

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan PRODUCERS' HEALTH BENEFITS PLAN
1b Three-digit plan number (PN) 501
1c Effective date of plan 06/01/2007
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF THE PRODUCERS' HEALTH BENEFITS PLAN
C/O BENESYS ADMINISTRATORS P.O. BOX 2340 WEST COVINA, CA 91793
2b Employer Identification Number (EIN) 31-6654730
2c Plan Sponsor's telephone number 323-647-7427
2d Business code (see instructions) 525100

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

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

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

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

Form 5500 (2024) v. 240311

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	2337
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)	2337
	6a(2)	2422
	6b	0
	6c	0
	6d	2422
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4E 4F 4H 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>6</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 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 161192912

<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 PRODUCERS' HEALTH BENEFITS PLAN</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 BOARD OF TRUSTEES OF THE PRODUCERS' HEALTH BENEFITS PLAN</p>	<p>D Employer Identification Number (EIN) 31-6654730</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
ANTHEM BLUE CROSS LIFE AND HEALTH 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
95-4331852	62825	277596	1921	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 52198</p>	<p>(b) Total amount of fees paid 3705</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
USI INSURANCE SERVICES LLC
PO BOX 66119
VIRGINIA BEACH, VA 23466

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
52198	3705	FEES	3

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

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

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

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

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

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

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) **▶ AD&D, VOLUNTARY, SUPPLEMENTAL LIFE**

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)	
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)	
(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)	
(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	1581490
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. ▶

<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 PRODUCERS' HEALTH BENEFITS PLAN</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 BOARD OF TRUSTEES OF THE PRODUCERS' HEALTH BENEFITS PLAN</p>	<p>D Employer Identification Number (EIN) 31-6654730</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
BLUE CROSS OF CALIFORNIA

(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
95-3760980	62825	277596	520	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	12643

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
USI INSURANCE SERVICES LLC **PO BOX 66119**
VIRGINIA BEACH, VA 23466

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	12643	FEES	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
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

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

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

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
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)
	(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)
	(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	5396687
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan PRODUCERS' HEALTH BENEFITS PLAN</p>	<p>B Three-digit plan number (PN) ▶ 501</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE PRODUCERS' HEALTH BENEFITS PLAN</p>	<p>D Employer Identification Number (EIN) 31-6654730</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
ANTHEM BLUE CROSS LIFE AND HEALTH 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
95-4331852	62825	277596	1303	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 602
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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
USI INSURANCE SERVICES LLC **PO BOX 66119**
VIRGINIA BEACH, VA 23466

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	602	FEES	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	

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

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

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

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
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)
	(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)
	(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	256781
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan PRODUCERS' HEALTH BENEFITS PLAN</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 BOARD OF TRUSTEES OF THE PRODUCERS' HEALTH BENEFITS PLAN</p>	<p>D Employer Identification Number (EIN) 31-6654730</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
BLUE CROSS OF CALIFORNIA

(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
95-3760980	62825	277596	1444	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	61186

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
USI INSURANCE SERVICES LLC **PO BOX 66119**
VIRGINIA BEACH, VA 23466

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	61186	FEES	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**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

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

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

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
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)
	(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)
	(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	26116997
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. ▶

<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 PRODUCERS' HEALTH BENEFITS PLAN</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 BOARD OF TRUSTEES OF THE PRODUCERS' HEALTH BENEFITS PLAN</p>	<p>D Employer Identification Number (EIN) 31-6654730</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
ANTHEM 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
35-0980405	61069	277596	1551	01/01/2024	03/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">561</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

USI INSURANCE SERVICES LLC **PO BOX 66119**
VIRGINIA BEACH, VA 23466

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
561	0		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	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions		7e(5)		
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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) ▶ **AD&D, VOLUNTARY, SUPPLEMENTAL LIFE**

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)	
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)	
(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)	
(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	249885
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. ▶

<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 PRODUCERS' HEALTH BENEFITS PLAN</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 BOARD OF TRUSTEES OF THE PRODUCERS' HEALTH BENEFITS PLAN</p>	<p>D Employer Identification Number (EIN) 31-6654730</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
STANDARD 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
35-0980405	61069	288596	1574	04/01/2024	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 4722</p>	<p>(b) Total amount of fees paid 38584</p>
--	--

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
USI INSURANCE SERVICES LLC **PO BOX 66119**
VIRGINIA BEACH, VA 23466

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4722	38584	FEES	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**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

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

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

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

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

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

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) ▶ **AD&D, VOLUNTARY, SUPPLEMENTAL LIFE**

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)
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)
	(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)
	(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	769132
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan PRODUCERS' HEALTH BENEFITS PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE PRODUCERS' HEALTH BENEFITS PLAN	D Employer Identification Number (EIN) 31-6654730	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

BENESYS ADMINISTRATORS

38-2384171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	712479	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)

EMPLOYEE 001

31-6654730

(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?
20 50	EMPLOYEE	327434	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)

USI INSURANCE SERVICES LLC

21250 HAWTHORNE BLVD
SUITE 380
TORRANCE, CA 90250

(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?
22 53	NONE	250000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WITHUMSMITH+BROWN, PC

22-2027092

(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 50	NONE	184002	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)

ELLENOFF GROSSMAN & SCHOLE LLP

13-3643185

(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?
29 50	NONE	181849	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)

ACTUM LLC

767 S ALAMEDA ST
SUITE 490
LOS ANGELES, CA 90021

(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?
16 50	NONE	100000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

TAYLOR AND TAYLOR ASSOCIATES, INC

271 MADISON AVENUE
5TH FLOOR
NEW YORK, NY 10016

(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?
16 23 50	NONE	85978	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)

SYNERGY ENROLLMENT & BENEFITS, LLC

3550 CAMINO DEL RIO N
SUITE 207
SAN DIEGO, CA 92108

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	80000	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)

EMPLOYEE 002

31-6654730

(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?
30 50	NONE	75000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MILL CREEK CAPITAL ADVISORS, LLC

41-2212501

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	53710	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)

EMPLOYEE 003

31-6654730

(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?
30 50	NONE	40073	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)

INNOVATION HEALTH, LLC

3847 NEWHAVEN LAKE DRIVE
WELLINGTON, FL 33449

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	37732	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

EMPLOYEE 004

31-6654730

(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?
30 50	NONE	12115	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)

APERIO GROUP, LLC

68-0436509

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	9938	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)

US BANK

41-0255900

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	8938	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SMART SOURCE LLC

30-0830429

(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?
16 50	NONE	8645	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)

JUSTIN POLLOCK

31-6654730

(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?
20 50	TRUSTEE	6943	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)

DANIEL ROSENTHAL

31-6654730

(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?
20 50	TRUSTEE	5253	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"/>

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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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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 PRODUCERS' HEALTH BENEFITS PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE PRODUCERS' HEALTH BENEFITS PLAN	D Employer Identification Number (EIN) 31-6654730

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	12330	461743
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1630390	1332258
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	137518	123349
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	806672	981127
(2) U.S. Government securities	1c(2)	10660790	10750285
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	5981388	7397955
(5) Partnership/joint venture interests	1c(5)	1328737	1445595
(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)	4631906	4179638
(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	64960	51907
f Total assets (add all amounts in lines 1a through 1e).....	1f	25254691	26723857
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	740825	750916
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	36679	40712
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	777504	791628
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	24477187	25932229

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)	34503037	
(B) Participants.....	2a(1)(B)	1023004	
(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)		35526041
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	55853	
(B) U.S. Government securities.....	2b(1)(B)	496376	
(C) Corporate debt instruments.....	2b(1)(C)	46288	
(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)		598517
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	94492	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	65661	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		160153
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	8878259	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	9246065	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-367806
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1437613	
(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)		312447
c Other income	2c		354123
d Total income. Add all income amounts in column (b) and enter total	2d		38021088

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	34284939	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		34284939
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)	468667	
(2) Contract administrator fees	2i(2)	520705	
(3) Recordkeeping fees	2i(3)	84162	
(4) IQPA audit fees	2i(4)	112320	
(5) Investment advisory and investment management fees	2i(5)	64297	
(6) Bank or trust company trustee/custodial fees	2i(6)	12544	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	120993	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	88123	
(11) Other expenses	2i(11)	809296	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2281107
j Total expenses. Add all expense amounts in column (b) and enter total	2j		36566046

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1455042
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: WITHUMSMITH+BROWN, PC

(2) EIN: 22-2027092

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)

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 _____.



PRODUCERS' HEALTH BENEFITS PLAN
Financial Statements
December 31, 2024 and 2023
With Independent Auditor's Reports

Producers' Health Benefits Plan
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December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees,
Producers' Health Benefits Plan:

Opinion

We have audited the financial statements of the Producers' Health Benefits Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974, which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Producers' Health Benefits Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Withum Smith + Brown, PC

October 14, 2025

Producers' Health Benefits Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments - at fair value	\$ 24,754,600	\$ 23,409,493
Cash	461,743	12,330
Receivables		
Employers' contributions	1,332,258	1,630,390
Accrued interest and dividends	123,349	137,518
Total receivables	<u>1,455,607</u>	<u>1,767,908</u>
Prepaid expenses	51,907	64,960
Total assets	<u>26,723,857</u>	<u>25,254,691</u>
Liabilities		
Accrued expenses and other liabilities	750,916	740,825
Due to AICP	4,033	-
Other liabilities	36,679	36,679
Total liabilities	<u>791,628</u>	<u>777,504</u>
Net assets available for benefits	<u>\$ 25,932,229</u>	<u>\$ 24,477,187</u>

The Notes to Financial Statements are an integral part of these statements.

Producers' Health Benefits Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 1,382,254	\$ 2,405,596
Interest and dividends	<u>758,670</u>	<u>625,901</u>
	2,140,924	3,031,497
Investment expenses	<u>(64,297)</u>	<u>(143,152)</u>
Net investment income	<u>2,076,627</u>	<u>2,888,345</u>
 Contributions		
Contributions - freelancers	19,990,398	18,276,346
Contributions - staff	<u>15,535,643</u>	<u>16,598,490</u>
Total contributions	35,526,041	34,874,836
 Other income	<u>354,123</u>	<u>806,046</u>
Total additions	<u>37,956,791</u>	<u>38,569,227</u>
 Deductions		
Health insurance premiums	34,284,939	34,947,359
General and administrative expenses	<u>2,216,810</u>	<u>2,938,982</u>
Total deductions	<u>36,501,749</u>	<u>37,886,341</u>
 Net change in net assets available for benefits	1,455,042	682,886
 Net assets available for benefits		
Beginning of year	<u>24,477,187</u>	<u>23,794,301</u>
 End of year	<u>\$ 25,932,229</u>	<u>\$ 24,477,187</u>

The Notes to Financial Statements are an integral part of these statements.

**Producers' Health Benefits Plan
Notes to Financial Statements
December 31, 2024 and 2023**

1. PLAN DESCRIPTION AND FUNDING

The following brief description of the Producers' Health Benefits Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan documents for a complete description of the Plan's provisions.

General

The Plan, a fully insured, multiple-employer welfare arrangement, provides certain health and medical benefits to eligible freelance production employees ("freelancers") not covered by a union plan and to their spouses and dependents. Eligible participating employers can also elect to provide coverage to staff employees through the Plan. The Plan is comprised of employers who are members of the Association of Independent Commercial Producers, Inc. ("AICP") and have executed a participation agreement to become bound to the Trust Agreement and are, therefore, obligated to contribute to the Plan. The Plan was established as a Voluntary Employee Benefits Association ("VEBA") and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") as amended.

The Plan is administered by a Board of Trustees (the "Trustees"). The Trustees have the responsibility and authority to manage the Plan and act as the Plan Administrator. In that regard, the Trustees have engaged the services of BeneSys, Inc., a third-party administrator, to provide administrative services to the Plan, for which it is compensated on a monthly basis.

Plan Benefits

The Plan provides benefits which include medical, dental, vision, long-term disability and short-term disability benefits for eligible freelance participants. The Plan also provides for basic life insurance and accidental death and dismemberment benefits. All participants who are enrolled in medical coverage have the option to purchase additional coverage for supplemental life insurance, and accident, critical illness, and hospital indemnity benefits. The Plan provides covered medical benefits to eligible staff employees. Dental, vision, basic life, accidental death and dismemberment, and disability benefits are bundled benefits offered to staff employees at the option of the employer. The aforementioned benefits are subject to applicable deductibles, co-payments, and other limitations and restrictions. The Plan also provides for coverage of participants' spouses and dependents. If elected by the freelance participant, a portion of premiums for participants' spouses and dependents is paid by the Plan.

Eligibility

A freelancer becomes eligible for coverage by meeting one of the following requirements during a qualification period not to exceed 12 months: (a) earn a minimum of \$35,000 or (b) work 100 days or more. Coverage begins on the first day of the month following a 60-day processing period that commences with satisfying either eligibility requirement. Coverage continues for 12 consecutive months.

Once a participant becomes eligible and subsequently does not meet the 100-workday requirement, they may remain eligible. When a freelancer has at least 50, but less than 100 workdays in a qualification period (which may consist of up to 50 banked days from the previous qualification period), the freelancer may contribute to the cost of the Plan and remain eligible with bridge coverage. The cost of the bridge coverage is based on a dollar amount per day, as determined by the Trustees, times the number of days short of the required 100 workdays. Bridge coverage continues for up to one year or satisfying the eligibility requirements.

The Plan has been amended to extend certain qualifying periods and coverage periods ending in 2021 from 12 months to 17 months, with an additional 18th month in certain circumstances, to allow certain benefits to continue for eligible freelance participants to counterbalance work losses related to the COVID-19 global pandemic.

Producers' Health Benefits Plan
Notes to Financial Statements
December 31, 2024 and 2023

Staff employees become eligible on the first day of the month following 30 days from the participant's date of hire. Staff coverage ends on the last day of the month in which the participant's employment ends. Special rules apply for covered freelancers who become staff employees or staff employees who become freelancers. No participant (or dependent) is vested in or guaranteed any level or type of insurance coverage or any earned eligibility, all of which may be eliminated, modified or amended by the Trustees in their sole judgment and discretion.

Plan Funding

The Plan is funded by participating employer contributions. Employer contributions for freelance participants are based upon a percentage of the gross earnings of each freelance participant. Eligible freelance participants also pay an annual enrollment fee. Freelance participants who meet certain criteria can make contributions to remain in the Plan despite not meeting the standard eligibility requirements, as described below. Employer contributions for staff employees are based on the actual cost to provide coverage for the staff and their dependents and an administrative fee. All contributions are used exclusively to provide benefits to eligible participants and pay all expenses incurred with respect to the operation of the Plan.

Freelance participants and dependents covered by the Plan who lose coverage due to failure to meet any of the eligibility requirements permitted by the Plan will have an opportunity to continue their coverage under the Plan benefits under the Consolidated Omnibus Budget Reconciliation Act ("COBRA") for a limited period of time. The Plan does not subsidize COBRA payment.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements have been prepared under the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions which affect the reported amounts of assets, liabilities, active participants' continuing eligibility, and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Cash and Cash Equivalents

Highly liquid investments with a maturity of three months or less, when acquired, are considered cash equivalents. Cash equivalents include shares in a money market fund.

Investment Valuation and Income Recognition

Investments are presented at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by its investment advisers and custodian. Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's realized and unrealized gains and losses on investments bought and sold as well as held during the year.

Health Insurance Premiums

Premiums are recorded when paid.

Producers' Health Benefits Plan
Notes to Financial Statements
December 31, 2024 and 2023

Employers' Contributions Receivable

The Plan reports as employers' contributions receivable any contributions due which relate to work completed on or before December 31. Management of the Plan evaluates participating employers' contributions receivable periodically for potential uncollectible amounts based on the likelihood of collection. As of December 31, 2024 and 2023, no allowance for credit losses has been recorded.

Management of the Plan, in the normal course of business, contracts for the performance of audits of contributing employer compensation records to verify compliance with the employers' obligation to make required contributions to the Plan. Any additional employer contributions that are due to the Plan based on findings of the aforementioned engagements are recorded as income in the period in which such amounts are received.

General and Administrative Expenses

Expenses are incurred in connection with the general administration of the Plan that are paid by the Plan and recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Subsequent Events

In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after December 31, 2024, for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through October 14, 2025, the date that the financial statements were available to be issued, and no items have come to the attention of management that require recognition or disclosure.

3. BENEFIT OBLIGATIONS

The Plan's obligation for current benefit coverage is an estimated liability for accumulated eligibility credits, subject to a number of factors, which represents the Plan's estimated liability for health benefits to be provided to active participants in future periods arising from prior participant service for which contributions have been received. The estimated liability as of December 31, 2024 and 2023, was calculated by the Plan's insurance consultant. There is no obligation or liability on the part of the Plan, the fund forming part of the Plan or the Trustees, to any participant or beneficiary to provide any insured benefits or coverage beyond the amounts collected by the Plan and which the Trustees determine in their sole judgment are available for such purpose on a fully insured basis. The Trustees have the right in their sole judgment to amend, modify, reduce, restrict, limit, eliminate or terminate the types and amount of insured benefits under the Plan (including the Plan itself and its plan of benefits) and the eligibility rules and conditions for insured coverage, including any accumulated participant credit towards eligibility which credit shall in no event be deemed a vested right in or to insured coverage of any type or for any particular duration or a vested entitlement of any other kind. No participant (or dependent) is vested in or guaranteed any level or type of insurance coverage or any earned eligibility all of which may be eliminated, modified or amended by the Trustees in their sole judgment and discretion.

The obligation for current benefit coverage as of December 31, 2024 and 2023, is based on the following:

- Premium rates effective January 1, 2025 and 2024, respectively.
- The number of eligible freelancers as of December 31, 2024 and 2023, respectively.
- Expected premium liability assumed by the Plan for dependent coverage.

Producers' Health Benefits Plan
Notes to Financial Statements
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Amounts currently payable at beginning of year	\$ -	\$ -
Health insurance premiums reported and approved for payment	34,284,939	34,947,359
Health insurance premiums paid	<u>(34,284,939)</u>	<u>(34,947,359)</u>
Amounts currently payable at end of year	<u>\$ -</u>	<u>\$ -</u>
Active participants continuing eligibility at beginning of year	\$ 17,847,837	\$ 18,745,007
Net change during year	<u>478,573</u>	<u>(897,170)</u>
Active participants continuing eligibility at end of year	<u>\$ 18,326,410</u>	<u>\$ 17,847,837</u>

The foregoing assumptions, including but not limited to the use of the credit in whole or part by participants, the terms of the Plan's benefits, and other factors, and as determined by the Plan's Trustees, at their discretion, are based on the assumption that the Plan will continue. If the Plan were to terminate, different assumptions might be applicable in determining the present value of plan obligations for current benefit coverage.

4. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted 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 to the valuation methodology include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable for the asset or liability and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement. The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of the relevant observable inputs and minimize the use of the unobservable inputs.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period.

Producers' Health Benefits Plan
Notes to Financial Statements
December 31, 2024 and 2023

The following is a description of the valuation methodologies used for assets measured at fair value. The valuation methodologies were not changed during the years ended December 31, 2024 and 2023.

- *Registered Investment Companies* - Shares of mutual funds are valued at quoted market prices in an active market.
- *U.S. government and agency obligations* - Shares in U.S. government and agency obligations, which include U.S. Treasury bonds, and the obligations of other financing corporations sponsored by the U.S. government, are valued based on a dealer supplied bid evaluation (i.e., an estimated price at which a dealer would pay for a security) and computerized pricing models if reported quoted market prices are not available. These models consider appropriate factors such as institutionalized trading markets in similar groups of securities, yield, quality, coupon rate, maturity, type of issue, trading characteristics and other market data.
- *Corporate stocks* - Shares in corporate stocks are valued at the closing price reported on the active market on which the individual securities are traded.
- *Corporate and other bonds* - Shares in corporate and other bonds are valued based on the present value of the bond's coupon payments and the repayment of the principal. Corporate bond valuation also accounts for the probability of the bond defaulting and not paying back the principal in full.
- *Short-term investments* - Shares in short-term investments are recorded at cost which approximates fair value.
- *Limited Partnership* - Shares in limited partnerships that are publicly traded are valued based on closing market prices in active markets in which the securities are traded. Ownership in limited partnerships that are not publicly traded is valued based on the net asset value of the partnership interests owned by the Plan at year-end, as determined by the respective general partners of the limited partnerships based on the fair value of the underlying investments of the limited partnerships. The net asset value ("NAV"), as provided by the investment advisor, is used as a practical expedient to estimate fair value. In establishing the fair value of partnership investments, general partners take into consideration information from the financial statements of the companies in which they invest, as well as the currency in which the investments are denominated.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	2024			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment companies	\$ 4,179,638	\$ -	\$ -	\$ 4,179,638
U.S. government and agency obligations	-	10,750,285	-	10,750,285
Corporate stocks	7,397,955	-	-	7,397,955
Short-term investments	-	981,127	-	981,127
Total investments in the fair value hierarchy	11,577,593	11,731,412	-	23,309,005
Investments measured at NAV *	-	-	-	1,445,595
Total investments at fair value	<u>\$ 11,577,593</u>	<u>\$ 11,731,412</u>	<u>\$ -</u>	<u>\$ 24,754,600</u>

Producers' Health Benefits Plan
Notes to Financial Statements
December 31, 2024 and 2023

	2023			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 4,631,906	\$ -	\$ -	\$ 4,631,906
U.S. government and agency obligations	-	10,660,790	-	10,660,790
Corporate stocks	5,981,388	-	-	5,981,388
Short-term investments	-	<u>806,672</u>	-	<u>806,672</u>
Total investments in the fair value hierarchy	10,613,294	11,467,462	-	22,080,756
Investments measured at NAV *	-	-	-	<u>1,328,737</u>
Total investments at fair value	<u>\$ 10,613,294</u>	<u>\$ 11,467,462</u>	<u>\$ -</u>	<u>\$ 23,409,493</u>

*In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table sets forth a summary of investments held by the Plan reported at NAV as of December 31, 2024 and 2023:

	<u>2024</u>		<u>2023</u>		<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>		
Limited Partnership	\$ 1,445,595	\$ -	\$ 1,328,737	\$ -	Daily	None

The fund invests in various fixed income like assets that result in generating positive returns in capital appreciation. Redemptions can be made semi-annually after a two-year lock-up period with 90 days' notice.

5. RELATED PARTY TRANSACTIONS

The Plan shares office space, personnel, and certain administrative expenses with AICP. Any such amounts owed are reconciled on an ongoing basis. The Plan's share of these expenses totaled \$18,286 and \$27,596 for the years ended December 31, 2024 and 2023, respectively, and is included in administrative expenses on the statements of changes in net assets available for benefits. These transactions are party-in-interest transactions under ERISA.

6. RISKS AND UNCERTAINTIES

Due to various risks (e.g., interest rate, market, credit) associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported on the statements of net assets available for benefits.

Financial instruments that potentially subject the Plan concentrations of credit risk include cash, accounts receivable and investments. While management of the Plan attempt to limit any financial exposure by maintaining accounts at high quality financial institutions, cash and investment balances exceed the federally insured limits. Any loss incurred or lack of access to such funds could have a significant adverse impact on the Plan's financial condition results of operations, and cash flows. Credit risk associated with accounts receivable is considered limited due to the large number of employers that make up the receivable balance and historical high collection rate of receivables.

Producers' Health Benefits Plan
Notes to Financial Statements
December 31, 2024 and 2023

7. TAX STATUS

The Internal Revenue Service ("IRS") recognized the Plan as exempt from federal income taxation under Section 501(a) of the Internal Revenue Code (the "IRC"), as described at Section 501(c)(9), as stated in its latest determination letter dated January 29, 2009. The IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan's administrator believes that the Plan currently is designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the organization and recognize an income tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Management has evaluated the tax positions taken by the Plan and concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. In addition, there have been no tax-related interest or penalties for the periods presented in these financial statements.

8. PLAN TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect. However, in order to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. In the event of termination, the Trustees reserve the right to terminate, suspend, withdraw, amend, or modify the Plan and plan benefits in whole or in part at any time, subject to the applicable provisions of the Trust Agreement. In the event that the Plan is discontinued, the Trustees will use the remaining assets of the Plan to provide benefits, pay administration expenses, and carry out the purpose of the Plan in an equitable manner, pursuant to the provisions of the Trust Agreement, until the Plan assets have been disbursed.

SUPPLEMENTARY INFORMATION

**REPORT ON SUPPLEMENTARY INFORMATION REQUIRED BY THE DEPARTMENT OF
LABOR'S RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER
THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974**

INDEPENDENT AUDITOR'S REPORT

To the Trustees and Participants of
Producers' Health Benefits Plan:

We have audited the financial statements of Producers' Health Benefits Plan as of and for the year ended December 31, 2024, and have issued our report thereon, dated October 14, 2025, which contained an unmodified opinion on the financial statements.

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplemental schedules, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024, and Schedule H, Line 4j - Schedule of Reportable Transactions 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 the Employee Retirement Income Security Act of 1974 ("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 auditing standards generally accepted in the United States of America.

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

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

WithumSmith+Brown, PC

October 14, 2025

Producers' Health Benefits Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #31-6654730, Plan #501
December 31, 2024

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
Interest Bearing Cash								
	FIRST AM INST PRIME OB FD CL Z	STIF	N/A	N/A	N/A	980,668	\$ 980,827	\$ 981,127
							980,827	981,127
US Government Securities								
	CALIFORNIA CMNTY	Gov't	N/A	5.00%	1/1/2056	425,000	468,053	463,293
	CALIFORNIA HEALTH	Gov't	N/A	5.00%	8/15/2033	100,000	102,996	102,731
	CALIFORNIA HEALTH	Gov't	N/A	5.00%	11/15/2033	550,000	571,511	579,552
	CALIFORNIA ST	Gov't	N/A	5.00%	12/1/2026	375,000	401,636	390,611
	CALIFORNIA ST	Gov't	N/A	5.00%	10/1/2034	250,000	273,798	284,508
	CALIFORNIA ST	Gov't	N/A	5.00%	11/1/2035	200,000	217,870	228,448
	CALIFORNIA ST PUB	Gov't	N/A	5.00%	3/1/2031	140,000	146,269	145,456
	CALIFORNIA ST PUB	Gov't	N/A	5.00%	8/1/2033	225,000	249,261	251,375
	CALIFORNIA ST PUB	Gov't	N/A	5.00%	9/1/2037	325,000	382,801	371,911
	CALIFORNIA ST VAR	Gov't	N/A	5.00%	9/1/2025	125,000	127,836	126,736
	CHICAGO IL	Gov't	N/A	5.00%	1/1/2025	115,000	115,307	115,000
	CHICAGO IL O HARE	Gov't	N/A	5.00%	1/1/2031	135,000	136,389	135,000
	CLARK CNTY NV	Gov't	N/A	5.00%	6/15/2031	400,000	415,984	426,184
	FLORIDA ST	Gov't	N/A	5.00%	10/1/2031	450,000	483,863	499,055
	GLOUCESTER CNTY NJ	Gov't	N/A	5.00%	7/1/2033	275,000	277,874	277,002
	HARRIS CNTY TX	Gov't	N/A	5.00%	7/1/2034	365,000	417,655	412,220
	LIBERTY NY DEV CORP	Gov't	N/A	5.25%	10/1/2035	195,000	225,764	221,818
	LOS ANGELES CA	Gov't	N/A	4.00%	5/15/2035	625,000	638,200	654,413
	LOS ANGELES CA	Gov't	N/A	5.00%	7/1/2036	500,000	544,035	555,275
	METROPOLITAN TN	Gov't	N/A	5.00%	5/1/2031	335,000	355,720	362,530
	MIAMI DADE CNTY FL	Gov't	N/A	5.00%	4/1/2032	350,000	351,000	351,264
	MODESTO CALIF IRR DI	Gov't	N/A	5.00%	10/1/2026	125,000	130,489	129,461
	NEW JERSEY HEALTH	Gov't	N/A	5.00%	10/1/2037	390,000	398,572	404,496
	NEW JERSEY ST	Gov't	N/A	5.00%	6/15/2031	280,000	302,221	308,988
	NEW YORK N Y CITY	Gov't	N/A	5.00%	6/15/2035	100,000	119,293	114,413
	NEW YORK ST DORM	Gov't	N/A	4.00%	3/15/2035	100,000	109,456	102,894
	PENNSYLVANIA ST	Gov't	N/A	5.00%	6/1/2033	175,000	200,659	196,259
	PENNSYLVANIA ST ECON	Gov't	N/A	5.00%	2/1/2029	675,000	679,003	675,446
	PHILADELPHIA PA	Gov't	N/A	5.00%	9/1/2036	105,000	120,810	118,086
	PORT AUTH OF NY	Gov't	N/A	5.00%	11/15/2033	305,000	317,883	319,274
	SAN FRANCISCO CA	Gov't	N/A	4.00%	11/1/2030	600,000	604,092	610,350
	SAN MATEO CNTY CA	Gov't	N/A	5.00%	6/1/2027	500,000	508,905	503,995
	TRIBOROUGH NY	Gov't	N/A	5.00%	11/15/2036	275,000	295,947	312,241
							10,691,152	10,750,285
Corporate Stocks								
	3M CO	Stocks	N/A	N/A	N/A	102	9,890	13,167
	ABBOTT LABS COM	Stocks	N/A	N/A	N/A	244	21,774	27,599
	ABBVIE INC	Stocks	N/A	N/A	N/A	244	22,837	43,359
	ACCENTURE PLC IRELAND SHS CLASS A	Stocks	N/A	N/A	N/A	83	18,126	29,199
	ADOBE INC	Stocks	N/A	N/A	N/A	59	20,143	26,236
	ADVANSIX INC	Stocks	N/A	N/A	N/A	162	5,162	4,615
	AFFIRM HLDGS INC	Stocks	N/A	N/A	N/A	55	3,683	3,350
	AFLAC INC	Stocks	N/A	N/A	N/A	89	3,670	9,206
	AGCO CORP	Stocks	N/A	N/A	N/A	43	3,780	4,020
	AGILENT TECHNOLOGIES INC	Stocks	N/A	N/A	N/A	52	4,437	6,986
	AIR PRODUCTS CHEMICALS INC	Stocks	N/A	N/A	N/A	38	9,307	11,022
	AIRBNB INC	Stocks	N/A	N/A	N/A	62	7,756	8,147
	ALBEMARLE CORP	Stocks	N/A	N/A	N/A	83	8,240	7,145
	ALBERTSONS COS INC COMMON STOCK	Stocks	N/A	N/A	N/A	252	4,680	4,949
	ALCOA CORPORATION	Stocks	N/A	N/A	N/A	121	3,446	4,571
	ALKERMES PLC	Stocks	N/A	N/A	N/A	130	3,769	3,739
	ALLSTATE CORP	Stocks	N/A	N/A	N/A	26	3,212	5,013
	ALNYLAM PHARMACEUTICALS INC	Stocks	N/A	N/A	N/A	34	5,189	8,001
	ALPHABET INC CL A	Stocks	N/A	N/A	N/A	686	45,054	129,860
	ALPHABET INC CL C	Stocks	N/A	N/A	N/A	740	51,409	140,926
	AMAZON COM INC	Stocks	N/A	N/A	N/A	1,219	120,648	267,436
	AMDOCS LTD	Stocks	N/A	N/A	N/A	52	4,080	4,427
	AMEREN CORP	Stocks	N/A	N/A	N/A	80	5,661	7,131
	AMERICAN AIRLINES GROUP INC	Stocks	N/A	N/A	N/A	501	5,412	8,732
	AMERICAN EXPRESS CO	Stocks	N/A	N/A	N/A	79	8,318	23,446
	AMERICAN INTERNATIONAL GROUP	Stocks	N/A	N/A	N/A	97	4,917	7,062
	AMERICAN WATER WORKS CO INC	Stocks	N/A	N/A	N/A	45	5,631	5,602
	AMERIPRISE FINL INC	Stocks	N/A	N/A	N/A	16	8,629	8,519
	AMETEK INC	Stocks	N/A	N/A	N/A	28	4,574	5,047
	AMGEN INC	Stocks	N/A	N/A	N/A	87	20,809	22,676
	AMPHENOL CORP CL A	Stocks	N/A	N/A	N/A	104	4,990	7,223
	ANALOG DEVICES INC	Stocks	N/A	N/A	N/A	90	11,906	19,121
	ANSYS INC	Stocks	N/A	N/A	N/A	15	3,850	5,060
	AON PLC SHS CL A	Stocks	N/A	N/A	N/A	28	5,807	10,056
	API GROUP CORP	Stocks	N/A	N/A	N/A	133	4,381	4,784

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

Producers' Health Benefits Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #31-6654730, Plan #501
December 31, 2024

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value				Par/Maturity Value	(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date			
	APOLLO GLOBAL MGMT INC	Stocks	N/A	N/A	N/A	89	\$ 5,940	\$ 14,699
	APPLE INC COM	Stocks	N/A	N/A	N/A	1,881	361,672	471,040
	APPLOVIN CORP COM CL A	Stocks	N/A	N/A	N/A	41	1,168	13,277
	APTAR GROUP INC	Stocks	N/A	N/A	N/A	30	4,250	4,713
	ARCH CAP GROUP LTD	Stocks	N/A	N/A	N/A	63	4,923	5,818
	ARCHER DANIELS MIDLAND CO	Stocks	N/A	N/A	N/A	99	4,573	5,001
	ARCOSA INC	Stocks	N/A	N/A	N/A	53	4,349	5,127
	ARES MANAGEMENT CORP A	Stocks	N/A	N/A	N/A	42	4,883	7,435
	ARISTA NETWORKS INC	Stocks	N/A	N/A	N/A	152	9,003	16,801
	ARTHUR J GALLAGHER CO	Stocks	N/A	N/A	N/A	23	6,073	6,529
	AT T INC	Stocks	N/A	N/A	N/A	1,046	20,886	23,817
	ATLASSIAN CORPORATION CL A	Stocks	N/A	N/A	N/A	29	4,694	7,058
	AUTODESK INC	Stocks	N/A	N/A	N/A	36	6,659	10,641
	AUTOMATIC DATA PROCESSING	Stocks	N/A	N/A	N/A	57	9,702	16,686
	AUTOZONE INC	Stocks	N/A	N/A	N/A	3	7,956	9,606
	AVALONBAY COMMUNITIES INC	Stocks	N/A	N/A	N/A	19	3,294	4,179
	AXON ENTERPRISE INC	Stocks	N/A	N/A	N/A	14	4,267	8,320
	BAKER HUGHES COMPANY	Stocks	N/A	N/A	N/A	140	3,153	5,743
	BANK OF AMERICA CORP	Stocks	N/A	N/A	N/A	891	31,579	39,159
	BANK OF NEW YORK MELLON CORP	Stocks	N/A	N/A	N/A	132	6,646	10,142
	BATH BODY WORKS INC COM	Stocks	N/A	N/A	N/A	134	4,763	5,195
	BECTON DICKINSON AND CO	Stocks	N/A	N/A	N/A	46	10,263	10,436
	BERKSHIRE HATHAWAY INC CL B	Stocks	N/A	N/A	N/A	234	56,037	106,068
	BEST BUY CO INC	Stocks	N/A	N/A	N/A	54	4,717	4,633
	BIO RAD LABS INC CL A	Stocks	N/A	N/A	N/A	12	4,038	3,942
	BIOGEN INC	Stocks	N/A	N/A	N/A	41	6,419	6,270
	BJS WHOLESALE CLUB HOLDINGS INC	Stocks	N/A	N/A	N/A	53	3,770	4,736
	BLACKSTONE GROUP INC CLASS A	Stocks	N/A	N/A	N/A	104	9,833	17,932
	BLOCK INC CL A	Stocks	N/A	N/A	N/A	107	6,553	9,094
	BLUE OWL CAP INC	Stocks	N/A	N/A	N/A	292	4,702	6,792
	BOEING CO THE	Stocks	N/A	N/A	N/A	128	20,033	22,656
	BOOKING HOLDINGS INC	Stocks	N/A	N/A	N/A	4	5,973	19,874
	BOOZ ALLEN HAMILTON HOLDING	Stocks	N/A	N/A	N/A	26	3,846	3,346
	BORGWARNER INC COM	Stocks	N/A	N/A	N/A	131	4,251	4,164
	BOSTON BEER INC A	Stocks	N/A	N/A	N/A	14	3,999	4,200
	BOSTON SCIENTIFIC CORP	Stocks	N/A	N/A	N/A	191	8,620	17,060
	BRISTOL MYERS SQUIBB CO	Stocks	N/A	N/A	N/A	266	12,128	15,045
	BROADCOM INC	Stocks	N/A	N/A	N/A	574	22,996	133,076
	BUILDERS FIRSTSOURCE INC	Stocks	N/A	N/A	N/A	32	4,327	4,574
	BURLINGTON STORES INC	Stocks	N/A	N/A	N/A	19	4,504	5,416
	BXP INC	Stocks	N/A	N/A	N/A	75	4,616	5,577
	C H ROBINSON WORLDWIDE INC	Stocks	N/A	N/A	N/A	71	5,025	7,336
	CADENCE DESIGN SYS INC	Stocks	N/A	N/A	N/A	37	9,156	11,117
	CAPITAL ONE FINL CORP	Stocks	N/A	N/A	N/A	57	3,683	10,164
	CAPRI HOLDINGS LIMITED	Stocks	N/A	N/A	N/A	202	4,527	4,254
	CARLISLE COS INC	Stocks	N/A	N/A	N/A	16	5,652	5,901
	CARMAX INC	Stocks	N/A	N/A	N/A	66	4,700	5,396
	CARNIVAL CORP	Stocks	N/A	N/A	N/A	220	5,611	5,482
	CARRIER GLOBAL CORPORATION COM	Stocks	N/A	N/A	N/A	116	6,458	7,918
	CARVANA CO	Stocks	N/A	N/A	N/A	16	4,113	3,254
	CATERPILLAR INC	Stocks	N/A	N/A	N/A	70	10,387	25,393
	CDW CORP	Stocks	N/A	N/A	N/A	45	6,178	7,832
	CENCORA INC	Stocks	N/A	N/A	N/A	24	5,243	5,392
	CENTERSPACE	Stocks	N/A	N/A	N/A	70	4,106	4,631
	CERIDIAN HCM HOLDING INC	Stocks	N/A	N/A	N/A	86	4,666	6,247
	CHARTER COMMUNICATIONS INC NEW	Stocks	N/A	N/A	N/A	35	10,354	11,997
	CHENIERE ENERGY INC	Stocks	N/A	N/A	N/A	44	7,993	9,454
	CHEVRON CORPORATION	Stocks	N/A	N/A	N/A	217	22,648	31,430
	CHIPOTLE MEXICAN GRILL INC	Stocks	N/A	N/A	N/A	150	6,869	9,045
	CHUBB LIMITED COM	Stocks	N/A	N/A	N/A	53	7,084	14,644
	CIENA CORP	Stocks	N/A	N/A	N/A	76	3,883	6,446
	CINCINNATI FINL CORP	Stocks	N/A	N/A	N/A	36	3,848	5,173
	CINTAS CORP	Stocks	N/A	N/A	N/A	36	5,288	6,577
	CISCO SYSTEMS INC	Stocks	N/A	N/A	N/A	487	22,466	28,830
	CIVITAS RESOURCES INC COM NEW	Stocks	N/A	N/A	N/A	105	5,320	4,816
	CLOROX CO	Stocks	N/A	N/A	N/A	46	6,112	7,471
	CLOUDFLARE INC CL ACOM	Stocks	N/A	N/A	N/A	63	4,797	6,784
	CME GROUP INC	Stocks	N/A	N/A	N/A	69	14,686	16,024
	COCA COLA COMPANY	Stocks	N/A	N/A	N/A	582	31,734	36,235
	COGNIZANT TECH SOLUTIONS CL A	Stocks	N/A	N/A	N/A	73	4,539	5,614
	COHERENT CORP	Stocks	N/A	N/A	N/A	54	3,736	5,115
	COHU INC	Stocks	N/A	N/A	N/A	242	6,318	6,461
	COINBASE GLOBAL INC	Stocks	N/A	N/A	N/A	38	5,612	9,435
	COLGATE PALMOLIVE CO COM	Stocks	N/A	N/A	N/A	91	7,393	8,273
	COLUMBIA SPORTSWEAR CO	Stocks	N/A	N/A	N/A	78	6,815	6,547
	CONOCOPHILLIPS	Stocks	N/A	N/A	N/A	241	17,445	23,900
	CONSTELLATION BRANDS INC A	Stocks	N/A	N/A	N/A	50	10,140	11,050
	CONSTELLATION ENERGY CORP	Stocks	N/A	N/A	N/A	56	7,665	12,528

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Producers' Health Benefits Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #31-6654730, Plan #501
December 31, 2024

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	COOPER COS INC COM	Stocks	N/A	N/A	N/A	58	\$ 5,903	\$ 5,332
	COPART INC	Stocks	N/A	N/A	N/A	128	6,096	7,346
	CORNING INC	Stocks	N/A	N/A	N/A	182	6,192	8,649
	CORPAY INC COM	Stocks	N/A	N/A	N/A	14	2,639	4,738
	CORTEVA INC COM	Stocks	N/A	N/A	N/A	155	5,599	8,829
	COSTAR GROUP INC	Stocks	N/A	N/A	N/A	58	4,616	4,152
	COSTCO WHSL CORP	Stocks	N/A	N/A	N/A	61	23,821	55,892
	CROWDSTRIKE HOLDINGS INC A	Stocks	N/A	N/A	N/A	32	3,846	10,949
	CROWN CASTLE INC	Stocks	N/A	N/A	N/A	63	6,698	5,718
	CSX CORP	Stocks	N/A	N/A	N/A	246	5,945	7,938
	CUMMINS INC COM	Stocks	N/A	N/A	N/A	28	5,070	9,761
	CVS HEALTH CORP	Stocks	N/A	N/A	N/A	203	11,983	9,113
	D T E ENERGY CO	Stocks	N/A	N/A	N/A	61	6,784	7,366
	DANAHER CORP	Stocks	N/A	N/A	N/A	100	15,884	22,955
	DARDEN RESTAURANTS INC	Stocks	N/A	N/A	N/A	37	6,400	6,908
	DATADOG INC CLASS A	Stocks	N/A	N/A	N/A	56	5,981	8,002
	DECKERS OUTDOOR CORP	Stocks	N/A	N/A	N/A	42	5,026	8,530
	DEERE CO	Stocks	N/A	N/A	N/A	41	15,896	17,372
	DELTA AIR LINES INC	Stocks	N/A	N/A	N/A	113	7,326	6,837
	DEXCOM INC	Stocks	N/A	N/A	N/A	125	8,606	9,721
	DIAMONDBACK ENERGY INC	Stocks	N/A	N/A	N/A	37	6,500	6,062
	DIGITAL RLTY TR INC	Stocks	N/A	N/A	N/A	43	4,589	7,625
	DINE BRANDS GLOBAL INC	Stocks	N/A	N/A	N/A	144	4,927	4,334
	DISCOVER FINL SVCS	Stocks	N/A	N/A	N/A	47	4,006	8,142
	DOLLAR TREE INC	Stocks	N/A	N/A	N/A	88	6,009	6,595
	DOMINION ENERGY INC	Stocks	N/A	N/A	N/A	170	7,875	9,156
	DONEGAL GROUP INC CL A	Stocks	N/A	N/A	N/A	483	7,962	7,472
	DOORDASH INC CL A	Stocks	N/A	N/A	N/A	37	2,055	6,207
	DOVER CORP	Stocks	N/A	N/A	N/A	28	4,079	5,253
	DRAFTKINGS INC NEW	Stocks	N/A	N/A	N/A	123	4,294	4,576
	DUKE ENERGY HOLDING CORP	Stocks	N/A	N/A	N/A	67	6,358	7,219
	DUPONT DE NEMOURS INC WI	Stocks	N/A	N/A	N/A	69	2,513	5,261
	DYNATRACE INC	Stocks	N/A	N/A	N/A	84	3,707	4,565
	E O G RES INC	Stocks	N/A	N/A	N/A	90	7,957	11,032
	EASTMAN CHEM CO	Stocks	N/A	N/A	N/A	57	5,533	5,205
	EATON CORP PLC SHS	Stocks	N/A	N/A	N/A	48	11,600	15,930
	ECOLAB INC	Stocks	N/A	N/A	N/A	38	6,838	8,904
	EDWARDS LIFESCIENCES CORP	Stocks	N/A	N/A	N/A	123	8,807	9,106
	ELECTRONIC ARTS INC COM	Stocks	N/A	N/A	N/A	36	3,901	5,267
	ELEVANCE HEALTH INC	Stocks	N/A	N/A	N/A	25	6,751	9,223
	ELI LILLY CO	Stocks	N/A	N/A	N/A	110	64,304	84,920
	EMCOR GROUP INC	Stocks	N/A	N/A	N/A	16	5,222	7,262
	EMERSON ELECTRIC CO	Stocks	N/A	N/A	N/A	72	3,438	8,923
	EQUIFAX INC	Stocks	N/A	N/A	N/A	30	5,991	7,646
	EQUINIX INC	Stocks	N/A	N/A	N/A	20	14,409	18,858
	EQUITY LIFESTYLE PPTYS INC	Stocks	N/A	N/A	N/A	72	4,533	4,795
	EQUITY RESIDENTIAL	Stocks	N/A	N/A	N/A	61	3,750	4,377
	ESSENTIAL UTILS INC COM	Stocks	N/A	N/A	N/A	142	4,997	5,157
	ETSY INC	Stocks	N/A	N/A	N/A	68	3,729	3,597
	EVEREST GROUP LTD COM	Stocks	N/A	N/A	N/A	23	8,295	8,337
	EXTRA SPACE STORAGE INC	Stocks	N/A	N/A	N/A	51	6,854	7,630
	EXXON MOBIL CORP	Stocks	N/A	N/A	N/A	671	43,437	72,179
	FACTSET RESEARCH SYSTEMS INC	Stocks	N/A	N/A	N/A	10	3,201	4,803
	FAIR ISAAC CORPORATION	Stocks	N/A	N/A	N/A	3	4,257	5,973
	FASTENAL CO COM	Stocks	N/A	N/A	N/A	94	3,457	6,760
	FED EX CORP	Stocks	N/A	N/A	N/A	32	4,868	9,003
	FERGUSON PLC NEW COMMON STOCK NEW	Stocks	N/A	N/A	N/A	34	6,501	5,901
	FIDELITY NATIONAL INFO SERV	Stocks	N/A	N/A	N/A	61	4,697	4,927
	FIFTH THIRD BANCORP	Stocks	N/A	N/A	N/A	224	9,142	9,471
	FISERV INC	Stocks	N/A	N/A	N/A	82	9,530	16,844
	FORD MOTOR CO	Stocks	N/A	N/A	N/A	655	6,187	6,485
	FORRESTER RESH INC	Stocks	N/A	N/A	N/A	232	3,988	3,635
	FORTINET INC	Stocks	N/A	N/A	N/A	66	6,308	6,236
	FORTIVE CORP WI	Stocks	N/A	N/A	N/A	52	3,377	3,900
	FOX CORP CL A	Stocks	N/A	N/A	N/A	198	6,628	9,619
	FRANKLIN RES INC	Stocks	N/A	N/A	N/A	316	6,060	6,412
	FREEPORT MCMORAN INC	Stocks	N/A	N/A	N/A	123	4,809	4,684
	FRESH DEL MONTE PRODUCE INC	Stocks	N/A	N/A	N/A	128	4,308	4,251
	GARTNER INC	Stocks	N/A	N/A	N/A	11	4,946	5,329
	GE AEROSPACE	Stocks	N/A	N/A	N/A	145	7,915	24,185
	GE HEALTHCARE TECHNOLOGIES INC	Stocks	N/A	N/A	N/A	60	3,710	4,691
	GE VERNOVA LLC	Stocks	N/A	N/A	N/A	36	2,054	11,841
	GEN DIGITAL INC	Stocks	N/A	N/A	N/A	213	4,299	5,832
	GENERAL DYNAMICS CORP	Stocks	N/A	N/A	N/A	35	6,216	9,222
	GENERAL MILLS INC	Stocks	N/A	N/A	N/A	68	3,570	4,336
	GENERAL MTRS CO COM	Stocks	N/A	N/A	N/A	164	7,754	8,736
	GILEAD SCIENCES INC	Stocks	N/A	N/A	N/A	203	14,527	18,751
	GLADSTONE LAND CORP	Stocks	N/A	N/A	N/A	509	6,107	5,523
	GLOBAL PAYMENTS INC	Stocks	N/A	N/A	N/A	62	5,848	6,948
	GLOBANT SA	Stocks	N/A	N/A	N/A	20	3,909	4,288
	GODADDY INC CLASS A	Stocks	N/A	N/A	N/A	48	5,289	9,474
	GOLDMAN SACHS GROUP INC	Stocks	N/A	N/A	N/A	52	15,149	29,776

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Producers' Health Benefits Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #31-6654730, Plan #501
December 31, 2024

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	GRACO INC	Stocks	N/A	N/A	N/A	75	\$ 6,031	\$ 6,322
	GRAINGER W W INC	Stocks	N/A	N/A	N/A	8	3,355	8,432
	GUIDEWIRE SOFTWARE INC	Stocks	N/A	N/A	N/A	49	5,704	8,260
	HALLIBURTON CO	Stocks	N/A	N/A	N/A	186	5,867	5,057
	HARTFORD FINANCIAL SERVICES GRP INC	Stocks	N/A	N/A	N/A	72	7,250	7,877
	HASBRO INC	Stocks	N/A	N/A	N/A	76	3,847	4,249
	HCA HEALTHCARE INC	Stocks	N/A	N/A	N/A	30	8,409	9,005
	HEALTHCARE RLTY TR CL A	Stocks	N/A	N/A	N/A	328	5,023	5,560
	HEALTHEQUITY INC	Stocks	N/A	N/A	N/A	63	4,853	6,045
	HEALTHPEAK PROPERTIES INC	Stocks	N/A	N/A	N/A	340	6,608	6,892
	HEICO CORP	Stocks	N/A	N/A	N/A	20	2,302	4,755
	HESS CORP	Stocks	N/A	N/A	N/A	59	3,990	7,848
	HEWLETT PACKARD ENTERPRIS CO	Stocks	N/A	N/A	N/A	310	5,410	6,619
	HILTON WORLDWIDE HLDGS WI	Stocks	N/A	N/A	N/A	42	4,680	10,381
	HINGHAM INSTITUTION FOR SAVINGS	Stocks	N/A	N/A	N/A	24	4,054	6,099
	HOME DEPOT INC	Stocks	N/A	N/A	N/A	123	26,427	47,846
	HONEYWELL INTL INC	Stocks	N/A	N/A	N/A	90	14,574	20,330
	HOST HOTELS RESORTS INC	Stocks	N/A	N/A	N/A	306	5,126	5,361
	HOWARD HUGHES HOLDINGS INC	Stocks	N/A	N/A	N/A	70	4,295	5,384
	HOWMET AEROSPACE INC COM	Stocks	N/A	N/A	N/A	56	6,549	6,125
	HP INC	Stocks	N/A	N/A	N/A	160	3,312	5,221
	HUBBELL INC COM	Stocks	N/A	N/A	N/A	13	4,240	5,446
	HUBSPOT INC	Stocks	N/A	N/A	N/A	10	4,974	6,968
	HUNTINGTON BANCSHARES INC	Stocks	N/A	N/A	N/A	455	6,512	7,403
	IDACORP INC	Stocks	N/A	N/A	N/A	94	8,264	10,272
	IDEXX LABS INC	Stocks	N/A	N/A	N/A	13	5,421	5,375
	ILLINOIS TOOL WORKS INC	Stocks	N/A	N/A	N/A	42	7,640	10,650
	INCYTE CORP	Stocks	N/A	N/A	N/A	87	4,639	6,009
	INGERSOLL RAND INC	Stocks	N/A	N/A	N/A	52	4,035	4,704
	INTEL CORP	Stocks	N/A	N/A	N/A	610	14,745	12,231
	INTERACTIVE BROKERS GROUP INC CL A	Stocks	N/A	N/A	N/A	43	3,774	7,597
	INTERCONTINENTAL EXCHANGE INC	Stocks	N/A	N/A	N/A	61	5,896	9,090
	INTERNATIONAL PAPER CO	Stocks	N/A	N/A	N/A	139	5,513	7,481
	INTL BUSINESS MACHINES CORP	Stocks	N/A	N/A	N/A	120	14,857	26,380
	INTL FLAVORS FRAGRANCES	Stocks	N/A	N/A	N/A	81	6,156	6,849
	INTRA CELLULAR THERAPIES INC	Stocks	N/A	N/A	N/A	45	3,890	3,758
	INTUIT INC	Stocks	N/A	N/A	N/A	38	11,773	23,883
	INTUITIVE SURGICAL INC	Stocks	N/A	N/A	N/A	51	10,159	26,620
	IONIS PHARMACEUTICALS INC	Stocks	N/A	N/A	N/A	128	4,536	4,475
	IQVIA HLDGS INC	Stocks	N/A	N/A	N/A	49	8,414	9,629
	IRON MOUNTAIN INC	Stocks	N/A	N/A	N/A	80	6,300	8,409
	J & J SNACK FOODS CORP	Stocks	N/A	N/A	N/A	34	4,750	5,274
	JABIL INC	Stocks	N/A	N/A	N/A	49	4,964	7,051
	JACOBS SOLUTIONS INC	Stocks	N/A	N/A	N/A	42	2,697	5,612
	JANUS HENDERSON GROUP PLC	Stocks	N/A	N/A	N/A	118	3,895	5,019
	JM SMUCKER CO THE	Stocks	N/A	N/A	N/A	46	5,063	5,066
	JOHNSON CTLS INTL PLC SHS	Stocks	N/A	N/A	N/A	102	4,183	8,051
	JOHNSON JOHNSON	Stocks	N/A	N/A	N/A	273	38,299	39,481
	JPMORGAN CHASE CO	Stocks	N/A	N/A	N/A	375	49,193	89,891
	KELLANOVA	Stocks	N/A	N/A	N/A	91	4,957	7,368
	KENVUE INC COM	Stocks	N/A	N/A	N/A	358	8,217	7,643
	KEYCORP	Stocks	N/A	N/A	N/A	379	5,985	6,496
	KEYSIGHT TECHNOLOGIES INC	Stocks	N/A	N/A	N/A	35	3,617	5,622
	KILROY RLTY CORP	Stocks	N/A	N/A	N/A	154	5,391	6,229
	KIMBERLY CLARK CORP	Stocks	N/A	N/A	N/A	77	10,084	10,090
	KIMCO REALTY CORP	Stocks	N/A	N/A	N/A	264	4,138	6,186
	KINSALE CAPITAL GROUP INC	Stocks	N/A	N/A	N/A	9	3,524	4,186
	KKR CO INC A	Stocks	N/A	N/A	N/A	98	7,969	14,495
	KLA CORP COM NEW	Stocks	N/A	N/A	N/A	25	12,321	15,753
	KNIFE RIV HLDG CO	Stocks	N/A	N/A	N/A	46	3,435	4,675
	KRAFT HEINZ CO COM	Stocks	N/A	N/A	N/A	214	6,849	6,572
	KROGER CO	Stocks	N/A	N/A	N/A	115	3,322	7,032
	L3HARRIS TECHNOLOGIES INC	Stocks	N/A	N/A	N/A	30	6,030	6,308
	LABCORP HOLDINGS INC COM SHS	Stocks	N/A	N/A	N/A	21	5,024	4,816
	LAM RESEARCH CORP	Stocks	N/A	N/A	N/A	284	17,189	20,513
	LAMB WESTON HOLDINGS INC	Stocks	N/A	N/A	N/A	84	5,313	5,614
	LATTICE SEMICONDUCTOR CORP	Stocks	N/A	N/A	N/A	102	4,275	5,778
	LAUDER ESTEE COS INC CL A	Stocks	N/A	N/A	N/A	60	4,357	4,499
	LEAR CORP	Stocks	N/A	N/A	N/A	62	5,964	5,871
	LINCOLN ELEC HLDGS INC	Stocks	N/A	N/A	N/A	32	5,649	5,999
	LINDE PLC SHS	Stocks	N/A	N/A	N/A	58	19,065	24,283
	LITHIA MOTORS INC CL A	Stocks	N/A	N/A	N/A	16	3,968	5,719
	LOCKHEED MARTIN CORP COM	Stocks	N/A	N/A	N/A	32	12,179	15,550
	LOWES CO INC	Stocks	N/A	N/A	N/A	88	10,527	21,718
	LPL FINANCIAL HOLDINGS INC	Stocks	N/A	N/A	N/A	12	3,914	3,918
	LULULEMON ATHLETICA INC	Stocks	N/A	N/A	N/A	25	9,655	9,560
	LYFT INC CL A	Stocks	N/A	N/A	N/A	307	3,430	3,960
	LYONDELLBASELL INDUSTRIES N V SHS A	Stocks	N/A	N/A	N/A	104	8,518	7,724

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		Description	Collateral	Rate of Interest	Maturity Date			Par/Maturity Value
	M T BANK CORP	Stocks	N/A	N/A	N/A	44	\$ 7,308	\$ 8,272
	MANHATTAN ASSOCS INC	Stocks	N/A	N/A	N/A	22	4,773	5,945
	MARKEL GROUP INC	Stocks	N/A	N/A	N/A	4	3,703	6,905
	MARRIOTT INTL INC	Stocks	N/A	N/A	N/A	36	3,338	10,042
	MARSH MCLENNAN COS INC	Stocks	N/A	N/A	N/A	57	6,362	12,107
	MARTEN TRANSPORTATION LTD	Stocks	N/A	N/A	N/A	345	5,930	5,385
	MARVELL TECHNOLOGY INC	Stocks	N/A	N/A	N/A	139	3,739	15,353
	MASTERCARD INC	Stocks	N/A	N/A	N/A	111	33,342	58,449
	MATTEL INC	Stocks	N/A	N/A	N/A	210	3,890	3,723
	MCCORMICK CO NON VTG SHRS	Stocks	N/A	N/A	N/A	85	5,786	6,480
	MCDONALDS CORP COM	Stocks	N/A	N/A	N/A	96	20,011	27,829
	MCKESSON CORPORATION	Stocks	N/A	N/A	N/A	17	7,895	9,688
	MEDTRONIC PLC SHS	Stocks	N/A	N/A	N/A	188	16,074	15,017
	MERCK CO INC	Stocks	N/A	N/A	N/A	339	26,858	33,724
	META PLATFORMS INC	Stocks	N/A	N/A	N/A	287	56,612	168,041
	METLIFE INC	Stocks	N/A	N/A	N/A	116	8,096	9,498
	METTLER TOLEDO INTL INC	Stocks	N/A	N/A	N/A	7	8,676	8,566
	MICROCHIP TECHNOLOGY INC	Stocks	N/A	N/A	N/A	79	4,164	4,531
	MICRON TECHNOLOGY INC	Stocks	N/A	N/A	N/A	176	11,219	14,812
	MICROSOFT CORP COM	Stocks	N/A	N/A	N/A	969	362,029	408,434
	MICROSTRATEGY INC CL A	Stocks	N/A	N/A	N/A	30	4,403	8,689
	MID AMER APT CMNTYS INC	Stocks	N/A	N/A	N/A	25	3,521	3,864
	MODERNA INC	Stocks	N/A	N/A	N/A	87	3,661	3,617
	MONOLITHIC POWER SYSTEMS INC	Stocks	N/A	N/A	N/A	17	9,326	10,059
	MONSTER BEVERAGE CORP	Stocks	N/A	N/A	N/A	160	5,106	8,410
	MOODY'S CORP	Stocks	N/A	N/A	N/A	19	7,234	8,994
	MORGAN STANLEY COM NEW	Stocks	N/A	N/A	N/A	169	8,321	21,247
	MOTOROLA SOLUTIONS INC	Stocks	N/A	N/A	N/A	25	4,049	11,566
	MSCI INC	Stocks	N/A	N/A	N/A	13	3,389	7,800
	MYERS INDS INC	Stocks	N/A	N/A	N/A	467	5,337	5,156
	NATERA INC	Stocks	N/A	N/A	N/A	23	3,828	3,641
	NATIONAL BEVERAGE CORP	Stocks	N/A	N/A	N/A	102	4,590	4,352
	NATIONAL RESEARCH CORP	Stocks	N/A	N/A	N/A	224	4,335	3,951
	NETAPP INC	Stocks	N/A	N/A	N/A	46	2,866	5,340
	NETFLIX COM INC	Stocks	N/A	N/A	N/A	64	22,308	57,044
	NEWMONT CORP COM	Stocks	N/A	N/A	N/A	152	5,997	5,657
	NEWS CORP NEW CL A W	Stocks	N/A	N/A	N/A	203	5,023	5,591
	NEXSTAR MEDIA GROUP INC	Stocks	N/A	N/A	N/A	70	11,191	11,058
	NEXTERA ENERGY INC	Stocks	N/A	N/A	N/A	239	14,531	17,134
	NICOLET BANKSHARES INC	Stocks	N/A	N/A	N/A	52	4,072	5,455
	NORDSON CORP	Stocks	N/A	N/A	N/A	31	7,580	6,486
	NORFOLK SOUTHN CORP COM	Stocks	N/A	N/A	N/A	36	6,971	8,449
	NORTHERN TRUST CORP	Stocks	N/A	N/A	N/A	81	6,694	8,303
	NORTHROP GRUMMAN CORPORATION	Stocks	N/A	N/A	N/A	21	10,203	9,855
	NORTHWESTERN ENERGY GROUP INC	Stocks	N/A	N/A	N/A	87	4,200	4,651
	NORWEGIAN CRUISE LINE HLDG LTD SHS	Stocks	N/A	N/A	N/A	221	3,771	5,686
	NOV INC COM	Stocks	N/A	N/A	N/A	367	5,858	5,358
	NUCOR CORP	Stocks	N/A	N/A	N/A	56	8,603	6,536
	NUTANIX INC	Stocks	N/A	N/A	N/A	73	3,653	4,466
	NVENT ELECTRIC PLC	Stocks	N/A	N/A	N/A	103	6,358	7,020
	NVIDIA CORP	Stocks	N/A	N/A	N/A	3,130	146,781	420,328
	NVR INC	Stocks	N/A	N/A	N/A	1	7,168	8,179
	O G E ENERGY CORP	Stocks	N/A	N/A	N/A	247	8,217	10,189
	O REILLY AUTOMOTIVE INC	Stocks	N/A	N/A	N/A	8	7,928	9,486
	OCCIDENTAL PETROLEUM CORPORATION	Stocks	N/A	N/A	N/A	203	7,739	10,030
	OKTA INC	Stocks	N/A	N/A	N/A	50	3,797	3,940
	OLD DOMINION FGHT LINE INC	Stocks	N/A	N/A	N/A	36	3,718	6,350
	ON SEMICONDUCTOR CORPORATION	Stocks	N/A	N/A	N/A	74	4,292	4,666
	ONE GAS INC	Stocks	N/A	N/A	N/A	92	5,562	6,371
	ONEMAIN HOLDINGS INC	Stocks	N/A	N/A	N/A	104	4,650	5,422
	ONEOK INC	Stocks	N/A	N/A	N/A	101	2,497	10,140
	ORACLE CORPORATION	Stocks	N/A	N/A	N/A	203	21,154	33,828
	OTIS WORLDWIDE CORP	Stocks	N/A	N/A	N/A	51	3,370	4,723
	OXFORD INDS INC	Stocks	N/A	N/A	N/A	60	4,806	4,727
	P G E CORP COM	Stocks	N/A	N/A	N/A	310	6,242	6,256
	P P G INDS INC	Stocks	N/A	N/A	N/A	39	4,872	4,659
	PACCAR INC	Stocks	N/A	N/A	N/A	66	6,202	6,865
	PALANTIR TECHNOLOGIES INC	Stocks	N/A	N/A	N/A	285	4,712	21,555
	PALO ALTO NETWORKS INC	Stocks	N/A	N/A	N/A	86	12,279	15,649
	PARK NATIONAL CORP	Stocks	N/A	N/A	N/A	31	4,100	5,314
	PARKER HANNIFIN CORP	Stocks	N/A	N/A	N/A	13	5,954	8,268
	PAYCHEX INC	Stocks	N/A	N/A	N/A	54	3,385	7,572
	PENTAIR PLC SHS	Stocks	N/A	N/A	N/A	58	4,069	5,837
	PENUMBRA INC	Stocks	N/A	N/A	N/A	23	4,689	5,462
	PEPSICO INC	Stocks	N/A	N/A	N/A	184	24,705	27,979
	PERMIAN RESOURCES CORP CLASS A	Stocks	N/A	N/A	N/A	378	4,990	5,436

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

Producers' Health Benefits Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #31-6654730, Plan #501
December 31, 2024

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	PHILLIPS 66	Stocks	N/A	N/A	N/A	65	\$ 4,304	\$ 7,405
	PINNACLE WEST CAP CORP	Stocks	N/A	N/A	N/A	79	5,405	6,697
	PINTEREST INC CL A	Stocks	N/A	N/A	N/A	125	3,884	3,625
	PNC FINL SVCS GROUP INC COM	Stocks	N/A	N/A	N/A	57	8,673	10,992
	POLARIS INC COM	Stocks	N/A	N/A	N/A	77	5,262	4,437
	POOL CORPORATION	Stocks	N/A	N/A	N/A	15	5,132	5,114
	POSTAL REALTY TRUST INC A	Stocks	N/A	N/A	N/A	750	10,555	9,788
	PRINCIPAL FINANCIAL GROUP INC	Stocks	N/A	N/A	N/A	53	2,904	4,103
	PROCTER GAMBLE CO	Stocks	N/A	N/A	N/A	259	45,632	43,421
	PROGRESSIVE CORP	Stocks	N/A	N/A	N/A	80	13,361	19,169
	PROLOGIS INC COM	Stocks	N/A	N/A	N/A	126	14,696	13,318
	PRUDENTIAL FINANCIAL INC	Stocks	N/A	N/A	N/A	76	7,107	9,008
	PUBLIC SVC ENTERPRISE GROUP INC	Stocks	N/A	N/A	N/A	58	3,433	4,900
	PULTE GROUP INC COM	Stocks	N/A	N/A	N/A	76	7,313	8,276
	QUALCOMM INC COM	Stocks	N/A	N/A	N/A	176	16,579	27,037
	QUANTA SVCS INC COM	Stocks	N/A	N/A	N/A	32	7,970	10,114
	QUEST DIAGNOSTICS INC	Stocks	N/A	N/A	N/A	34	2,889	5,129
	RAYMOND JAMES FINL INC	Stocks	N/A	N/A	N/A	33	2,985	5,126
	REGAL BELOIT CORP	Stocks	N/A	N/A	N/A	31	4,619	4,809
	REGENCY CENTERS CORPORATION	Stocks	N/A	N/A	N/A	86	5,060	6,358
	REGIONS FINL CORP	Stocks	N/A	N/A	N/A	342	7,590	8,044
	REINSURANCE GROUP AMERICA	Stocks	N/A	N/A	N/A	22	4,507	4,700
	RENAISSANCE RE HOLDINGS LTD	Stocks	N/A	N/A	N/A	18	3,749	4,479
	REPUBLIC SVCS INC	Stocks	N/A	N/A	N/A	18	3,454	3,621
	RESMED INC	Stocks	N/A	N/A	N/A	28	4,355	6,403
	REVOLUTION MEDICINES INC	Stocks	N/A	N/A	N/A	141	5,942	6,167
	REVVITY INC	Stocks	N/A	N/A	N/A	47	4,860	5,246
	REYNOLDS CONSUMER PRODS I	Stocks	N/A	N/A	N/A	164	4,557	4,426
	RIVIAN AUTOMOTIVE INC	Stocks	N/A	N/A	N/A	328	3,868	4,362
	RMR GROUP INC THE A	Stocks	N/A	N/A	N/A	286	6,324	5,903
	ROBERT HALF INC	Stocks	N/A	N/A	N/A	65	3,938	4,580
	ROBINHOOD MKTS INC COM CL A	Stocks	N/A	N/A	N/A	238	4,518	8,868
	ROBLOX CORP CL A	Stocks	N/A	N/A	N/A	96	3,903	5,555
	ROCKWELL AUTOMATION INC COM	Stocks	N/A	N/A	N/A	22	4,466	6,287
	ROLLINS INC	Stocks	N/A	N/A	N/A	93	4,363	4,311
	ROPER TECHNOLOGIES INC COM	Stocks	N/A	N/A	N/A	14	4,923	7,278
	ROSS STORES INC	Stocks	N/A	N/A	N/A	71	8,167	10,740
	ROYAL CARIBBEAN GROUP COM	Stocks	N/A	N/A	N/A	42	5,165	9,689
	ROYAL GOLD INC	Stocks	N/A	N/A	N/A	40	4,406	5,274
	RTX CORPORATION	Stocks	N/A	N/A	N/A	198	14,909	22,913
	S P GLOBAL INC COM	Stocks	N/A	N/A	N/A	49	15,039	24,403
	SALESFORCE INC	Stocks	N/A	N/A	N/A	121	20,006	40,454
	SANDRIDGE ENERGY INC	Stocks	N/A	N/A	N/A	334	3,902	3,911
	SBA COMMUNICATIONS CORP	Stocks	N/A	N/A	N/A	34	6,884	6,929
	SCHLUMBERGER LTD	Stocks	N/A	N/A	N/A	176	5,459	6,743
	SCHWAB CHARLES CORP COM	Stocks	N/A	N/A	N/A	191	9,148	14,136
	SEABOARD CORP DEL	Stocks	N/A	N/A	N/A	3	7,460	7,289
	SEMPRA COM	Stocks	N/A	N/A	N/A	98	6,745	8,597
	SENTINELONE INC CL A	Stocks	N/A	N/A	N/A	151	3,347	3,352
	SERVICE CORP INTL	Stocks	N/A	N/A	N/A	58	4,087	4,630
	SERVICENOW INC	Stocks	N/A	N/A	N/A	29	21,124	30,743
	SHERWIN WILLIAMS CO	Stocks	N/A	N/A	N/A	33	6,363	11,218
	SIMON PROPERTY GROUP INC	Stocks	N/A	N/A	N/A	60	4,045	10,333
	SNOWFLAKE INC CL A	Stocks	N/A	N/A	N/A	65	9,378	10,037
	SOFI TECHNOLOGIES INC	Stocks	N/A	N/A	N/A	514	3,604	7,916
	SOLVENTUM CORP COM SHS	Stocks	N/A	N/A	N/A	53	3,762	3,501
	SOUTH STATE CORP	Stocks	N/A	N/A	N/A	92	6,664	9,152
	SOUTHERN CO THE	Stocks	N/A	N/A	N/A	129	8,362	10,619
	STARBUCKS CORP COM	Stocks	N/A	N/A	N/A	198	16,438	18,068
	STIFEL FINL CORP	Stocks	N/A	N/A	N/A	56	4,673	5,940
	STRYKER CORP	Stocks	N/A	N/A	N/A	47	8,856	16,922
	SUMMIT MATERIALS INC CL A	Stocks	N/A	N/A	N/A	104	3,751	5,262
	SUN COMMUNITIES INC	Stocks	N/A	N/A	N/A	32	3,778	3,935
	SUPER MICRO COMPUTER INC	Stocks	N/A	N/A	N/A	116	3,972	3,536
	SYNOPSYS INC	Stocks	N/A	N/A	N/A	23	10,686	11,163
	SYNOVUS FINANCIAL CORP	Stocks	N/A	N/A	N/A	105	3,735	5,379
	SYSCO CORP	Stocks	N/A	N/A	N/A	102	6,761	7,799
	T MOBILE US INC	Stocks	N/A	N/A	N/A	77	5,958	16,996
	TAKE TWO INTERACTIVE SOFTWARE COM	Stocks	N/A	N/A	N/A	36	5,644	6,627
	TARGA RESOURCES CORP	Stocks	N/A	N/A	N/A	67	5,538	11,960
	TECHNIPFMC PLC	Stocks	N/A	N/A	N/A	172	3,743	4,978
	TELEDYNE TECHNOLOGIES INC	Stocks	N/A	N/A	N/A	11	3,322	5,105
	TENET HEALTHCARE CORP	Stocks	N/A	N/A	N/A	43	3,461	5,428
	TERADYNE INC	Stocks	N/A	N/A	N/A	41	4,250	5,163
	TESLA INC	Stocks	N/A	N/A	N/A	360	21,163	145,382
	TETRA TECH INC	Stocks	N/A	N/A	N/A	160	5,234	6,374
	TEXAS INSTRUMENTS INC	Stocks	N/A	N/A	N/A	137	20,401	25,689
	THE CIGNA GROUP	Stocks	N/A	N/A	N/A	61	14,020	16,845
	THERMO FISHER SCIENTIFIC INC	Stocks	N/A	N/A	N/A	56	18,850	29,133
	TJX COMPANIES INC	Stocks	N/A	N/A	N/A	142	7,955	17,155

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Producers' Health Benefits Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #31-6654730, Plan #501
December 31, 2024

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	TRADE DESK INC COM CL A	Stocks	N/A	N/A	N/A	83	\$ 8,355	\$ 9,755
	TRADEWEB MARKETS INC CLASS A	Stocks	N/A	N/A	N/A	38	4,241	4,975
	TRANE TECHNOLOGIES PLC	Stocks	N/A	N/A	N/A	31	7,580	11,450
	TRANSIDGM GROUP INC	Stocks	N/A	N/A	N/A	9	5,333	11,406
	TRANSUNION	Stocks	N/A	N/A	N/A	48	4,289	4,450
	TRAVELERS COS INC	Stocks	N/A	N/A	N/A	38	4,382	9,154
	TRIMBLE NAV LTD	Stocks	N/A	N/A	N/A	54	3,916	3,816
	TRUIST FINANCIAL CORP	Stocks	N/A	N/A	N/A	203	6,958	8,806
	TWILIO INC A	Stocks	N/A	N/A	N/A	64	3,468	6,917
	TYLER TECHNOLOGIES INC	Stocks	N/A	N/A	N/A	9	2,578	5,190
	TYSON FOODS INC CL A	Stocks	N/A	N/A	N/A	68	3,824	3,906
	UBER TECHNOLOGIES INC	Stocks	N/A	N/A	N/A	252	7,927	15,201
	UFP INDUSTRIES INC COM	Stocks	N/A	N/A	N/A	75	8,475	8,449
	UNION PACIFIC CORP COM	Stocks	N/A	N/A	N/A	81	14,929	18,471
	UNITED AIRLINES HOLDINGS INC COM	Stocks	N/A	N/A	N/A	49	4,817	4,758
	UNITED PARCEL SERVICE INC CL B	Stocks	N/A	N/A	N/A	96	10,960	12,106
	UNITED RENTALS INC COM	Stocks	N/A	N/A	N/A	11	6,179	7,749
	UNITED STS LIME & MINERALS INC	Stocks	N/A	N/A	N/A	68	5,205	9,026
	UNITEDHEALTH GROUP INC COM	Stocks	N/A	N/A	N/A	125	40,943	63,233
	UNIVERSAL HLTH RLTY INCOME TR SBI	Stocks	N/A	N/A	N/A	146	6,146	5,433
	USANA HEALTH SCIENCES INC	Stocks	N/A	N/A	N/A	133	5,129	4,773
	VAIL RESORTS INC	Stocks	N/A	N/A	N/A	29	5,309	5,436
	VALERO ENERGY CORP COM	Stocks	N/A	N/A	N/A	55	5,220	6,742
	VAXCYTE INC COM	Stocks	N/A	N/A	N/A	42	3,844	3,438
	VEEVA SYSTEMS INC CLASS A	Stocks	N/A	N/A	N/A	24	4,226	5,046
	VENTAS INC COM	Stocks	N/A	N/A	N/A	77	2,358	4,535
	VERISK ANALYTICS INC COM	Stocks	N/A	N/A	N/A	22	3,273	6,059
	VERTEX PHARMACEUTICALS INC COM	Stocks	N/A	N/A	N/A	41	10,936	16,511
	VERTIV HOLDINGS CO	Stocks	N/A	N/A	N/A	49	6,444	5,567
	VIATRIS INC COM	Stocks	N/A	N/A	N/A	437	5,695	5,441
	VISA INC COM CL A	Stocks	N/A	N/A	N/A	210	40,837	66,368
	VOYA FINANCIAL INC	Stocks	N/A	N/A	N/A	56	3,746	3,854
	VULCAN MATLS CO COM	Stocks	N/A	N/A	N/A	40	7,069	10,289
	WABTEC COM	Stocks	N/A	N/A	N/A	54	7,692	10,238
	WALMART INC COM	Stocks	N/A	N/A	N/A	619	27,742	55,927
	WARNER BROS DISCOVERY INC SERIES A	Stocks	N/A	N/A	N/A	997	7,201	10,538
	WARRIOR MET COAL INC	Stocks	N/A	N/A	N/A	66	3,436	3,580
	WASTE MGMT INC DEL COM	Stocks	N/A	N/A	N/A	62	7,569	12,511
	WATERS CORP COM	Stocks	N/A	N/A	N/A	13	3,506	4,823
	WEBSTER FINL CORP COM	Stocks	N/A	N/A	N/A	112	4,542	6,185
	WEC ENERGY GROUP INC COM	Stocks	N/A	N/A	N/A	68	5,392	6,395
	WELLS FARGO CO NEW COM	Stocks	N/A	N/A	N/A	442	23,314	31,046
	WELLTOWER INC COM	Stocks	N/A	N/A	N/A	68	4,038	8,570
	WEST PHARMACEUTICAL SVCS INC COM	Stocks	N/A	N/A	N/A	26	8,436	8,517
	WHIRLPOOL CORP COM	Stocks	N/A	N/A	N/A	49	5,579	5,610
	WILLIAMS COS INC COM	Stocks	N/A	N/A	N/A	215	5,122	11,636
	WILLIAMS SONOMA INC	Stocks	N/A	N/A	N/A	24	4,206	4,444
	WORKDAY INC	Stocks	N/A	N/A	N/A	30	4,990	7,741
	WR BERKLEY CORP	Stocks	N/A	N/A	N/A	117	6,126	6,847
	XCEL ENERGY INC COM	Stocks	N/A	N/A	N/A	154	7,756	10,398
	XYLEM INC COM	Stocks	N/A	N/A	N/A	48	3,750	5,569
	YUM BRANDS INC COM	Stocks	N/A	N/A	N/A	51	5,172	6,842
	ZEBRA TECHNOLOGIES CORPORATION CL A	Stocks	N/A	N/A	N/A	21	8,365	8,111
	ZILLOW GROUP INC	Stocks	N/A	N/A	N/A	79	4,080	5,597
	ZIONS BANCORPORATION N A COM	Stocks	N/A	N/A	N/A	104	4,101	5,642
	ZOETIS INC CL A	Stocks	N/A	N/A	N/A	66	8,789	10,753
	ZOOM COMMUNICATIONS INC	Stocks	N/A	N/A	N/A	56	3,432	4,570
	ZSCALER INC COM	Stocks	N/A	N/A	N/A	27	4,250	4,871
							<u>4,882,075</u>	<u>7,397,955</u>
	Registered Investment Companies							
	ARTISAN INTL SM MID CAP INSTL CL	Mutual Fund	N/A	N/A	N/A	10,140	171,954	176,430
	ARTISAN GLOBAL OPPORTUNITIES	Mutual Fund	N/A	N/A	N/A	59,012	1,899,148	1,938,541
	BARROW HANLEY INTERNATIONAL VALUE I	Mutual Fund	N/A	N/A	N/A	59,255	646,069	560,548
	GOLDMAN SACHS GQG PTNRS INTL OPPS IN	Mutual Fund	N/A	N/A	N/A	28,052	442,145	548,701
	ISHARES CORE MSCI TOTAL ETF	Mutual Fund	N/A	N/A	N/A	4,301	266,629	284,468
	ISHARES CORE MSCI EMERGING MKTS ETF	Mutual Fund	N/A	N/A	N/A	7,626	443,175	398,230
	SPDR S P EMERGING ASIA PACIFIC ETF	Mutual Fund	N/A	N/A	N/A	2,360	258,914	272,720
							<u>4,128,034</u>	<u>4,179,638</u>
	Partnership/Joint Venture Interests							
	MILL CREEK ENHANCED INCOME FUND, LP SERIES II	P/JVI	N/A	N/A	N/A	1	1,181,571	1,445,595
	Total investments						<u>\$ 21,863,659</u>	<u>\$ 24,754,600</u>

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

**Producers' Health Benefits Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN #31-6654730, Plan #501
Year Ended December 31, 2024**

(a)	(b) Identity of Party Involved	(c) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(d) Purchase Price	(e) Selling Price	(f) Lease Rental	(g) Expenses Incurred with Transaction	(h) Cost of Asset	(i) Current Value of Asset on Transaction Date	(j) Net Gain or (Loss)
<i>Single Transaction</i>									
	FIRST AMERICAN PRIME OBLIGATIONS FUND	STIF	\$ 1,313,152	N/A	N/A	N/A	\$ 1,313,152	\$ 1,313,152	\$ -
<i>Series of Transactions</i>									
	FIRST AMERICAN PRIME OBLIGATIONS FUND	STIF	3,539,541	N/A	N/A	N/A	3,539,541	3,539,541	-
	INSTINET	STOCKS	3,600,073	N/A	N/A	N/A	3,600,073	3,600,073	-
	INSTINET	STOCKS	N/A	3,510,076	N/A	N/A	3,635,087	3,510,076	(125,011)
	MORGAN STANLEY & CO. LLC	GOVT	1,349,666	N/A	N/A	N/A	1,349,666	1,349,666	-
	VIRTU AMERICAS LLC	STOCKS	1,986,142	N/A	N/A	N/A	1,986,142	1,986,142	-
	VIRTU AMERICAS LLC	STOCKS	N/A	1,940,709	N/A	N/A	1,957,639	1,940,709	(16,930)

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PRODUCERS' HEALTH BENEFITS PLAN

EIN 31-6654730

Plan No. 501

Plan Year Ended December 31, 2024

**Form 5500, Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions**

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

PRODUCERS' HEALTH BENEFITS PLAN

EIN 31-6654730

Plan No. 501

Plan Year Ended December 31, 2024

**Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at Year End)**

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

PRODUCERS' HEALTH BENEFITS PLAN

EIN 31-6654730

Plan No. 501

Plan Year Ended December 31, 2024

Form 5500, Schedule H, Part III

Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion

Multiple-Employer Plan Participating Employer Information

Producers' Health Benefits Plan

EIN 31-6654730

Plan No. 501

<u>(a) Name of participating employer</u>	<u>(b) EIN</u>	<u>(c) Percent of Total Contributions</u>
1ST AVE MACHINE USA INC	05-0573098	0.00 - 5.73 %
2M PRODUCTIONS LLC	88-3875740	0.00 - 5.73 %
ACADEMY FILMS, INC.	61-2078892	0.00 - 5.73 %
ACCOMPLICE MEDIA INC	90-0636288	0.00 - 5.73 %
ADOLESCENT CONTENT	46-4794444	0.00 - 5.73 %
AE COMMERCIALS, LLC	92-3188430	0.00 - 5.73 %
ALL DAY EVERYDAY LLC.	47-1475209	0.00 - 5.73 %
ANONYMOUS CONTENT	95-4792285	0.00 - 5.73 %
ARTS AND SCIENCE DEPARTMENT	27-4399778	0.00 - 5.73 %
ASSASSIN ENTERTAINMENT, LLC	26-4706243	0.00 - 5.73 %
ASSEMBLY REQUIRED	85-2861459	0.00 - 5.73 %
AVALON FILMS	20-5291031	0.00 - 5.73 %
BARK BARK LLC	20-3185879	0.00 - 5.73 %
BELIEVE MEDIA INC.	95-4640963	0.00 - 5.73 %
BIG SKY EDITORIAL CO., INC.	13-3639730	0.00 - 5.73 %
BISCUIT FILMWORKS	95-4806495	0.00 - 5.73 %
BOB INDUSTRIES, LLC	58-2435323	0.00 - 5.73 %
BONA FIDE MEDIA INC	85-4217909	0.00 - 5.73 %
BRAND NEW SCHOOL LLC	20-5314894	0.00 - 5.73 %
B-REEL INC.	26-0692348	0.00 - 5.73 %
BROTHER LLC	47-1177534	0.00 - 5.73 %
CADENCE FILMS	85-3348720	0.00 - 5.73 %
CANADA LOS ANGELES INC	61-1959565	0.00 - 5.73 %
CANNONBALL PRODUCTIONS	42-1629156	0.00 - 5.73 %
CAP GUN COLLECTIVE	27-1459156	0.00 - 5.73 %
CAROUSEL COLLECTIVE NYC INC.	13-2916344	0.00 - 5.73 %
CAUSE AND EFFECT PRODUCTIONS	20-5716868	0.00 - 5.73 %
CAVIAR LA INC.	80-0962177	0.00 - 5.73 %
CHELSEA PICTURES INC.	04-2980513	0.00 - 5.73 %
CHROMISTA	80-0859896	0.00 - 5.73 %
CMS PRODUCTIONS	37-1425813	0.00 - 5.73 %
COMMUNITY FILMS LLC	45-5423295	0.00 - 5.73 %
COMPANY FILMS, INC	20-5549317	0.00 - 5.73 %
COMRADE INC	14-1919582	0.00 - 5.73 %
CONSULATE LTD	13-3587042	0.00 - 5.73 %

CUT+RUN	26-3113871	0.00 - 5.73 %
DIVISION7, LLC	83-2140404	0.00 - 5.73 %
DOMO LLC	86-3395759	0.00 - 5.73 %
DOOMSDAY ENTERTAINMENT	27-1906418	0.00 - 5.73 %
DRIVE THRU EDITORIAL	26-2648573	0.00 - 5.73 %
DUMMY FILMS INC.	46-3930542	0.00 - 5.73 %
DURABLE GOODS	38-3835923	0.00 - 5.73 %
EAGLE ELEVEN PRODUCTIONS INC	83-1685528	0.00 - 5.73 %
ELEANOR LLC	81-3800801	0.00 - 5.73 %
EPOCH FILMS INC	26-3797425	0.00 - 5.73 %
FANCY CONTENT, INC	46-4711353	0.00 - 5.73 %
FARM LEAGUE	80-0712416	0.00 - 5.73 %
FEELS LIKE	85-4118062	0.00 - 5.73 %
FELA WIF LLC	85-1550507	0.00 - 5.73 %
FIREFLY CREATIVE ENTERTAINMENT GROUP INC	95-4875587	0.00 - 5.73 %
FRAMESTORE	83-0377017	0.00 - 5.73 %
FREE MARKET FILMS	13-4192539	0.00 - 5.73 %
FRENCH BUTTER, LTD	13-3693638	0.00 - 5.73 %
FURLINED LLC.	20-2871975	0.00 - 5.73 %
GENTLEMAN SCHOLAR STUDIOS LLC	27-2491126	0.00 - 5.73 %
GEORGE MEDIA	47-4661046	0.00 - 5.73 %
GIFTED YOUTH, INC	45-4470997	0.00 - 5.73 %
GOLDEN PRODUCTIONS, INC	46-4908768	0.00 - 5.73 %
GRAVY FILMS INC	47-5300136	0.00 - 5.73 %
GREAT GUNS USA	30-0716817	0.00 - 5.73 %
GROUP THRPY, LLC	86-1546247	0.00 - 5.73 %
HARVEST FILMS INC.	95-4841275	0.00 - 5.73 %
HB COLLECTIVE	81-1577342	0.00 - 5.73 %
HELM CONTENT, INC.	92-3508615	0.00 - 5.73 %
HEY BABY FILMS, LLC	47-2971238	0.00 - 5.73 %
HEY WONDERFUL, INC.	83-1980089	0.00 - 5.73 %
HI INC	95-4847565	0.00 - 5.73 %
HONOR SOCIETY FILMS LLC	47-5144917	0.00 - 5.73 %
HOOLOGAN	13-3966404	0.00 - 5.73 %
HOUND LLC	81-2344460	0.00 - 5.73 %
HUNGRY MAN COMMERCIALS	13-4201832	0.00 - 5.73 %
HYBRID MEDIA	81-5406194	0.00 - 5.73 %
HYPERREPETITION & OVERKILL LLC	45-2905823	0.00 - 5.73 %
ICONOCLAST	45-3706724	0.00 - 5.73 %
IDENTITY MEDIA INC.	13-3998189	0.00 - 5.73 %
IMPERIAL WOODPECKER LLC.	26-3797567	0.00 - 5.73 %
INDEPENDENT MEDIA INC	95-4843309	0.00 - 5.73 %
INTERROGATE INC.	90-0542766	0.00 - 5.73 %
JOINERY, INC.	95-3785473	0.00 - 5.73 %

JOJAX, LLC	47-2287906	0.00 - 5.73 %
K FILMS INC.	45-2639054	0.00 - 5.73 %
KABOOM PRODUCTIONS	94-3260485	0.00 - 5.73 %
KNUCKLEHEAD INC	27-4192426	0.00 - 5.73 %
GREAT GUNS USA	30-0716817	0.00 - 5.73 %
LITTLE MINX INC.	95-4842383	0.00 - 5.73 %
LOGAN INDUSTRY, LLC	83-3200134	0.00 - 5.73 %
LONDON ALLEY ENTERTAINMENT, INC	37-1658981	0.00 - 5.73 %
LORD DANGER LLC	88-2199197	0.00 - 5.73 %
LOVE SEAT ENTERTAINMENT	13-4083594	0.00 - 5.73 %
LOVESONG LLC	86-3404844	0.00 - 5.73 %
LOVETT PRODUCTIONS INC	95-4796837	0.00 - 5.73 %
MAGNA STUDIOS, INC.	93-2594876	0.00 - 5.73 %
MAGNETIC FIELD LLC	46-4606652	0.00 - 5.73 %
MEKKA MEDIA	81-2875540	0.00 - 5.73 %
MERMAN BRANDED, LLC	92-0669189	0.00 - 5.73 %
MICHAEL SCHROM AND CO.	13-4148937	0.00 - 5.73 %
MOMENTUM FILMS	83-4544245	0.00 - 5.73 %
MORTON JANKEL ZANDER, INC.	95-4332573	0.00 - 5.73 %
MOXIE PICTURES INC.	95-4337052	0.00 - 5.73 %
MUTT FILM LLC	84-3016191	0.00 - 5.73 %
NATIVE PICTURES LLC	26-4707027	0.00 - 5.73 %
NIGHTCALL PRODUCTIONS LLC	46-5534769	0.00 - 5.73 %
NOMADFC LLC	81-2598817	0.00 - 5.73 %
O POSITIVE LLC.	20-8632021	0.00 - 5.73 %
OBJECT & ANIMAL USA LLC	83-0800255	0.00 - 5.73 %
OLD HARBOR PRODUCTIONS INC	02-0634736	0.00 - 5.73 %
OLIVE MILLS PRODUCTIONS	45-4124131	0.00 - 5.73 %
ONE AT OPTIMUS	30-0595766	0.00 - 5.73 %
PALMER PRODUCTIONS INC	95-4810849	0.00 - 5.73 %
PARK PICTURES LLC.	13-3858061	0.00 - 5.73 %
PARTIZAN ENTERTAINMENT LLC	13-4096513	0.00 - 5.73 %
PASSERINE	36-4809573	0.00 - 5.73 %
PDSI/PDEI INC. DBA PAYDAY	20-3150891	0.00 - 5.73 %
PICROW INC.	95-4834787	0.00 - 5.73 %
PIECE MILL LLC	82-4558527	0.00 - 5.73 %
PIRO	27-3400465	0.00 - 5.73 %
PONY SHOW ENT.	27-4481821	0.00 - 5.73 %
PRETTY BIRD	26-1525321	0.00 - 5.73 %
PRODCO USA, INC.	99-0469477	0.00 - 5.73 %
PROTEAN IMAGE GROUP COMMERCIAL	45-1279077	0.00 - 5.73 %
PSYOP PRODUCTIONS, LLC	80-0769772	0.00 - 5.73 %
PULSE FILMS	35-2493154	0.00 - 5.73 %
QUORUM CONTENT LLC	86-1225531	0.00 - 5.73 %

QURIOSITY PRODUCTIONS LLC	46-3093677	0.00 - 5.73 %
RADICAL MEDIA	27-2664664	0.00 - 5.73 %
RAKISH LLC	83-2529302	0.00 - 5.73 %
RAUCOUS CONTENT INC	47-5485468	0.00 - 5.73 %
REDACTED CONTENT	83-2849606	0.00 - 5.73 %
REEL AMANN INC	87-4366531	0.00 - 5.73 %
RESET CONTENT LLC	45-3745253	0.00 - 5.73 %
REVERIE CONTENT, INC	83-3294933	0.00 - 5.73 %
REVIVAL FILM	20-8159823	0.00 - 5.73 %
RIFF RAFF FILMS US	37-1932277	0.00 - 5.73 %
RSA FILMS INC.	13-3381890	0.00 - 5.73 %
RUCKUS FILMS	83-1945051	0.00 - 5.73 %
RUFFIAN, LLC	81-0777982	0.00 - 5.73 %
SANCTUARY CONTENT INC	47-5220704	0.00 - 5.73 %
SERIAL PICTURES LLC	26-4052863	0.00 - 5.73 %
SHOOT COLLECTIVE	58-2375657	0.00 - 5.73 %
SIBLING RIVALRY FILMS LLC.	45-4194540	0.00 - 5.73 %
SKUNK PARTNERS, LLC	26-3122519	0.00 - 5.73 %
SLIM PICTURES, INC	27-2088943	0.00 - 5.73 %
SMARTYPANTS	27-0705435	0.00 - 5.73 %
SMITH & JONES FILMS INC.	46-2288304	0.00 - 5.73 %
SMUGGLER INC.	35-2197508	0.00 - 5.73 %
SOMESUCH INC	90-1078748	0.00 - 5.73 %
SOMETHING IDEAL INC DBA M SS NG P ECES	51-0468868	0.00 - 5.73 %
SPARE PARTS FILMS INC.	56-2523185	0.00 - 5.73 %
SPEARS AND ARROWS	47-1304231	0.00 - 5.73 %
SPITTN IMAGE	26-2073043	0.00 - 5.73 %
STATE LINE FILMS, INC	20-1961304	0.00 - 5.73 %
STATION FILMS INC.	26-1447291	0.00 - 5.73 %
STINK FILMS	47-2609482	0.00 - 5.73 %
STORIES WE CAN TELL, LLC	46-4503650	0.00 - 5.73 %
STORY	58-1439519	0.00 - 5.73 %
STORYFORM, INC	27-2148452	0.00 - 5.73 %
SUGAR FILMS PRODUCTION	75-2943195	0.00 - 5.73 %
SUPERDOOM	85-1506012	0.00 - 5.73 %
SUPPLY & DEMAND INC	03-0439105	0.00 - 5.73 %
SYNERGY FILMS, INC.	58-1439519	0.00 - 5.73 %
TAKE 1 CREATIVE	93-3556133	0.00 - 5.73 %
TASTE IN MOTION INC	82-3188709	0.00 - 5.73 %
TESSA FILMS, INC	82-2848837	0.00 - 5.73 %
THE ARTISTS COMPANY	13-2842813	0.00 - 5.73 %
THE CORNER SHOP INC.	46-3535849	0.00 - 5.73 %
THE DIRECTORS BUREAU LLC	95-4614415	0.00 - 5.73 %
THE NOW CORPORATION	55-0802827	0.00 - 5.73 %

THE SWEET SHOP FILMS LLC.	26-3339164	0.00 - 5.73 %
THE UNDERGROUND	13-4117087	0.00 - 5.73 %
THE WORKHOUSE WORLWIDE, LLC	47-2984161	0.00 - 5.73 %
THINKING MACHINE FILMS	47-2683898	0.00 - 5.73 %
TINY GIANT	26-0382534	0.00 - 5.73 %
TOMORROW WONDER ZANDER LLC	83-1653847	0.00 - 5.73 %
TOOL OF NORTH AMERICA LLC	95-4686032	0.00 - 5.73 %
TREVOR TV	87-3127954	0.00 - 5.73 %
TRIO FILMS INC.	37-1421638	0.00 - 5.73 %
TWO SHOT WEST	45-4502354	0.00 - 5.73 %
UNICORNS AND UNICORNS LLC	82-4792638	0.00 - 5.73 %
UNIT 9	90-0985098	0.00 - 5.73 %
UNTITLED INC.	20-1165418	0.00 - 5.73 %
VICTOR HOUSE FILMS	26-0321917	0.00 - 5.73 %
WAVE FILMS/ RGD PRODUCTIONS	75-2240904	0.00 - 5.73 %
WAX, LLC	30-0794587	0.00 - 5.73 %
WAYS & MEANS	45-5158008	0.00 - 5.73 %
WILD GIFT LLC	85-2029718	0.00 - 5.73 %
WILD HAIR FILMS	06-1618765	0.00 - 5.73 %
WONDROS	27-4481821	0.00 - 5.73 %
WORLD WAR SEVEN STUDIOS LLC	26-0380000	0.00 - 5.73 %
YARD DOG TV INC	81-2696033	0.00 - 5.73 %

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: small;">Pension Benefit Guaranty Corporation</p>	<p style="text-align: center;">Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information				
For calendar plan year 2024 or fiscal plan year beginning		01/01/2024	and ending	12/31/2024
A This return/report is for:	<input type="checkbox"/> a multiemployer plan	<input checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)		
	<input type="checkbox"/> a single-employer plan	<input type="checkbox"/> a DFE (specify) _____		
B This return/report is:	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report		
	<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)		
C If the plan is a collectively-bargained plan, check here.				<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> the DFVC program	
	<input type="checkbox"/> special extension (enter description)			
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.				<input type="checkbox"/>

Part II Basic Plan Information —enter all requested information				
1a Name of plan	Producers' Health Benefits Plan		1b Three-digit plan number (PN) ▶	501
2a Plan sponsor's name (employer, if for a single-employer plan)	Mailing address (include room, apt., suite no. and street, or P.O. Box)		1c Effective date of plan	06/01/2007
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)		2b Employer identification Number (EIN)	31-6654730
	Board of Trustees of the Producers' Health Benefits Plan		2c Plan Sponsor's telephone number	(323) 647-7427
	C/O Benesys Administrators		2d Business code (see instructions)	525100
	P.O. BOX 2340			
	West Covina CA 91793			

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

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

SIGN HERE	<i>Sally Antonacchio</i>	10/14/25	SALLY ANTONACCHIO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number 																																	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																																	
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">2,337</td> </tr> </table>	5	2,337																															
5	2,337																																	
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td></td> <td style="text-align: right;">2,337</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td></td> <td style="text-align: right;">2,422</td> </tr> <tr> <td style="text-align: center;">6b</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6c</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6d</td> <td></td> <td style="text-align: right;">2,422</td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6f</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> <td></td> </tr> </table>				6a(1)		2,337	6a(2)		2,422	6b		0	6c		0	6d		2,422	6e			6f			6g(1)			6g(2)			6h		
6a(1)		2,337																																
6a(2)		2,422																																
6b		0																																
6c		0																																
6d		2,422																																
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).....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td></td> </tr> </table>	7																																
7																																		

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

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

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

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

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

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

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

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

Receipt Confirmation Code 000161192912
