

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: CONTRACTORS INSURANCE TRUST
1b Three-digit plan number (PN): 501
1c Effective date of plan: 09/01/1995
2a Plan sponsor's name (employer, if for a single-employer plan): CONTRACTORS INSURANCE TRUST
2b Employer Identification Number (EIN): 76-0481929
2c Plan Sponsor's telephone number: 866-868-4139
2d Business code (see instructions)

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 entries for employer/plan sponsor and DFE.

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	14080
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	9158
	6a(2)	14017
	6b	4767
	6c	0
	6d	18784
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan CONTRACTORS INSURANCE TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 CONTRACTORS INSURANCE TRUST</p>	<p>D Employer Identification Number (EIN) 76-0481929</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
TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	TRUSTILG	14017	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid 115017</p>	<p>(b) Total amount of fees paid 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
THE BOON INSURANCE AGENCY **6300 BRIDGEPOINT PARKWAY**
AUSTIN, TX 78730

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
115017	0	N/A	3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1150166
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

A Name of plan CONTRACTORS INSURANCE TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 CONTRACTORS INSURANCE TRUST	D Employer Identification Number (EIN) 76-0481929	

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

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

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

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

BOON ADMINISTRATIVE SERVICES

33-0449333

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 73	THIRD PARTY ADMIN	3332714	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CLIFTONLARSONALLEN, LLP

915 HIGHLAND POINTE DRIVE SUITE 300
ROSEVILLE, CA 95678

41-0746749

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	95025	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>CONTRACTORS INSURANCE TRUST</u>	B Three-digit plan number (PN) ▶	<u>501</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CONTRACTORS INSURANCE TRUST</u>	D Employer Identification Number (EIN) <u>76-0481929</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ACORN FOOD SERVICES HEALTH AND WELFARE PLAN	
b	Name of plan sponsor ACORN SERVICE INC	c EIN-PN 22-3073959-501
a	Plan name ATHENA SERVICES INTERNATIONAL HEALTH AND WELFARE PLAN	
b	Name of plan sponsor ATHENA SERVICES INTERNATIONAL LLC	c EIN-PN 47-0994976-502
a	Plan name ACTONE GROUP, INC. FLEXIBLE BENEFITS PLAN	
b	Name of plan sponsor ACTONE	c EIN-PN 47-4722675-501
a	Plan name ADC MANAGEMENT SERVICES, INC HEALTH AND WELFARE	
b	Name of plan sponsor ADC MANAGEMENT SERVICES, INC.	c EIN-PN 84-1652859-501
a	Plan name ALLIED UNIVERSAL HEALTH AND WELFARE BENEFIT PLAN	
b	Name of plan sponsor ALLIED UNIVERSAL	c EIN-PN 47-4134241-501
a	Plan name THE AMG HEALTHCARE SERVICES HEALTH AND WELFARE PLAN	
b	Name of plan sponsor AMG HEALTHCARE SERVICES, INC.	c EIN-PN 20-8139097-503
a	Plan name AREA STORAGE HEALTH AND WELFARE PLAN	
b	Name of plan sponsor AREA STORAGE & TRANSFER	c EIN-PN 22-2981560-502
a	Plan name BLUE EAGLE CONTRACTING, INC. GROUP HEALTH & WELFARE BENEFIT PLAN	
b	Name of plan sponsor BLUE EAGLE	c EIN-PN 68-0292171-501
a	Plan name C&C HEALTH & WELFARE PLAN	
b	Name of plan sponsor C&C CONTRACTORS LLC	c EIN-PN 26-3276066-501
a	Plan name CARDINAL POINT CAPTAINS HEALTH AND WELFARE PLAN	
b	Name of plan sponsor CARDINAL POINT CAPTAINS	c EIN-PN 46-4380003-505
a	Plan name CAREER TRAINING CONCEPTS, INC. HEALTH & WELFARE PLAN	
b	Name of plan sponsor CAREER TRAINING CONCEPTS	c EIN-PN 58-1172087-506
a	Plan name BOBBY DODD INSTITUTE HEALTH & WELFARE PLAN	
b	Name of plan sponsor BOBBY DODD INSTITUTE, INC.	c EIN-PN 58-1847107-501

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name A-DEL CONSTRUCTION EMPLOYEE BENEFIT PLAN TRUST	
b	Name of plan sponsor A-DEL CONSTRUCTION CO., INC.	c EIN-PN 51-0265095-
a	Plan name CMI MANAGEMENT INC HEALTH AND WELFARE PLAN	
b	Name of plan sponsor CMI MANAGEMENT, INC.	c EIN-PN 54-1524907-501
a	Plan name COLUMBIA LIGHTHOUSE FOR THE BLIND	
b	Name of plan sponsor COLUMBIA LIGHTHOUSE FOR THE BLIND	c EIN-PN 53-0196609-
a	Plan name COMPLETE MOBILE DENTISTRY, HEALTH & WELFARE INSURANCE PLANS	
b	Name of plan sponsor COMPLETE MOBILE DENTISTRY	c EIN-PN 11-3651272-502
a	Plan name COMMUNITY BRIDGE, INC.	
b	Name of plan sponsor COMMUNITY BRIDGE, INC.	c EIN-PN 75-2984355-
a	Plan name CONDOR SECURITY OF AMERICA, INC. EMPLOYEE BENEFIT PLAN	
b	Name of plan sponsor CONDOR SECURITY OF AMERICA INC.	c EIN-PN 45-4022040-501
a	Plan name E-REVS SUPPLY CHAINS, LLC HEALTH AND WELFARE BENEFIT PLAN	
b	Name of plan sponsor EREV SUPPLY CHAIN, LLC	c EIN-PN 47-5406134-
a	Plan name CRI FEDERAL SERVICES, INC. HEALTH & WELFARE PLAN	
b	Name of plan sponsor CRI FEDERAL SERVICES (THE CENTER)	c EIN-PN 52-2147827-503
a	Plan name UNIFI AVIATION, LLC HEALTH PLAN	
b	Name of plan sponsor DAL GLOBAL SERVICES (UNIFI AVIATION)	c EIN-PN 58-2198841-501
a	Plan name DORADO SERVICES, INC. HEALTH & WELFARE PLAN	
b	Name of plan sponsor DORADO SERVICES, INC.	c EIN-PN 59-3605722-505
a	Plan name DOWNTOWN DC BID SERVICES CORP.	
b	Name of plan sponsor DOWNTOWN DC	c EIN-PN 52-2198151-
a	Plan name ENABLEUTAH INC HEALTH AND WELFARE PLAN	
b	Name of plan sponsor ENABLEUTAH INC	c EIN-PN 87-0283745-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	FAMILY ENDEAVORS, INC. EMPLOYEE BENEFITS PLAN	
b	Name of plan sponsor	ENDEAVORS	c EIN-PN 23-7223078-501
a	Plan name	FAMILY ENDEAVORS, INC. EMPLOYEE BENEFITS PLAN	
b	Name of plan sponsor	ENDEAVORS	c EIN-PN 74-2618398-501
a	Plan name	ENTERPRISE PROFESSIONAL SERVICES INC. HEALTH & WELFARE PLAN	
b	Name of plan sponsor	ENTERPRISE PROFESSIONAL SERVICES INC	c EIN-PN 45-0896436-501
a	Plan name	FRA AETNA PLAN	
b	Name of plan sponsor	FAIRBANKS RESOURCE AGENCY	c EIN-PN 92-0035250-503
a	Plan name	FLYING FOOD GROUP, LLC EMPLOYEE BENEFITS PLAN HEALTHY TERMINALS - JFK85K75	
b	Name of plan sponsor	FLYING FOOD GROUP, LLC	c EIN-PN 27-1220200-502
a	Plan name	FRONTLINE NATIONAL MEDICAL PLAN	
b	Name of plan sponsor	FRONTLINE NATIONAL, LLC	c EIN-PN 16-1700726-509
a	Plan name	FSCX H&W BENEFITS PLAN	
b	Name of plan sponsor	FSCX INC. OF OKLAHOMA	c EIN-PN 75-2837559-501
a	Plan name	FUTREND TECHNOLOGY INC	
b	Name of plan sponsor	FUTREND TECHNOLOGY INC	c EIN-PN 54-2022388-
a	Plan name	CRITTENTON SERVICES OF ORANGE COUNTY WELFARE BENEFITS PLAN	
b	Name of plan sponsor	FLORENCE CRITTENTON SERVICES OF ORANGE COUNTY, INC.	c EIN-PN 95-2492427-502
a	Plan name	HHS GOVERNMENT SERVICES LLC HEALTH AND WELFARE PLAN	
b	Name of plan sponsor	HHS GOVERNMENT SERVICES LLC	c EIN-PN 82-5298220-503
a	Plan name	APPLYLOGIC HEALTH & WELFARE	
b	Name of plan sponsor	APPLYLOGIC CONSULTING GROUP, LLC	c EIN-PN 52-2441987-501
a	Plan name	VITAL LINK, INC. HEALTH AND WELFARE PLAN	
b	Name of plan sponsor	ATEC, INC.	c EIN-PN 76-0315835-503

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name INFORMATION SCIENCES CONSULTING, INC. HEALTH AND WELFARE BENEFIT PLAN	
b	Name of plan sponsor INFORMATION SERVICES CONSULTING INC.	c EIN-PN 54-2015109-501
a	Plan name THE INTERACTIVE MEDICAL SPECIALISTS HEALTH AND WELFARE PLAN	
b	Name of plan sponsor INTERACTIVE MEDICAL SPECIALISTS	c EIN-PN 68-0427244-510
a	Plan name ITI SOLUTIONS, INC. HEALTH AND WELFARE BENEFIT PLAN	
b	Name of plan sponsor ITI SOLUTIONS, INC.	c EIN-PN 74-3013771-500
a	Plan name J.P. INDUSTRIES, INC. INSURANCE PROGRAM	
b	Name of plan sponsor J.P. INDUSTRIES, INC	c EIN-PN 86-0810639-501
a	Plan name JAMISON PROFESSIONAL SERVICES HEALTH AND WELFARE PLAN	
b	Name of plan sponsor JAMISON PROFESSIONAL SERVICES, INC.	c EIN-PN 58-2063670-505
a	Plan name	
b	Name of plan sponsor FOREFRONT HEALTHCARE	c EIN-PN 83-2894435-
a	Plan name	
b	Name of plan sponsor JOB ONE	c EIN-PN
a	Plan name THE LOGMET LLC BONA FIDE FRINGE BENEFITS PLAN	
b	Name of plan sponsor LOGMET LLC	c EIN-PN 20-2855441-503
a	Plan name MANAGEMENT SUPPORT TECHNOLOGY, INC. HEALTH & WELFARE PLAN	
b	Name of plan sponsor MANAGEMENT SUPPORT TECHNOLOGY INC.	c EIN-PN 54-1577909-501
a	Plan name MAVAGI ENTERPRISES HEALTH & WELFARE PLAN	
b	Name of plan sponsor MAVAGI ENTERPRISES	c EIN-PN 74-3008826-502
a	Plan name NATIONAL ASSOCIATES, INC. HEALTH AND WELFARE PLAN	
b	Name of plan sponsor NATIONAL ASSOCIATES	c EIN-PN 52-1018966-501
a	Plan name NATIVE CONTRACTORS, INC. HEALTH AND WELFARE BENEFIT PLAN	
b	Name of plan sponsor NATIVE CONTRACTORS INC	c EIN-PN 74-2922542-502

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name IN AND OUT VALET CO. HEALTH AND WELFARE PLAN	
b	Name of plan sponsor IN AND OUT VALET CO.	c EIN-PN 25-1851406-510
a	Plan name NORTH AMERICAN SECURITY HEALTH & WELFARE PLAN	
b	Name of plan sponsor NORTH AMERICAN SECURITY	c EIN-PN 95-4502871-505
a	Plan name NUECES CENTER FOR MENTAL HEALTH	
b	Name of plan sponsor NUECES CENTER FOR MENTAL HEALTH	c EIN-PN 74-1623759-
a	Plan name LUKE & ASSOCIATES, INC. HEALTH AND WELFARE PLAN	
b	Name of plan sponsor LUKE & ASSOCIATES	c EIN-PN 20-1117185-501
a	Plan name PHILLIPS ENTERPRISES, LLC HEALTH & WELFARE PLAN	
b	Name of plan sponsor PHILLIPS ENTERPRISES, LLC	c EIN-PN 61-1697907-501
a	Plan name PKF-MARK III, INC. BENEFITS PLAN	
b	Name of plan sponsor PKF-MARK III, INC	c EIN-PN 23-1715080-510
a	Plan name PN AUTOMATION HEALTH & WELFARE PLAN	
b	Name of plan sponsor PN AUTOMATION	c EIN-PN 20-1576607-502
a	Plan name POSITIVE PSYCHE SCA HEALTH & WELFARE PLAN	
b	Name of plan sponsor POSITIVE PSYCHE	c EIN-PN 35-4645905-502
a	Plan name QUALITY SERVICES INTERNATIONAL, LLC	
b	Name of plan sponsor QUALITY SERVICES INTERNATIONAL, LLC	c EIN-PN 74-2977783-501
a	Plan name RALLY POINT MANAGEMENT MEDICAL PLAN	
b	Name of plan sponsor RALLY POINT MANAGEMENT, LLC	c EIN-PN 20-4964386-502
a	Plan name RED RIVER SCIENCE & TECHNOLOGY, LLC HEALTH & WELFARE PLAN	
b	Name of plan sponsor RED RIVER SCIENCE AND TECHNOLOGY LLC	c EIN-PN 45-4235888-510
a	Plan name MKS2 LLC HEALTH AND WELFARE	
b	Name of plan sponsor MKS2, LLC	c EIN-PN 27-1260077-502

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name SON'S QUALITY FOOD COMPANY, INC. FULL-TIME EMPLOYEES H&W BENEFITS PLAN	
b	Name of plan sponsor SON'S QUALITY FOOD COMPANY	c EIN-PN 52-1528727-505
a	Plan name SPENCER CONSTRUCTION LLC	
b	Name of plan sponsor SPENCER CONSTRUCTION LLC	c EIN-PN 82-4089972-
a	Plan name BW ELECTRIC, INC. HEALTH, AND WELFARE PLAN	
b	Name of plan sponsor B.W. ELECTRIC, INC.	c EIN-PN 26-0456950-501
a	Plan name STRATITIA, INC. HEALTH AND WELFARE BENEFIT PLAN	
b	Name of plan sponsor STRATITIA	c EIN-PN 21-1662748-501
a	Plan name SUTHERLAND GLOBAL SERVICES WELFARE BENEFITS PLAN	
b	Name of plan sponsor SUTHERLAND GLOBAL	c EIN-PN 16-1287080-512
a	Plan name SWINERTON INCORPORATED AND AFFILIATES EMPLOYEE BENEFITS PLAN	
b	Name of plan sponsor SWINERTON INCORPORATED	c EIN-PN 93-1132374-501
a	Plan name NINETY FIVE SOUTH, INC. HEALTH & WELFARE PLAN	
b	Name of plan sponsor NINETY FIVE SOUTH, INC.	c EIN-PN 26-0006001-
a	Plan name BEN FITZGERALD REAL ESTATE SERVICES, LLC DBA ROSEMARK	
b	Name of plan sponsor ROSEMARK	c EIN-PN 75-2600725-501
a	Plan name DSI CORP EMPLOYEE WELLNESS PLAN	
b	Name of plan sponsor DSI CORPORATION	c EIN-PN 82-2890585-501
a	Plan name DYNAMIC SYSTEMS TECHNOLOGY, INC. HEALTH & WELFARE PLAN	
b	Name of plan sponsor DYNAMIC SYSTEMS TECHNOLOGY, INC.	c EIN-PN 54-1780242-501
a	Plan name UNIQUE CLEANING SERVICES INCORPORATED HEALTH AND WELFARE PLAN	
b	Name of plan sponsor UNIQUE CLEANING SERVICES	c EIN-PN 58-2421661-501
a	Plan name URBAN SERVICES HEALTH & WELFARE PLAN	
b	Name of plan sponsor URBAN SERVICES GROUP, INC.	c EIN-PN 58-2140921-502

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	VCSI EMPLOYEE BENEFIT PLAN	
b	Name of plan sponsor	VIGIL CONTRACTING SERVICES INC	c EIN-PN 85-0482001-505
a	Plan name	W&L MAIL SERIVCE, INC. GROUP HEALTH & WELFARE BENEFIT PLAN	
b	Name of plan sponsor	W&L MAIL SERVICES	c EIN-PN 26-4077437-501
a	Plan name	XCEL PROTECTIVE SERVICES BENEFIT PLAN	
b	Name of plan sponsor	XCEL PROTECTIVE SERVICES, INC.	c EIN-PN 74-2846492-505
a	Plan name	ZERO WASTE SOLUTIONS, INC. FULL-TIME H&W PLAN	
b	Name of plan sponsor	ZERO WASTE SOLUTIONS, INC.	c EIN-PN 51-0515734-504
a	Plan name	DAVIS MAIL SERVICES HEALTH AND WELFARE GROUP BENEFIT PLAN	
b	Name of plan sponsor	DAVIS MAIL SERVICES INC	c EIN-PN 26-2864093-501
a	Plan name	DEFENSE CONSULTING SERVICES, LLC BENEFIT PLAN	
b	Name of plan sponsor	DEFENSE CONSULTING SERVICES	c EIN-PN 45-2794585-503
a	Plan name	ADVANTECH GS ENTERPRISES, INC. HEALTH & WELFARE BENEFIT PLAN	
b	Name of plan sponsor	ADVANTECH GS ENTERPRISES, INC.	c EIN-PN 26-3365363-
a	Plan name	AMTIS, INC.	
b	Name of plan sponsor	AMTIS, INC.	c EIN-PN
a	Plan name	IPSC FPS-AL HEALTH AND WELFARE	
b	Name of plan sponsor	INNER PARISH SECURITY CORP	c EIN-PN 72-0823544-502
a	Plan name	INTERACTIVE GOVERNMENT HOLDINGS, INC. HEALTH AND WELFARE PLAN	
b	Name of plan sponsor	INTERACTIVE GOVERNMENT HOLDINGS, INC.	c EIN-PN 26-1497882-502
a	Plan name	QUANTUM DYNAMICS, INC. HEALTH AND WELFARE PLAN	
b	Name of plan sponsor	QUANTUM DYNAMICS	c EIN-PN 52-2340609-501
a	Plan name	SJS EXECUTIVES LLC HEALTH AND WELFARE PLAN	
b	Name of plan sponsor	SJS EXECUTIVES, LLC	c EIN-PN 27-2277725-502

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name SERRATO CORPORATION WELFARE BENEFIT PLAN	
b	Name of plan sponsor SERRATO CORPORATION	c EIN-PN 54-2044204-501
a	Plan name SERVEXO HEALTH AND WELFARE PLAN	
b	Name of plan sponsor SERVEXO PROTECTIVE SERVICES	c EIN-PN 47-1114839-505
a	Plan name WHITEHAWK WORLDWIDE HEALTH & WELFARE BENEFIT PLAN	
b	Name of plan sponsor WHITEHAWK WORLDWIDE DBA NORTH TEXAS INVESTORS GROUP	c EIN-PN 20-4586167-502
a	Plan name STARSTIDE SECURITY & INVESTIGATION, INC., HEALTH BENEFIT PLAN	
b	Name of plan sponsor STARSTIDE SECURITY	c EIN-PN 91-2021957-502
a	Plan name TEAM PLACEMENT SERVICE INC HEALTH AND WELFARE PLAN	
b	Name of plan sponsor TEAM PLACEMENT SERVICES	c EIN-PN 54-1328224-501
a	Plan name TECH SYSTEMS, INC. GROUP HEALTH AND WELFARE PLAN	
b	Name of plan sponsor TECH SYSTEM	c EIN-PN 54-1685707-501
a	Plan name TECHNICAL AND PROJECT ENGINEERING LLC HEALTH AND WELFARE BENEFIT PLAN	
b	Name of plan sponsor TECHNICAL AND PROJECT ENGINEERING	c EIN-PN 56-2341783-504
a	Plan name TEYA EMPLOYEE BENEFIT PLAN	
b	Name of plan sponsor TEYA DEVELOPMENT COMPANY	c EIN-PN 26-4236825-501
a	Plan name SOLVET HEALTH AND WELFARE PLAN	
b	Name of plan sponsor SOLVET SERVICES, LLC	c EIN-PN 82-5313080-503
a	Plan name THE ECS FEDERAL, LLC HEALTH AND WELFARE PLAN	
b	Name of plan sponsor ECS FEDERAL - COBRA	c EIN-PN 59-3176720-505
a	Plan name THE ECS FEDERAL, LLC HEALTH AND WELFARE PLAN	
b	Name of plan sponsor ECS FEDERAL, LLC	c EIN-PN 59-3176720-505
a	Plan name FOXHOUND FEDERAL HEALTH AND WELFARE PLAN	
b	Name of plan sponsor FOXHOUND FEDERAL, LLC	c EIN-PN 81-1854672-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	WALDEN SECURITY FSD BENEFITS PLAN	c	EIN-PN	62-1448510-505
b	Name of plan sponsor	METROPOLITAN SECURITY SERVICES, INC. DBA WALDEN SECURITY	c	EIN-PN	62-1448510-505
a	Plan name	MVW SERVICES BENEFIT PLAN	c	EIN-PN	45-0461622-501
b	Name of plan sponsor	MVW SERVICES, INC.	c	EIN-PN	45-0461622-501
a	Plan name	PATRONUS SYSTEMS, INC. HEALTH AND WELFARE PLAN	c	EIN-PN	01-0950302-501
b	Name of plan sponsor	PATRONUS SYSTEMS, INC.	c	EIN-PN	01-0950302-501
a	Plan name	PREVAILANCE, INC. HEALTH AND WELFARE PLAN	c	EIN-PN	20-2117814-510
b	Name of plan sponsor	PREVAILANCE, INC.	c	EIN-PN	20-2117814-510
a	Plan name	QUALITY PLUS SERVICES, INC. - DAVIS BECON BENEFITS	c	EIN-PN	54-1759242-
b	Name of plan sponsor	QUALITY PLUS SERVICES, INC.	c	EIN-PN	54-1759242-
a	Plan name	SSPTMS HTA BENEFITIS PLAN	c	EIN-PN	46-5579412-501
b	Name of plan sponsor	SAM SCHWARTZ PEDESTRIAN TRAFFIC MANAGEMENT SERVICES, INC.	c	EIN-PN	46-5579412-501
a	Plan name	SANFED HOLDINGS US HEALTH & WELFARE PLAN	c	EIN-PN	83-2290445-501
b	Name of plan sponsor	SANFORD FEDERAL, INC.	c	EIN-PN	83-2290445-501
a	Plan name	THE DATA ENTRY COMPANY HEALTHY & WELLNESS PLAN	c	EIN-PN	52-1445148-502
b	Name of plan sponsor	TDEC DBA THE DATA ENTRY COMPANY	c	EIN-PN	52-1445148-502
a	Plan name	THE BIZZELL GROUP HEALTH & WELFARE PLAN	c	EIN-PN	27-3680965-501
b	Name of plan sponsor	THE BIZZELL GROUP, LLC DBA BIZZELL US	c	EIN-PN	27-3680965-501
a	Plan name	TTS EMPLOYEE HEALTH BENEFIT PLAN	c	EIN-PN	80-0658447-501
b	Name of plan sponsor	TRAINING TECHNOLOGIES AND SUPPORT, INC.	c	EIN-PN	80-0658447-501
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan CONTRACTORS INSURANCE TRUST	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 CONTRACTORS INSURANCE TRUST	D Employer Identification Number (EIN) 76-0481929

Part I	Asset and Liability Statement
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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
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	595157	710768
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	436874	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5115465	7593501
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	6147496	8304269
Liabilities			
g Benefit claims payable.....	1g	152533	243613
h Operating payables.....	1h	1964468	3490384
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1445249	1952580
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3562250	5686577
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2585246	2617692

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	4934539	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4934539
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	270235	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		270235
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		5204774

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	26076	
(2) To insurance carriers for the provision of benefits	2e(2)	1746339	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1772415
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	3211785	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	95025	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	3000	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3309810
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5082225

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		122549
l Transfers of assets:			
(1) To this plan	2l(1)		75691
(2) From this plan	2l(2)		165794

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: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
GEMINI TECH SERVICES, LLC	20-5657140	501
MKS2 LLC HEALTH AND WELFARE	27-1260077	502

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 _____.

CONTRACTORS INSURANCE TRUST
FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES
YEARS ENDED DECEMBER 31, 2024 AND 2023



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INDEPENDENT AUDITORS' REPORT

Trustee
Contractors Insurance Trust
Austin, Texas

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Contractors Insurance Trust (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of the Plan's benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations 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 and Plan benefit obligations of Contractors Insurance Trust as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and Plan benefit obligations 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 (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Contractors Insurance Trust and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free 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 Contractors Insurance Trust's ability to continue as a going concern for one year after the date that 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.

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Contractors Insurance 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 Contractors Insurance 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 audits.

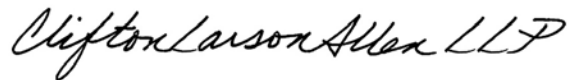
Trustee
Contractors Insurance Trust

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 schedule of Schedule H, line 4i – Schedule of Assets (Held at End of Year) and Schedule H, line 4j – Schedule 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 GAAS.

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

In our opinion, the information in the accompanying 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.



CliftonLarsonAllen LLP

Roseville, California
October 13, 2025

**CONTRACTORS INSURANCE TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

	2024	2023
ASSETS		
Cash	\$ 7,593,501	\$ 5,115,465
Employer Contributions Receivable	696,379	595,157
Other Receivable	14,389	436,874
	8,304,269	6,147,496
LIABILITIES		
Accounts Payable and Accrued Liabilities	3,490,384	1,964,468
	3,490,384	1,964,468
NET ASSETS AVAILABLE FOR BENEFITS	\$ 4,813,885	\$ 4,183,028

See accompanying Notes to Financial Statements.

CONTRACTORS INSURANCE TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
ADDITIONS:		
Employer Contributions	\$ 4,934,539	\$ 4,228,548
Interest Income	270,235	227,614
	5,204,774	4,456,162
DEDUCTIONS:		
Trust and Administration Fees	3,211,785	3,198,895
Insurance Premiums Paid	1,147,928	1,333,742
Professional Fees	95,025	35,700
Bank Fees	3,000	3,000
Hour Bank Distributions	26,076	1,991
	4,483,814	4,573,328
NET INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS	720,960	(117,166)
TRANSFER OF ASSETS FROM OTHER PLANS	75,691	217,899
TRANSFER OF ASSETS TO OTHER PLANS	(165,794)	(436,750)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	4,183,028	4,519,045
End of Year	\$ 4,813,885	\$ 4,183,028

See accompanying Notes to Financial Statements.

**CONTRACTORS INSURANCE TRUST
STATEMENTS OF PLAN'S BENEFIT OBLIGATIONS
DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
AMOUNTS CURRENTLY PAYABLE		
Insurance Premiums Payable	\$ 243,613	\$ 152,533
Hour Bank Reserve	<u>1,952,580</u>	<u>1,445,249</u>
TOTAL BENEFIT OBLIGATIONS	<u>\$ 2,196,193</u>	<u>\$ 1,597,782</u>

See accompanying Notes to Financial Statements.

CONTRACTORS INSURANCE TRUST
STATEMENTS OF CHANGES IN PLAN'S BENEFIT OBLIGATIONS
YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
AMOUNTS CURRENTLY PAYABLE		
Balance at Beginning of Year	\$ 152,533	\$ 342,071
Insurance Premiums Reported and Approved for Payment	1,239,008	1,144,204
Insurance Premiums Paid	<u>(1,147,928)</u>	<u>(1,333,742)</u>
Balance at End of Year	243,613	152,533
Balance at Beginning of Year (Hour Bank Reserve)	1,445,249	1,774,464
Transfer of Assets to Other Plans	(165,794)	(436,750)
Increase (Decrease) in Hour Bank Liability	673,125	107,535
Balance at End of Year (Hour Bank Reserve)	<u>1,952,580</u>	<u>1,445,249</u>
TOTAL BENEFIT OBLIGATIONS	<u><u>\$ 2,196,193</u></u>	<u><u>\$ 1,597,782</u></u>

See accompanying Notes to Financial Statements.

**CONTRACTORS INSURANCE TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 1 DESCRIPTION OF PLAN

The following description of Contractors Insurance Trust (the Trust or the Plan) is provided for general information purposes only. Reference should be made to the Trust Agreement for a more complete description of Trust provisions.

General

The Contractors Insurance Trust was established September 1, 1995 as a group insurance arrangement to provide benefits to the employees of participating employers through group life insurance policies and health benefits with various insurers. The Trust is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Trust's assets are held by the trustee, Comerica Bank.

Eligibility

Eligibility for Trust participation is determined at the employer level. Employer groups who apply for participation must meet the following criteria:

- The overall employer group must satisfy the state-mandated minimum number of employees threshold for large-group status.
- The Trust accepts employers who employ personnel and are otherwise engaged in providing construction and/or maintenance and support services to governmental entities (federal, state or local) under the Davis-Bacon Act, Service Contract Act or other prevailing wage statutes or whose employees provide similar-type services to nongovernmental entities (private industry). Participation is further subject to employee job classifications (hourly/salaried, administrative and management) and requirements for overall employee enrollment.

Contributions

The Trust acts as a conduit for payment of premiums, the majority of which are pass-through premiums paid directly to the insurance carriers for all benefits other than group life insurance premiums. The Trust receives contributions from the participating employers, remits the premium payments to the insurers and pays administrative expenses. Amounts in excess of the premiums and expenses are retained in the Trust for the benefits of the participants. This excess is known as the hour bank reserve and is used to purchase future health insurance benefits or life insurance policies for the respective participants.

Benefits

Monthly basic term life insurance benefits are purchased on behalf of eligible participants from Transamerica Life Insurance Company. Premiums for these insured benefits are paid to the insurance carrier directly from the assets of the Trust.

Trust and Administration Fees

Boon Administrative Services, the Trust's third-party administrator, is paid administrative fees by the Trust for various services including the consolidated billing and reconciliation, receipt and reconciliation of contribution payments, allocations, transmission of premium payments and fringe accounting and recordkeeping.

**CONTRACTORS INSURANCE TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Trust are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements, in conformity with accounting principles generally accepted in the United States of America, requires the Trust's 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.

Employer Contributions Receivable

Receivables consist of amounts due from employers, insurers and amounts receivable from other trust accounts administered by Boon Administrative Services, Inc. Contributions due but not paid prior to year-end are recorded as contributions receivable. Contributions are due from employers as specified in the collective bargaining or participation agreement. In general, contributions are due on the 15th day of each month following the work month. Delinquent contributions and payroll audit findings are individually analyzed for collectability. The estimate for expected credit losses considers historical loss experience, current economic conditions, and forward-looking information, including factors such as payment history, employer financial condition, and labor trends. As of December 31, 2024 and 2023, the allowance for credit losses were insignificant and there was no material impact on the Plan.

Payment of Benefits

Insurance premiums paid for group life insurance benefits are recorded in the accompanying Statements of Changes in Net Assets Available for Benefits for the respective period benefits are covered for the participants.

Trust and Administration Fees

During the years ended December 31, 2024 and 2023, the Trust paid for substantially all administrative expenses, which consisted of third party administration fees, trust fees, professional fees, and bank fees. Trust and administrative fees are accrued based on the number of hours reported each month at a contractually agreed upon rate or a per employee per month (PEPM) basis.

Investment Valuation and Income Recognition

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

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

**CONTRACTORS INSURANCE TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Income Taxes

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Trust and recognize a tax liability (or asset) if the Trust has taken an uncertain position that more likely than not would not be sustained upon examinations by the IRS. The Trustee has analyzed the tax positions taken by the Trust, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Trust is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Subsequent Events

Subsequent events have been evaluated through October 13, 2025 the date on which the financial statements were available to be issued.

NOTE 3 FAIR VALUE OF INVESTMENTS

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

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- 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 market 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.

**CONTRACTORS INSURANCE TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 3 FAIR VALUE OF INVESTMENTS (CONTINUED)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2023 and 2022.

Money Market Fund: Valued at the daily closing price as reported by the fund. Funds held by the Trust are open-end 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 funds held by the Trust are deemed to be actively traded.

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

		2024			
		Level 1	Level 2	Level 3	Total
	Money Market Fund	\$ 7,593,501	\$ -	\$ -	\$ 7,593,501
	Total Investments at Fair Value	\$ 7,593,501	\$ -	\$ -	\$ 7,593,501
		2023			
		Level 1	Level 2	Level 3	Total
	Money Market Fund	\$ 5,115,465	\$ -	\$ -	\$ 5,115,465
	Total Investments at Fair Value	\$ 5,115,465	\$ -	\$ -	\$ 5,115,465

NOTE 4 HOUR BANK RESERVE

As described in Note 1, amounts in excess of the premiums and expenses are retained in the Trust for the benefit of the participants and can be used to pay premiums for health insurance benefits or to purchase life insurance benefits. The hour bank reserve is based upon the accumulated excess contributions for participating employees. As of December 31, 2024 and 2023, the hour bank reserve was \$1,952,580 and \$1,445,249, respectively.

Participants with hour bank reserve balances less than the amount required to purchase one month of health insurance benefits receive a life insurance policy purchased by the Trust on their behalf. The amount and duration of the policy is based upon the premium afforded by the hour bank reserve balance as of the purchase date.

**CONTRACTORS INSURANCE TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 5 TAX STATUS

The Trust is required to operate in conformity with the Internal Revenue Code and ERISA. The Trustee believes the Trust is operating in conformity with the Internal Revenue Code and ERISA.

The Trust is a taxable trust, subject to federal income taxes. For the years ended December 31, 2024 and 2023, there was no federal income tax expense. The Trust has a capital loss carryforward at December 31, 2024 and 2023 of approximately \$400,000. Deferred income taxes reflect the net tax effects of temporary differences between the carrying amount of assets and liabilities for financial reporting purposes and those for income tax reporting purposes. The Trust has a valuation allowance equal to its net deferred tax asset of approximately \$150,000 at December 31, 2024 and 2023, related to the tax benefit of the capital loss carryforward. The valuation allowance has been established due to the uncertainties regarding the future realization of the net deferred tax asset based on the Trust's lack of historic taxable income and ability to generate future capital gains based upon investments held at December 31, 2024 and 2023. The valuation allowance did not change during the years then ended.

NOTE 6 TRANSACTIONS WITH PARTIES-IN-INTEREST

The Plan has several arrangements with service providers. These transactions are party-in-interest transactions under ERISA.

Trust assets include an investment in a money market fund managed by Comerica Bank, the Trust's Trustee. Boon Administrative Services is the third-party administrator. Transactions with the Trustee and third-party administrator qualify as exempt party-in-interest transactions under ERISA. The administrative and trust fees paid through the Trust include amounts related to contracts that are not part of the group insurance arrangement.

NOTE 7 PLAN TERMINATION

In the event of the termination of the Trust, the Trustee would distribute all remaining net assets in a nondiscriminatory manner for the benefit of participants and eligible persons. Remaining net assets are deemed to be those monies after payment of all reasonable and necessary obligations and expenses of the Trust.

NOTE 8 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 the investment securities will occur in the near term and those changes could materially affect the amounts reported in the statements of net assets available for benefits.

**CONTRACTORS INSURANCE TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 9 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>2024</u>	<u>2023</u>
Net Assets Available for Benefits per the Financial Statements	\$ 4,813,885	\$ 4,183,028
Benefit Obligations per the Financial Statements	<u>(2,196,193)</u>	<u>(1,597,782)</u>
Net Assets Available for Benefits per Form 5500	<u><u>\$ 2,617,692</u></u>	<u><u>\$ 2,585,246</u></u>

The following is a reconciliation of net increase (decrease) in net assets available for benefits per the financial statements for the years ended December 31 to Schedule H of Form 5500:

	<u>2024</u>	<u>2023</u>
Net (Decrease) Increase in Net Assets Available for Benefits per Financial Statements	\$ 720,960	\$ (117,166)
Change in Benefit Obligations per the Financial Statements	<u>(598,411)</u>	<u>518,753</u>
Net (Decrease) in Net Assets Available for Benefits per Schedule H of Form 5500	<u><u>\$ 122,549</u></u>	<u><u>\$ 401,587</u></u>

Premiums that have been processed and approved for payment at year-end but not paid are presented as liabilities in the statements of benefit obligations in the Plan's financial statements. The Form 5500 records these liabilities in the statements of net assets available for benefits.

NOTE 10 TRANSFERS OF ASSETS FROM AND TO OTHER PLANS

During the years ended December 31, 2024 and 2023, certain employers joined the Contractors Insurance Trust and transferred in assets from predecessor health and welfare plans that were not associated with specific participants. Such assets will remain in the Trust until the participating employer directs their use to provide benefits. Transfers totaling \$75,691 and \$217,899, respectively, have been recorded in the statements of changes in net assets available for benefits as Transfers of Assets from Other Plans and \$63,768 and \$123,747, respectively, have been added the Hour Bank Reserve in the statements of benefit obligations as of December 31, 2024 and 2023.

During the years ended December 31, 2024 and 2023, certain employers terminated their participation in the Contractors Insurance Trust and directed that their hour bank reserve funds be transferred to successor health and welfare plans. Transfers totaling \$165,794 and \$436,750, respectively, have been recorded in the statements of changes in net assets available for benefits as Transfers of Assets to Other Plans, and \$165,794 and \$430,259, respectively, have been removed from the Hour Bank Reserve in the statements of benefit obligations as of December 31, 2024 and 2023.

CONTRACTORS INSURANCE TRUST
E.I.N. 76-0481929 PLAN NO. 501
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

Date	Transaction	Description	EBT Cost	Market Value
CONTRACTORS INSURANCE TRUST				
01/04/2024	SWEEP PURCHASE	385,894.73 shares INVESCO PREMIER US GOV'T INSTL STATE COST: 0.00	385,894.73	385,894.73
01/08/2024	SWEEP SALE	359,458.01 shares INVESCO PREMIER US GOV'T INSTL	359,458.01	359,458.01
01/11/2024	SWEEP PURCHASE	530,361.64 shares INVESCO PREMIER US GOV'T INSTL STATE COST: 0.00	530,361.64	530,361.64
01/12/2024	SWEEP SALE	454,405.28 shares INVESCO PREMIER US GOV'T INSTL	454,405.28	454,405.28
01/17/2024	SWEEP PURCHASE	445,559.1 shares INVESCO PREMIER US GOV'T INSTL STATE COST: 0.00	445,559.10	445,559.10
01/18/2024	SWEEP PURCHASE	274,140.27 shares INVESCO PREMIER US GOV'T INSTL STATE COST: 0.00	274,140.27	274,140.27
01/22/2024	SWEEP PURCHASE	263,007.95 shares INVESCO PREMIER US GOV'T INSTL STATE COST: 0.00	263,007.95	263,007.95
01/31/2024	SWEEP SALE	2,881,587.78 shares INVESCO PREMIER US GOV'T INSTL	2,881,587.78	2,881,587.78
02/08/2024	SWEEP PURCHASE	429,928.43 shares INVESCO PREMIER US GOV'T INSTL STATE COST: 0.00	429,928.43	429,928.43
02/09/2024	SWEEP SALE	596,657.77 shares INVESCO PREMIER US GOV'T INSTL	596,657.77	596,657.77
02/23/2024	SWEEP SALE	525,280.3 shares INVESCO PREMIER US GOV'T INSTL	525,280.30	525,280.30
02/26/2024	SWEEP PURCHASE	399,594.76 shares INVESCO PREMIER US GOV'T INSTL STATE COST: 0.00	399,594.76	399,594.76

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SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

Date	Transaction	Description	EBT Cost	Market Value
02/27/2024	SWEEP PURCHASE	380,552.07 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	380,552.07	380,552.07
02/28/2024	SWEEP SALE	973,475.68 shares INVESCO PREMIER US GOVT INSTL	973,475.68	973,475.68
03/08/2024	SWEEP SALE	285,503.55 shares INVESCO PREMIER US GOVT INSTL	285,503.55	285,503.55
03/15/2024	SWEEP SALE	390,355.93 shares INVESCO PREMIER US GOVT INSTL	390,355.93	390,355.93
03/22/2024	SWEEP PURCHASE	334,574.57 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	334,574.57	334,574.57
03/25/2024	SWEEP SALE	604,756.02 shares INVESCO PREMIER US GOVT INSTL	604,756.02	604,756.02
03/26/2024	SWEEP PURCHASE	280,722.53 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	280,722.53	280,722.53
04/01/2024	SWEEP PURCHASE	321,831.76 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	321,831.76	321,831.76
04/02/2024	SWEEP SALE	882,102.24 shares INVESCO PREMIER US GOVT INSTL	882,102.24	882,102.24
04/03/2024	SWEEP PURCHASE	350,363.22 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	350,363.22	350,363.22
04/08/2024	SWEEP SALE	401,673.19 shares INVESCO PREMIER US GOVT INSTL	401,673.19	401,673.19
04/10/2024	SWEEP PURCHASE	383,453.17 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	383,453.17	383,453.17

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SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

Date	Transaction	Description	EBT Cost	Market Value
04/19/2024	SWEEP SALE	851,554.4 shares INVESCO PREMIER US GOVT INSTL	851,554.40	851,554.40
04/25/2024	SWEEP SALE	523,224.93 shares INVESCO PREMIER US GOVT INSTL	523,224.93	523,224.93
04/30/2024	SWEEP PURCHASE	297,983.61 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	297,983.61	297,983.61
05/01/2024	SWEEP PURCHASE	1,009,467.68 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	1,009,467.68	1,009,467.68
05/02/2024	SWEEP SALE	1,909,949.95 shares INVESCO PREMIER US GOVT INSTL	1,909,949.95	1,909,949.95
05/08/2024	SWEEP PURCHASE	271,717.96 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	271,717.96	271,717.96
05/13/2024	SWEEP SALE	406,420.2 shares INVESCO PREMIER US GOVT INSTL	406,420.20	406,420.20
05/15/2024	SWEEP SALE	287,505.26 shares INVESCO PREMIER US GOVT INSTL	287,505.26	287,505.26
05/17/2024	SWEEP PURCHASE	335,679.23 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	335,679.23	335,679.23
05/20/2024	SWEEP PURCHASE	519,001.65 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	519,001.65	519,001.65
05/21/2024	SWEEP PURCHASE	545,866.07 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	545,866.07	545,866.07
05/22/2024	SWEEP PURCHASE	643,373 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	643,373.00	643,373.00

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SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

Date	Transaction	Description	EBT Cost	Market Value
05/28/2024	SWEEP SALE	1,339,751.76 shares INVESCO PREMIER US GOVT INSTL	1,339,751.76	1,339,751.76
05/30/2024	SWEEP PURCHASE	529,024.15 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	529,024.15	529,024.15
05/31/2024	SWEEP PURCHASE	587,185.71 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	587,185.71	587,185.71
06/04/2024	SWEEP PURCHASE	645,181.44 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	645,181.44	645,181.44
06/05/2024	SWEEP PURCHASE	317,889.78 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	317,889.78	317,889.78
06/07/2024	SWEEP SALE	264,642.87 shares INVESCO PREMIER US GOVT INSTL	264,642.87	264,642.87
06/10/2024	SWEEP SALE	1,368,491.97 shares INVESCO PREMIER US GOVT INSTL	1,368,491.97	1,368,491.97
06/17/2024	SWEEP PURCHASE	274,152.53 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	274,152.53	274,152.53
06/18/2024	SWEEP PURCHASE	791,640.91 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	791,640.91	791,640.91
06/25/2024	SWEEP SALE	2,565,379.63 shares INVESCO PREMIER US GOVT INSTL	2,565,379.63	2,565,379.63
06/27/2024	SWEEP PURCHASE	319,485.45 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	319,485.45	319,485.45

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YEAR ENDED DECEMBER 31, 2024

Date	Transaction	Description	EBT Cost	Market Value
07/05/2024	SWEEP PURCHASE	455,710.96 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	455,710.96	455,710.96
07/08/2024	SWEEP PURCHASE	319,281.7 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	319,281.70	319,281.70
07/09/2024	SWEEP SALE	1,458,670.43 shares INVESCO PREMIER US GOVT INSTL	1,458,670.43	1,458,670.43
07/15/2024	SWEEP SALE	820,153.73 shares INVESCO PREMIER US GOVT INSTL	820,153.73	820,153.73
07/16/2024	SWEEP PURCHASE	524,285.65 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	524,285.65	524,285.65
07/19/2024	SWEEP PURCHASE	470,063.88 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	470,063.88	470,063.88
07/23/2024	SWEEP SALE	412,179.65 shares INVESCO PREMIER US GOVT INSTL	412,179.65	412,179.65
07/29/2024	SWEEP SALE	1,485,579.89 shares INVESCO PREMIER US GOVT INSTL	1,485,579.89	1,485,579.89
07/30/2024	SWEEP SALE	755,085.14 shares INVESCO PREMIER US GOVT INSTL	755,085.14	755,085.14
08/01/2024	SWEEP PURCHASE	4,129,610.2 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	4,129,610.20	4,129,610.20
08/05/2024	SWEEP PURCHASE	773,181.96 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	773,181.96	773,181.96
08/06/2024	SWEEP SALE	3,826,081.49 shares INVESCO PREMIER US GOVT INSTL	3,826,081.49	3,826,081.49

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SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

Date	Transaction	Description	EBT Cost	Market Value
08/09/2024	SWEEP PURCHASE	330,676.06 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	330,676.06	330,676.06
08/14/2024	SWEEP PURCHASE	389,957.76 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	389,957.76	389,957.76
08/15/2024	SWEEP SALE	507,927.51 shares INVESCO PREMIER US GOVT INSTL	507,927.51	507,927.51
08/16/2024	SWEEP PURCHASE	356,519.76 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	356,519.76	356,519.76
08/20/2024	SWEEP PURCHASE	565,170.86 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	565,170.86	565,170.86
08/22/2024	SWEEP SALE	361,112.13 shares INVESCO PREMIER US GOVT INSTL	361,112.13	361,112.13
08/27/2024	SWEEP SALE	1,355,955.09 shares INVESCO PREMIER US GOVT INSTL	1,355,955.09	1,355,955.09
09/04/2024	SWEEP PURCHASE	483,918.23 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	483,918.23	483,918.23
09/05/2024	SWEEP PURCHASE	394,478.62 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	394,478.62	394,478.62
09/10/2024	SWEEP PURCHASE	256,322.55 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	256,322.55	256,322.55
09/13/2024	SWEEP SALE	2,162,107.71 shares INVESCO PREMIER US GOVT INSTL	2,162,107.71	2,162,107.71

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SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

Date	Transaction	Description	EBT Cost	Market Value
09/16/2024	SWEEP PURCHASE	348,253.86 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	348,253.86	348,253.86
09/18/2024	SWEEP PURCHASE	466,334.76 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	466,334.76	466,334.76
09/19/2024	SWEEP PURCHASE	277,561.64 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	277,561.64	277,561.64
09/24/2024	SWEEP SALE	1,046,045.27 shares INVESCO PREMIER US GOVT INSTL	1,046,045.27	1,046,045.27
10/01/2024	SWEEP PURCHASE	261,645.97 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	261,645.97	261,645.97
10/02/2024	SWEEP PURCHASE	620,601.3 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	620,601.30	620,601.30
10/09/2024	SWEEP PURCHASE	618,668.69 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	618,668.69	618,668.69
10/10/2024	SWEEP PURCHASE	409,910.66 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	409,910.66	409,910.66
10/11/2024	SWEEP SALE	2,558,181.05 shares INVESCO PREMIER US GOVT INSTL	2,558,181.05	2,558,181.05
10/15/2024	SWEEP PURCHASE	761,620.18 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	761,620.18	761,620.18
10/17/2024	SWEEP PURCHASE	269,972.33 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	269,972.33	269,972.33

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SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

Date	Transaction	Description	EBT Cost	Market Value
10/24/2024	SWEEP PURCHASE	347,989.47 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	347,989.47	347,989.47
10/25/2024	SWEEP SALE	2,189,022.85 shares INVESCO PREMIER US GOVT INSTL	2,189,022.85	2,189,022.85
10/29/2024	SWEEP PURCHASE	512,086.52 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	512,086.52	512,086.52
10/30/2024	SWEEP PURCHASE	503,819.25 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	503,819.25	503,819.25
11/06/2024	SWEEP PURCHASE	597,518.99 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	597,518.99	597,518.99
11/07/2024	SWEEP PURCHASE	292,656.63 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	292,656.63	292,656.63
11/15/2024	SWEEP SALE	2,422,288.36 shares INVESCO PREMIER US GOVT INSTL	2,422,288.36	2,422,288.36
11/20/2024	SWEEP PURCHASE	583,383.56 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	583,383.56	583,383.56
11/21/2024	SWEEP PURCHASE	508,062.02 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	508,062.02	508,062.02
11/22/2024	SWEEP SALE	1,658,231.23 shares INVESCO PREMIER US GOVT INSTL	1,658,231.23	1,658,231.23
11/26/2024	SWEEP PURCHASE	472,533.59 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	472,533.59	472,533.59

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SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

Date	Transaction	Description	EBT Cost	Market Value
11/27/2024	SWEEP PURCHASE	518,931.16 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	518,931.16	518,931.16
12/02/2024	SWEEP PURCHASE	647,862.42 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	647,862.42	647,862.42
12/06/2024	SWEEP PURCHASE	396,218.14 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	396,218.14	396,218.14
12/12/2024	SWEEP SALE	319,736.64 shares INVESCO PREMIER US GOVT INSTL	319,736.64	319,736.64
12/13/2024	SWEEP SALE	2,370,092.65 shares INVESCO PREMIER US GOVT INSTL	2,370,092.65	2,370,092.65
12/17/2024	SWEEP PURCHASE	266,315.71 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	266,315.71	266,315.71
12/18/2024	SWEEP PURCHASE	659,132 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	659,132.00	659,132.00
12/27/2024	SWEEP PURCHASE	816,503.11 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	816,503.11	816,503.11
12/30/2024	SWEEP PURCHASE	328,900.77 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	328,900.77	328,900.77
Total Single Transactions			76,383,921.83	76,383,921.83

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SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

Date	Transaction	Description	EBT Cost	Market Value
CONTRACTORS INSURANCE TRUST				
01/02/2024	SWEEP PURCHASE	20,749.85 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	20,749.85	20,749.85
01/02/2024	SWEEP PURCHASE	66,369.9 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	66,369.90	66,369.90
01/03/2024	SWEEP SALE	122,714.01 shares INVESCO PREMIER US GOVT INSTL	122,714.01	122,714.01
01/04/2024	SWEEP PURCHASE	385,894.73 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	385,894.73	385,894.73
01/05/2024	SWEEP PURCHASE	92,627.4 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	92,627.40	92,627.40
01/08/2024	SWEEP SALE	359,458.01 shares INVESCO PREMIER US GOVT INSTL	359,458.01	359,458.01
01/09/2024	SWEEP PURCHASE	70,097.83 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	70,097.83	70,097.83
01/10/2024	SWEEP PURCHASE	121,375.08 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	121,375.08	121,375.08
01/11/2024	SWEEP PURCHASE	530,361.64 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	530,361.64	530,361.64
01/12/2024	SWEEP SALE	454,405.28 shares INVESCO PREMIER US GOVT INSTL	454,405.28	454,405.28
01/16/2024	SWEEP SALE	250 shares INVESCO PREMIER US GOVT INSTL	250.00	250.00

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SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

Date	Transaction	Description	EBT Cost	Market Value
01/16/2024	SWEEP PURCHASE	157,376.36 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	157,376.36	157,376.36
01/17/2024	SWEEP PURCHASE	445,559.1 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	445,559.10	445,559.10
01/18/2024	SWEEP PURCHASE	274,140.27 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	274,140.27	274,140.27
01/19/2024	SWEEP SALE	16,733.13 shares INVESCO PREMIER US GOVT INSTL	16,733.13	16,733.13
01/22/2024	SWEEP PURCHASE	263,007.95 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	263,007.95	263,007.95
01/23/2024	SWEEP PURCHASE	254,620.03 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	254,620.03	254,620.03
01/24/2024	SWEEP PURCHASE	158,796.93 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	158,796.93	158,796.93
01/25/2024	SWEEP PURCHASE	116,662.37 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	116,662.37	116,662.37
01/26/2024	SWEEP PURCHASE	58,025.48 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	58,025.48	58,025.48
01/29/2024	SWEEP PURCHASE	92,960.05 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	92,960.05	92,960.05

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E.I.N. 76-0481929 PLAN NO. 501
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

Date	Transaction	Description	EBT Cost	Market Value
01/30/2024	SWEEP PURCHASE	132,501.95 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	132,501.95	132,501.95
01/31/2024	SWEEP SALE	2,881,587.78 shares INVESCO PREMIER US GOVT INSTL	2,881,587.78	2,881,587.78
02/01/2024	SWEEP PURCHASE	24,096.48 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	24,096.48	24,096.48
02/01/2024	SWEEP PURCHASE	136,777.53 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	136,777.53	136,777.53
02/02/2024	SWEEP PURCHASE	82,307.94 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	82,307.94	82,307.94
02/05/2024	SWEEP PURCHASE	98,316.27 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	98,316.27	98,316.27
02/06/2024	SWEEP SALE	22,616.71 shares INVESCO PREMIER US GOVT INSTL	22,616.71	22,616.71
02/07/2024	SWEEP PURCHASE	97,090.78 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	97,090.78	97,090.78
02/08/2024	SWEEP PURCHASE	429,928.43 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	429,928.43	429,928.43
02/09/2024	SWEEP SALE	596,657.77 shares INVESCO PREMIER US GOVT INSTL	596,657.77	596,657.77
02/12/2024	SWEEP SALE	22,247.26 shares INVESCO PREMIER US GOVT INSTL	22,247.26	22,247.26

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Date	Transaction	Description	EBT Cost	Market Value
02/13/2024	SWEEP PURCHASE	15,243.15 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	15,243.15	15,243.15
02/14/2024	SWEEP SALE	250 shares INVESCO PREMIER US GOVT INSTL	250.00	250.00
02/14/2024	SWEEP SALE	223,301.2 shares INVESCO PREMIER US GOVT INSTL	223,301.20	223,301.20
02/15/2024	SWEEP PURCHASE	160,638.4 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	160,638.40	160,638.40
02/16/2024	SWEEP PURCHASE	152,356 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	152,356.00	152,356.00
02/20/2024	SWEEP SALE	2,202.53 shares INVESCO PREMIER US GOVT INSTL	2,202.53	2,202.53
02/21/2024	SWEEP PURCHASE	132,215.65 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	132,215.65	132,215.65
02/22/2024	SWEEP SALE	7,284.59 shares INVESCO PREMIER US GOVT INSTL	7,284.59	7,284.59
02/23/2024	SWEEP SALE	525,280.3 shares INVESCO PREMIER US GOVT INSTL	525,280.30	525,280.30
02/26/2024	SWEEP PURCHASE	399,594.76 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	399,594.76	399,594.76
02/27/2024	SWEEP PURCHASE	380,552.07 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	380,552.07	380,552.07
02/28/2024	SWEEP SALE	973,475.68 shares INVESCO PREMIER US GOVT INSTL	973,475.68	973,475.68

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SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
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Date	Transaction	Description	EBT Cost	Market Value
02/29/2024	SWEEP PURCHASE	102,304.06 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	102,304.06	102,304.06
03/01/2024	SWEEP PURCHASE	17,685.4 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	17,685.40	17,685.40
03/01/2024	SWEEP PURCHASE	121,288.81 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	121,288.81	121,288.81
03/04/2024	SWEEP PURCHASE	155,378.14 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	155,378.14	155,378.14
03/05/2024	SWEEP PURCHASE	128,191.08 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	128,191.08	128,191.08
03/06/2024	SWEEP PURCHASE	141,535.47 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	141,535.47	141,535.47
03/07/2024	SWEEP PURCHASE	12,600.27 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	12,600.27	12,600.27
03/08/2024	SWEEP SALE	285,503.55 shares INVESCO PREMIER US GOVT INSTL	285,503.55	285,503.55
03/11/2024	SWEEP PURCHASE	109,670.75 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	109,670.75	109,670.75
03/12/2024	SWEEP PURCHASE	159,058.18 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	159,058.18	159,058.18

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Date	Transaction	Description	EBT Cost	Market Value
03/13/2024	SWEEP PURCHASE	216,716.42 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	216,716.42	216,716.42
03/14/2024	SWEEP SALE	250 shares INVESCO PREMIER US GOVT INSTL	250.00	250.00
03/14/2024	SWEEP PURCHASE	62,715.01 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	62,715.01	62,715.01
03/15/2024	SWEEP SALE	390,355.93 shares INVESCO PREMIER US GOVT INSTL	390,355.93	390,355.93
03/18/2024	SWEEP SALE	9,983.93 shares INVESCO PREMIER US GOVT INSTL	9,983.93	9,983.93
03/19/2024	SWEEP PURCHASE	107,717.62 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	107,717.62	107,717.62
03/20/2024	SWEEP PURCHASE	226,083.43 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	226,083.43	226,083.43
03/21/2024	SWEEP SALE	22,022.1 shares INVESCO PREMIER US GOVT INSTL	22,022.10	22,022.10
03/22/2024	SWEEP PURCHASE	334,574.57 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	334,574.57	334,574.57
03/25/2024	SWEEP SALE	604,756.02 shares INVESCO PREMIER US GOVT INSTL	604,756.02	604,756.02
03/26/2024	SWEEP PURCHASE	280,722.53 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	280,722.53	280,722.53
03/27/2024	SWEEP PURCHASE	41,640.16 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	41,640.16	41,640.16

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Date	Transaction	Description	EBT Cost	Market Value
03/28/2024	SWEEP PURCHASE	63,468.86 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	63,468.86	63,468.86
04/01/2024	SWEEP PURCHASE	19,763.2 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	19,763.20	19,763.20
04/01/2024	SWEEP PURCHASE	321,831.76 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	321,831.76	321,831.76
04/02/2024	SWEEP SALE	882,102.24 shares INVESCO PREMIER US GOVT INSTL	882,102.24	882,102.24
04/03/2024	SWEEP PURCHASE	350,363.22 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	350,363.22	350,363.22
04/04/2024	SWEEP SALE	30,361.88 shares INVESCO PREMIER US GOVT INSTL	30,361.88	30,361.88
04/05/2024	SWEEP PURCHASE	31,437.01 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	31,437.01	31,437.01
04/08/2024	SWEEP SALE	401,673.19 shares INVESCO PREMIER US GOVT INSTL	401,673.19	401,673.19
04/09/2024	SWEEP SALE	104,554.23 shares INVESCO PREMIER US GOVT INSTL	104,554.23	104,554.23
04/10/2024	SWEEP PURCHASE	383,453.17 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	383,453.17	383,453.17
04/11/2024	SWEEP PURCHASE	193,691.76 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	193,691.76	193,691.76
04/12/2024	SWEEP SALE	250 shares INVESCO PREMIER US GOVT INSTL	250.00	250.00

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Date	Transaction	Description	EBT Cost	Market Value
04/12/2024	SWEEP PURCHASE	210,255.26 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	210,255.26	210,255.26
04/15/2024	SWEEP SALE	177,020.15 shares INVESCO PREMIER US GOVT INSTL	177,020.15	177,020.15
04/16/2024	SWEEP PURCHASE	187,275.09 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	187,275.09	187,275.09
04/17/2024	SWEEP PURCHASE	209,627.03 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	209,627.03	209,627.03
04/18/2024	SWEEP PURCHASE	117,397.16 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	117,397.16	117,397.16
04/19/2024	SWEEP SALE	851,554.4 shares INVESCO PREMIER US GOVT INSTL	851,554.40	851,554.40
04/22/2024	SWEEP PURCHASE	45,496.05 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	45,496.05	45,496.05
04/23/2024	SWEEP PURCHASE	184,182.73 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	184,182.73	184,182.73
04/24/2024	SWEEP PURCHASE	195,055.2 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	195,055.20	195,055.20
04/25/2024	SWEEP SALE	523,224.93 shares INVESCO PREMIER US GOVT INSTL	523,224.93	523,224.93
04/26/2024	SWEEP PURCHASE	38,815.35 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	38,815.35	38,815.35

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Date	Transaction	Description	EBT Cost	Market Value
04/29/2024	SWEEP PURCHASE	110,049.99 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	110,049.99	110,049.99
04/30/2024	SWEEP PURCHASE	297,983.61 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	297,983.61	297,983.61
05/01/2024	SWEEP PURCHASE	21,387.23 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	21,387.23	21,387.23
05/01/2024	SWEEP PURCHASE	1,009,467.68 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	1,009,467.68	1,009,467.68
05/02/2024	SWEEP SALE	1,909,949.95 shares INVESCO PREMIER US GOVT INSTL	1,909,949.95	1,909,949.95
05/03/2024	SWEEP PURCHASE	139,970.36 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	139,970.36	139,970.36
05/06/2024	SWEEP SALE	27,199.64 shares INVESCO PREMIER US GOVT INSTL	27,199.64	27,199.64
05/07/2024	SWEEP PURCHASE	243,423.48 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	243,423.48	243,423.48
05/07/2024	SWEEP PURCHASE	51,504.61 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	51,504.61	51,504.61
05/08/2024	SWEEP PURCHASE	271,717.96 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	271,717.96	271,717.96
05/10/2024	SWEEP PURCHASE	119,520.66 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	119,520.66	119,520.66

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Date	Transaction	Description	EBT Cost	Market Value
05/13/2024	SWEEP SALE	406,420.2 shares INVESCO PREMIER US GOVT INSTL	406,420.20	406,420.20
05/14/2024	SWEEP PURCHASE	141,123.47 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	141,123.47	141,123.47
05/15/2024	SWEEP SALE	287,505.26 shares INVESCO PREMIER US GOVT INSTL	287,505.26	287,505.26
05/16/2024	SWEEP PURCHASE	116,180.12 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	116,180.12	116,180.12
05/17/2024	SWEEP PURCHASE	335,679.23 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	335,679.23	335,679.23
05/20/2024	SWEEP PURCHASE	519,001.65 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	519,001.65	519,001.65
05/21/2024	SWEEP PURCHASE	545,866.07 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	545,866.07	545,866.07
05/22/2024	SWEEP PURCHASE	643,373 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	643,373.00	643,373.00
05/23/2024	SWEEP PURCHASE	231,209.61 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	231,209.61	231,209.61
05/24/2024	SWEEP SALE	500 shares INVESCO PREMIER US GOVT INSTL	500.00	500.00
05/24/2024	SWEEP PURCHASE	132,769.73 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	132,769.73	132,769.73

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Date	Transaction	Description	EBT Cost	Market Value
05/28/2024	SWEEP SALE	1,339,751.76 shares INVESCO PREMIER US GOVT INSTL	1,339,751.76	1,339,751.76
05/30/2024	SWEEP PURCHASE	529,024.15 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	529,024.15	529,024.15
05/31/2024	SWEEP PURCHASE	587,185.71 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	587,185.71	587,185.71
06/03/2024	SWEEP PURCHASE	21,756.93 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	21,756.93	21,756.93
06/03/2024	SWEEP SALE	18,245.74 shares INVESCO PREMIER US GOVT INSTL	18,245.74	18,245.74
06/04/2024	SWEEP PURCHASE	645,181.44 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	645,181.44	645,181.44
06/05/2024	SWEEP PURCHASE	317,889.78 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	317,889.78	317,889.78
06/06/2024	SWEEP PURCHASE	140,992.68 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	140,992.68	140,992.68
06/07/2024	SWEEP SALE	264,642.87 shares INVESCO PREMIER US GOVT INSTL	264,642.87	264,642.87
06/10/2024	SWEEP SALE	1,368,491.97 shares INVESCO PREMIER US GOVT INSTL	1,368,491.97	1,368,491.97
06/11/2024	SWEEP PURCHASE	121,418.72 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	121,418.72	121,418.72

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Date	Transaction	Description	EBT Cost	Market Value
06/12/2024	SWEEP PURCHASE	28,091.39 shares INVESCO PREMIER US GOV'T INSTL STATE COST: 0.00	28,091.39	28,091.39
06/13/2024	SWEEP PURCHASE	151,091.9 shares INVESCO PREMIER US GOV'T INSTL STATE COST: 0.00	151,091.90	151,091.90
06/14/2024	SWEEP SALE	250 shares INVESCO PREMIER US GOV'T INSTL	250.00	250.00
06/14/2024	SWEEP PURCHASE	233,338.92 shares INVESCO PREMIER US GOV'T INSTL STATE COST: 0.00	233,338.92	233,338.92
06/17/2024	SWEEP PURCHASE	274,152.53 shares INVESCO PREMIER US GOV'T INSTL STATE COST: 0.00	274,152.53	274,152.53
06/18/2024	SWEEP PURCHASE	791,640.91 shares INVESCO PREMIER US GOV'T INSTL STATE COST: 0.00	791,640.91	791,640.91
06/20/2024	SWEEP PURCHASE	86,880.75 shares INVESCO PREMIER US GOV'T INSTL STATE COST: 0.00	86,880.75	86,880.75
06/21/2024	SWEEP PURCHASE	214,696.42 shares INVESCO PREMIER US GOV'T INSTL STATE COST: 0.00	214,696.42	214,696.42
06/24/2024	SWEEP PURCHASE	182,169.85 shares INVESCO PREMIER US GOV'T INSTL STATE COST: 0.00	182,169.85	182,169.85
06/25/2024	SWEEP SALE	2,565,379.63 shares INVESCO PREMIER US GOV'T INSTL	2,565,379.63	2,565,379.63
06/26/2024	SWEEP PURCHASE	154,931.97 shares INVESCO PREMIER US GOV'T INSTL STATE COST: 0.00	154,931.97	154,931.97

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YEAR ENDED DECEMBER 31, 2024

Date	Transaction	Description	EBT Cost	Market Value
06/27/2024	SWEEP PURCHASE	319,485.45 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	319,485.45	319,485.45
06/28/2024	SWEEP PURCHASE	53,491.96 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	53,491.96	53,491.96
07/01/2024	SWEEP PURCHASE	27,444.42 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	27,444.42	27,444.42
07/01/2024	SWEEP PURCHASE	96,894.93 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	96,894.93	96,894.93
07/02/2024	SWEEP PURCHASE	55,184.06 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	55,184.06	55,184.06
07/03/2024	SWEEP PURCHASE	183,370.02 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	183,370.02	183,370.02
07/05/2024	SWEEP PURCHASE	455,710.96 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	455,710.96	455,710.96
07/08/2024	SWEEP PURCHASE	319,281.7 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	319,281.70	319,281.70
07/09/2024	SWEEP SALE	1,458,670.43 shares INVESCO PREMIER US GOVT INSTL	1,458,670.43	1,458,670.43
07/10/2024	SWEEP SALE	24,828.15 shares INVESCO PREMIER US GOVT INSTL	24,828.15	24,828.15
07/11/2024	SWEEP PURCHASE	113,157.38 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	113,157.38	113,157.38

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Date	Transaction	Description	EBT Cost	Market Value
07/11/2024	SWEEP PURCHASE	36,326.85 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	36,326.85	36,326.85
07/12/2024	SWEEP PURCHASE	47,315.26 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	47,315.26	47,315.26
07/15/2024	SWEEP SALE	250 shares INVESCO PREMIER US GOVT INSTL	250.00	250.00
07/15/2024	SWEEP SALE	820,153.73 shares INVESCO PREMIER US GOVT INSTL	820,153.73	820,153.73
07/16/2024	SWEEP PURCHASE	524,285.65 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	524,285.65	524,285.65
07/17/2024	SWEEP PURCHASE	42,947.22 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	42,947.22	42,947.22
07/18/2024	SWEEP PURCHASE	186,166.37 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	186,166.37	186,166.37
07/19/2024	SWEEP PURCHASE	470,063.88 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	470,063.88	470,063.88
07/22/2024	SWEEP PURCHASE	8,865.6 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	8,865.60	8,865.60
07/23/2024	SWEEP SALE	412,179.65 shares INVESCO PREMIER US GOVT INSTL	412,179.65	412,179.65
07/24/2024	SWEEP PURCHASE	154,330.97 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	154,330.97	154,330.97

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Date	Transaction	Description	EBT Cost	Market Value
07/25/2024	SWEEP PURCHASE	57,181.82 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	57,181.82	57,181.82
07/26/2024	SWEEP PURCHASE	118,483.42 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	118,483.42	118,483.42
07/29/2024	SWEEP SALE	1,485,579.89 shares INVESCO PREMIER US GOVT INSTL	1,485,579.89	1,485,579.89
07/30/2024	SWEEP SALE	755,085.14 shares INVESCO PREMIER US GOVT INSTL	755,085.14	755,085.14
07/31/2024	SWEEP PURCHASE	89,782.18 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	89,782.18	89,782.18
08/01/2024	SWEEP PURCHASE	24,916.55 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	24,916.55	24,916.55
08/01/2024	SWEEP PURCHASE	4,129,610.2 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	4,129,610.20	4,129,610.20
08/02/2024	SWEEP PURCHASE	168,590.02 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	168,590.02	168,590.02
08/05/2024	SWEEP PURCHASE	773,181.96 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	773,181.96	773,181.96
08/06/2024	SWEEP SALE	3,826,081.49 shares INVESCO PREMIER US GOVT INSTL	3,826,081.49	3,826,081.49
08/07/2024	SWEEP PURCHASE	133,913.66 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	133,913.66	133,913.66

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E.I.N. 76-0481929 PLAN NO. 501
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

Date	Transaction	Description	EBT Cost	Market Value
08/08/2024	SWEEP PURCHASE	23,667.44 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	23,667.44	23,667.44
08/09/2024	SWEEP PURCHASE	330,676.06 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	330,676.06	330,676.06
08/12/2024	SWEEP SALE	189,139.48 shares INVESCO PREMIER US GOVT INSTL	189,139.48	189,139.48
08/13/2024	SWEEP PURCHASE	76,120.23 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	76,120.23	76,120.23
08/14/2024	SWEEP SALE	250 shares INVESCO PREMIER US GOVT INSTL	250.00	250.00
08/14/2024	SWEEP PURCHASE	389,957.76 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	389,957.76	389,957.76
08/15/2024	SWEEP SALE	507,927.51 shares INVESCO PREMIER US GOVT INSTL	507,927.51	507,927.51
08/16/2024	SWEEP PURCHASE	356,519.76 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	356,519.76	356,519.76
08/19/2024	SWEEP PURCHASE	245,211.84 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	245,211.84	245,211.84
08/20/2024	SWEEP PURCHASE	565,170.86 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	565,170.86	565,170.86
08/21/2024	SWEEP SALE	149,466.97 shares INVESCO PREMIER US GOVT INSTL	149,466.97	149,466.97
08/22/2024	SWEEP SALE	361,112.13 shares INVESCO PREMIER US GOVT INSTL	361,112.13	361,112.13

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E.I.N. 76-0481929 PLAN NO. 501
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

Date	Transaction	Description	EBT Cost	Market Value
08/23/2024	SWEEP PURCHASE	246,687.61 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	246,687.61	246,687.61
08/26/2024	SWEEP PURCHASE	56,044.54 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	56,044.54	56,044.54
08/27/2024	SWEEP SALE	1,355,955.09 shares INVESCO PREMIER US GOVT INSTL	1,355,955.09	1,355,955.09
08/28/2024	SWEEP PURCHASE	82,823.76 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	82,823.76	82,823.76
08/29/2024	SWEEP PURCHASE	213,929.66 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	213,929.66	213,929.66
08/30/2024	SWEEP PURCHASE	128,725.35 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	128,725.35	128,725.35
09/03/2024	SWEEP PURCHASE	26,197.7 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	26,197.70	26,197.70
09/03/2024	SWEEP PURCHASE	114,253.24 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	114,253.24	114,253.24
09/04/2024	SWEEP PURCHASE	483,918.23 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	483,918.23	483,918.23
09/05/2024	SWEEP PURCHASE	394,478.62 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	394,478.62	394,478.62

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SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

Date	Transaction	Description	EBT Cost	Market Value
09/06/2024	SWEEP PURCHASE	55,543.69 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	55,543.69	55,543.69
09/09/2024	SWEEP SALE	2,823.72 shares INVESCO PREMIER US GOVT INSTL	2,823.72	2,823.72
09/10/2024	SWEEP PURCHASE	256,322.55 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	256,322.55	256,322.55
09/11/2024	SWEEP PURCHASE	48,999.06 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	48,999.06	48,999.06
09/12/2024	SWEEP PURCHASE	214,744.39 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	214,744.39	214,744.39
09/13/2024	SWEEP SALE	2,162,107.71 shares INVESCO PREMIER US GOVT INSTL	2,162,107.71	2,162,107.71
09/16/2024	SWEEP SALE	250 shares INVESCO PREMIER US GOVT INSTL	250.00	250.00
09/16/2024	SWEEP PURCHASE	348,253.86 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	348,253.86	348,253.86
09/17/2024	SWEEP PURCHASE	16,784.7 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	16,784.70	16,784.70
09/18/2024	SWEEP PURCHASE	466,334.76 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	466,334.76	466,334.76
09/19/2024	SWEEP PURCHASE	277,561.64 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	277,561.64	277,561.64

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SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

Date	Transaction	Description	EBT Cost	Market Value
09/20/2024	SWEEP PURCHASE	189,375.1 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	189,375.10	189,375.10
09/23/2024	SWEEP SALE	18,461.69 shares INVESCO PREMIER US GOVT INSTL	18,461.69	18,461.69
09/24/2024	SWEEP SALE	1,046,045.27 shares INVESCO PREMIER US GOVT INSTL	1,046,045.27	1,046,045.27
09/25/2024	SWEEP SALE	218,233.77 shares INVESCO PREMIER US GOVT INSTL	218,233.77	218,233.77
09/26/2024	SWEEP PURCHASE	131,879.62 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	131,879.62	131,879.62
09/27/2024	SWEEP SALE	42,155.47 shares INVESCO PREMIER US GOVT INSTL	42,155.47	42,155.47
09/30/2024	SWEEP PURCHASE	209,225.14 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	209,225.14	209,225.14
10/01/2024	SWEEP PURCHASE	23,014.8 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	23,014.80	23,014.80
10/01/2024	SWEEP PURCHASE	261,645.97 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	261,645.97	261,645.97
10/02/2024	SWEEP PURCHASE	620,601.3 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	620,601.30	620,601.30
10/03/2024	SWEEP PURCHASE	20,696.7 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	20,696.70	20,696.70

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SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

Date	Transaction	Description	EBT Cost	Market Value
10/04/2024	SWEEP PURCHASE	44,487.36 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	44,487.36	44,487.36
10/07/2024	SWEEP PURCHASE	41,362.6 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	41,362.60	41,362.60
10/08/2024	SWEEP PURCHASE	122,046.21 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	122,046.21	122,046.21
10/09/2024	SWEEP PURCHASE	618,668.69 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	618,668.69	618,668.69
10/10/2024	SWEEP PURCHASE	409,910.66 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	409,910.66	409,910.66
10/11/2024	SWEEP SALE	2,558,181.05 shares INVESCO PREMIER US GOVT INSTL	2,558,181.05	2,558,181.05
10/15/2024	SWEEP SALE	250 shares INVESCO PREMIER US GOVT INSTL	250.00	250.00
10/15/2024	SWEEP PURCHASE	761,620.18 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	761,620.18	761,620.18
10/16/2024	SWEEP SALE	50,506.2 shares INVESCO PREMIER US GOVT INSTL	50,506.20	50,506.20
10/17/2024	SWEEP PURCHASE	269,972.33 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	269,972.33	269,972.33
10/18/2024	SWEEP PURCHASE	78,158.67 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	78,158.67	78,158.67

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SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

Date	Transaction	Description	EBT Cost	Market Value
10/21/2024	SWEEP PURCHASE	567.15 shares INVESCO PREMIER US GOV'T INSTL STATE COST: 0.00	567.15	567.15
10/22/2024	SWEEP PURCHASE	151,345.46 shares INVESCO PREMIER US GOV'T INSTL STATE COST: 0.00	151,345.46	151,345.46
10/23/2024	SWEEP PURCHASE	45,566.91 shares INVESCO PREMIER US GOV'T INSTL STATE COST: 0.00	45,566.91	45,566.91
10/24/2024	SWEEP PURCHASE	347,989.47 shares INVESCO PREMIER US GOV'T INSTL STATE COST: 0.00	347,989.47	347,989.47
10/25/2024	SWEEP SALE	2,189,022.85 shares INVESCO PREMIER US GOV'T INSTL	2,189,022.85	2,189,022.85
10/28/2024	SWEEP PURCHASE	80,090.07 shares INVESCO PREMIER US GOV'T INSTL STATE COST: 0.00	80,090.07	80,090.07
10/29/2024	SWEEP PURCHASE	512,086.52 shares INVESCO PREMIER US GOV'T INSTL STATE COST: 0.00	512,086.52	512,086.52
10/30/2024	SWEEP PURCHASE	503,819.25 shares INVESCO PREMIER US GOV'T INSTL STATE COST: 0.00	503,819.25	503,819.25
10/31/2024	SWEEP PURCHASE	75,455.41 shares INVESCO PREMIER US GOV'T INSTL STATE COST: 0.00	75,455.41	75,455.41
11/01/2024	SWEEP PURCHASE	22,026.22 shares INVESCO PREMIER US GOV'T INSTL STATE COST: 0.00	22,026.22	22,026.22

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SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

Date	Transaction	Description	EBT Cost	Market Value
11/01/2024	SWEEP PURCHASE	41,003.1 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	41,003.10	41,003.10
11/04/2024	SWEEP SALE	2,324.31 shares INVESCO PREMIER US GOVT INSTL	2,324.31	2,324.31
11/05/2024	SWEEP PURCHASE	215,762.16 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	215,762.16	215,762.16
11/06/2024	SWEEP PURCHASE	597,518.99 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	597,518.99	597,518.99
11/07/2024	SWEEP PURCHASE	292,656.63 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	292,656.63	292,656.63
11/08/2024	SWEEP PURCHASE	49,012.91 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	49,012.91	49,012.91
11/12/2024	SWEEP PURCHASE	184,400.11 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	184,400.11	184,400.11
11/13/2024	SWEEP PURCHASE	175,487.6 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	175,487.60	175,487.60
11/14/2024	SWEEP PURCHASE	224,059.91 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	224,059.91	224,059.91
11/15/2024	SWEEP SALE	250 shares INVESCO PREMIER US GOVT INSTL	250.00	250.00
11/15/2024	SWEEP SALE	2,422,288.36 shares INVESCO PREMIER US GOVT INSTL	2,422,288.36	2,422,288.36

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SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

Date	Transaction	Description	EBT Cost	Market Value
11/18/2024	SWEEP PURCHASE	205,784.6 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	205,784.60	205,784.60
11/20/2024	SWEEP PURCHASE	583,383.56 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	583,383.56	583,383.56
11/21/2024	SWEEP PURCHASE	508,062.02 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	508,062.02	508,062.02
11/22/2024	SWEEP SALE	1,658,231.23 shares INVESCO PREMIER US GOVT INSTL	1,658,231.23	1,658,231.23
11/25/2024	SWEEP PURCHASE	158,019.46 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	158,019.46	158,019.46
11/26/2024	SWEEP PURCHASE	472,533.59 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	472,533.59	472,533.59
11/26/2024	SWEEP SALE	85,750.89 shares INVESCO PREMIER US GOVT INSTL	85,750.89	85,750.89
11/27/2024	SWEEP PURCHASE	518,931.16 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	518,931.16	518,931.16
11/27/2024	SWEEP PURCHASE	208,545.02 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	208,545.02	208,545.02
12/02/2024	SWEEP PURCHASE	20,580.65 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	20,580.65	20,580.65
12/02/2024	SWEEP PURCHASE	647,862.42 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	647,862.42	647,862.42

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SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

Date	Transaction	Description	EBT Cost	Market Value
12/03/2024	SWEEP PURCHASE	112,154.91 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	112,154.91	112,154.91
12/04/2024	SWEEP PURCHASE	226,250.9 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	226,250.90	226,250.90
12/05/2024	SWEEP PURCHASE	105,568.48 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	105,568.48	105,568.48
12/06/2024	SWEEP PURCHASE	396,218.14 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	396,218.14	396,218.14
12/09/2024	SWEEP SALE	2,835.49 shares INVESCO PREMIER US GOVT INSTL	2,835.49	2,835.49
12/10/2024	SWEEP PURCHASE	225,530.22 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	225,530.22	225,530.22
12/11/2024	SWEEP PURCHASE	82,500.38 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	82,500.38	82,500.38
12/12/2024	SWEEP SALE	319,736.64 shares INVESCO PREMIER US GOVT INSTL	319,736.64	319,736.64
12/13/2024	SWEEP SALE	250 shares INVESCO PREMIER US GOVT INSTL	250.00	250.00
12/13/2024	SWEEP SALE	2,370,092.65 shares INVESCO PREMIER US GOVT INSTL	2,370,092.65	2,370,092.65
12/17/2024	SWEEP PURCHASE	266,315.71 shares INVESCO PREMIER US GOVT INSTL STATE COST: 0.00	266,315.71	266,315.71

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E.I.N. 76-0481929 PLAN NO. 501
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

Date	Transaction	Description	EBT Cost	Market Value
12/18/2024	SWEEP PURCHASE	659,132 shares INVESCO PREMIER US GOV'T INSTL STATE COST: 0.00	659,132.00	659,132.00
12/19/2024	SWEEP PURCHASE	152,291.59 shares INVESCO PREMIER US GOV'T INSTL STATE COST: 0.00	152,291.59	152,291.59
12/20/2024	SWEEP SALE	30,731.19 shares INVESCO PREMIER US GOV'T INSTL	30,731.19	30,731.19
12/23/2024	SWEEP PURCHASE	70,081.47 shares INVESCO PREMIER US GOV'T INSTL STATE COST: 0.00	70,081.47	70,081.47
12/26/2024	SWEEP PURCHASE	19,325.32 shares INVESCO PREMIER US GOV'T INSTL STATE COST: 0.00	19,325.32	19,325.32
12/27/2024	SWEEP PURCHASE	816,503.11 shares INVESCO PREMIER US GOV'T INSTL STATE COST: 0.00	816,503.11	816,503.11
12/30/2024	SWEEP PURCHASE	328,900.77 shares INVESCO PREMIER US GOV'T INSTL STATE COST: 0.00	328,900.77	328,900.77
12/31/2024	SWEEP PURCHASE	37,150.34 shares INVESCO PREMIER US GOV'T INSTL STATE COST: 0.00	37,150.34	37,150.34
Total			92,890,582.43	92,890,582.43
Total All Issues			92,890,582.43	92,890,582.43



CLA (CliftonLarsonAllen LLP) is a network member of CLA Global. See CLGlobal.com/disclaimer. Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.

CONTRACTORS INSURANCE TRUST
E.I.N. 76-0481929 PLAN NO. 501
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
	<u>Money Market Fund:</u>			
Invesco	Invesco Premier US Government Money Portfolio	\$ 7,593,501	\$ 7,593,501	
		<u>\$ 7,593,501</u>	<u>\$ 7,593,501</u>	

* Indicates party-in-interest