Equity Income	**	37,699
*	AXA	Target 2035 Allocation	**	57,160
*	AXA	Target 2045 Allocation	**	21,915
*	AXA	SIO- S&P 500 Index 5YR- 10% Buffer	**	35,600
*	AXA	SIO- S&P 500 Index 5YR- 20% Buffer	**	14,023
*	MetLife	American Funds Global Small Cap Fund	**	49,802
*	Brighthouse	American Funds Growth Allocation	**	219,226
*	MetLife	American Funds Growth Fund	**	74,482
*	MetLife	American Funds Growth-Income Fund	**	255,072
*	MetLife	BH Asset Allocation 100	**	56,699
*	Brighthouse	BH Asset Allocation 60	**	862,347
*	Brighthouse	BH Asset Allocation 80	**	362,830
*	Brighthouse	BH Small Cap Value	**	5,711
*	MetLife	Baillie International Stock	**	18,712
*	MetLife	BH/Wellington Core Equity Opportunities	**	250,010
*	MetLife	BlackRock Bond Income	**	39,849
*	Brighthouse	BlackRock Capital Appreciation	**	197,467
*	Brighthouse	BlackRock Ultra Short-Term Bond	**	13,968
*	Brighthouse	ClearBridge Variable Large Cap Growth Portfolio	**	1,493
*	Brighthouse	Clarion Global Real Estate	**	3,055
*	Brighthouse	Fidelity VIP Contrafund	**	4,074
*	MetLife	Fidelity VIP Mid Cap	**	9,489
*	MetLife	Fidelity VIP Growth	**	1,117,741
*	MetLife	Fidelity VIP Investment Grade Bond	**	15,967
*	Brighthouse	Fidelity VIP Equity Income	**	268,613
*	Brighthouse	Frontier Mid Cap Growth Portfolio	**	219,540
*	MetLife	Harris Oakmark International	**	34,855
*	Brighthouse	Janus Henderson Overseas Portfolio	**	4,720
*	Brighthouse	Jennison Growth	**	519,551
*	Brighthouse	JP Morgan Small Cap Value	**	1,305
*	MetLife	Loomis Sayles Small Cap Growth	**	10,812
*	MetLife	Loomis Sayles Small Cap Core	**	6,345

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	MetLife	Loomis Sayles Global Allocation Portfolio	**	\$ 71
*	MetLife	Loomis Sayles Growth Portfolio	**	323,682
*	MetLife	BH/Artisan Mid Cap Value	**	71,879
*	Brighthouse	BH/Wellington Balanced	**	56,692
*	Brighthouse	MetLife Aggregate Bond Index	**	100,287
*	MetLife	MetLife Mid Cap Stock Index	**	63,488
*	Brighthouse	MetLife Stock Index Portfolio	**	359,414
*	MetLife	MFS Research International	**	59,776
*	Brighthouse	MFS Total Return Portfolio	**	167,130
*	Brighthouse	MFS Value Portfolio	**	44,879
*	MetLife	MFS Value Portfolio E	**	35,724
*	MetLife	MS Discovery Portfolio	**	132,595
*	Brighthouse	MetLife MSCI EAFE Index	**	164,523
*	MetLife	BH/Wellington Large Cap Research	**	249,223
*	MetLife	Neuberger Berman Genesis	**	40,932
*	Brighthouse	Oppenheimer Global Equity	**	75,678
*	MetLife	PIMCO Inflation Protected Bond	**	55,834
*	MetLife	PIMCO Total Return	**	1,539
*	Brighthouse	MetLife Russell 2000 Index	**	86,542
*	MetLife	Stock Index Fund	**	496,153
*	MetLife	T. Rowe Price Large Cap Growth	**	14,907
*	MetLife	T. Rowe Price Small Cap Growth	**	81,639
*	Brighthouse	Templeton Developing Markets	**	3,486
*	MetLife	T. Rowe Price Mid Cap Growth	**	26,068
*	MetLife	Victory Sycamore Mid Cap Value Portfolio	**	222,306
*	MetLife	Western Asset Management Strategy Bond	**	9,640
*	Prudential	Government Income Portfolio	**	3,945
*	Prudential	Capital Growth Portfolio	**	168,421
*	Prudential	Blend Portfolio	**	210,663
*	Prudential	PGIM Total Return Bond Portfolio	**	2,723
*	Prudential	PGIM 50/50 Balanced Portfolio	**	1,570
*	Prudential	Flexible Managed Portfolio	**	106,573
*	Prudential	Global Portfolio	**	33,992
*	Prudential	Government Money Market Portfolio	**	127
*	Prudential	Stock Index Portfolio	**	195,872
*	VALIC	Aggressive Growth Lifestyle	**	192,944
*	VALIC	American Beacon Broadway Large Cap Growth	**	34,627
*	VALIC	Ariel Appreciation Fund	**	913,361
*	VALIC	Ariel Fund	**	563,977
*	VALIC	Asset Allocation Fund	**	111,251
*	VALIC	Core Bond Fund	**	607,764
*	VALIC	Dividend Value	**	383,489
*	VALIC	Emerging Economies	**	200,753
*	VALIC	Global Real Estate Fund	**	61,156
*	VALIC	Global Strategy	**	152,524
*	VALIC	Government Securities Fund	**	59,795
*	VALIC	Growth Fund	**	4,916,667
*	VALIC	GS VIT Government Money Market Fund	**	360,902
*	VALIC	High Yield Bond Fund	**	97,755
*	VALIC	Inflation Protected Fund	**	92,612
*	VALIC	International Equities Index Fund	**	332,707
*	VALIC	International Government Bond	**	5,802
*	VALIC	International Growth Fund	**	323,584
*	VALIC	International Opportunities	**	132,297
*	VALIC	International Value Fund	**	304,112
*	VALIC	International Socially Responsible Fund	**	60,508
*	VALIC	Invesco Balanced-Risk Commodity Strategy	**	30,468
*	VALIC	Large Capital Growth	**	2,601,027

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	VALIC	Mid Cap Index Fund	**	\$ 1,991,057
*	VALIC	Mid Cap Strategic Growth	**	1,621,296
*	VALIC	Mid Cap Value Fund	**	370,675
*	VALIC	NASDAQ-100(R) Index Fund	**	710,228
*	VALIC	Science & Technology Fund	**	8,073,057
*	VALIC	Small Cap Growth Fund	**	667,577
*	VALIC	Small Cap Index Fund	**	378,949
*	VALIC	Small Cap Special Value Fund	**	916,658
*	VALIC	Small Cap Value Fund	**	115,714
*	VALIC	Stock Index Fund	**	3,551,653
*	VALIC	Systematic Core Fund	**	1,503,381
*	VALIC	Systematic Growth Fund	**	869,251
*	VALIC	Systematic Value	**	166,219
*	VALIC	T Rowe Price Retirement 2025	**	2,790
*	VALIC	T Rowe Price Retirement 2030	**	13,260
*	VALIC	T Rowe Price Retirement 2035	**	16,998
*	VALIC	US Socially Responsible Fund	**	142,035
*	VALIC	Vanguard Lifestrategy Conservative	**	8,252
*	VALIC	Vanguard Lifestrategy Growth	**	19,322
*	VALIC	Vanguard Lifestrategy Moderate	**	150,366
*	VALIC	Vanguard Long-Term Treasury	**	121,839
*	VALIC	Vanguard Long-Term Investment-Grade Fund	**	162,449
*	VALIC	Vanguard Wellington Fund	**	1,493,027
*	VALIC	Vanguard Windsor II	**	5,031,777
*	VALIC	VC I Capital Appreciation Fund	**	147,276
*	VALIC	VC I Conservative Growth Lifestyle Fund	**	3,346
	Total pooled separate accounts			57,369,980
	<b>Participant loans</b>			
*	Participant loans	3.25% to 9.50%, maturities ranging through 2047		14,824,682
	<b>Total</b>			\$ 1,792,213,409

\* Indicates party-in-interest.

\*\* "Cost" is not required as all the investments are participant-directed. Cost for participant loans is \$0.

The information in this schedule has been derived from information certified as to its completeness and accuracy by Teachers Insurance and Annuity Association and College Retirement Equities Fund, insurance companies, which control TIAA Trust, N.A.; Metropolitan Life Insurance Company; Brighthouse Life Insurance Company; Empower Annuity Insurance Company and Empower Trust Company, LLC; Prudential Insurance Company of America; Equitable Financial Life Insurance Company; and The Variable Annuity Life Insurance Company, custodians and qualified institutions.

<b>Plan Name</b>	<b>Consolidated 403(b) Plan of Hackensack Meridian Health</b>
<b>Plan Sponsor EIN</b>	<b>22-3474145</b>
<b>ERISA Plan #</b>	<b>016</b>
<b>Plan Year Ending</b>	<b>December 31, 2024</b>

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

<b>Form/Schedule</b>	<b>Line #</b>	<b>Description</b>	<b>Attachment</b>
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

<b>Plan Name</b>	<b>Consolidated 403(b) Plan of Hackensack Meridian Health</b>
<b>Plan Sponsor EIN</b>	<b>22-3474145</b>
<b>ERISA Plan #</b>	<b>016</b>
<b>Plan Year Ending</b>	<b>December 31, 2024</b>

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<b>Form/Schedule</b>	<b>Line #</b>	<b>Description</b>	<b>Attachment</b>
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
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5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . .	<input type="checkbox"/>
<b>D</b> Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
<b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .	<input type="checkbox"/>

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
<p><b>1a</b> Name of plan Consolidated 403(b) Plan of Hackensack Meridian Health</p> <p><b>2a</b> 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) Hackensack Meridian Health</p> <p>343 Thornall Street, 8th Floor Edison NJ 08837</p>	<p><b>1b</b> Three-digit plan number (PN) ▶ 016</p> <p><b>1c</b> Effective date of plan 01/01/2011</p> <p><b>2b</b> Employer Identification Number (EIN) 22-3474145</p> <p><b>2c</b> Plan Sponsor's telephone number (844) 464-9355</p> <p><b>2d</b> Business code (see instructions) 622000</p>

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

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

<b>SIGN HERE</b>	<p>DocuSigned by: <i>Frank Mucciolo</i> 913A4A86AAEC41E <b>Signature of plan administrator</b></p>	10/14/2025	Frank Mucciolo
		Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	<p>DocuSigned by: <i>Frank Mucciolo</i> 913A4A86AAEC41E <b>Signature of employer/plan sponsor</b></p>	10/14/2025	Frank Mucciolo
		Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	25,694
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	16,823
	<b>6a(2)</b>	16,020
	<b>6b</b>	0
	<b>6c</b>	8,547
	<b>6d</b>	24,567
	<b>6e</b>	67
	<b>6f</b>	24,634
	<b>6g(1)</b>	23,667
<b>6g(2)</b>	22,465	
<b>6h</b>	2	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2F 2G 2L 2M 2T 3H 3D

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

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

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

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

- b General Schedules**
- (1)  **H** (Financial Information)
  - (2)  **I** (Financial Information – Small Plan)
  - (3)  **A** (Insurance Information) – Number Attached 16
  - (4)  **C** (Service Provider Information)
  - (5)  **D** (DFE/Participating Plan Information)
  - (6)  **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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