

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, etc.
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: TRUSTMARK CORPORATION AND SUBSIDIARIES MEDICAL BENEFITS PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 01/01/1984
2a Plan sponsor's name, mailing address, city, state, and ZIP: TRUSTMARK CORPORATION, 248 EAST CAPITOL STREET, JACKSON, MS 39201
2b Employer Identification Number (EIN): 64-0471500
2c Plan Sponsor's telephone number: 601-208-7671
2d Business code (see instructions): 522110

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 type="checkbox"/> Same as Plan Sponsor TRUSTMARK NATIONAL BANK 248 EAST CAPITOL STREET JACKSON, MS 39201-2582	3b Administrator's EIN 64-0180810																				
	3c Administrator's telephone number 601-208-7671																				
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 2079																				
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). 6a(1) Total number of active participants at the beginning of the plan year 6a(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"> <tr><td>6a(1)</td><td>2079</td></tr> <tr><td>6a(2)</td><td>1825</td></tr> <tr><td>6b</td><td>36</td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td>1861</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)	2079	6a(2)	1825	6b	36	6c		6d	1861	6e		6f		6g(1)		6g(2)		6h	
6a(1)	2079																				
6a(2)	1825																				
6b	36																				
6c																					
6d	1861																				
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

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>1</u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

<p>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 TRUSTMARK CORPORATION AND SUBSIDIARIES MEDICAL 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 TRUSTMARK CORPORATION</p>	<p>D Employer Identification Number (EIN) 64-0471500</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
SIRIUS AMERICA (THROUGH REUNION HEALTH SERVICES)

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-2997499	38776	RSL103823	1886	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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	834471
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

A Name of plan TRUSTMARK CORPORATION AND SUBSIDIARIES MEDICAL BENEFITS PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTMARK CORPORATION	D Employer Identification Number (EIN) 64-0471500	

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

TRUSTMARK NATIONAL BANK

64-0180810

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

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

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

BLUE CROSS BLUE SHIELD OF MS

64-0295748

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	960557	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	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.	<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 TRUSTMARK CORPORATION AND SUBSIDIARIES MEDICAL BENEFITS PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTMARK CORPORATION	D Employer Identification Number (EIN) 64-0471500

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.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a 0	0
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1) 0	0
(2) Participant contributions	1b(2) 0	0
(3) Other	1b(3) 167911	78337
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 7096591	3794408
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	7264502	3872745
Liabilities			
g Benefit claims payable.....	1g	2309541	1367007
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2309541	1367007
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	4954961	2505738

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)	10111072	
(B) Participants.....	2a(1)(B)	6615359	
(C) Others (including rollovers).....	2a(1)(C)	246908	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		16973339
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	218320	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		218320
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		17191659

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	17284083	
(2) To insurance carriers for the provision of benefits	2e(2)	834471	
(3) Other.....	2e(3)	320425	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		18438979
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	1085903	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	116000	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1201903
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		19640882

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2449223
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: **BMSS, LLC**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
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		1000000
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.)			
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 _____.

**TRUSTMARK CORPORATION AND SUBSIDIARIES
MEDICAL BENEFITS PLAN**

Financial Statements

December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
Trustmark Corporation and Subsidiaries
Medical Benefits Plan
Jackson, Mississippi

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

We have performed audits of the accompanying financial statements of Trustmark Corporation and Subsidiaries Medical Benefits Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (an ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and in benefit obligations for the years then ended, and the related notes to the financial statements.

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

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

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Trustmark Corporation and Subsidiaries Medical Benefits Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Trustmark Corporation and Subsidiaries Medical 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 Trustmark Corporation and Subsidiaries Medical Benefits Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA

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

agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

BMSS, LLC

Ridgeland, Mississippi
October 15, 2025

TRUSTMARK CORPORATION AND SUBSIDIARIES
MEDICAL BENEFITS PLAN
Statements of Net Assets Available for Benefits and of Benefit Obligations
December 31, 2024 and 2023

	2024	2023
Assets		
Investments, at fair value		
Money market mutual fund	\$ 3,794,408	\$ 7,096,591
Receivables		
Reinsurance receivable	42,330	120,069
Other contributions receivable	22,621	17,432
Accrued interest receivable	13,386	30,410
Total receivables	78,337	167,911
Liabilities		
Administrative fees payable	15,336	23,141
Net assets available for benefits	3,857,409	7,241,361
Benefit Obligations		
Amounts currently payable		
Health claims payable	(504,499)	(465,251)
Health claims incurred but not reported	(735,000)	(1,575,000)
	(1,239,499)	(2,040,251)
Postretirement benefit obligations, net of amounts currently payable		
Current retirees	(112,172)	(246,149)
Total benefit obligations at end of year	(1,351,671)	(2,286,400)
Excess of net assets available for benefits over benefit obligations	\$ 2,505,738	\$ 4,954,961

See notes to financial statements.

TRUSTMARK CORPORATION AND SUBSIDIARIES
MEDICAL BENEFITS PLAN

Statements of Changes in Net Assets Available for Benefits and in Benefit Obligations
Years ended December 31, 2024 and 2023

	2024	2023
Additions		
Contributions		
Sponsor's contributions	\$ 10,111,072	\$ 11,856,949
Participants' contributions	6,615,359	7,893,244
Other contributions	246,908	221,868
Total contributions	16,973,339	19,972,061
Investment income		
Interest	218,320	293,332
Total additions	17,191,659	20,265,393
Deductions		
Health claims, net	18,218,811	15,994,600
Reinsurance premiums	834,471	920,995
Wellness program expenses	210,614	174,819
Telemedicine	109,811	104,529
Taxes paid	116,000	90,000
Administrative expenses	1,085,903	1,058,643
Total deductions	20,575,610	18,343,586
Net (decrease) increase in net assets available for benefits	(3,383,951)	1,921,807
Net decrease (increase) in benefit obligations		
Decrease (increase) during the year attributable to		
Health claims payable	(39,248)	(10,960)
Health claims incurred but not reported	840,000	(435,000)
Postretirement benefit obligations	133,976	60,429
	934,728	(385,531)

See notes to financial statements.

TRUSTMARK CORPORATION AND SUBSIDIARIES
MEDICAL BENEFITS PLAN

Statements of Changes in Net Assets Available for Benefits and in Benefit Obligations
Years ended December 31, 2024 and 2023
(Continued)

	<u>2024</u>	<u>2023</u>
Decrease (increase) in excess of net assets available for benefits over benefit obligations	\$ (2,449,223)	\$ 1,536,276
Excess of net assets available for benefits over benefit obligations - beginning of year	<u>4,954,961</u>	<u>3,418,685</u>
Excess of net assets available for benefits over benefit obligations - end of year	<u>\$ 2,505,738</u>	<u>\$ 4,954,961</u>

See notes to financial statements.

TRUSTMARK CORPORATION AND SUBSIDIARIES
MEDICAL BENEFITS PLAN
Notes to Financial Statements
December 31, 2024 and 2023

NOTE 1 - PLAN DESCRIPTION

General

This description of Trustmark Corporation and Subsidiaries Medical Benefits Plan (Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Plan is a self-insured medical plan established to provide health benefits to substantially all associates of Trustmark Corporation and Subsidiaries (Trustmark or Sponsor). Certain plan assets are held in a voluntary employees' beneficiary association (VEBA) trust. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Benefits

The Plan provides medical health benefits for all associates of Trustmark who elect coverage and who have at least 30 standard hours per week. Associates are eligible the first day of the month following 30 days of continuous employment. The Plan also covers eligible dependents of participants. Benefits are available after termination of employment only as required by the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

In March 2020 and September 2021, Trustmark provided participants who elected to take early retirement pursuant to the Early Retirement Program (ERP) the option to extend their coverage and the coverage of their eligible dependents under the Plan until reaching age 65 or becoming eligible for Medicare, whichever is earlier. The ERP was available for active associates ages 60 and over with 5 or more years of service. These participants are substantially all of the retired participants for whom benefits under the Plan are provided. Active employees will not be eligible for coverage under the Plan when they retire except through COBRA.

Contributions

The trust agreement for the Plan states that the trust is funded with contributions made by the Sponsor and/or participants at the discretion of the Sponsor. In addition, any deficiency in net assets available for benefits is funded by Trustmark through additional contributions to the Plan.

Plan Termination

Although it has not expressed any intention to do so, Trustmark has the right under the Plan agreement to alter, amend, change, or terminate the Plan subject to the provisions set forth in ERISA.

TRUSTMARK CORPORATION AND SUBSIDIARIES
MEDICAL BENEFITS PLAN
Notes to Financial Statements
December 31, 2024 and 2023
(Continued)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Payment of Benefits

Health claims paid are recorded when paid by the third-party claims administrator. The amounts recorded in the accompanying statements of changes in net assets available for benefits have been reduced by reinsurance proceeds and pharmacy rebates received. For the years ended December 31, 2024 and 2023, reinsurance proceeds netted against health claims paid totaled approximately \$0 and \$154,000, respectively. Pharmacy rebates netted against health claims paid totaled approximately \$2,594,000 and \$2,163,000 for the years ended December 31, 2024 and 2023, respectively. Amounts due to the claims administrator that have yet to be reimbursed by the Plan are recorded as health claims currently payable in the accompanying statements of benefit obligations.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's trustee, Trustmark National Bank, determines the Plan's valuation policies and procedures. See Note 4 for a discussion of fair value measurements.

Purchases and sales of investments are recorded on the trade-date basis. Interest income is recorded on the accrual basis.

Use of Estimates

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

Benefit Obligations

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

TRUSTMARK CORPORATION AND SUBSIDIARIES
MEDICAL BENEFITS PLAN
Notes to Financial Statements
December 31, 2024 and 2023
(Continued)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Benefit Obligations - Continued

A postretirement benefit obligation has been recognized for retiree medical benefits for eligible participants and their dependents as discussed in Note 1. This benefit obligation represents the cost of those estimated future benefits that are attributed by the terms of the Plan to those participants electing early retirement pursuant to the ERP, reduced by the contributions expected to be received in the future from the participants electing early retirement. The obligation represents the amount that is expected to be funded by contributions from Trustmark and from existing assets of the Plan.

The foregoing assumptions were based on the presumption that the Plan will continue. Were the Plan to terminate, different assumptions and other factors might be applicable in determining the postretirement benefit obligation.

Reinsurance Premiums and Administrative Fees

The Plan has an administrative agreement with Blue Cross/Blue Shield of Mississippi, Inc. (Blue Cross) to process all medical health claims. Such claims are paid by Blue Cross upon transfer of funds from the Plan's trust fund to Blue Cross. The Plan pays expenses charged by Blue Cross for administering the Plan. The Plan has a reinsurance policy to cover medical health claims over specified limits. Premiums for this policy are paid by the Plan.

Subsequent Events

The Plan's trustee, Trustmark National Bank, changed its bank charter from a national bank association to a Mississippi banking corporation, and therefore, changed its legal name to Trustmark Bank, effective August 4, 2025.

Except as discussed above, plan management has evaluated subsequent events through October 15, 2025, the date the financial statements were approved by the plan's management and thereby available to be issued and has determined that there are no significant events that would require adjustment to or disclosure in the financial statements.

TRUSTMARK CORPORATION AND SUBSIDIARIES
MEDICAL BENEFITS PLAN
Notes to Financial Statements
December 31, 2024 and 2023
(Continued)

NOTE 3 - INFORMATION CERTIFIED BY TRUSTMARK NATIONAL BANK

The following information included in these financial statements was certified by Trustmark National Bank, the trustee of the Plan, as of and for the years ended December 31, 2024 and 2023:

	2024	2023
Investments, at fair value		
Money market mutual fund	\$ 3,794,408	\$ 7,096,591
Interest income	\$ 218,320	\$ 293,332

NOTE 4 - FAIR VALUE MEASUREMENTS

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

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

TRUSTMARK CORPORATION AND SUBSIDIARIES
MEDICAL BENEFITS PLAN
Notes to Financial Statements
December 31, 2024 and 2023
(Continued)

NOTE 4 - FAIR VALUE MEASUREMENTS - Continued

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

Money market mutual fund (Level 1): Valued at the daily closing price as reported by the fund. The money market mutual fund is an open-end mutual fund that is registered with the Securities and Exchange Commission (SEC). This fund is required to publish its daily net asset value (NAV) and to transact at that price. The money market mutual fund held by the Plan is deemed to be actively traded.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis at December 31, 2024 and 2023:

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Money market mutual fund	\$ 3,794,408	\$ -	\$ -	\$ 3,794,408
	December 31, 2023			
	Level 1	Level 2	Level 3	Total
Money market mutual fund	\$ 7,096,591	\$ -	\$ -	\$ 7,096,591

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

TRUSTMARK CORPORATION AND SUBSIDIARIES
MEDICAL BENEFITS PLAN
Notes to Financial Statements
December 31, 2024 and 2023
(Continued)

NOTE 5 - INCOME TAX STATUS

The VEBA trust, which funds the benefits of the Plan, received an exemption letter from the Internal Revenue Service (IRS) in February 1988, stating that the trust is tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (Code). However, as a result of the Plan’s funding policy, from time to time the trust may be subject to income taxes. The Plan paid income tax of \$116,000 and \$90,000 for the years ending December 31, 2024 and 2023, respectively.

In addition, the Plan and the trust are required to operate in conformity with the Code to maintain the tax-exempt status of the trust. The plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the related trust is tax-exempt.

As of December 31, 2024 and 2023, the fund balance of the trust, as calculated under Section 419A of the Code, exceeded the minimum funding requirements prescribed.

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

NOTE 6 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	2024	2023
Net assets available for benefits per the financial statements	\$ 3,857,409	\$ 7,241,361
Benefit obligations currently payable	<u>(1,351,671)</u>	<u>(2,286,400)</u>
Net assets per Schedule H of Form 5500	<u>\$ 2,505,738</u>	<u>\$ 4,954,961</u>

TRUSTMARK CORPORATION AND SUBSIDIARIES
MEDICAL BENEFITS PLAN
Notes to Financial Statements
December 31, 2024 and 2023
(Continued)

NOTE 6 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 - Continued

The following is a reconciliation of benefits paid to participants per the accompanying financial statements to the Plan's Form 5500 for the years ended December 31, 2024 and 2023:

	2024	2023
Claims paid per the financial statements	\$ 18,218,811	\$ 15,994,600
Net (decrease) increase in total benefit obligations	(934,728)	385,531
Claims paid per the Form 5500	\$ 17,284,083	\$ 16,380,131

NOTE 7 - RELATED-PARTY TRANSACTIONS

As discussed in Note 2, the Plan has several arrangements with service providers. Fees paid by the Plan to these service providers represent party in interest transactions under ERISA.

NOTE 8 - RISKS AND UNCERTAINTIES

The Plan invests in a money market mutual fund that is subject to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with the fund, it is at least reasonably possible that changes in the value of the fund will occur in the near term and those changes could materially affect the amounts reported in the statements of net assets available for benefits and of benefit obligations.

The liability for health claims incurred, but not reported, is estimated based upon certain assumptions. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

SUPPLEMENTAL INFORMATION

TRUSTMARK CORPORATION AND SUBSIDIARIES
MEDICAL BENEFITS PLAN
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

EIN: 64-0471500				
Plan Number: 501				
(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Federated Hermes Government Obligations Fund	3,794,408 shares in money market mutual fund	\$ 3,794,408	\$ 3,794,408

See independent auditor's report.

TRUSTMARK CORPORATION AND SUBSIDIARIES
MEDICAL BENEFITS PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions (5%)
December 31, 2024

EIN: 64-0471500

Plan Number: 501

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Category (i) - single transactions in excess of 5% of Plan assets:								
Federated Hermes	Government Obligations Fund 1 purchase	\$ 819,459	\$ -	\$ -	\$ -	\$ 819,459	\$ 819,459	\$ -
Federated Hermes	Government Obligations Fund 1 purchase	829,777	-	-	-	829,777	829,777	-
Federated Hermes	Government Obligations Fund 1 purchase	590,776	-	-	-	590,776	590,776	-
Federated Hermes	Government Obligations Fund 1 purchase	812,454	-	-	-	812,454	812,454	-
Federated Hermes	Government Obligations Fund 1 purchase	535,011	-	-	-	535,011	535,011	-
Federated Hermes	Government Obligations Fund 1 purchase	810,991	-	-	-	810,991	810,991	-
Federated Hermes	Government Obligations Fund 1 purchase	360,270	-	-	-	360,270	360,270	-
Federated Hermes	Government Obligations Fund 1 purchase	804,453	-	-	-	804,453	804,453	-
Federated Hermes	Government Obligations Fund 1 purchase	775,038	-	-	-	775,038	775,038	-
Federated Hermes	Government Obligations Fund 1 purchase	802,474	-	-	-	802,474	802,474	-

See independent auditor's report.

TRUSTMARK CORPORATION AND SUBSIDIARIES
MEDICAL BENEFITS PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions (5%)
 December 31, 2024
 (Continued)

EIN: 64-0471500

Plan Number: 501

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Federated Hermes	Government Obligations Fund 1 purchase	\$ 525,819	\$ -	\$ -	\$ -	\$ 525,819	\$ 525,819	\$ -
Federated Hermes	Government Obligations Fund 1 purchase	735,699	-	-	-	735,699	735,699	-
Federated Hermes	Government Obligations Fund 1 purchase	849,876	-	-	-	849,876	849,876	-
Federated Hermes	Government Obligations Fund 1 purchase	729,081	-	-	-	729,081	729,081	-
Federated Hermes	Government Obligations Fund 1 purchase	731,068	-	-	-	731,068	731,068	-
Federated Hermes	Government Obligations Fund 1 purchase	516,883	-	-	-	516,883	516,883	-
Federated Hermes	Government Obligations Fund 1 purchase	438,005	-	-	-	438,005	438,005	-
Federated Hermes	Government Obligations Fund 1 purchase	601,845	-	-	-	601,845	601,845	-
Federated Hermes	Government Obligations Fund 1 purchase	728,479	-	-	-	728,479	728,479	-

See independent auditor's report.

TRUSTMARK CORPORATION AND SUBSIDIARIES
MEDICAL BENEFITS PLAN
Schedule H, Line 4j - Schedule of Reportable Transactions (5%)
December 31, 2024
(Continued)

EIN: 64-0471500
Plan Number: 501

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Federated Hermes	Government Obligations Fund 1 purchase	\$ 840,878	\$ -	\$ -	\$ -	\$ 840,878	\$ 840,878	\$ -
Federated Hermes	Government Obligations Fund 1 purchase	727,695	-	-	-	727,695	727,695	-
Federated Hermes	Government Obligations Fund 1 purchase	728,836	-	-	-	728,836	728,836	-
Federated Hermes	Government Obligations Fund 1 purchase	384,057	-	-	-	384,057	384,057	-
Federated Hermes	Government Obligations Fund 1 purchase	726,099	-	-	-	726,099	726,099	-
Federated Hermes	Government Obligations Fund 1 purchase	840,720	-	-	-	840,720	840,720	-
Federated Hermes	Government Obligations Fund 1 purchase	474,433	-	-	-	474,433	474,433	-
Federated Hermes	Government Obligations Fund 1 purchase	722,615	-	-	-	722,615	722,615	-
Federated Hermes	Government Obligations Fund 1 purchase	662,299	-	-	-	662,299	662,299	-
Federated Hermes	Government Obligations Fund 1 purchase	716,212	-	-	-	716,212	716,212	-

See independent auditor's report.

TRUSTMARK CORPORATION AND SUBSIDIARIES
MEDICAL BENEFITS PLAN
Schedule H, Line 4j - Schedule of Reportable Transactions (5%)
December 31, 2024
(Continued)

EIN: 64-0471500
Plan Number: 501

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Federated Hermes	Government Obligations Fund 1 purchase	\$ 721,128	\$ -	\$ -	\$ -	\$ 721,128	\$ 721,128	\$ -
Federated Hermes	Government Obligations Fund 1 purchase	804,272	-	-	-	804,272	804,272	-
Federated Hermes	Government Obligations Fund 1 purchase	816,937	-	-	-	816,937	816,937	-
Federated Hermes	Government Obligations Fund 1 sale	-	620,965	-	-	620,965	620,965	-
Federated Hermes	Government Obligations Fund 1 sale	-	782,941	-	-	782,941	782,941	-
Federated Hermes	Government Obligations Fund 1 sale	-	555,202	-	-	555,202	555,202	-
Federated Hermes	Government Obligations Fund 1 sale	-	960,004	-	-	960,004	960,004	-
Federated Hermes	Government Obligations Fund 1 sale	-	551,165	-	-	551,165	551,165	-
Federated Hermes	Government Obligations Fund 1 sale	-	590,776	-	-	590,776	590,776	-
Federated Hermes	Government Obligations Fund 1 sale	-	590,776	-	-	590,776	590,776	-

See independent auditor's report.

TRUSTMARK CORPORATION AND SUBSIDIARIES
MEDICAL BENEFITS PLAN
Schedule H, Line 4j - Schedule of Reportable Transactions (5%)
December 31, 2024
(Continued)

EIN: 64-0471500
Plan Number: 501

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Federated Hermes	Government Obligations Fund 1 sale	\$ -	\$ 576,207	\$ -	\$ -	\$ 576,207	\$ 576,207	\$ -
Federated Hermes	Government Obligations Fund 1 sale	-	535,011	-	-	535,011	535,011	-
Federated Hermes	Government Obligations Fund 1 sale	-	535,011	-	-	535,011	535,011	-
Federated Hermes	Government Obligations Fund 1 sale	-	521,992	-	-	521,992	521,992	-
Federated Hermes	Government Obligations Fund 1 sale	-	360,270	-	-	360,270	360,270	-
Federated Hermes	Government Obligations Fund 1 sale	-	784,000	-	-	784,000	784,000	-
Federated Hermes	Government Obligations Fund 1 sale	-	775,037	-	-	775,037	775,037	-
Federated Hermes	Government Obligations Fund 1 sale	-	549,937	-	-	549,937	549,937	-
Federated Hermes	Government Obligations Fund 1 sale	-	692,244	-	-	692,244	692,244	-
Federated Hermes	Government Obligations Fund 1 sale	-	525,819	-	-	525,819	525,819	-

See independent auditor's report.

TRUSTMARK CORPORATION AND SUBSIDIARIES
MEDICAL BENEFITS PLAN
Schedule H, Line 4j - Schedule of Reportable Transactions (5%)
December 31, 2024
(Continued)

EIN: 64-0471500
Plan Number: 501

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Federated Hermes	Government Obligations Fund 1 sale	\$ -	\$ 570,188	\$ -	\$ -	\$ 570,188	\$ 570,188	\$ -
Federated Hermes	Government Obligations Fund 1 sale	-	1,005,056	-	-	1,005,056	1,005,056	-
Federated Hermes	Government Obligations Fund 1 sale	-	849,876	-	-	849,876	849,876	-
Federated Hermes	Government Obligations Fund 1 sale	-	516,883	-	-	516,883	516,883	-
Federated Hermes	Government Obligations Fund 1 sale	-	516,883	-	-	516,883	516,883	-
Federated Hermes	Government Obligations Fund 1 sale	-	601,845	-	-	601,845	601,845	-
Federated Hermes	Government Obligations Fund 1 sale	-	601,845	-	-	601,845	601,845	-
Federated Hermes	Government Obligations Fund 1 sale	-	453,607	-	-	453,607	453,607	-
Federated Hermes	Government Obligations Fund 1 sale	-	1,143,619	-	-	1,143,619	1,143,619	-
Federated Hermes	Government Obligations Fund 1 sale	-	514,218	-	-	514,218	514,218	-

See independent auditor's report.

TRUSTMARK CORPORATION AND SUBSIDIARIES
MEDICAL BENEFITS PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions (5%)
December 31, 2024
(Continued)

EIN: 64-0471500
Plan Number: 501

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Federated Hermes	Government Obligations Fund 1 sale	\$ -	\$ 527,986	\$ -	\$ -	\$ 527,986	\$ 527,986	\$ -
Federated Hermes	Government Obligations Fund 1 sale	-	384,057	-	-	384,057	384,057	-
Federated Hermes	Government Obligations Fund 1 sale	-	384,057	-	-	384,057	384,057	-
Federated Hermes	Government Obligations Fund 1 sale	-	440,729	-	-	440,729	440,729	-
Federated Hermes	Government Obligations Fund 1 sale	-	625,200	-	-	625,200	625,200	-
Federated Hermes	Government Obligations Fund 1 sale	-	769,722	-	-	769,722	769,722	-
Federated Hermes	Government Obligations Fund 1 sale	-	948,865	-	-	948,865	948,865	-
Federated Hermes	Government Obligations Fund 1 sale	-	1,142,526	-	-	1,142,526	1,142,526	-
Federated Hermes	Government Obligations Fund 1 sale	-	642,990	-	-	642,990	642,990	-
Federated Hermes	Government Obligations Fund 1 sale	-	662,299	-	-	662,299	662,299	-

See independent auditor's report.

TRUSTMARK CORPORATION AND SUBSIDIARIES
MEDICAL BENEFITS PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions (5%)
 December 31, 2024
 (Continued)

EIN: 64-0471500
 Plan Number: 501

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Federated Hermes	Government Obligations Fund 1 sale	\$ -	\$ 728,277	\$ -	\$ -	\$ 728,277	\$ 728,277	\$ -
Federated Hermes	Government Obligations Fund 1 sale	-	453,768	-	-	453,768	453,768	-
Federated Hermes	Government Obligations Fund 1 sale	-	628,116	-	-	628,116	628,116	-
Category (iii) - series of transactions in excess of 5% of Plan assets:								
Federated Hermes	Government Obligations Fund 77 purchases	\$ 23,996,916	\$ -	\$ -	\$ -	\$ 23,996,916	\$ 23,996,916	\$ -
Federated Hermes	Government Obligations Fund 96 sales	-	27,299,099	-	-	27,299,099	27,299,099	-

See independent auditor's report.

TRUSTMARK CORPORATION AND SUBSIDIARIES
MEDICAL BENEFITS PLAN
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

EIN: 64-0471500				
Plan Number: 501				
(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Federated Hermes Government Obligations Fund	3,794,408 shares in money market mutual fund	\$ 3,794,408	\$ 3,794,408

See independent auditor's report.

TRUSTMARK CORPORATION AND SUBSIDIARIES
MEDICAL BENEFITS PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions (5%)
December 31, 2024

EIN: 64-0471500

Plan Number: 501

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Category (i) - single transactions in excess of 5% of Plan assets:								
Federated Hermes	Government Obligations Fund 1 purchase	\$ 819,459	\$ -	\$ -	\$ -	\$ 819,459	\$ 819,459	\$ -
Federated Hermes	Government Obligations Fund 1 purchase	829,777	-	-	-	829,777	829,777	-
Federated Hermes	Government Obligations Fund 1 purchase	590,776	-	-	-	590,776	590,776	-
Federated Hermes	Government Obligations Fund 1 purchase	812,454	-	-	-	812,454	812,454	-
Federated Hermes	Government Obligations Fund 1 purchase	535,011	-	-	-	535,011	535,011	-
Federated Hermes	Government Obligations Fund 1 purchase	810,991	-	-	-	810,991	810,991	-
Federated Hermes	Government Obligations Fund 1 purchase	360,270	-	-	-	360,270	360,270	-
Federated Hermes	Government Obligations Fund 1 purchase	804,453	-	-	-	804,453	804,453	-
Federated Hermes	Government Obligations Fund 1 purchase	775,038	-	-	-	775,038	775,038	-
Federated Hermes	Government Obligations Fund 1 purchase	802,474	-	-	-	802,474	802,474	-

See independent auditor's report.

TRUSTMARK CORPORATION AND SUBSIDIARIES
MEDICAL BENEFITS PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions (5%)
 December 31, 2024
 (Continued)

EIN: 64-0471500

Plan Number: 501

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Federated Hermes	Government Obligations Fund 1 purchase	\$ 525,819	\$ -	\$ -	\$ -	\$ 525,819	\$ 525,819	\$ -
Federated Hermes	Government Obligations Fund 1 purchase	735,699	-	-	-	735,699	735,699	-
Federated Hermes	Government Obligations Fund 1 purchase	849,876	-	-	-	849,876	849,876	-
Federated Hermes	Government Obligations Fund 1 purchase	729,081	-	-	-	729,081	729,081	-
Federated Hermes	Government Obligations Fund 1 purchase	731,068	-	-	-	731,068	731,068	-
Federated Hermes	Government Obligations Fund 1 purchase	516,883	-	-	-	516,883	516,883	-
Federated Hermes	Government Obligations Fund 1 purchase	438,005	-	-	-	438,005	438,005	-
Federated Hermes	Government Obligations Fund 1 purchase	601,845	-	-	-	601,845	601,845	-
Federated Hermes	Government Obligations Fund 1 purchase	728,479	-	-	-	728,479	728,479	-

See independent auditor's report.

TRUSTMARK CORPORATION AND SUBSIDIARIES
MEDICAL BENEFITS PLAN
Schedule H, Line 4j - Schedule of Reportable Transactions (5%)
December 31, 2024
(Continued)

EIN: 64-0471500
Plan Number: 501

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Federated Hermes	Government Obligations Fund 1 purchase	\$ 840,878	\$ -	\$ -	\$ -	\$ 840,878	\$ 840,878	\$ -
Federated Hermes	Government Obligations Fund 1 purchase	727,695	-	-	-	727,695	727,695	-
Federated Hermes	Government Obligations Fund 1 purchase	728,836	-	-	-	728,836	728,836	-
Federated Hermes	Government Obligations Fund 1 purchase	384,057	-	-	-	384,057	384,057	-
Federated Hermes	Government Obligations Fund 1 purchase	726,099	-	-	-	726,099	726,099	-
Federated Hermes	Government Obligations Fund 1 purchase	840,720	-	-	-	840,720	840,720	-
Federated Hermes	Government Obligations Fund 1 purchase	474,433	-	-	-	474,433	474,433	-
Federated Hermes	Government Obligations Fund 1 purchase	722,615	-	-	-	722,615	722,615	-
Federated Hermes	Government Obligations Fund 1 purchase	662,299	-	-	-	662,299	662,299	-
Federated Hermes	Government Obligations Fund 1 purchase	716,212	-	-	-	716,212	716,212	-

See independent auditor's report.

TRUSTMARK CORPORATION AND SUBSIDIARIES
MEDICAL BENEFITS PLAN
Schedule H, Line 4j - Schedule of Reportable Transactions (5%)
December 31, 2024
(Continued)

EIN: 64-0471500
Plan Number: 501

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Federated Hermes	Government Obligations Fund 1 purchase	\$ 721,128	\$ -	\$ -	\$ -	\$ 721,128	\$ 721,128	\$ -
Federated Hermes	Government Obligations Fund 1 purchase	804,272	-	-	-	804,272	804,272	-
Federated Hermes	Government Obligations Fund 1 purchase	816,937	-	-	-	816,937	816,937	-
Federated Hermes	Government Obligations Fund 1 sale	-	620,965	-	-	620,965	620,965	-
Federated Hermes	Government Obligations Fund 1 sale	-	782,941	-	-	782,941	782,941	-
Federated Hermes	Government Obligations Fund 1 sale	-	555,202	-	-	555,202	555,202	-
Federated Hermes	Government Obligations Fund 1 sale	-	960,004	-	-	960,004	960,004	-
Federated Hermes	Government Obligations Fund 1 sale	-	551,165	-	-	551,165	551,165	-
Federated Hermes	Government Obligations Fund 1 sale	-	590,776	-	-	590,776	590,776	-
Federated Hermes	Government Obligations Fund 1 sale	-	590,776	-	-	590,776	590,776	-

See independent auditor's report.

TRUSTMARK CORPORATION AND SUBSIDIARIES
MEDICAL BENEFITS PLAN
Schedule H, Line 4j - Schedule of Reportable Transactions (5%)
December 31, 2024
(Continued)

EIN: 64-0471500
Plan Number: 501

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Federated Hermes	Government Obligations Fund 1 sale	\$ -	\$ 576,207	\$ -	\$ -	\$ 576,207	\$ 576,207	\$ -
Federated Hermes	Government Obligations Fund 1 sale	-	535,011	-	-	535,011	535,011	-
Federated Hermes	Government Obligations Fund 1 sale	-	535,011	-	-	535,011	535,011	-
Federated Hermes	Government Obligations Fund 1 sale	-	521,992	-	-	521,992	521,992	-
Federated Hermes	Government Obligations Fund 1 sale	-	360,270	-	-	360,270	360,270	-
Federated Hermes	Government Obligations Fund 1 sale	-	784,000	-	-	784,000	784,000	-
Federated Hermes	Government Obligations Fund 1 sale	-	775,037	-	-	775,037	775,037	-
Federated Hermes	Government Obligations Fund 1 sale	-	549,937	-	-	549,937	549,937	-
Federated Hermes	Government Obligations Fund 1 sale	-	692,244	-	-	692,244	692,244	-
Federated Hermes	Government Obligations Fund 1 sale	-	525,819	-	-	525,819	525,819	-

See independent auditor's report.

TRUSTMARK CORPORATION AND SUBSIDIARIES
MEDICAL BENEFITS PLAN
Schedule H, Line 4j - Schedule of Reportable Transactions (5%)
December 31, 2024
(Continued)

EIN: 64-0471500
Plan Number: 501

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Federated Hermes	Government Obligations Fund 1 sale	\$ -	\$ 570,188	\$ -	\$ -	\$ 570,188	\$ 570,188	\$ -
Federated Hermes	Government Obligations Fund 1 sale	-	1,005,056	-	-	1,005,056	1,005,056	-
Federated Hermes	Government Obligations Fund 1 sale	-	849,876	-	-	849,876	849,876	-
Federated Hermes	Government Obligations Fund 1 sale	-	516,883	-	-	516,883	516,883	-
Federated Hermes	Government Obligations Fund 1 sale	-	516,883	-	-	516,883	516,883	-
Federated Hermes	Government Obligations Fund 1 sale	-	601,845	-	-	601,845	601,845	-
Federated Hermes	Government Obligations Fund 1 sale	-	601,845	-	-	601,845	601,845	-
Federated Hermes	Government Obligations Fund 1 sale	-	453,607	-	-	453,607	453,607	-
Federated Hermes	Government Obligations Fund 1 sale	-	1,143,619	-	-	1,143,619	1,143,619	-
Federated Hermes	Government Obligations Fund 1 sale	-	514,218	-	-	514,218	514,218	-

See independent auditor's report.

TRUSTMARK CORPORATION AND SUBSIDIARIES
MEDICAL BENEFITS PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions (5%)
 December 31, 2024
 (Continued)

EIN: 64-0471500
 Plan Number: 501

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Federated Hermes	Government Obligations Fund I sale	\$ -	\$ 527,986	\$ -	\$ -	\$ 527,986	\$ 527,986	\$ -
Federated Hermes	Government Obligations Fund I sale	-	384,057	-	-	384,057	384,057	-
Federated Hermes	Government Obligations Fund I sale	-	384,057	-	-	384,057	384,057	-
Federated Hermes	Government Obligations Fund I sale	-	440,729	-	-	440,729	440,729	-
Federated Hermes	Government Obligations Fund I sale	-	625,200	-	-	625,200	625,200	-
Federated Hermes	Government Obligations Fund I sale	-	769,722	-	-	769,722	769,722	-
Federated Hermes	Government Obligations Fund I sale	-	948,865	-	-	948,865	948,865	-
Federated Hermes	Government Obligations Fund I sale	-	1,142,526	-	-	1,142,526	1,142,526	-
Federated Hermes	Government Obligations Fund I sale	-	642,990	-	-	642,990	642,990	-
Federated Hermes	Government Obligations Fund I sale	-	662,299	-	-	662,299	662,299	-

See independent auditor's report.

TRUSTMARK CORPORATION AND SUBSIDIARIES
MEDICAL BENEFITS PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions (5%)
 December 31, 2024
 (Continued)

EIN: 64-0471500
 Plan Number: 501

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Federated Hermes	Government Obligations Fund 1 sale	\$ -	\$ 728,277	\$ -	\$ -	\$ 728,277	\$ 728,277	\$ -
Federated Hermes	Government Obligations Fund 1 sale	-	453,768	-	-	453,768	453,768	-
Federated Hermes	Government Obligations Fund 1 sale	-	628,116	-	-	628,116	628,116	-
Category (iii) - series of transactions in excess of 5% of Plan assets:								
Federated Hermes	Government Obligations Fund 77 purchases	\$ 23,996,916	\$ -	\$ -	\$ -	\$ 23,996,916	\$ 23,996,916	\$ -
Federated Hermes	Government Obligations Fund 96 sales	-	27,299,099	-	-	27,299,099	27,299,099	-

See independent auditor's report.