

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [X] 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: [X] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: ECM GROUP HEALTH TRUST
1b Three-digit plan number (PN): 501
1c Effective date of plan: 07/01/2000
2a Plan sponsor's name (employer, if for a single-employer plan): ECM GROUP HEALTH, INC.
2b Employer Identification Number (EIN): 20-3033363
2c Plan Sponsor's telephone number: 601-605-8600
2d Business code (see instructions): 221100

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

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

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	2338
<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>	2264
	<b>6a(2)</b>	2287
	<b>6b</b>	
	<b>6c</b>	84
	<b>6d</b>	2371
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

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

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

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

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

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

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

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

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

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<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>ECM GROUP HEALTH TRUST</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ECM GROUP HEALTH, INC.</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>20-3033363</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**DELTA DENTAL 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
94-2761537	81396	16707	4092	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	66799

**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  
**DELTA DENTAL INSURANCE COMPANY** P.O. BOX 1809  
ALPHARETTA, GA 30023-1809

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	66799		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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	
	(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 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><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;">ECM GROUP HEALTH TRUST</span></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><span style="color: blue;">501</span></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">ECM GROUP HEALTH, INC.</span></p>	<p><b>D</b> Employer Identification Number (EIN) <span style="color: blue;">20-3033363</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  
VOYA FINANCIAL EMPLOYEE BENEFITS, A DIVISION OF RELIASTAR LIFE INSURAN

(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
41-0451170	67105	4832	2371	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="color: blue;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="color: blue;">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	

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	1573352
	(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>	1573352
<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>ECM GROUP HEALTH TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ECM GROUP HEALTH, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>20-3033363</b>	

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

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

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

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

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

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

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

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

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

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

UMR

39-1995276

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	1382446	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)

ARCHIMEDES

46-0524263

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	223368	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)

ELECTRIC COOPERATIVES OF MS

64-0200697

(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	EMPLOYER	180676	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)

BSWIFT

500 W. MONROE, SUITE 3800  
CHICAGO, IL 60661

36-4391310

(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	NONE	124817	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)

ROSS & YERGER

100 VISION DRIVE, STE 100  
JACKSON, MS 39211

64-0947389

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23	NONE	109169	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)

BMSS, LLC

1020 HIGHLAND COLONY PKWY STE 600  
RIDGELAND, MS 39157

46-1498870

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	26500	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)

AMERITAS LIFE INSURANCE COMPANY

47-0098400

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	19815	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)

BANKPLUS

385 A HIGHLAND COLONY PKWY  
RIDGELAND, MS 39157

64-0134513

(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	NONE	18782	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)

FLORES

56-1542307

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	13524	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)

USI CONSULTING GROUP

95 GLASTONBURY BLVD, SUITE 102  
GLASTONBURY, CT 06033-4417

06-1053228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	10000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>ECM GROUP HEALTH TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ECM GROUP HEALTH, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>20-3033363</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>	214	214
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	622781	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	2083979	2351050
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	3318864	5830431
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	2930828	188231
<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>	476016	839218
<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>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	115429	1803609
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>	5206716	5163695

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	14754827	16176448
<b>Liabilities</b>			
g Benefit claims payable.....	1g	3397837	2510779
h Operating payables.....	1h	30847	3581
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		299167
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3428684	2813527
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	11326143	13362921

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	27450672	
(B) Participants.....	2a(1)(B)	5762025	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		33212697
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	182332	
(B) U.S. Government securities.....	2b(1)(B)	9942	
(C) Corporate debt instruments.....	2b(1)(C)	32767	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	181540	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		406581
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	571	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		571
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	2851089	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	2933363	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	199882	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		10000
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		33747457

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	27953430	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	1573352	
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		29526782
<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>	1705952	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	18782	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	10000	
(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>	449163	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		2183897
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		31710679

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		2036778
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **BMSS, LLC**

(2) EIN: **46-1498870**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

**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 \_\_\_\_\_.

**ECM GROUP HEALTH TRUST**

Financial Statements

December 31, 2024 and 2023

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## **INDEPENDENT AUDITOR'S REPORT**

To the Board of Directors  
ECM Group Health, Inc.  
Ridgeland, MS

### **Opinion**

We have audited the accompanying financial statements of ECM Group Health Trust, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of ECM Group Health Trust as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of ECM Group Health Trust and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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

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

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

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

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

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

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

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

## Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and of reportable transactions as of and for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

BMSS, LLC

Ridgeland, Mississippi  
October 14, 2025

**ECM GROUP HEALTH TRUST**  
Statements of Net Assets Available for Benefits  
December 31, 2024 and 2023

	<b>2024</b>	<b>2023</b>
<b>Assets</b>		
Investments, at fair value		
Interest bearing cash	\$ 2,735,535	\$ 1,427,394
Money market funds	2,051,811	702,035
Certificates of deposits	1,043,085	1,189,435
Mutual funds	1,803,609	115,429
U.S. government obligations	188,231	2,930,828
Corporate bonds	839,218	476,016
Municipal obligations	1,858,918	2,175,438
Mortgage backed securities	3,304,777	3,031,278
Total investments	13,825,184	12,047,853
Receivables		
Employer contributions	-	622,781
Pharmacy rebates receivable	1,748,335	1,761,071
Stop loss receivable	451,713	215,500
Other receivable	7,833	-
Interest and dividends receivable	41,789	6,028
Total receivables	2,249,670	2,605,380
Non-interest bearing cash	214	214
Prepaid expenses	101,380	101,380
Total assets	16,176,448	14,754,827
<b>Liabilities</b>		
Accounts payable	3,581	30,847
Unearned contributions	299,167	-
Total liabilities	302,748	30,847
<b>Net assets available for benefits</b>	<b>\$ 15,873,700</b>	<b>\$ 14,723,980</b>

See notes to financial statements.

**ECM GROUP HEALTH TRUST**  
Statements of Changes in Net Assets Available for Benefits  
Years ended December 31, 2024 and 2023

	<b>2024</b>	<b>2023</b>
<b>Additions to net assets attributed to</b>		
Contributions		
Employer contributions	\$ 27,450,672	\$ 26,619,149
Employee contributions	5,762,025	5,496,040
Total contributions	33,212,697	32,115,189
Investment income		
Net appreciation in fair value of investments	117,608	120,801
Interest and dividends	407,152	275,106
Miscellaneous income	10,000	8,873
Total investment income	534,760	404,780
Total additions	33,747,457	32,519,969
<b>Deductions to net assets attributed to</b>		
Claims paid, net	28,840,488	27,777,000
Administrative expenses		
Administrative expense - third-party administrators	1,705,952	1,491,067
Reinsurance premiums, net	1,573,352	1,249,433
Statewide administrative fees	180,676	176,244
Investment advisory fees	18,782	15,918
Bank fees	1,009	789
Legal and accounting	27,845	26,025
Consulting	233,986	261,838
Actuarial fees	10,000	10,000
Insurance	3,312	3,809
Miscellaneous expense	2,335	-
Total deductions	32,597,737	31,012,123
Net increase	1,149,720	1,507,846
<b>Net assets available for benefits - beginning of year</b>	<b>14,723,980</b>	<b>13,216,134</b>
<b>Net assets available for benefits - end of year</b>	<b>\$ 15,873,700</b>	<b>\$ 14,723,980</b>

See notes to financial statements.

## **ECM GROUP HEALTH TRUST**

Notes to Financial Statements

December 31, 2024 and 2023

### **NOTE 1 - PLAN DESCRIPTION**

The following description of the ECM Group Health Trust (Plan) provides only general information about the Plan's provisions. Participants should refer to the Plan Agreement for a complete description of the Plan's provisions.

#### **General**

The Plan is a self-insured, multiple employer plan providing health benefits to eligible participants and is sponsored by ECM Group Health, Inc., (Sponsor) a corporation consisting of 21 Mississippi electric power cooperatives (cooperative) and their trade association (ECM). The Plan's trustee is an executive committee consisting of seven directors of the Sponsor, serving three-year, staggered terms. The employees, certain retirees, directors, and retained attorneys (employees) and their dependents of each cooperative who have worked 90 consecutive days at full time status are eligible to participate in the Plan. Retirees and directors of the cooperatives who are eligible for Medicare are not eligible to participate. Certain Plan assets are held in a voluntary employees' beneficiary association (VEBA) trust. The Plan is subject to the provisions of the Employee Retirement Security Act of 1974, as amended (ERISA).

#### **Benefits**

The Plan provides health benefits (medical, dental, vision, and prescription drug). Benefits, which are subject to deductibles and percentage co-payments, are paid by third-party administrators and are reimbursed by the Plan. Retired participants are entitled to similar health benefits up until the age of 65, when they become eligible for Medicare. The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA). Medical, dental, vision, and prescription claims of active participants and covered dependents are processed by the claims administrators, but the responsibility for payments to participants and providers is retained by the Plan.

#### **Stop-Loss Coverage**

The Plan has entered into a stop-loss insurance arrangement to limit its exposure for individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims. Stop-loss proceeds are netted with claims paid in the accompanying statements of changes in net assets available for benefits. Premiums for stop-loss insurance are included in the accompanying statements of changes in net assets available for benefits. Refunds of stop-loss insurance premiums netted against the payments totaled \$166,509 and \$215,000 for the years ended December 31, 2024 and 2023, respectively. Stop-loss proceeds netted against health claims paid totaled \$428,308 and \$0 for the years ended December 31, 2024 and 2023, respectively.

**ECM GROUP HEALTH TRUST**

Notes to Financial Statements

December 31, 2024 and 2023

(Continued)

**NOTE 1 - PLAN DESCRIPTION - Continued**

**Contributions**

The Plan charges each cooperative premiums based on the insurance plan selected by the cooperative and the participants' benefit elections. Each cooperative determines their rate of employee cost sharing of the premium. The costs of the postretirement benefits for retired participants not yet eligible for Medicare are shared by the cooperative and the retiree in varying rates and are as follows:

Cooperative	2024 Retiree Contribution	2023 Retiree Contribution
4-County, Delta, ECM, North Central, Pearl River Valley, Prentiss, Southern Pine, Yazoo Valley	100%	100%
Monroe, Northeast, Pontotoc, Tallahatchie Valley	0%	0%
Alcorn County	Retirees under 62 - 100% Retirees 62-65 - 0% EE & 100% Spouse	Retirees under 62 - 100% Retirees 62-65 - 0% EE & 100% Spouse
Coahoma	Does not offer	Does not offer
Coast	100% if hired after 2002 2002 and before varying amounts ranging from \$0 to \$1,070	100% if hired after 2002 2002 and before varying amounts ranging from \$0 to \$1,070
Dixie	0%	100% of cost exceeding the excess of premium cost over Medicare supplement (capped at \$1,000)
Magnolia	40%	40%
Natchez Trace	100% of cost less \$226 monthly cap for single, \$452 monthly cap for family	100% of cost less \$214 monthly cap for single, \$428 monthly cap for family
Southwest MS	Retiree's spouse under 65 - 100%	Retiree's spouse under 65 - 100%
Tishomingo	100% of cost less \$500 monthly cap	100% of cost less \$500 monthly cap
Tombigee	Retirees under 62 - 100% Retirees 62-65 - 0% EE & 100% Spouse	Retirees under 62 - 100% Retirees 62-65 - 0% EE & 100% Spouse
Twin County	Retirees under 62 - 100% Retirees 62-65 - 50% EE & Spouse	Retirees under 62 - 100% Retirees 62-65 - 50% EE & Spouse

## **ECM GROUP HEALTH TRUST**

Notes to Financial Statements

December 31, 2024 and 2023

(Continued)

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

#### **Basis of Accounting**

The Plan's financial statements are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

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

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's trustee determines the Plan's valuation policies and procedures. See Note 3 for a discussion of fair value measurements.

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

#### **Use of Estimates**

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

#### **Valuation of Receivables**

The carrying amounts of the various receivables are a reasonable estimate of their fair value because of the short maturity of these instruments.

#### **Payment of Benefits**

Health claims paid are recorded when paid by the third-party administrator. The amounts recorded in the accompanying statements of changes in net assets available for benefits have been reduced by pharmacy rebates received. Pharmacy rebates netted against health claims paid totaled approximately \$3,508,000 and \$3,613,000 for the years ended December 31, 2024 and 2023, respectively. Amounts due to the claims administrator that have yet to be reimbursed by the Plan are recorded as health claims currently payable as disclosed in Note 10.

## **ECM GROUP HEALTH TRUST**

Notes to Financial Statements

December 31, 2024 and 2023

(Continued)

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

#### **Benefit Obligations**

Benefit obligations currently payable at December 31, 2024 and 2023, include unpaid amounts that have been reported and approved for payment prior to year-end and health claims incurred by active participants but not reported at that date as estimated by the Plan's Sponsor. Such amounts represent the estimated cost of the Plan's obligation to pay claims incurred prior to year-end, pursuant to the provisions of the Plan or regulatory requirements.

A postretirement benefit obligation has been recognized for health benefits for certain, eligible retired participants and their dependents. See Note 10 for a discussion of the Plan's postretirement benefit obligations.

#### **Administrative Fees**

The Plan has administrative agreements with UMR, Inc. (UMR) to process all medical health claims, Capital Rx, Inc. (Capital Rx) to process prescription claims, and Archimedes, LLC (Archimedes) to offer specialty drug benefit management services. The Plan has an agreement with Delta Dental Insurance Company (Delta Dental) to process dental claims. The Plan has an administrative agreement with Ameritas Life Insurance Corp. (Ameritas) to process vision claims. Such claims are paid upon transfer of funds from the Plan's operating account to the various service providers. The Plan pays expenses charged by each service provider for administering the Plan. The Plan also reimburses ECM for certain expenses in administering the Plan as well as pays all other operating expenses of the Plan.

#### **Subsequent Events**

The Plan has evaluated subsequent events through October 14, 2025, the date the financial statements were available to be issued.

### **NOTE 3 - FAIR VALUE MEASUREMENTS**

Authoritative guidance establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy 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.

## ECM GROUP HEALTH TRUST

Notes to Financial Statements

December 31, 2024 and 2023

(Continued)

### NOTE 3 - FAIR VALUE MEASUREMENTS

Level 2 - Inputs to the valuation methodology include:

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

There have been no changes in the methodologies used at December 31, 2024 and 2023. The methodology and significant assumptions used in estimating the fair value presented above are as follows:

Interest bearing cash: Valued at the daily closing price as reported by the account.

Money market funds: Valued at the daily closing price as reported by the fund.

Certificates of deposits: Valued at the daily closing price as reported by the bank.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. 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.

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

Corporate bonds, municipal obligations, mortgage backed securities, and collateralized mortgage obligations: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

**ECM GROUP HEALTH TRUST**

Notes to Financial Statements

December 31, 2024 and 2023

(Continued)

**NOTE 3 - FAIR VALUE MEASUREMENTS - Continued**

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the 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 assets measured at fair value on a recurring basis at December 31, 2024 and 2023:

<b>Assets at Fair Value as of December 31, 2024</b>				
	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 2,735,535	\$ -	\$ -	\$ 2,735,535
Money market funds	2,051,811	-	-	2,051,811
Certificates of deposits	1,043,085	-	-	1,043,085
Mutual funds	1,803,609	-	-	1,803,609
U.S. government obligations	-	188,231	-	188,231
Corporate bonds	-	839,218	-	839,218
Municipal obligations	-	1,858,918	-	1,858,918
Mortgage backed securities	-	3,304,777	-	3,304,777
Total investments	<u>\$ 7,634,040</u>	<u>\$ 6,191,144</u>	<u>\$ -</u>	<u>\$ 13,825,184</u>
<b>Assets at Fair Value as of December 31, 2023</b>				
	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 1,427,394	\$ -	\$ -	\$ 1,427,394
Money market funds	702,035	-	-	702,035
Certificates of deposits	1,189,435	-	-	1,189,435
Mutual funds	115,429	-	-	115,429
U.S. government obligations	-	2,930,828	-	2,930,828
Corporate bonds	-	476,016	-	476,016
Municipal obligations	-	2,175,438	-	2,175,438
Mortgage backed securities	-	3,031,278	-	3,031,278
Total investments	<u>\$ 3,434,293</u>	<u>\$ 8,613,560</u>	<u>\$ -</u>	<u>\$ 12,047,853</u>

## **ECM GROUP HEALTH TRUST**

Notes to Financial Statements

December 31, 2024 and 2023

(Continued)

### **NOTE 3 - FAIR VALUE MEASUREMENTS - Continued**

The Plan's policy is to recognize transfers between Levels 1 and 2 and into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the years ended December 31, 2024 and 2023, there were no transfers between Levels 1 and 2 and no transfers into or out of Level 3.

### **NOTE 4 - PLAN TERMINATION**

Although it has not expressed any intention to do so, the plan administrator has the right under the Plan Agreement to alter, amend, change, or terminate the Plan subject to the provisions set forth in ERISA. The participating employers will be responsible for all unpaid claims incurred after termination that are in excess of Plan assets.

### **NOTE 5 - INCOME TAX STATUS**

The trust established under the Plan to hold the Plan's net assets is qualified pursuant to Section 501(c)(9) of the Internal Revenue Code (Code); and accordingly, the trust's net investment income is exempt from income taxes. The Sponsor has obtained a favorable tax determination letter from the Internal Revenue Service granting the exemption commencing August 16, 2005. The Trust has been amended since receiving the determination letter. However, the Sponsor believes that the Trust is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. The Trust has set aside approximately \$4,800,000 of investment income to pay for medical benefits. These amounts are maintained in the Plan's investment portfolio. As of December 31, 2024 and 2023, the fund balance of the trust, as calculated under Section 419A of the Code, exceeded the minimum funding requirements prescribed.

Accounting principles generally accepted in the United States of America require 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 Department of Labor. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024 and 2023, there were 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.

**ECM GROUP HEALTH TRUST**

Notes to Financial Statements

December 31, 2024 and 2023

(Continued)

**NOTE 6 - RELATED PARTY TRANSACTIONS**

The Plan reimburses the Electric Cooperatives of Mississippi (a participating employer) for the use of office space, equipment, and employees. Expenses incurred for the years ended December 31, 2024 and 2023, were \$180,676 and \$176,244, respectively. The Plan has several arrangements with service providers, and fees paid by the Plan to these service providers represent party-in-interest transactions under ERISA. Such transactions, while considered party-in-interest transactions, are exempt from the prohibited transaction rules under ERISA.

**NOTE 7 - CONCENTRATION OF CREDIT RISK**

The Plan is subject to the inherent risk of maintaining cash balances from time to time which exceed insurable limits. As of December 31, 2024 and 2023, the Plan had cash deposits of \$2,485,535 and \$1,177,394, respectively, in excess of federally insured limits.

**NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to the Form 5500 for the years ended December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 15,873,700	\$ 14,723,980
Benefit obligations currently payable	(2,510,779)	(3,397,837)
Net assets per Schedule H of Form 5500	<u>\$ 13,362,921</u>	<u>\$ 11,326,143</u>

The following is a reconciliation of claims paid per the financial statements to Schedule H of Form 5500:

	<u>2024</u>	<u>2023</u>
Claims paid per the financial statements	\$ 28,840,488	\$ 27,777,000
Add: Amounts Payable at End of Year	2,510,779	3,397,837
Less: Amounts Payable at Beginning of Year	(3,397,837)	(3,247,184)
Claims paid per Schedule H of Form 5500	<u>\$ 27,953,430</u>	<u>\$ 27,927,653</u>

**ECM GROUP HEALTH TRUST**

Notes to Financial Statements

December 31, 2024 and 2023

(Continued)

**NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 – Continued**

Claims payable and claims incurred but not reported are not considered liabilities under GAAP and, therefore, are not presented as liabilities or claims paid in the accompany financial statements but are recorded as liabilities on the Form 5500.

**NOTE 9 - RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits. The actuarial present value of benefit obligations is reported in Note 10 and is based on certain assumptions which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**NOTE 10 - BENEFIT OBLIGATIONS**

Certain cooperatives provide health benefits to certain retired participants, and accordingly, postretirement benefit obligations have been recognized for these benefits. These benefit obligations represent the actuarial present value of the cost of those estimated future benefits that are attributed by the terms of the Plan to those participants, reduced by the actuarial present value of contributions expected to be received in the future from the current retirees of the Plan. The obligations represent the amounts that are expected to be funded by contributions from the Sponsor, through premiums paid by the cooperatives and from existing assets of the Plan.

Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated participants and their dependents, and (2) active participants and their dependents after retirement from service with the cooperative.

The actuarial present value of the expected postretirement benefit obligations is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money between the valuation date and the expected date of payment.

For measurement purposes, a range of 4.5% to 10.0% annual rate of increase in the per capita cost of covered health care benefits was assumed for 2024 and 2023. The rates are assumed to gradually decrease to a range of 4.04% to 5.0% over the next five to seventy-five years and are expected to remain level thereafter for 2024 and 2023, respectively. The weighted-average health care cost trend assumption has a significant effect on the amounts reported as postretirement benefit obligations. If the assumed rates increased by 1-percentage-point in each year, it would increase the obligations as of December 31, 2024 and 2023, by \$1,369,000 and \$1,416,000, respectively.

**ECM GROUP HEALTH TRUST**  
Notes to Financial Statements  
December 31, 2024 and 2023  
(Continued)

**NOTE 10 - BENEFIT OBLIGATIONS - Continued**

The following were other significant assumptions used to determine the postretirement benefit obligations as of December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Weighted-average discount rate	2.90% - 6.05%	2.90% - 6.50%
Average retirement age rates	55-70 years of age	55-70 years of age
Mortality	Pri-2012 Headcount-weighted Mortality Tables with Improvement Scale MP-2021 and MP-2020.	Pri-2012 Headcount-weighted Mortality Tables with Improvement Scale MP-2021 and MP-2020.

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

The Plan's benefit obligations as of December 31, 2024 and 2023, consist of the following:

	<u>2024</u>	<u>2023</u>
Amounts currently payable		
Claims payable	\$ 623,190	\$ 645,742
Claims incurred but not reported	1,887,589	2,752,095
	<u>2,510,779</u>	<u>3,397,837</u>
Postretirement benefit obligations, net of amounts currently payable		
Retired participants	6,824,000	6,847,000
Other participants fully eligible for benefits	2,854,000	3,358,000
Participants not yet fully eligible for benefits	6,600,000	5,937,000
	<u>16,278,000</u>	<u>16,142,000</u>
Total benefit obligations	<u>\$ 18,788,779</u>	<u>\$ 19,539,837</u>

**ECM GROUP HEALTH TRUST**

Notes to Financial Statements

December 31, 2024 and 2023

(Continued)

**NOTE 10 - BENEFIT OBLIGATIONS - Continued**

Changes in the Plan's benefit obligations for the years ended December 31, 2024 and 2023, consist of the following:

	<b>2024</b>	<b>2023</b>
Claims payable		
Balance at beginning of year	\$ 645,742	\$ 535,049
Claims reported and approved for payment including benefits reclassified from postretirement benefit obligations	28,817,936	27,887,693
Claims paid	(28,840,488)	(27,777,000)
Balance at end of year	\$ 623,190	\$ 645,742
Claims incurred but not reported		
Balance at beginning of year	\$ 2,752,095	\$ 2,712,135
(Decrease) increase during the year	(864,506)	39,960
Balance at end of year	\$ 1,887,589	\$ 2,752,095
Postretirement benefit obligations, net of amounts currently payable		
Balance at beginning of year	\$ 16,142,000	\$ 18,259,000
Increase (decrease) in postretirement benefits attributable to		
Benefits earned	459,000	475,000
Expected benefit payments	(1,327,000)	(1,171,000)
Interest	720,000	579,000
Other	718,000	-
Actuarial gains	(434,000)	(2,000,000)
Balance at end of year	\$ 16,278,000	\$ 16,142,000

**SUPPLEMENTAL INFORMATION**

**ECM GROUP HEALTH TRUST**  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
December 31, 2024

EIN: 20-3033363

Plan Number: 501

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity	Interest rate	Cost	Current value
<b>Certificates of Deposits</b>				
BankPlus CD	03/18/25	4.003%	\$ 1,000,000	\$ 1,043,085
Total Certificates of Deposits			<u>\$ 1,000,000</u>	<u>\$ 1,043,085</u>
<b>Coporate Bonds</b>				
United Community Banks, Inc.	02/14/27	5.500%	\$ 80,229	\$ 74,250
Federal Home Loan Banks	09/09/26	0.750%	247,907	235,374
Overseas Private Invt. Corp.	09/20/32	3.520%	163,480	130,840
Bankplus Corp. MS	06/15/30	6.000%	250,000	251,875
First Bancshares, Inc. Ind	10/01/30	4.250%	153,000	146,880
Total Corporate Bonds			<u>\$ 894,615</u>	<u>\$ 839,218</u>
<b>Municipal Obligations</b>				
Attala County MS Taxable Go Bonds	02/01/25	3.900%	\$ 85,492	\$ 84,867
Harrison County MS Taxable Go Bonds	10/01/25	1.912%	250,000	245,020
Flowood MS Taxable Go Bonds	11/01/25	2.967%	220,000	216,940
Ridgeland MS Tax Increment Bonds	04/01/26	2.500%	150,000	143,564
MS Development Bank Spl Oblig	07/01/26	3.150%	150,000	145,853
MS Development Bank Spl Oblig	01/01/27	2.444%	250,000	237,920
MS State Taxable Go Bonds	10/01/27	4.053%	74,988	72,682
MS State Taxable Go Bonds	11/01/27	1.038%	200,689	182,058
MS State Taxable Go Bonds	10/01/30	2.440%	260,646	223,388
MS State Taxable Go Bonds	11/01/30	1.482%	252,364	209,973
South Dakota Hsg Dev. Authority Taxable bonds	11/01/32	4.930%	25,000	24,134
South Dakota Hsg Dev. Authority Taxable bonds	05/01/33	4.980%	75,000	72,520
Total Municipal Obligations			<u>\$ 1,994,179</u>	<u>\$ 1,858,918</u>
<b>U.S. Government Obligations</b>				
U.S. International Dev Fin C	04/23/29	0.000%	\$ 175,000	\$ 188,231
Total U.S. Government Obligations			<u>\$ 175,000</u>	<u>\$ 188,231</u>

See independent auditor's report.

**ECM GROUP HEALTH TRUST**  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
December 31, 2024  
(Continued)

EIN: 20-3033363

Plan Number: 501

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity	Cost	Current value	
	Maturity	Interest rate		
Mortgage Backed Securities				
Fhlmc Remic Series K-737	06/25/26	2.194%	\$ 81,870	\$ 78,483
Gnma Remic Trust 2014-83	11/20/28	2.452%	15,698	13,832
Fnma Umbs Shrt 10 Ye	02/01/25	2.500%	124	86
Fnma Umbs Shrt 10 Ye	04/01/25	2.500%	1,068	768
Fhlmc Giant Mbs Gold Comb	05/01/25	2.500%	1,239	1,047
Fnma Umbs Shrt 10 Ye	06/01/25	2.500%	1,083	783
SBA Gtd Pt	09/10/25	2.829%	24,573	23,975
Fnma Umbs Int 15 Year	11/01/25	3.500%	1,212	974
Fnma Mbs Blln Multi	01/01/26	3.640%	128,145	123,580
Fnma Umbs Shrt 10 Ye	04/01/26	2.500%	4,787	3,803
Fnma Umbs Shrt 10 Ye	08/01/26	2.500%	11,535	9,326
SBA Gtd Pt	09/10/26	2.051%	15,045	14,412
Fnma Mbs Blln Multi	11/01/26	2.460%	205,301	189,315
Fnma Umbs Shrt 10 Ye	12/01/26	3.000%	12,151	10,096
SBA Gtd Pt	03/10/26	2.845%	13,627	13,084
SBA Gtd Pt	09/10/27	2.518%	34,812	32,873
SBA Gtd Pt	10/01/27	5.570%	15,686	14,953
Gnma Remic Trust 2012-143	12/16/27	1.500%	93,432	82,953
SBA Gtd Pt	03/10/28	3.187%	17,282	16,396
Fnma Mbs Blln Multi	07/01/28	3.630%	155,391	144,770
Fnma Umbs Shrt 10 Ye	07/01/28	3.500%	28,021	24,310
SBA PC Var Qtrly	11/25/28	6.000%	49,536	47,866
Fhlmc Giant Mbs Gold Comb	01/01/29	2.500%	36,874	33,874
SBA Gtd Pt	03/10/29	3.113%	40,583	38,289
Sba Pc Var Qtrly	07/25/29	5.850%	67,384	67,196
Fhlmc Mbs 55day Mult	09/01/29	4.300%	150,000	146,592
SBA Gtd Pt	09/10/29	2.283%	63,760	59,615
SBA Gtd Pt	03/01/30	2.078%	79,445	71,270

See independent auditor's report.

**ECM GROUP HEALTH TRUST**  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
December 31, 2024  
(Continued)

EIN: 20-3033363

Plan Number: 501

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity		Cost	Current value
	Maturity	Interest rate		
Fhlmc Remic Series 3919	08/15/30	3.000%	\$ 5,002	\$ 4,420
SBA Gtd Pt	09/01/30	1.034%	238,677	203,512
Fhlmc Giant Mbs Gold Comb	01/01/31	2.500%	18,902	17,356
Fhlmc Giant Mbs Gold Comb	05/01/31	2.500%	24,462	22,265
Fnma Umbs Shrt 10 Ye	09/01/31	1.500%	183,679	175,988
SBA Gtd Pt	09/01/31	1.304%	199,192	169,533
Fhlmc Umbs 10y Fixed	11/01/31	2.000%	301,064	254,168
Fhlmc Super 10y Fixed	07/01/32	2.000%	67,243	66,048
SBA Gtd Pt	03/01/33	5.168%	94,851	94,158
Fresb Mortgage Tr 2023-sb110	08/25/33	4.410%	226,784	233,406
Fnma Umbs Int 15 Year	09/01/33	3.500%	24,459	22,199
Small Business Admin Gtd Pt	09/01/33	5.688%	235,881	238,147
Fnma Umbs Int 15 Year	03/01/36	1.500%	258,841	213,008
Fhlmc Super 15y Fixed	04/01/36	1.500%	132,459	110,195
Fresb Mtg Tr 2020-sb79	07/25/40	0.990%	190,384	169,529
Fhlmc Giant Mbs Guar Adj 3	02/01/42	6.231%	4,351	4,234
Fnma Mega Adj Libor	12/01/44	7.050%	15,131	14,517
Fhlmc Mbs 30y Supconf	04/01/50	3.500%	33,417	27,576
Total Mortgage Backed Securities			<u>\$ 3,604,443</u>	<u>\$ 3,304,777</u>
Money market funds				
BankPlus		Money Market Fund	\$ 2,051,811	\$ 2,051,811
Total money market funds			<u>\$ 2,051,811</u>	<u>\$ 2,051,811</u>
Mutual funds				
PIMCO		Income Fund	\$ 432,812	\$ 426,333
Curasset		Limited Term Income Fund	403,399	400,134

See independent auditor's report.

**ECM GROUP HEALTH TRUST**  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
December 31, 2024  
(Continued)

EIN: 20-3033363

Plan Number: 501

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity	Cost	Current value	
JP Morgan	Core Plus Bond ETF	499,363	481,800	
JP Morgan	Income ETF	500,288	495,342	
Total mutual funds		<u>\$ 1,835,863</u>	<u>\$ 1,803,609</u>	
Interest bearing cash		<u>\$ 2,735,535</u>	<u>\$ 2,735,535</u>	
		<u>\$ 14,291,447</u>	<u>\$ 13,825,184</u>	

See independent auditor's report.

**ECM GROUP HEALTH TRUST**  
Schedule H, Line 4j - Schedule of Reportable Transactions  
December 31, 2024

EIN: 20-3033363

Plan Number: 501

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (includes interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
United States	Treasury Bill 4 sales	\$ -	\$ 1,295,245	\$ -	\$ -	\$ 1,295,245	\$ 1,295,245	\$ -

See independent auditor's report.

**ECM GROUP HEALTH TRUST**  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
December 31, 2024

EIN: 20-3033363

Plan Number: 501

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity		Cost	Current value
	Maturity	Interest rate		
<b>Certificates of Deposits</b>				
BankPlus CD	03/18/25	4.003%	\$ 1,000,000	\$ 1,043,085
Total Certificates of Deposits			<u>\$ 1,000,000</u>	<u>\$ 1,043,085</u>
<b>Coporate Bonds</b>				
United Community Banks, Inc.	02/14/27	5.500%	\$ 80,229	\$ 74,250
Federal Home Loan Banks	09/09/26	0.750%	247,907	235,374
Overseas Private Invt. Corp.	09/20/32	3.520%	163,480	130,840
Bankplus Corp. MS	06/15/30	6.000%	250,000	251,875
First Bancshares, Inc. Ind	10/01/30	4.250%	153,000	146,880
Total Coporate Bonds			<u>\$ 894,615</u>	<u>\$ 839,218</u>
<b>Municipal Obligations</b>				
Attala County MS Taxable Go Bonds	02/01/25	3.900%	\$ 85,492	\$ 84,867
Harrison County MS Taxable Go Bonds	10/01/25	1.912%	250,000	245,020
Flowood MS Taxable Go Bonds	11/01/25	2.967%	220,000	216,940
Ridgeland MS Tax Increment Bonds	04/01/26	2.500%	150,000	143,564
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MS State Taxable Go Bonds	10/01/30	2.440%	260,646	223,388
MS State Taxable Go Bonds	11/01/30	1.482%	252,364	209,973
South Dakota Hsg Dev. Authority Taxable bonds	11/01/32	4.930%	25,000	24,134
South Dakota Hsg Dev. Authority Taxable bonds	05/01/33	4.980%	75,000	72,520
Total Municipal Obligations			<u>\$ 1,994,179</u>	<u>\$ 1,858,918</u>
<b>U.S. Government Obligations</b>				
U.S. International Dev Fin C	04/23/29	0.000%	\$ 175,000	\$ 188,231
Total U.S. Government Obligations			<u>\$ 175,000</u>	<u>\$ 188,231</u>

See independent auditor's report.

**ECM GROUP HEALTH TRUST**  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
December 31, 2024  
(Continued)

EIN: 20-3033363

Plan Number: 501

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity	Cost	Current value	
	Maturity	Interest rate		
Mortgage Backed Securities				
Fhlmc Remic Series K-737	06/25/26	2.194%	\$ 81,870	\$ 78,483
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SBA Gtd Pt	09/10/29	2.283%	63,760	59,615
SBA Gtd Pt	03/01/30	2.078%	79,445	71,270

See independent auditor's report.

**ECM GROUP HEALTH TRUST**  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
December 31, 2024  
(Continued)

EIN: 20-3033363

Plan Number: 501

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity		Cost	Current value
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SBA Gtd Pt	09/01/30	1.034%	238,677	203,512
Fhlmc Giant Mbs Gold Comb	01/01/31	2.500%	18,902	17,356
Fhlmc Giant Mbs Gold Comb	05/01/31	2.500%	24,462	22,265
Fnma Umbs Shrt 10 Ye	09/01/31	1.500%	183,679	175,988
SBA Gtd Pt	09/01/31	1.304%	199,192	169,533
Fhlmc Umbs 10y Fixed	11/01/31	2.000%	301,064	254,168
Fhlmc Super 10y Fixed	07/01/32	2.000%	67,243	66,048
SBA Gtd Pt	03/01/33	5.168%	94,851	94,158
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Small Business Admin Gtd Pt	09/01/33	5.688%	235,881	238,147
Fnma Umbs Int 15 Year	03/01/36	1.500%	258,841	213,008
Fhlmc Super 15y Fixed	04/01/36	1.500%	132,459	110,195
Fresb Mtg Tr 2020-sb79	07/25/40	0.990%	190,384	169,529
Fhlmc Giant Mbs Guar Adj 3	02/01/42	6.231%	4,351	4,234
Fnma Mega Adj Libor	12/01/44	7.050%	15,131	14,517
Fhlmc Mbs 30y Supconf	04/01/50	3.500%	33,417	27,576
Total Mortgage Backed Securities			<u>\$ 3,604,443</u>	<u>\$ 3,304,777</u>
Money market funds				
BankPlus		Money Market Fund	\$ 2,051,811	\$ 2,051,811
Total money market funds			<u>\$ 2,051,811</u>	<u>\$ 2,051,811</u>
Mutual funds				
PIMCO		Income Fund	\$ 432,812	\$ 426,333
Curasset		Limited Term Income Fund	403,399	400,134

See independent auditor's report.

**ECM GROUP HEALTH TRUST**  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
December 31, 2024  
(Continued)

EIN: 20-3033363

Plan Number: 501

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity	Cost	Current value	
JP Morgan	Core Plus Bond ETF	499,363	481,800	
JP Morgan	Income ETF	500,288	495,342	
Total mutual funds		<u>\$ 1,835,863</u>	<u>\$ 1,803,609</u>	
Interest bearing cash		<u>\$ 2,735,535</u>	<u>\$ 2,735,535</u>	
		<u>\$ 14,291,447</u>	<u>\$ 13,825,184</u>	

See independent auditor's report.

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guazranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

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

OMB Nos. 1210 - 0110  
1210 - 0089

**2024**

**This Form is Open to Public Inspection**

**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.)
- B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 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**

<b>1a</b> Name of plan <b>ECM GROUP HEALTH TRUST</b>	<b>1b</b> Three-digit plan number (PN) ▶ <b>501</b>
<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) <b>ECM GROUP HEALTH, INC.</b>  <b>P.O. BOX 3300</b>  <b>RIDGELAND MS 39158-3300</b>	<b>1c</b> Effective date of plan <b>07/01/2000</b>
	<b>2b</b> Employer Identification Number (EIN) <b>20-3033363</b>
	<b>2c</b> Plan Sponsor's telephone number <b>601-605-8600</b>
	<b>2d</b> Business code (see instructions) <b>221100</b>

**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>		10/14/25	<b>MICHAEL CALLAHAN</b>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	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

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

Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
--	--

<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>	2,338
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	2,264
<b>a (2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	2,287
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	84
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c .....	<b>6d</b>	2,371
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	
<b>f</b> Total. Add lines 6d and 6e .....	<b>6f</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>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

**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> (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u>2</u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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**ECM GROUP HEALTH TRUST**  
**Multiple Employer Participating Information for 5500**  
**12/31/2024**

<b>Cooperative</b>	<b>EIN</b>	<b>% of Total</b>
4-County Electric Power Association	64-0158435	7.44%
Alcorn County Electric Power Association	64-0111850	3.60%
Coahoma Electric Power Association	64-0137498	1.34%
Coast Electric Power Association	64-0169075	12.48%
Delta Electric Power Association	64-0146265	3.49%
Dixie Electric Power Association	64-0183177	6.47%
Electric Cooperatives of MS	64-0200697	1.21%
Magnolia Electric Power Association	64-0195613	4.06%
Monroe County Electric Power Association	64-0208370	1.32%
Natchez Trace Electric Power Association	64-0211938	2.99%
North Central Electric Power Association	64-0300045	6.17%
North East MS Electric Power Association	64-0214575	4.18%
Pearl River Valley Electric Power Association	64-0219645	6.75%
Pontotoc Electric Power Association	64-0224230	3.21%
Prentiss County Electric Power Association	64-0225540	1.33%
Southern Pine Electric Power Association	64-0243969	9.52%
Southwest MS Electric Power Association	64-0244325	3.44%
Tallahatchie Valley Electric Power Association	64-0251165	5.78%
Tishomingo County Electric Power Association	64-0254465	3.22%
Tombigbee Electric Power Association	64-0254740	7.11%
Twin County Electric Power Association	64-0256623	2.24%
Yazoo Valley Electric Power Association	64-0269325	<u>2.65%</u>
		<u>100.00%</u>

**ECM GROUP HEALTH TRUST**  
Schedule H, Line 4j - Schedule of Reportable Transactions  
December 31, 2024

EIN: 20-3033363

Plan Number: 501

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (includes interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
United States	Treasury Bill 4 sales	\$ -	\$ 1,295,245	\$ -	\$ -	\$ 1,295,245	\$ 1,295,245	\$ -

See independent auditor's report.