

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: THE COOPERATIVE WELFARE BENEFITS PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 01/01/1987
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES OF THE COOPERATIVE WELFARE BENEFITS FUND
2b Employer Identification Number (EIN): 42-1294150
2c Plan Sponsor's telephone number: 515-226-0303
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/employer/DFE, Date, and Name of individual signing. Includes entries for Kelly Hayertz and Richard Smithpeter.

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

Form 5500 (2024) v. 240311

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>ASSOCIATED BENEFITS CORPORATION</p> <p>1415 28TH STREET, SUITE 100 WEST DES MOINES, IA 50266-1450</p>	<p>3b Administrator's EIN 42-1279416</p> <p>3c Administrator's telephone number 515-226-0303</p>
<p>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:</p> <p>a Sponsor's name c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5 5467</p>
<p>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).</p> <p>a(1) Total number of active participants at the beginning of the plan year</p> <p>a(2) Total number of active participants at the end of the plan year</p> <p>b Retired or separated participants receiving benefits.....</p> <p>c Other retired or separated participants entitled to future benefits</p> <p>d Subtotal. Add lines 6a(2), 6b, and 6c.....</p> <p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</p> <p>f Total. Add lines 6d and 6e</p> <p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p> <p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p> <p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<p>6a(1) 5337</p> <p>6a(2) 4946</p> <p>6b 61</p> <p>6c 0</p> <p>6d 5007</p> <p>6e</p> <p>6f</p> <p>6g(1)</p> <p>6g(2)</p> <p>6h</p>
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7 7</p>

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 4H 4Q 4T

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

<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>10</u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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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 166042528

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">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 style="font-size: large;">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 THE COOPERATIVE WELFARE 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 COOPERATIVE WELFARE BENEFITS FUND</p>	<p>D Employer Identification Number (EIN) 42-1294150</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
93-0242990	69019	648216/648219	3980	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 56443</p>	<p>(b) Total amount of fees paid 34824</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
HOLMES MURPHY AND ASSOC LLC PO BOX 441
DES MOINES, IA 50302

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
38430	6704	CONTINGENT COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
AVANT SPECIALTY BENEFITS LLC PO BOX 441
DES MOINES, IA 50302

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18013			3

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

HOLMES MURPHY AND ASSOC INC

2727 GRAND PRAIRIE PKWY
WAUKEE, IA 50263

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	28120	ADMINISTRATION	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	

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.
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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. Specify nature of costs ▶	6d	

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)	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account		
(5) Other (specify below)..... ▶		
(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)	
	7e(2)	
	7e(3)	
	7e(4)	
	(2) Administration charge made by carrier.....	
(3) Transferred to separate account		
(4) Other (specify below)..... ▶		
(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)	937326	
	(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)		937326
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))	9b(3)		0
	(4) Claims charged	9b(4)		0
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)	63147	
	(B) Administrative service or other fees	9c(1)(B)	28120	
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)	162698	
	(E) Taxes	9c(1)(E)	9373	
	(F) Charges for risks or other contingencies	9c(1)(F)	106185	
	(G) Other retention charges	9c(1)(G)	18553	
	(H) Total retention	9c(1)(H)		388076
	(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	
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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan THE COOPERATIVE WELFARE 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 COOPERATIVE WELFARE BENEFITS FUND	D Employer Identification Number (EIN) 42-1294150

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

SUN LIFE ASSURANCE COMPANY OF CANADA

(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
38-1082080	80802	225890/929484	4936	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 304541	(b) Total amount of fees paid 40482
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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

HOLMES MURPHY & ASSOCIATES LLC

**PO BOX 441
DES MOINES, IA 50302**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
206377			3

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

AVANT SPECIALTY BENEFITS LLC

**1828 WALNUT ST SUITE 1801
KANSAS CITY, MO 64108**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
98164			3

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

Schedule A (Form 5500) 2024
v. 240311

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

STEALTH PARTNER GROUP LLC

18700 N HAYDEN ROAD
 SUITE 405
 SCOTTSDALE, AZ 85255

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	40482	BONUS	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	

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.
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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. Specify nature of costs ▶	6d	

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)	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account		
(5) Other (specify below)..... ▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(1) Disbursed from fund to pay benefits or purchase annuities during year		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account		
(4) Other (specify below)..... ▶		
(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	3328667
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 THE COOPERATIVE WELFARE 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 COOPERATIVE WELFARE BENEFITS FUND</p>	<p>D Employer Identification Number (EIN) 42-1294150</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
WELLMARK BLUE CROSS AND BLUE SHIELD OF IOWA

(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
42-0318333	88848	A01	3938	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
	(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.
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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. Specify nature of costs ▶	6d	

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)	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account		
(5) Other (specify below)..... ▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(1) Disbursed from fund to pay benefits or purchase annuities during year		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account		
(4) Other (specify below)..... ▶		
(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)		0
b	Benefit charges (1) Claims paid	9b(1)	50941372	
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))	9b(3)		50941372
	(4) Claims charged	9b(4)		50941372
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)	2595845	
	(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)		2595845
	(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	
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. ▶

(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) ▶ TRAVEL ACCIDENT

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	4200
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 THE COOPERATIVE WELFARE 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 COOPERATIVE WELFARE BENEFITS FUND</p>	<p>D Employer Identification Number (EIN) 42-1294150</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
VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1227840	39616	12082122	2194	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
	(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.
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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. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> 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)	
	7c(6)	
(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)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(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)	538158
(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)	538158
b Benefit charges (1) Claims paid		9b(1)	
(2) Increase (decrease) in claim reserves		9b(2)	
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	0
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)	57447	
(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)		57447
(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	
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 THE COOPERATIVE WELFARE 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 COOPERATIVE WELFARE BENEFITS FUND</p>	<p>D Employer Identification Number (EIN) 42-1294150</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
93-0242990	69019	648219	68	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 2284</p>	<p>(b) Total amount of fees paid 1121</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
HOLMES MURPHY & ASSOCIATES LLC PO BOX 441
DES MOINES, IA 50302

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2284	333	CONTINGENT COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
HOLMES MURPHY & ASSOCIATES LLC 2727 GRAND PRAIRIE PWKY
WAUKEE, IA 50263

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	788	ADMINISTRATION	3

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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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. Specify nature of costs ▶	6d	

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)	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account		
(5) Other (specify below)..... ▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(1) Disbursed from fund to pay benefits or purchase annuities during year		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account		
(4) Other (specify below)..... ▶		
(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	26255
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 THE COOPERATIVE WELFARE 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 COOPERATIVE WELFARE BENEFITS FUND</p>	<p>D Employer Identification Number (EIN) 42-1294150</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
CONNECTIONS, INC.

(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
42-1318079	00000	NONE	3128	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>
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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) ▶ **EMPLOYEE ASSISTANCE PROGRAM**

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	88499
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 THE COOPERATIVE WELFARE 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 COOPERATIVE WELFARE BENEFITS FUND</p>	<p>D Employer Identification Number (EIN) 42-1294150</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
93-0242990	69019	648219	68	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 824</p>	<p>(b) Total amount of fees paid 877</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
HOLMES MURPHY & ASSOCIATES LLC PO BOX 441
DES MOINES, IA 50302

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
824	274	CONTINGENT COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
HOLMES MURPHY & ASSOCIATES LLC 2727 GRAND PRAIRIE PKWY
WAUKEE, IA 50263

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	603	ADMINISTRATION	3

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

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

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

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

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

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

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

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

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

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

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

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	20097
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 style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">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 style="font-size: large;">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 THE COOPERATIVE WELFARE 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 COOPERATIVE WELFARE BENEFITS FUND</p>	<p>D Employer Identification Number (EIN) 42-1294150</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
93-0242990	69019	VARIOUS	4340	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 176430</p>	<p>(b) Total amount of fees paid 59315</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
HOLMES MURPHY & ASSOCIATES LLC **2727 GRAND PRAIRIE PKWY**
WAUKEE, IA 50263

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
144898	10263	CONTINGENT COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
AVANT SPECIALITY BENEFITS LLC **PO BOX 441**
DES MOINES, IA 50302

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
31532			3

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

HOLMES MURPHY & ASSOCIATES LLC

2727 GRAND PRAIRIE PARKWAY
WAUKEE, IA 50263

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	49052	ADMINISTRATION	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	

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.
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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. Specify nature of costs ▶	6d	

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)	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account		
(5) Other (specify below)..... ▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(1) Disbursed from fund to pay benefits or purchase annuities during year		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account		
(4) Other (specify below)..... ▶		
(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**

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	1774080	
	(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)		1774080
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))	9b(3)		0
	(4) Claims charged	9b(4)		0
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)	186693	
	(B) Administrative service or other fees	9c(1)(B)	49052	
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)	189982	
	(E) Taxes	9c(1)(E)	17673	
	(F) Charges for risks or other contingencies	9c(1)(F)	138641	
	(G) Other retention charges	9c(1)(G)	404404	
	(H) Total retention	9c(1)(H)		986445
	(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)		53992
	(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	
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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan THE COOPERATIVE WELFARE 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 COOPERATIVE WELFARE BENEFITS FUND	D Employer Identification Number (EIN) 42-1294150

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

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(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
42-0959302	55786	33407	4412	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 0
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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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(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)		0
b Benefit charges (1) Claims paid	9b(1)	1829209	
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))	9b(3)		1829209
(4) Claims charged	9b(4)		1829209
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)	247500	
(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)		247500
(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	
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 THE COOPERATIVE WELFARE 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 COOPERATIVE WELFARE BENEFITS FUND	D Employer Identification Number (EIN) 42-1294150	

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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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)

WELLMARK

42-0318333

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	ADMINISTRATOR	2605854	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)

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42-0959302

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	ADMINISTRATOR	150455	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)

SPENCER FANE LLP

44-0561981

(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	LEGAL	44144	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)

ASSOCIATED BENEFITS CORPORATION

42-1279416

(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?
14 50	PLAN ADMINISTRATOR	41456	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

BRAL NIEDERT PRIVATE WEALTH ADVISOR

6701 WESTOWN PARKWAY
SUITE 260
WEST DES MOINES, IA 50266

(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	INVESTMENT MGMT	35988	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)

CBIZ CPAS P.C.

43-1947696

(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	AUDITOR	34503	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)

DELOITTE & TOUCHE LLP

13-3891517

(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	AUDTOR	24810	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.	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 THE COOPERATIVE WELFARE 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 COOPERATIVE WELFARE BENEFITS FUND	D Employer Identification Number (EIN) 42-1294150

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	670392	67788
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3112394	5054223
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2023452	2307020
(2) U.S. Government securities	1c(2)	3170206	4558266
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2122878	221802
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	9116319	8175891
(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)	118131	105351

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	20333772	20490341
Liabilities			
g Benefit claims payable.....	1g	9101109	8494058
h Operating payables.....	1h	270979	487732
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	9372088	8981790
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	10961684	11508551

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)	61082022	
(B) Participants.....	2a(1)(B)	1030451	
(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)		62112473
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	123451	
(B) U.S. Government securities.....	2b(1)(B)	141330	
(C) Corporate debt instruments.....	2b(1)(C)	15712	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	13376	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		293869
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	256773	
(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)		256773
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	11624929	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	11444874	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		180055
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	131747	
(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		62974917

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	52163530	
(2) To insurance carriers for the provision of benefits	2e(2)	7096896	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		59260426
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)	2797767	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	59313	
(5) Investment advisory and investment management fees	2i(5)	35988	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	44144	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	230412	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3167624
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		62428050

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		546867
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: CBIZ CPAS P.C.

(2) EIN: 43-1947696

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 _____.



The Cooperative Welfare Benefits Plan
Administered by Associated Benefits Corporation
Employer Identification Number: 42-1294150
Plan Number: 501

FINANCIAL STATEMENTS

Years Ended December 31, 2024 and 2023



INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Associated Benefits Corporation
Plan Administrator for The Cooperative Welfare Benefits Plan

Opinion

We have audited the financial statements of The Cooperative Welfare Benefits Plan (“the Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (“ERISA”), which comprise the statements of benefit obligations and net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in benefit obligations and 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 benefit obligations and net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in benefit obligations and 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 Auditors’ Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the 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 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 Plan’s ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

Other Matter - Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024, and Form 5500, Schedule H, Part IV, 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 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 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 GAAS.

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 are 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.

CBIZ CPAs P.C.

Kansas City, Missouri
October 15, 2025

The Cooperative Welfare Benefits Plan
Administered by Associated Benefits Corporation

**STATEMENTS OF BENEFIT OBLIGATIONS AND
NET ASSETS AVAILABLE FOR BENEFITS**

As of December 31, 2024 and 2023

	2024	2023
BENEFIT OBLIGATIONS:		
Claim reserves	\$ 8,494,058	\$ 7,311,109
Premium deficiency reserves	-	1,790,000
Total benefit obligations	8,494,058	9,101,109
NET ASSETS:		
Assets:		
Investment-at fair value:		
Money market fund	192,965	1,070,010
Interest-bearing cash	2,114,055	953,442
Exchange traded funds	8,175,891	9,116,319
Asset-backed securities	105,351	118,131
Corporate bonds and notes	221,802	308,164
US government and agency obligations	4,558,266	4,984,920
Total investments	15,368,330	16,550,986
Receivables:		
Pharmacy rebate receivable	3,220,891	2,624,538
Due from insurance carriers	1,810,466	465,156
Accrued interest income	22,866	22,700
Contributions receivable-employer	67,788	670,392
Total assets	5,122,011	3,782,786
	20,490,341	20,333,772
Liabilities:		
Accounts payable	458,252	241,697
Unrelated business income taxes payable	29,480	29,282
Total liabilities	487,732	270,979
NET ASSETS AVAILABLE FOR BENEFITS	20,002,609	20,062,793
NET ASSETS AVAILABLE FOR BENEFITS IN EXCESS OF BENEFIT OBLIGATIONS	\$ 11,508,551	\$ 10,961,684

See Notes to Financial Statements

The Cooperative Welfare Benefits Plan
Administered by Associated Benefits Corporation

**STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS AND
NET ASSETS AVAILABLE FOR BENEFITS**

Years Ended December 31, 2024 and 2023

	2024	2023
CHANGE IN BENEFIT OBLIGATIONS-Changes attributable to claim reserves and premium deficiency reserves	\$ (607,051)	\$ 2,550,000
CONTRIBUTIONS AND ADDITIONS:		
Premium contributions:		
Medical and dental	57,296,123	64,015,202
Life insurance	1,512,156	1,362,890
Long-term disability	1,236,382	1,005,957
Contributions from COBRA participants	1,030,451	1,316,193
Entrance fees	-	99,570
Other	1,037,361	1,154,710
Total contributions	62,112,473	68,954,522
Additions:		
Interest and dividend income	550,425	532,058
Net appreciation in fair value of investments	312,019	369,291
Total contributions and additions	62,974,917	69,855,871
DEDUCTIONS:		
Medical claims expense	52,770,581	57,575,319
Premium payments	7,096,896	7,261,698
Administrative expenses	2,937,212	2,913,323
Unrelated business income tax expense	230,412	168,857
Total deductions	63,035,101	67,919,197
Net increase (decrease) in net assets available for benefits	(60,184)	1,936,674
INCREASE (DECREASE) IN NET ASSETS FOR BENEFITS IN EXCESS OF CHANGE IN BENEFIT OBLIGATIONS	546,867	(613,326)
NET ASSETS AVAILABLE FOR BENEFITS IN EXCESS OF BENEFIT OBLIGATIONS:		
Beginning of year	10,961,684	11,575,010
End of year	\$ 11,508,551	\$ 10,961,684

See Notes to Financial Statements

The Cooperative Welfare Benefits Plan
Administered by Associated Benefits Corporation

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan

The Cooperative Welfare Benefits Plan is administered by Associated Benefits Corporation (“Plan Administrator”). The following description of the Plan is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General - The Plan is a Welfare Benefits Plan which provides for the payment of eligible expenses with pre-tax dollars. Separate bookkeeping accounts are maintained to account for the benefit dollars available for reimbursement of covered expenses. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

Change in service provider - In August 2023 Bral Niedert was added as an investment advisor.

Contributions - Employers and employees make monthly contributions to the Plan in amounts established to cover medical claims, charges for insurance premium payments, and reserves. Employee contributions are determined by the employers, subject to regulatory limitation. All contributions are remitted to The Cooperative Welfare Benefits Fund (the “Trust”) and used for claim payments.

Benefits - The Plan provides for the payment of death and dismemberment benefits under a fully insured basis. The Plan is a self-insured health plan for medical and dental claims. The Plan retains the risk for medical claims up to \$300,000 per covered person and purchases stop-loss coverage for amounts in excess of \$300,000 per covered person. The Plan has contracted for processing and payment of claims by a third-party administrator.

Administrative expenses - The Plan Administrator provides accounting and other administrative services to the Plan. These fees are paid directly by the participating employers. Fees of the Plan Administrator paid by the participating employers are not included in the financial statements of the Plan. All other administrative expenses are paid by the Plan.

(2) Summary of significant accounting policies

Basis of accounting - The financial statements of the Plan are prepared on the accrual method of accounting.

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

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. See Note 3 for discussions of fair value measurements.

The Cooperative Welfare Benefits Plan
Administered by Associated Benefits Corporation

NOTES TO FINANCIAL STATEMENTS

(2) Summary of significant accounting policies (continued)

Investment valuation and income recognition (continued) - Purchases and sales of securities are recorded on a trade-date basis. Dividend and interest income are recorded as received. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Benefit payments - Premiums paid by the Plan are recorded as premium payments in the accompanying statements of changes in net assets available for benefits. Claim payments are recorded when paid by the third-party claim's processor.

Claims paid - Claims are recorded as paid when paid by the claim's administrator.

Benefit obligations - Benefit obligations include claims reserves and premiums deficiency reserves. Claims reserves include reported but unpaid claims as of year-end and claims incurred but not reported as of year-end. Reported but unpaid claims were \$2,364,058 and \$1,551,109 for 2024 and 2023, respectively. Claims incurred but not reported were \$6,130,000 and \$5,760,000 for 2024 and 2023, respectively. The claims incurred but not reported amount is calculated by the Plan's actuary based on reserving methods standard in the health insurance industry which consider Plan benefits, exposure units, average payouts and expected run-off.

Premium deficiency reserves ("PDR") are established when it is expected that claims payments or incurred costs, claims adjustment expenses, and general administration expenses will exceed future premiums for the remainder of a contract period. For purposes of determining a PDR, investment income is not included. The PDR amount is calculated by the Plan's actuary based on reserving methods standard in the health insurance industry. The PDR amounts were \$0 and \$1,790,000 for 2024 and 2023, respectively.

Stop loss - Premiums for stop loss insurance are included in premium payments in the accompanying statements of changes in benefit obligations and net assets available for benefits. Stop loss refunds totaling \$4,484,038 and \$2,524,162 as of December 31, 2024, and 2023, respectively, have been netted with medical claims expense in the accompanying statements of changes in net assets.

Pharmacy rebates - Pharmacy rebates are billed or otherwise confirmed in the second quarter following the quarter the pharmacy benefit is incurred. Based on the timing of available information, pharmacy rebate receivables are recorded at the amount confirmed and billed or are estimated based on historical rebate experience. Pharmacy rebates of insured plans is reported as a reduction to medical claims expense on the Statements of Changes in Benefit Obligations and Net Assets Available for Benefits. The total amount of the pharmacy rebates earned were \$5,042,875 and \$5,953,964 as of December 31, 2024, and 2023, respectively.

Unrelated business income taxes - The Plan accounts for income taxes under the liability method as prescribed by Accounting Standards Codification ("ASC") 740, *Income Taxes*. Under the liability method, deferred income taxes are derived on the differences between the book and tax basis of assets and liabilities.

The Cooperative Welfare Benefits Plan
Administered by Associated Benefits Corporation

NOTES TO FINANCIAL STATEMENTS

(3) 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 under Financial Accounting Standards Board Accounting Standards Codification 820 are described below:

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 and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market 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 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Interest-bearing cash: Stated at cost, which approximates fair value.

Money market fund: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily Net Asset Value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Exchange traded funds: Valued at the closing price reported on the active market on which the individual securities are traded.

The Cooperative Welfare Benefits Plan
Administered by Associated Benefits Corporation

NOTES TO FINANCIAL STATEMENTS

(3) Fair value measurements (continued)

Fixed income securities: Consist primarily of asset-backed securities, corporate bonds and notes and U.S. government and agency obligations. Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flow approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

The following tables set forth by level, within the fair value hierarchy, a summary of the Plan's investments at fair value on a recurring basis as of December 31, 2024 and 2023:

	Investments at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 192,965	-	-	\$ 192,965
Interest-bearing cash	2,114,055	-	-	2,114,055
Exchange traded funds	8,175,891	-	-	8,175,891
Fixed income securities:				
Asset-backed securities	-	105,351	-	105,351
Corporate bonds and notes	-	221,802	-	221,802
US government and agency obligations	4,219,971	338,295	-	4,558,266
Total investments at fair value	<u>\$ 14,702,882</u>	<u>\$ 665,448</u>	<u>\$ -</u>	<u>\$ 15,368,330</u>

	Investments at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 1,070,010	-	-	\$ 1,070,010
Interest-bearing cash	953,442	-	-	953,442
Exchange traded funds	9,116,319	-	-	9,116,319
Fixed income securities:				
Asset-backed securities	-	118,131	-	118,131
Corporate bonds and notes	-	308,164	-	308,164
US government and agency obligations	4,592,772	392,148	-	4,984,920
Total investments at fair value	<u>\$ 15,732,543</u>	<u>\$ 818,443</u>	<u>\$ -</u>	<u>\$ 16,550,986</u>

(4) Related party transactions and party-in-interest transactions

Certain of the Plan investments are shares of interest-bearing cash accounts managed by Principal Trust Company ("Principal"). Principal is the trustee as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for the investment management services are deducted from interest income.

The Cooperative Welfare Benefits Plan
Administered by Associated Benefits Corporation

NOTES TO FINANCIAL STATEMENTS

(5) Plan termination

Although it has not expressed any intent to do so, the participating employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of termination, the participating employers will contribute the necessary amounts to fund all claims incurred prior to the date of termination.

(6) Tax status

The Internal Revenue Service ("IRS") has determined and informed the participating employers by letter dated September 15, 1993, that the Plan and the related Trust are designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC and the Plan and related Trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Under IRC Section 512, the Trust is required to pay federal income taxes on any unrelated business taxable income. For 501(c)(9) organizations, federal income taxes have to be paid on the lesser of investment income or the excess of net assets available for benefits over benefit obligations over the IRC Section 419(a) reserve limit. A similar Iowa statute exists with respect to state income taxes.

(7) Risks, uncertainties, and concentrations

The Plan utilizes investment securities, currently an interest-bearing cash account. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

The Plan maintains an interest-bearing cash account, which may at times exceed the \$250,000 coverage by the US Federal Deposit Insurance Corporation.

(8) Subsequent events

The Plan has evaluated subsequent events through October 15, 2025 which is the date the financial statements were available to be issued and noted the following items for disclosure:

- Effective January 1, 2025, the Welfare Benefits Plan has been amended and restated.
- Effective January 1, 2025, the Plan was amended to include Key Cooperative as a participating employer in the Cooperative Dental Care Plan.
- Effective January 1, 2026, the Plan will be amended to include Key Cooperative as a participating employer in the Cooperative Health Care Plan.

SUPPLEMENTAL SCHEDULES

ASSET DETAIL REVALUED COST
AS OF DECEMBER 31, 2024

ABC H&W PREMIUMS - IA & NE
ACCOUNT NUMBER 15135000

PAR VALUE/SHARES	DESCRIPTION	REVALUED COST		MARKET VALUE		UNREALIZED GAIN/LOSS ON REVALUED COST
		UNIT COST	TOTAL COST	UNIT PRICE/ PRICING DATE	TOTAL MARKET	
CASH EQUIVALENTS						
FUNDS OR BANK DEPOSITS						
717,070.120	PRINCIPAL DEPOSIT SWEEP PROGRAM CUSIP VP7000251	100.0000	717,070.12	100.0000 12/31/24	717,070.12	0.00
	TOTAL FUNDS OR BANK DEPOSITS		717,070.12		717,070.12	0.00
	TOTAL CASH EQUIVALENTS		717,070.12		717,070.12	0.00
	TOTAL ASSETS AND LIABILITIES		717,070.12		717,070.12	0.00
	ACCRUED INCOME		5,502.54		5,502.54	
	NET ADJUSTED ASSETS		722,572.66		722,572.66	0.00

ASSET DETAIL REVALUED COST
AS OF DECEMBER 31, 2024

ABC H&W PREMIUMS - TX, OK & CO
ACCOUNT NUMBER 22233000

PAR VALUE/SHARES	DESCRIPTION	REVALUED COST		MARKET VALUE		UNREALIZED GAIN/LOSS ON REVALUED COST
		UNIT COST	TOTAL COST	UNIT PRICE/ PRICING DATE	TOTAL MARKET	
CASH EQUIVALENTS						
FUNDS OR BANK DEPOSITS						
6,076.270	PRINCIPAL DEPOSIT SWEEP PROGRAM CUSIP VP7000251	100.0000	6,076.27	100.0000 12/31/24	6,076.27	0.00
	TOTAL FUNDS OR BANK DEPOSITS		6,076.27		6,076.27	0.00
	TOTAL CASH EQUIVALENTS		6,076.27		6,076.27	0.00
	TOTAL ASSETS AND LIABILITIES		6,076.27		6,076.27	0.00
	ACCRUED INCOME		13.34		13.34	
	NET ADJUSTED ASSETS		6,089.61		6,089.61	0.00

ASSET DETAIL REVALUED COST
AS OF DECEMBER 31, 2024

ABC H&W PREMIUMS - IN, OH, MI
ACCOUNT NUMBER 22232900

PAR VALUE/SHARES	DESCRIPTION	REVALUED COST		MARKET VALUE		UNREALIZED GAIN/LOSS ON REVALUED COST
		UNIT COST	TOTAL COST	UNIT PRICE/ PRICING DATE	TOTAL MARKET	
CASH EQUIVALENTS						
FUNDS OR BANK DEPOSITS						
45,083.730	PRINCIPAL DEPOSIT SWEEP PROGRAM CUSIP VP7000251	100.0000	45,083.73	100.0000 12/31/24	45,083.73	0.00
	TOTAL FUNDS OR BANK DEPOSITS		45,083.73		45,083.73	0.00
	TOTAL CASH EQUIVALENTS		45,083.73		45,083.73	0.00
	TOTAL ASSETS AND LIABILITIES		45,083.73		45,083.73	0.00
	ACCRUED INCOME		98.97		98.97	
	NET ADJUSTED ASSETS		45,182.70		45,182.70	0.00

ASSET DETAIL REVALUED COST
AS OF DECEMBER 31, 2024

ABC H&W PREMIUMS - KS, MO, IL
ACCOUNT NUMBER 17326600

PAR VALUE/SHARES	DESCRIPTION	REVALUED COST		MARKET VALUE		UNREALIZED GAIN/LOSS ON REVALUED COST
		UNIT COST	TOTAL COST	UNIT PRICE/ PRICING DATE	TOTAL MARKET	
CASH EQUIVALENTS						
FUNDS OR BANK DEPOSITS						
220,332.760	PRINCIPAL DEPOSIT SWEEP PROGRAM CUSIP VP7000251	100.0000	220,332.76	100.0000 12/31/24	220,332.76	0.00
	TOTAL FUNDS OR BANK DEPOSITS		220,332.76		220,332.76	0.00
	TOTAL CASH EQUIVALENTS		220,332.76		220,332.76	0.00
	TOTAL ASSETS AND LIABILITIES		220,332.76		220,332.76	0.00
	ACCRUED INCOME		491.99		491.99	
	NET ADJUSTED ASSETS		220,824.75		220,824.75	0.00

ASSET DETAIL REVALUED COST
AS OF DECEMBER 31, 2024

ABC H&W PREMIUMS - SD, MN, WI
ACCOUNT NUMBER 17326700

PAR VALUE/SHARES	DESCRIPTION	REVALUED COST		MARKET VALUE		UNREALIZED GAIN/LOSS ON REVALUED COST
		UNIT COST	TOTAL COST	UNIT PRICE/ PRICING DATE	TOTAL MARKET	
CASH EQUIVALENTS						
FUNDS OR BANK DEPOSITS						
57,592.920	PRINCIPAL DEPOSIT SWEEP PROGRAM CUSIP VP7000251	100.0000	57,592.92	100.0000 12/31/24	57,592.92	0.00
	TOTAL FUNDS OR BANK DEPOSITS		57,592.92		57,592.92	0.00
	TOTAL CASH EQUIVALENTS		57,592.92		57,592.92	0.00
	TOTAL ASSETS AND LIABILITIES		57,592.92		57,592.92	0.00
	ACCRUED INCOME		128.11		128.11	
	NET ADJUSTED ASSETS		57,721.03		57,721.03	0.00

Statement for the Period December 1, 2024 to December 31, 2024

THE COOPERATIVE WELFARE BENEFITS PLAN MEWA - Non-Affiliated Plan*
 Account Number: B37-730093

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Holdings

AI (Accrued Interest) - Represents interest accumulated since the last coupon date, but not yet paid by the issuer or received by NFS. There is no guarantee that AI will be paid by the issuer.

The account cost and associated gain (loss) is provided for informational purposes only and should not be used for tax-reporting purposes. Such information is provided to help you estimate and track the change in market value of each position relative to your investment into this security (not including reinvestments). Please refer to Footnotes and Cost Information at the end of this statement for more information.

For additional information regarding your holdings, please refer to the footnotes at the end of the statement.

CASH AND CASH EQUIVALENTS - 14.52% of Total Account Value

Description	Symbol/Cusip Account Type	Quantity	Price on 12/31/24	Current Market Value	Estimated Annual Income
Money Markets					
FIDELITY GOVT MMKT PREMIUM CLASS 7 DAY YIELD 4.23% Dividend Option Reinvest Capital Gain Option Reinvest	FZCXX CASH	96,796.16	\$1.00	\$96,796.16	
Bank Deposits					
Bank deposits are not securities and are not covered by the Securities Investor Protection Corporation (SIPC). Funds used to purchase or sweep to a bank deposit are SIPC protected until deposited to a Program Bank at which time funds may be eligible for FDIC insurance. Customers are responsible for monitoring their total deposits at each Program Bank to determine the extent of available FDIC insurance. Refer to the Bank Deposit Detail section which appears later in this statement for information on the banks holding your deposits. If your account was established on the last business day of this month, your statement will not include a Bank Deposit Detail section. The Interest Rate below is the interest rate effective for Cash Balances in your FDIC-Insured Bank Deposit Sweep on the last day of the statement period.					
ADVISORY RETIREMENT SWEEP PROGRAM Interest Rate 1.73%	QLFPQ CASH	1,049,551.89	\$1.00	\$1,049,551.89	
Total Cash and Cash Equivalents				\$1,146,348.05	

Statement for the Period December 1, 2024 to December 31, 2024

THE COOPERATIVE WELFARE BENEFITS PLAN MEWA - Non-Affiliated Plan*
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HOLDINGS > FIXED INCOME - 61.87% of Total Account Value

ALERT: You have a fixed income position due to mature within the next 90 days.

For an explanation of fixed income pricing, please see the last page. Redemption schedule(s), bond rating(s), and other information are provided where available. If information does not appear regarding a particular investment, it is not available.

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Description	Symbol/Cusip Account Type	Quantity	Estimated Price on 12/31/24	Estimated Current Market Value	Estimated Annual Income	Cost	Net Change
Asset Backed Securities							
FEDL HOME LN MTG CRP SER Q004 CL A2H 6.88590% 01/25/2046 CPN PMT MONTHLY Next Interest Payable: 01/25/25 VARIABLE COUPON RESET FREQUENCY TERM MODE NEXT RESET 01/25/2025 Factor 0.04808417 Current face \$7,933 Accrued Interest \$0.46 Average Unit Cost \$4.88	3137FARK6 CASH	165,000	\$99.59859	\$7,902.04	\$546.32	\$8,044.53 C	(\$142.49)
FEDL HOME LN MTG CRP SER Q007 CL APT1 7.40256% 10/25/2047 CPN PMT MONTHLY Next Interest Payable: 01/25/25 VARIABLE COUPON RESET FREQUENCY TERM MODE Factor 0.08944045 Current face \$33,987 Accrued Interest \$2.10 Average Unit Cost \$8.91	3137FHQB2 CASH	380,000	\$99.99829	\$33,986.79	\$2,515.94	\$33,840.22 C	\$146.57

Statement for the Period December 1, 2024 to December 31, 2024

THE COOPERATIVE WELFARE BENEFITS PLAN MEWA - Non-Affiliated Plan*
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HOLDINGS > FIXED INCOME *continued*

Description	Symbol/Cusip Account Type	Quantity	Estimated Price on 12/31/24	Estimated Current Market Value	Estimated Annual Income	Cost	Net Change
FEDL HOME LN MTG CRP SER Q016 CL APT1 1.23536% 05/01/2051 CPN PMT MONTHLY Next Interest Payable: 01/25/25 VARIABLE COUPON RESET FREQUENCY TERM MODE Factor 0.92544045 Current face \$64,780 Accrued Interest \$0.67 Average Unit Cost \$93.50	3137H2NT7 CASH	70,000	\$96.02299	\$62,204.49	\$800.28	\$65,450.50 C	(\$3,246.01)
GOVT NATL MTG ASSN II POOL #891616 5.66000% 06/20/2058 CPN PMT MONTHLY Next Interest Payable: 01/20/25 ADJUSTABLE COUPON RESET FREQUENCY MONTHLY FCN1YYW + 0.0 BP Factor 0.01758079 Current face \$879 Accrued Interest \$0.04 Average Unit Cost \$1.83	36208AZR5 CASH	50,000	\$100.855	\$886.56	\$49.75	\$916.35 C	(\$29.79)
GOVT NATL MTG ASSN II POOL #694836 5.68200% 09/20/2059 CPN PMT MONTHLY Next Interest Payable: 01/20/25 Factor 0.00001129 Current face \$0	36296L4V9 CASH	25,000	\$97.678	\$0.27	\$0.02	C	\$0.27
GOVT NATL MTG ASSN II POOL #710055 4.50000% 09/20/2060 CPN PMT MONTHLY Next Interest Payable: 01/20/25 Factor 0.00082383 Current face \$20 Accrued Interest \$0.03 Average Unit Cost \$0.08	36297EZU2 CASH	25,000	\$94.855	\$19.54	\$0.93	\$20.70 C	(\$1.16)

Statement for the Period December 1, 2024 to December 31, 2024

THE COOPERATIVE WELFARE BENEFITS PLAN MEWA - Non-Affiliated Plan*
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HOLDINGS > FIXED INCOME *continued*

Description	Symbol/Cusip Account Type	Quantity	Estimated Price on 12/31/24	Estimated Current Market Value	Estimated Annual Income	Cost	Net Change
GOVT NATL MTG ASSN II POOL #773419 4.14000% 09/20/2061 CPN PMT MONTHLY Next Interest Payable: 01/20/25 Factor 0.01020467 Current face \$357 Accrued Interest \$0.45 Average Unit Cost \$0.86	36176RAU6 CASH	35,000	\$98.333	\$351.21	\$14.79	\$299.74 C	\$51.47
Total Asset Backed Securities		750,000		\$105,350.90	\$3,928.03	\$108,572.04	(\$3,221.14)
Corporate Bonds							
HARAR LEASING 2013 LLC 2.58200% 07/02/2025 SINK NT CPN PMT QUARTERLY ON OCT 02, JAN 02, APR 02, JUL 02 Next Interest Payable: 01/02/25 CONTINUOUSLY CALLABLE SUBJECT TO MAKE WHOLE CALL Factor 0.06249988 Current face \$4,374 Accrued Interest \$27.93 Average Unit Cost \$5.32	41146CAA0 CASH	70,000	\$98.71	\$4,318.55	\$112.96	\$3,720.55 C	\$598.00
CES MU2 LLC NOTE CALL MAKE WHOLE 1.99400% 05/13/2027 CPN PMT QUARTERLY ON AUG 13, NOV 13, FEB 13, MAY 13 Next Interest Payable: 02/13/25 CONTINUOUSLY CALLABLE SUBJECT TO MAKE WHOLE CALL SUBJECT TO SINKING FUND Factor 0.24818534 Current face \$31,023 Accrued Interest \$82.48 Average Unit Cost \$24.66	12517LAB0 CASH	125,000	\$96.006	\$29,784.10	\$618.60	\$30,830.55 C	(\$1,046.45)

Statement for the Period December 1, 2024 to December 31, 2024

THE COOPERATIVE WELFARE BENEFITS PLAN MEWA - Non-Affiliated Plan*
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HOLDINGS > FIXED INCOME *continued*

Description	Symbol/Cusip Account Type	Quantity	Estimated Price on 12/31/24	Estimated Current Market Value	Estimated Annual Income	Cost	Net Change
INT DEVELOPMENT FIN CORP BOND ZERO CPN 0.00000% 01/24/2029 PUTTABLE ON 01/24/2026 @ 100.0000 Factor 0.71282259 Current face \$49,897 Average Unit Cost \$71.28	90376PFP1 CASH	70,000	\$108.689	\$54,233.18		\$49,897.58 C	\$4,335.60
INT DEVELOPEMENT FIN CORP BOND ZERO CPN 0.00000% 04/23/2029 PUTTABLE ON 04/23/2026 @ 100.0000 Average Unit Cost \$100.00 Adjusted Cost Basis	90376PFS5 CASH	125,000	\$106.773	\$133,466.25		\$125,000.00 C	
Total Corporate Bonds		390,000		\$221,802.08	\$731.56	\$209,448.68	\$8,466.25
U.S. Treasury / Agency Securities							
UNITED STATES TREAS SER AJ-2025 1.12500% 01/15/2025 NTS NOTE MOODY'S Aaa CPN PMT SEMI-ANNUAL ON JUL 15, JAN 15 Next Interest Payable: 01/15/25 Accrued Interest \$779.55 Average Unit Cost \$99.22 Adjusted Cost Basis Unrealized Market Discount Income	91282CDS7 CASH	150,000	\$99.885	\$149,827.50	\$1,687.50	\$148,822.77 C	\$1,004.73
UNITED STATES TREAS SER AW-2025 4.12500% 01/31/2025 NTS NOTE MOODY'S Aaa CPN PMT SEMI-ANNUAL ON JUL 31, JAN 31 Next Interest Payable: 01/31/25 Accrued Interest \$2330.40 Average Unit Cost \$99.73 Adjusted Cost Basis Unrealized Market Discount Income	91282CGG0 CASH	135,000	\$99.977	\$134,968.95	\$5,568.75	\$134,631.31 C	\$337.64

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HOLDINGS > FIXED INCOME *continued*

Description	Symbol/Cusip Account Type	Quantity	Estimated Price on 12/31/24	Estimated Current Market Value	Estimated Annual Income	Cost	Net Change
UNITED STATES TREAS SER AK-2025 1.50000% 02/15/2025 NTS NOTE MOODY'S Aaa CPN PMT SEMI-ANNUAL ON AUG 15, FEB 15 Next Interest Payable: 02/15/25 Accrued Interest \$1699.73 Average Unit Cost \$99.61 Adjusted Cost Basis Unrealized Market Discount Income	91282CDZ1 CASH	300,000	\$99.65	\$298,950.00	\$4,500.00	\$298,829.13 C	
						\$298,829.13 C D	\$120.87
UNITED STATES TREAS SER AY-2025 4.62500% 02/28/2025 NTS NOTE MOODY'S Aaa CPN PMT SEMI-ANNUAL ON AUG 31, FEB 31 Next Interest Payable: 02/28/25 Accrued Interest \$6678.78 Average Unit Cost \$99.28 Adjusted Cost Basis Unrealized Market Discount Income	91282CGN5 CASH	425,000	\$100.028	\$425,119.00	\$19,656.25	\$421,930.13 C D	\$3,188.87
UNITED STATES TREAS SER AP-2025 2.87500% 06/15/2025 NTS NOTE MOODY'S Aaa CPN PMT SEMI-ANNUAL ON DEC 15, JUN 15 Next Interest Payable: 06/15/25 Accrued Interest \$671.36 Average Unit Cost \$97.96 Adjusted Cost Basis Unrealized Market Discount Income	91282CEU1 CASH	500,000	\$99.396	\$496,980.00	\$14,375.00	\$489,785.00 D	\$7,195.00
U.S. INTERNATIONAL DEV FIN COR BOND 0.00000% 10/22/2025 ZERO CPN Average Unit Cost \$99.82 Adjusted Cost Basis	90376PEJ6 CASH	75,000	\$102.386	\$76,789.50		\$74,863.50 C D	\$1,926.00

Statement for the Period December 1, 2024 to December 31, 2024

THE COOPERATIVE WELFARE BENEFITS PLAN MEWA - Non-Affiliated Plan*
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HOLDINGS > FIXED INCOME *continued*

Description	Symbol/Cusip Account Type	Quantity	Estimated Price on 12/31/24	Estimated Current Market Value	Estimated Annual Income	Cost	Net Change
UNITED STATES TREAS SER AV-2025 4.00000% 12/15/2025 NTS NOTE MOODY'S Aaa CPN PMT SEMI-ANNUAL ON JUN 15, DEC 15 Next Interest Payable: 06/15/25 Accrued Interest \$934.07 Average Unit Cost \$99.59 Adjusted Cost Basis Unrealized Market Discount Income	91282CGA3 CASH	500,000	\$99.831	\$499,155.00	\$20,000.00	\$497,945.00	
						\$497,945.00	D \$1,210.00
UNITED STATES TREAS SER AP-2026 4.12500% 06/15/2026 NTS NOTE MOODY'S Aaa CPN PMT SEMI-ANNUAL ON DEC 15, JUN 15 Next Interest Payable: 06/15/25 Accrued Interest \$1541.21 Average Unit Cost \$100.08 Adjusted Cost Basis YTD Amortized Premium	91282CHH7 CASH	800,000	\$99.828	\$798,624.00	\$33,000.00	\$801,032.00	
						\$800,645.03	D (\$2,021.03)
EXPORT-IMPORT BANK OF US NOTE 2.62800% 11/12/2026 CALL MAKE WHOLE CPN PMT QUARTERLY ON NOV 12, FEB 12, MAY 12, AUG 12 Next Interest Payable: 02/12/25 CONTINUOUSLY CALLABLE SUBJECT TO MAKE WHOLE CALL SUBJECT TO SINKING FUND Factor 0.60780726 Current face \$67,894 Accrued Interest \$242.86 Average Unit Cost \$36.36	302155BA3 CASH	111,704	\$97.463	\$66,172.02	\$1,784.27	\$40,620.73	C \$25,551.29

Statement for the Period December 1, 2024 to December 31, 2024

THE COOPERATIVE WELFARE BENEFITS PLAN MEWA - Non-Affiliated Plan*
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HOLDINGS > FIXED INCOME *continued*

Description	Symbol/Cusip Account Type	Quantity	Estimated Price on 12/31/24	Estimated Current Market Value	Estimated Annual Income	Cost	Net Change
UNITED STATES TREAS SER T-2026 1.75000% 12/31/2026 NTS NOTE MOODY'S Aaa CPN PMT SEMI-ANNUAL ON JUN 30, DEC 30 Next Interest Payable: 06/30/25 Accrued Interest \$41.09 Average Unit Cost \$94.02 Adjusted Cost Basis Unrealized Market Discount Income \$15,327.22 Q	912828YX2 CASH	850,000	\$95.285	\$809,922.50	\$14,875.00	\$799,170.00	
						\$799,170.00	D \$10,752.50
EXPORT-IMPORT BANK OF US NOTE 2.32900% 01/14/2027 CALL MAKE WHOLE CPN PMT QUARTERLY ON JAN 14, APR 14, JUL 14, OCT 14 Next Interest Payable: 01/14/25 CONTINUOUSLY CALLABLE SUBJECT TO MAKE WHOLE CALL SUBJECT TO SINKING FUND Factor 0.4090908 Current face \$44,999 Accrued Interest \$224.16 Average Unit Cost \$43.06	302155BH8 CASH	109,999	\$94.909	\$42,708.65	\$1,048.04	\$47,365.99	C (\$4,657.34)
UNITED STATES TREAS SER M-2027 0.50000% 06/30/2027 NTS NOTE MOODY'S Aaa CPN PMT SEMI-ANNUAL ON DEC 31, JUN 31 Next Interest Payable: 06/30/25 Accrued Interest \$9.32 Average Unit Cost \$89.69 Adjusted Cost Basis Unrealized Market Discount Income \$9,954.15 Q	912828ZV5 CASH	675,000	\$91.174	\$615,424.50	\$3,375.00	\$605,387.25	
						\$605,387.25	D \$10,037.25

Statement for the Period December 1, 2024 to December 31, 2024

THE COOPERATIVE WELFARE BENEFITS PLAN MEWA - Non-Affiliated Plan*
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HOLDINGS > FIXED INCOME *continued*

Description	Symbol/Cusip Account Type	Quantity	Estimated Price on 12/31/24	Estimated Current Market Value	Estimated Annual Income	Cost	Net Change
SMALL BUSINESS ADMN SER 2017-10B CL 1 2.51800% 09/01/2027 CPN PMT SEMI-ANNUAL ON MAR 01, SEP 01 Next Interest Payable: 03/01/25 CALLABLE ON 03/01/2025 @ 100.0000 Factor 0.34552379 Current face \$103,657 Accrued Interest \$872.41 Average Unit Cost \$31.77	831641FJ9 CASH	300,000	\$95.494	\$98,986.35	\$2,610.09	\$95,315.72 C	\$3,670.63
SMALL BUSINESS ADMIN GTD PTNCT BOND 4.14000% 02/01/2030 CPN PMT SEMI-ANNUAL ON AUG 01, FEB 01 Next Interest Payable: 02/01/25 CALLABLE ON 02/01/2025 @ 100.0000 Factor 0.06630483 Current face \$24,532 Accrued Interest \$423.19 Average Unit Cost \$6.86	83162CTB9 CASH	370,000	\$98.071	\$24,059.55	\$1,015.66	\$25,384.73 C	(\$1,325.18)
SMALL BUSINESS ADMIN GTD PTNCT BOND 3.88000% 06/01/2030 CPN PMT SEMI-ANNUAL ON DEC 01, JUN 01 Next Interest Payable: 06/01/25 CALLABLE ON 06/01/2025 @ 100.0000 Factor 0.07057573 Current face \$21,172 Accrued Interest \$68.46 Average Unit Cost \$7.26	83162CTH6 CASH	300,000	\$97.195	\$20,578.83	\$821.50	\$21,786.49 C	(\$1,207.66)
Total U.S. Treasury / Agency Securities		5,601,703		\$4,558,266.35	\$124,317.06	\$4,502,482.78	\$55,783.57
Total Fixed Income		6,741,703		\$4,885,419.33	\$128,976.65	\$4,820,503.50	\$64,915.83

Statement for the Period December 1, 2024 to December 31, 2024

THE COOPERATIVE WELFARE BENEFITS PLAN MEWA - Non-Affiliated Plan*
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HOLDINGS > EXCHANGE TRADED PRODUCTS - 23.61% of Total Account Value

Description	Symbol/Cusip Account Type	Quantity	Price on 12/31/24	Current Market Value	Estimated Annual Income	Cost	Net Change
Fixed Income							
ISHARES SHORT-TERM NATIONAL MUNI BOND ETF Estimated Yield 2.09% Dividend Option Reinvest Capital Gain Option Reinvest Average Unit Cost \$105.97	SUB CASH	3,476.482	\$105.48	\$366,699.32	\$7,690.57	\$368,388.50	(\$1,689.18)
ISHARES TR IBONDS DEC 2025 TERM MUNI BDS ETF Estimated Yield 2.03% Dividend Option Reinvest Capital Gain Option Reinvest Average Unit Cost \$26.66	IBMN CASH	18,751.453	\$26.615	\$499,069.92	\$10,153.54	\$499,859.28	(\$789.36)
ISHARES TR IBONDS DEC 26 Estimated Yield 2.14% Dividend Option Reinvest Capital Gain Option Reinvest Average Unit Cost \$25.61	IBMO CASH	19,647.58	\$25.46	\$500,227.39	\$10,735.73	\$503,086.83	(\$2,859.44)
ISHARES TRUST IBONDS DEC 2027 TERM MUNI BOND ETF Estimated Yield 2.34% Dividend Option Reinvest Capital Gain Option Reinvest Average Unit Cost \$25.32	IBMP CASH	19,839.064	\$25.14	\$498,754.07	\$11,700.39	\$502,312.04	(\$3,557.97)
Total Fixed Income				\$1,864,750.70	\$40,280.23	\$1,873,646.65	(\$8,895.95)
Total Exchange Traded Products				\$1,864,750.70	\$40,280.23	\$1,873,646.65	(\$8,895.95)
Total Securities				\$6,750,170.03	\$169,256.88	\$6,694,150.15	\$56,019.88
TOTAL PORTFOLIO VALUE				\$7,896,518.08	\$169,256.88	\$6,694,150.15	\$56,019.88

Statement for the Period December 1, 2024 to December 31, 2024

THE COOPERATIVE WELFARE BENEFITS PLAN MEWA - Non-Affiliated Plan*
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Your Account Representative does business as Bral Niedert Private Wealth Advisors, and may offer securities and/or advisory services through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser.

Holdings

The account cost and associated gain (loss) is provided for informational purposes only and should not be used for tax-reporting purposes. Such information is provided to help you estimate and track the change in market value of each position relative to your investment into this security (not including reinvestments). Please refer to Footnotes and Cost Information at the end of this statement for more information.

For additional information regarding your holdings, please refer to the footnotes at the end of the statement.

CASH AND CASH EQUIVALENTS - 1.78% of Total Account Value

Description	Symbol/Cusip Account Type	Quantity	Price on 12/31/24	Current Market Value	Estimated Annual Income		
Money Markets							
FIDELITY GOVT MMKT PREMIUM CLASS	FZCXX	96,168.37	\$1.00	\$96,168.37			
7 DAY YIELD 4.23%	CASH						
Dividend Option Reinvest							
Capital Gain Option Reinvest							
Bank Deposits							
Bank deposits are not securities and are not covered by the Securities Investor Protection Corporation (SIPC). Funds used to purchase or sweep to a bank deposit are SIPC protected until deposited to a Program Bank at which time funds may be eligible for FDIC insurance. Customers are responsible for monitoring their total deposits at each Program Bank to determine the extent of available FDIC insurance. Refer to the Bank Deposit Detail section which appears later in this statement for information on the banks holding your deposits. If your account was established on the last business day of this month, your statement will not include a Bank Deposit Detail section. The Interest Rate below is the interest rate effective for Cash Balances in your FDIC-Insured Bank Deposit Sweep on the last day of the statement period.							
ADVISORY RETIREMENT SWEEP PROGRAM	QLFPQ	18,347.66	\$1.00	\$18,347.66			
Interest Rate 1.73%	CASH						
Total Cash and Cash Equivalents				\$114,516.03			

HOLDINGS > EXCHANGE TRADED PRODUCTS - 98.22% of Total Account Value

Description	Symbol/Cusip Account Type	Quantity	Price on 12/31/24	Current Market Value	Estimated Annual Income	Cost	Net Change
Equity							
ISHARES CORE S&P 500 ETF	IVV	1,715.117	\$588.68	\$1,009,655.08	\$13,112.51	\$774,462.68	\$235,192.40
Estimated Yield 1.29%	CASH						
Dividend Option Reinvest							
Capital Gain Option Reinvest							
Average Unit Cost \$451.55							

Statement for the Period December 1, 2024 to December 31, 2024

THE COOPERATIVE WELFARE BENEFITS PLAN MEWA - Non-Affiliated Plan*
 Account Number: B37-730099

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HOLDINGS > EXCHANGE TRADED PRODUCTS *continued*

Description	Symbol/Cusip Account Type	Quantity	Price on 12/31/24	Current Market Value	Estimated Annual Income	Cost	Net Change
ISHARES TRUST RUSSELL 2500 USD ETF	SMMD	2,989.68	\$68.00	\$203,298.24	\$2,577.03	\$185,449.31	\$17,848.93
Estimated Yield 1.26%	CASH						
Dividend Option Reinvest							
Capital Gain Option Reinvest							
Average Unit Cost \$62.03							
VANGUARD DEVELOPED MARKETS INDEX FUND	VEA	3,771.614	\$47.82	\$180,358.58	\$6,050.42	\$171,682.38	\$8,676.20
ETF	CASH						
Estimated Yield 3.35%							
Dividend Option Reinvest							
Capital Gain Option Reinvest							
Average Unit Cost \$45.52							
VANGUARD INTL EQUITY INDEX FDS FTSE EMR	VWO	1,522.725	\$44.04	\$67,060.81	\$2,145.37	\$63,729.73	\$3,331.08
MKT ETF	CASH						
Estimated Yield 3.19%							
Dividend Option Reinvest							
Capital Gain Option Reinvest							
Average Unit Cost \$41.85							
Total Equity				\$1,460,372.71	\$23,885.33	\$1,195,324.10	\$265,048.61
Fixed Income							
ISHARES IBOX \$ INV GRADE CORPORATE BOND	LQD	4,735.841	\$106.84	\$505,977.25	\$22,498.86	\$497,322.24	\$8,655.01
ETF	CASH						
Estimated Yield 4.44%							
Dividend Option Reinvest							
Capital Gain Option Reinvest							
Average Unit Cost \$105.01							
ISHARES SHORT-TERM NATIONAL MUNI BOND	SUB	7,827.374	\$105.48	\$825,631.41	\$17,315.47	\$829,135.24	(\$3,503.83)
ETF	CASH						
Estimated Yield 2.09%							
Dividend Option Reinvest							
Capital Gain Option Reinvest							
Average Unit Cost \$105.93							

Statement for the Period December 1, 2024 to December 31, 2024

THE COOPERATIVE WELFARE BENEFITS PLAN MEWA - Non-Affiliated Plan*
 Account Number: B37-730099

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HOLDINGS > EXCHANGE TRADED PRODUCTS *continued*

Description	Symbol/Cusip Account Type	Quantity	Price on 12/31/24	Current Market Value	Estimated Annual Income	Cost	Net Change
ISHARES TR MBS ETF	MBB CASH	10,970.625	\$91.68	\$1,005,786.90	\$39,591.45	\$999,971.12	\$5,815.78
Estimated Yield 3.93%							
Dividend Option Reinvest							
Capital Gain Option Reinvest							
Average Unit Cost \$91.15							
ISHARES TR US TREAS BD ETF	GOVT CASH	100,919.036	\$22.98	\$2,319,119.45	\$72,908.86	\$2,284,332.91	\$34,786.54
Estimated Yield 3.14%							
Dividend Option Reinvest							
Capital Gain Option Reinvest							
Average Unit Cost \$22.64							
ISHARES TRUST 0-5YR HIGH YIELD CORP BD	SHYG CASH	4,558.861	\$42.61	\$194,253.07	\$13,453.54	\$191,445.80	\$2,807.27
ISIN #US46434V4077 SEDOL #BFS2LL0							
Estimated Yield 6.92%							
Dividend Option Reinvest							
Capital Gain Option Reinvest							
Average Unit Cost \$41.99							
Total Fixed Income				\$4,850,768.08	\$165,768.18	\$4,802,207.31	\$48,560.77
Total Exchange Traded Products				\$6,311,140.79	\$189,653.51	\$5,997,531.41	\$313,609.38
Total Securities				\$6,311,140.79	\$189,653.51	\$5,997,531.41	\$313,609.38
TOTAL PORTFOLIO VALUE				\$6,425,656.82	\$189,653.51	\$5,997,531.41	\$313,609.38

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

ABC H&W PREMIUMS - IA & NE
ACCOUNT NUMBER 15135000

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	BEGINNING MARKET VALUE		621,375.67			
	COMPARATIVE VALUE (5%)		31,068.78			
01/09/24 B	ISSUE: VP7000251 - PRINCIPAL DEPOSIT	3,027,981	SWEEP PROGRAM 1.000	0	3,027,981-*	3,027,981
01/10/24 B	ISSUE: VP7000251 - PRINCIPAL DEPOSIT	1,472,244	SWEEP PROGRAM 1.000	0	1,472,244-*	1,472,244
01/11/24 S	ISSUE: VP7000251 - PRINCIPAL DEPOSIT	1,113,732	SWEEP PROGRAM 1.000	0	1,113,732 *	1,113,732 0
01/16/24 S	ISSUE: VP7000251 - PRINCIPAL DEPOSIT	1,030,535	SWEEP PROGRAM 1.000	0	1,030,535 *	1,030,535 0
01/17/24 B	ISSUE: VP7000251 - PRINCIPAL DEPOSIT	87,395	SWEEP PROGRAM 1.000	0	87,395-*	87,395
01/18/24 B	ISSUE: VP7000251 - PRINCIPAL DEPOSIT	157,467	SWEEP PROGRAM 1.000	0	157,467-*	157,467
01/22/24 B	ISSUE: VP7000251 - PRINCIPAL DEPOSIT	1,219,933	SWEEP PROGRAM 1.000	0	1,219,933-*	1,219,933
01/23/24 S	ISSUE: VP7000251 - PRINCIPAL DEPOSIT	32,344	SWEEP PROGRAM 1.000	0	32,344 *	32,344 0
01/24/24 S	ISSUE: VP7000251 - PRINCIPAL DEPOSIT	502,949	SWEEP PROGRAM 1.000	0	502,949 *	502,949 0
01/25/24 S	ISSUE: VP7000251 - PRINCIPAL DEPOSIT	1,051,464	SWEEP PROGRAM 1.000	0	1,051,464 *	1,051,464 0
01/29/24 B	ISSUE: VP7000251 - PRINCIPAL DEPOSIT	202,625	SWEEP PROGRAM 1.000	0	202,625-*	202,625
01/30/24 S	ISSUE: VP7000251 - PRINCIPAL DEPOSIT	1,786,692	SWEEP PROGRAM 1.000	0	1,786,692 *	1,786,692 0
01/31/24 B	ISSUE: VP7000251 - PRINCIPAL DEPOSIT	643,835	SWEEP PROGRAM 1.000	0	643,835-*	643,835
02/01/24 B	ISSUE: VP7000251 - PRINCIPAL DEPOSIT	3,192,928	SWEEP PROGRAM 1.000	0	3,192,928-*	3,192,928
02/02/24 S	ISSUE: VP7000251 - PRINCIPAL DEPOSIT	1,001,055	SWEEP PROGRAM 1.000	0	1,001,055 *	1,001,055 0
02/05/24 B	ISSUE: VP7000251 - PRINCIPAL DEPOSIT	1,422,257	SWEEP PROGRAM 1.000	0	1,422,257-*	1,422,257
02/06/24 S	ISSUE: VP7000251 - PRINCIPAL DEPOSIT	783,933	SWEEP PROGRAM 1.000	0	783,933 *	783,933 0
02/07/24 B	ISSUE: VP7000251 - PRINCIPAL DEPOSIT	150,935	SWEEP PROGRAM 1.000	0	150,935-*	150,935
02/09/24 B	ISSUE: VP7000251 - PRINCIPAL DEPOSIT	70,717	SWEEP PROGRAM 1.000	0	70,717-*	70,717

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FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

ABC H&W PREMIUMS - IA & NE
ACCOUNT NUMBER 15135000

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ISSUE: VP7000251 - PRINCIPAL DEPOSIT			SWEEP PROGRAM			
02/12/24 B	68,542	1.000	0	68,542-*	68,542	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT			SWEEP PROGRAM			
02/14/24 S	52,159	1.000	0	52,159 *	52,159	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT			SWEEP PROGRAM			
02/15/24 S	1,028,561	1.000	0	1,028,561 *	1,028,561	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT			SWEEP PROGRAM			
02/20/24 S	145,821	1.000	0	145,821 *	145,821	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT			SWEEP PROGRAM			
02/21/24 B	151,429	1.000	0	151,429-*	151,429	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT			SWEEP PROGRAM			
02/22/24 S	1,254,238	1.000	0	1,254,238 *	1,254,238	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT			SWEEP PROGRAM			
02/27/24 S	37,846	1.000	0	37,846 *	37,846	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT			SWEEP PROGRAM			
02/28/24 S	855,507	1.000	0	855,507 *	855,507	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT			SWEEP PROGRAM			
03/01/24 B	3,167,583	1.000	0	3,167,583-*	3,167,583	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT			SWEEP PROGRAM			
03/04/24 B	1,515,568	1.000	0	1,515,568-*	1,515,568	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT			SWEEP PROGRAM			
03/06/24 S	819,128	1.000	0	819,128 *	819,128	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT			SWEEP PROGRAM			
03/07/24 B	110,031	1.000	0	110,031-*	110,031	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT			SWEEP PROGRAM			
03/12/24 S	1,679,910	1.000	0	1,679,910 *	1,679,910	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT			SWEEP PROGRAM			
03/19/24 S	50,231	1.000	0	50,231 *	50,231	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT			SWEEP PROGRAM			
03/20/24 S	1,003,685	1.000	0	1,003,685 *	1,003,685	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT			SWEEP PROGRAM			
03/22/24 B	683,987	1.000	0	683,987-*	683,987	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT			SWEEP PROGRAM			
03/27/24 S	1,250,425	1.000	0	1,250,425 *	1,250,425	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT			SWEEP PROGRAM			
04/01/24 B	3,265,555	1.000	0	3,265,555-*	3,265,555	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT			SWEEP PROGRAM			
04/03/24 S	44,391	1.000	0	44,391 *	44,391	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT			SWEEP PROGRAM			
04/04/24 B	869,469	1.000	0	869,469-*	869,469	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT			SWEEP PROGRAM			
04/05/24 B	65,606	1.000	0	65,606-*	65,606	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT			SWEEP PROGRAM			
04/08/24 S	528,716	1.000	0	528,716 *	528,716	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT			SWEEP PROGRAM			
04/11/24 S	207,886	1.000	0	207,886 *	207,886	0

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

ABC H&W PREMIUMS - IA & NE
ACCOUNT NUMBER 15135000

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/16/24 S	1,475,362	1.000	0	1,475,362 *	1,475,362	0
04/17/24 S	152,378	1.000	0	152,378 *	152,378	0
04/23/24 S	42,866	1.000	0	42,866 *	42,866	0
04/24/24 S	871,878	1.000	0	871,878 *	871,878	0
04/30/24 S	1,194,029	1.000	0	1,194,029 *	1,194,029	0
05/01/24 B	3,197,014	1.000	0	3,197,014-*	3,197,014	0
05/07/24 B	130,641	1.000	0	130,641-*	130,641	0
05/08/24 S	35,999	1.000	0	35,999 *	35,999	0
05/10/24 B	336,928	1.000	0	336,928-*	336,928	0
05/13/24 B	53,085	1.000	0	53,085-*	53,085	0
05/14/24 S	34,444	1.000	0	34,444 *	34,444	0
05/15/24 S	1,281,573	1.000	0	1,281,573 *	1,281,573	0
05/17/24 S	229,668	1.000	0	229,668 *	229,668	0
05/22/24 S	1,186,302	1.000	0	1,186,302 *	1,186,302	0
05/29/24 S	50,785	1.000	0	50,785 *	50,785	0
05/30/24 S	1,166,359	1.000	0	1,166,359 *	1,166,359	0
06/03/24 B	3,422,178	1.000	0	3,422,178-*	3,422,178	0
06/07/24 S	447,129	1.000	0	447,129 *	447,129	0
06/10/24 B	548,482	1.000	0	548,482-*	548,482	0
06/11/24 S	1,128,328	1.000	0	1,128,328 *	1,128,328	0
06/12/24 S	781,168	1.000	0	781,168 *	781,168	0
06/13/24 B	1,140,689	1.000	0	1,140,689-*	1,140,689	0
06/18/24 S	1,015,651	1.000	0	1,015,651 *	1,015,651	0

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

ABC H&W PREMIUMS - IA & NE
ACCOUNT NUMBER 15135000

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
06/24/24 S	46,433	1.000	0	46,433 *	46,433	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
06/28/24 S	1,016,480	1.000	0	1,016,480 *	1,016,480	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
07/01/24 B	3,328,719	1.000	0	3,328,719-*	3,328,719	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
07/02/24 S	32,181	1.000	0	32,181 *	32,181	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
07/08/24 B	680,869	1.000	0	680,869-*	680,869	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
07/10/24 S	1,515,130	1.000	0	1,515,130 *	1,515,130	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
07/11/24 B	961,426	1.000	0	961,426-*	961,426	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
07/15/24 S	571,977	1.000	0	571,977 *	571,977	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
07/16/24 S	911,909	1.000	0	911,909 *	911,909	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
07/22/24 B	54,103	1.000	0	54,103-*	54,103	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
07/23/24 S	38,353	1.000	0	38,353 *	38,353	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
07/24/24 S	1,345,999	1.000	0	1,345,999 *	1,345,999	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
07/29/24 B	138,524	1.000	0	138,524-*	138,524	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
07/31/24 S	1,024,394	1.000	0	1,024,394 *	1,024,394	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
08/01/24 B	3,833,489	1.000	0	3,833,489-*	3,833,489	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
08/05/24 B	58,028	1.000	0	58,028-*	58,028	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
08/06/24 S	1,193,837	1.000	0	1,193,837 *	1,193,837	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
08/07/24 B	34,871	1.000	0	34,871-*	34,871	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
08/08/24 S	57,573	1.000	0	57,573 *	57,573	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
08/09/24 B	334,343	1.000	0	334,343-*	334,343	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
08/13/24 S	1,463,225	1.000	0	1,463,225 *	1,463,225	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
08/14/24 S	37,748	1.000	0	37,748 *	37,748	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
08/19/24 B	74,176	1.000	0	74,176-*	74,176	0

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

ABC H&W PREMIUMS - IA & NE
ACCOUNT NUMBER 15135000

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
08/20/24 S	924,485	1.000	0	924,485 *	924,485	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
08/23/24 S	388,362	1.000	0	388,362 *	388,362	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
08/27/24 S	50,629	1.000	0	50,629 *	50,629	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
08/28/24 S	1,092,703	1.000	0	1,092,703 *	1,092,703	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
08/29/24 B	115,791	1.000	0	115,791-*	115,791	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
09/03/24 B	3,999,806	1.000	0	3,999,806-*	3,999,806	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
09/04/24 S	40,706	1.000	0	40,706 *	40,706	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
09/09/24 B	324,213	1.000	0	324,213-*	324,213	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
09/10/24 S	31,289	1.000	0	31,289 *	31,289	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
09/11/24 S	1,475,650	1.000	0	1,475,650 *	1,475,650	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
09/13/24 B	857,298	1.000	0	857,298-*	857,298	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
09/16/24 S	579,602	1.000	0	579,602 *	579,602	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
09/17/24 S	36,165	1.000	0	36,165 *	36,165	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
09/18/24 B	74,767	1.000	0	74,767-*	74,767	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
09/19/24 S	1,135,855	1.000	0	1,135,855 *	1,135,855	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
09/24/24 B	47,111	1.000	0	47,111-*	47,111	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
09/25/24 S	1,315,546	1.000	0	1,315,546 *	1,315,546	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
09/27/24 S	1,378,715	1.000	0	1,378,715 *	1,378,715	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
09/30/24 B	154,239	1.000	0	154,239-*	154,239	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
10/01/24 B	3,683,947	1.000	0	3,683,947-*	3,683,947	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
10/02/24 B	70,845	1.000	0	70,845-*	70,845	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
10/04/24 S	1,339,006	1.000	0	1,339,006 *	1,339,006	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
10/07/24 B	254,803	1.000	0	254,803-*	254,803	0

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

ABC H&W PREMIUMS - IA & NE
ACCOUNT NUMBER 15135000

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/10/24 B	864,216	1.000	0	864,216-*	864,216	
10/16/24 S	1,042,279	1.000	0	1,042,279 *	1,042,279	0
10/21/24 S	505,629	1.000	0	505,629 *	505,629	0
10/23/24 S	1,091,316	1.000	0	1,091,316 *	1,091,316	0
10/29/24 S	60,747	1.000	0	60,747 *	60,747	0
10/30/24 B	740,725	1.000	0	740,725-*	740,725	
10/31/24 S	1,970,222	1.000	0	1,970,222 *	1,970,222	0
11/01/24 B	3,566,535	1.000	0	3,566,535-*	3,566,535	
11/04/24 B	54,571	1.000	0	54,571-*	54,571	
11/06/24 S	978,651	1.000	0	978,651 *	978,651	0
11/07/24 B	61,751	1.000	0	61,751-*	61,751	
11/13/24 S	1,128,366	1.000	0	1,128,366 *	1,128,366	0
11/14/24 S	297,439	1.000	0	297,439 *	297,439	0
11/15/24 S	278,381	1.000	0	278,381 *	278,381	0
11/18/24 B	937,285	1.000	0	937,285-*	937,285	
11/19/24 S	1,115,071	1.000	0	1,115,071 *	1,115,071	0
11/26/24 B	304,822	1.000	0	304,822-*	304,822	
11/27/24 S	293,170	1.000	0	293,170 *	293,170	0
12/02/24 B	3,747,786	1.000	0	3,747,786-*	3,747,786	
12/03/24 S	1,730,231	1.000	0	1,730,231 *	1,730,231	0
12/06/24 B	59,438	1.000	0	59,438-*	59,438	
12/09/24 S	59,984	1.000	0	59,984 *	59,984	0
12/10/24 B	821,662	1.000	0	821,662-*	821,662	

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

ABC H&W PREMIUMS - IA & NE
ACCOUNT NUMBER 15135000

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
ISSUE: VP7000251 - PRINCIPAL DEPOSIT		SWEEP	PROGRAM			
12/11/24 S	1,475,407	1.000	0	1,475,407 *	1,475,407	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT		SWEEP	PROGRAM			
12/13/24 S	432,381	1.000	0	432,381 *	432,381	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT		SWEEP	PROGRAM			
12/18/24 S	1,072,269	1.000	0	1,072,269 *	1,072,269	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT		SWEEP	PROGRAM			
12/19/24 B	1,767,677	1.000	0	1,767,677-*	1,767,677	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT		SWEEP	PROGRAM			
12/23/24 S	950,932	1.000	0	950,932 *	950,932	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT		SWEEP	PROGRAM			
12/27/24 S	1,349,400	1.000	0	1,349,400 *	1,349,400	0
GRAND TOTAL			0	124,613,894	124,613,894	0

F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

ABC H&W PREMIUMS - IA & NE
ACCOUNT NUMBER 15135000

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
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BEGINNING MARKET VALUE	621,375.67
COMPARATIVE VALUE (5%)	31,068.78

ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM

01/02/24 B	5,303	1.000	0	5,303-	5,303	
01/02/24 B	760	1.000	0	760-	760	
01/08/24 B	1,936	1.000	0	1,936-	1,936	
01/09/24 B	3,027,981	1.000	0	3,027,981-*	3,027,981	
01/10/24 B	1,472,244	1.000	0	1,472,244-*	1,472,244	
01/12/24 B	1,556	1.000	0	1,556-	1,556	
01/17/24 B	87,395	1.000	0	87,395-*	87,395	
01/18/24 B	157,467	1.000	0	157,467-*	157,467	
01/22/24 B	1,219,933	1.000	0	1,219,933-*	1,219,933	
01/26/24 B	1,760	1.000	0	1,760-	1,760	
01/29/24 B	202,625	1.000	0	202,625-*	202,625	
01/31/24 B	643,835	1.000	0	643,835-*	643,835	
02/01/24 B	6,994	1.000	0	6,994-	6,994	
02/01/24 B	3,192,928	1.000	0	3,192,928-*	3,192,928	
02/05/24 B	1,422,257	1.000	0	1,422,257-*	1,422,257	
02/07/24 B	150,935	1.000	0	150,935-*	150,935	
02/08/24 B	27	1.000	0	27-	27	
02/09/24 B	70,717	1.000	0	70,717-*	70,717	
02/12/24 B	68,542	1.000	0	68,542-*	68,542	
02/13/24 B	449	1.000	0	449-	449	
02/21/24 B	151,429	1.000	0	151,429-*	151,429	
02/29/24 B	2,901	1.000	0	2,901-	2,901	
03/01/24 B	9,690	1.000	0	9,690-	9,690	
03/01/24 B	3,167,583	1.000	0	3,167,583-*	3,167,583	
03/04/24 B	1,515,568	1.000	0	1,515,568-*	1,515,568	
03/07/24 B	110,031	1.000	0	110,031-*	110,031	
03/08/24 B	3,953	1.000	0	3,953-	3,953	
03/11/24 B	10,527	1.000	0	10,527-	10,527	
03/14/24 B	2,386	1.000	0	2,386-	2,386	
03/18/24 B	1,556	1.000	0	1,556-	1,556	
03/22/24 B	683,987	1.000	0	683,987-*	683,987	
03/28/24 B	858	1.000	0	858-	858	
04/01/24 B	11,214	1.000	0	11,214-	11,214	
04/01/24 B	3,265,555	1.000	0	3,265,555-*	3,265,555	
04/04/24 B	869,469	1.000	0	869,469-*	869,469	

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

ABC H&W PREMIUMS - IA & NE
ACCOUNT NUMBER 15135000

SERIES / BY ISSUE						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
04/05/24 B	65,606	1.000	0	65,606-*	65,606	
04/09/24 B	30,736	1.000	0	30,736-	30,736	
04/12/24 B	2,376	1.000	0	2,376-	2,376	
04/18/24 B	6,433	1.000	0	6,433-	6,433	
04/22/24 B	3,011	1.000	0	3,011-	3,011	
05/01/24 B	3,197,014	1.000	0	3,197,014-*	3,197,014	
05/02/24 B	5,767	1.000	0	5,767-	5,767	
05/06/24 B	4,136	1.000	0	4,136-	4,136	
05/07/24 B	130,641	1.000	0	130,641-*	130,641	
05/09/24 B	3,725	1.000	0	3,725-	3,725	
05/10/24 B	336,928	1.000	0	336,928-*	336,928	
05/13/24 B	53,085	1.000	0	53,085-*	53,085	
05/20/24 B	2,521	1.000	0	2,521-	2,521	
05/21/24 B	1,460	1.000	0	1,460-	1,460	
05/28/24 B	722	1.000	0	722-	722	
06/03/24 B	11,716	1.000	0	11,716-	11,716	
06/03/24 B	3,422,178	1.000	0	3,422,178-*	3,422,178	
06/06/24 B	5,382	1.000	0	5,382-	5,382	
06/10/24 B	548,482	1.000	0	548,482-*	548,482	
06/13/24 B	1,140,689	1.000	0	1,140,689-*	1,140,689	
06/17/24 B	2,220	1.000	0	2,220-	2,220	
06/20/24 B	2,492	1.000	0	2,492-	2,492	
06/21/24 B	200	1.000	0	200-	200	
06/25/24 B	449	1.000	0	449-	449	
06/27/24 B	3,082	1.000	0	3,082-	3,082	
07/01/24 B	10,212	1.000	0	10,212-	10,212	
07/01/24 B	3,328,719	1.000	0	3,328,719-*	3,328,719	
07/03/24 B	1,216	1.000	0	1,216-	1,216	
07/05/24 B	2,569	1.000	0	2,569-	2,569	
07/08/24 B	680,869	1.000	0	680,869-*	680,869	
07/11/24 B	961,426	1.000	0	961,426-*	961,426	
07/22/24 B	54,103	1.000	0	54,103-*	54,103	
07/25/24 B	1,281	1.000	0	1,281-	1,281	
07/26/24 B	2,910	1.000	0	2,910-	2,910	
07/29/24 B	138,524	1.000	0	138,524-*	138,524	
08/01/24 B	12,643	1.000	0	12,643-	12,643	
08/01/24 B	3,833,489	1.000	0	3,833,489-*	3,833,489	
08/02/24 B	771	1.000	0	771-	771	
08/05/24 B	58,028	1.000	0	58,028-*	58,028	
08/07/24 B	34,871	1.000	0	34,871-*	34,871	
08/09/24 B	334,343	1.000	0	334,343-*	334,343	
08/19/24 B	74,176	1.000	0	74,176-*	74,176	
08/21/24 B	1,444	1.000	0	1,444-	1,444	
08/22/24 B	192	1.000	0	192-	192	

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

ABC H&W PREMIUMS - IA & NE
ACCOUNT NUMBER 15135000

SERIES / BY ISSUE						
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/26/24 B	3,904	1.000	0	3,904-	3,904	
08/29/24 B	115,791	1.000	0	115,791-*	115,791	
09/03/24 B	10,269	1.000	0	10,269-	10,269	
09/03/24 B	3,999,806	1.000	0	3,999,806-*	3,999,806	
09/05/24 B	6,874	1.000	0	6,874-	6,874	
09/06/24 B	1,600	1.000	0	1,600-	1,600	
09/09/24 B	324,213	1.000	0	324,213-*	324,213	
09/13/24 B	857,298	1.000	0	857,298-*	857,298	
09/18/24 B	74,767	1.000	0	74,767-*	74,767	
09/24/24 B	47,111	1.000	0	47,111-*	47,111	
09/30/24 B	154,239	1.000	0	154,239-*	154,239	
10/01/24 B	9,659	1.000	0	9,659-	9,659	
10/01/24 B	3,683,947	1.000	0	3,683,947-*	3,683,947	
10/02/24 B	70,845	1.000	0	70,845-*	70,845	
10/03/24 B	3,599	1.000	0	3,599-	3,599	
10/07/24 B	254,803	1.000	0	254,803-*	254,803	
10/10/24 B	864,216	1.000	0	864,216-*	864,216	
10/15/24 B	1,543	1.000	0	1,543-	1,543	
10/18/24 B	3,849	1.000	0	3,849-	3,849	
10/25/24 B	688	1.000	0	688-	688	
10/30/24 B	740,725	1.000	0	740,725-*	740,725	
11/01/24 B	7,822	1.000	0	7,822-	7,822	
11/01/24 B	3,566,535	1.000	0	3,566,535-*	3,566,535	
11/04/24 B	54,571	1.000	0	54,571-*	54,571	
11/07/24 B	61,751	1.000	0	61,751-*	61,751	
11/15/24 B	771	1.000	0	771-	771	
11/18/24 B	937,285	1.000	0	937,285-*	937,285	
11/25/24 B	688	1.000	0	688-	688	
11/26/24 B	304,822	1.000	0	304,822-*	304,822	
11/29/24 B	7,595	1.000	0	7,595-	7,595	
12/02/24 B	5,336	1.000	0	5,336-	5,336	
12/02/24 B	3,747,786	1.000	0	3,747,786-*	3,747,786	
12/04/24 B	4,093	1.000	0	4,093-	4,093	
12/05/24 B	2,508	1.000	0	2,508-	2,508	
12/06/24 B	59,438	1.000	0	59,438-*	59,438	
12/10/24 B	821,662	1.000	0	821,662-*	821,662	
12/17/24 B	211	1.000	0	211-	211	
12/19/24 B	1,767,677	1.000	0	1,767,677-*	1,767,677	
SUB-TOTAL OF BUYS # 117			0	62,635,485	62,635,485	
01/03/24 S	21,799	1.000	0	21,799	21,799	0
01/04/24 S	780	1.000	0	780	780	0
01/11/24 S	1,113,732	1.000	0	1,113,732 *	1,113,732	0

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

ABC H&W PREMIUMS - IA & NE
ACCOUNT NUMBER 15135000

SERIES / BY ISSUE						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
01/16/24 S	1,030,535	1.000	0	1,030,535 *	1,030,535	0
01/23/24 S	32,344	1.000	0	32,344 *	32,344	0
01/24/24 S	502,949	1.000	0	502,949 *	502,949	0
01/25/24 S	1,051,464	1.000	0	1,051,464 *	1,051,464	0
01/30/24 S	1,786,692	1.000	0	1,786,692 *	1,786,692	0
02/02/24 S	1,001,055	1.000	0	1,001,055 *	1,001,055	0
02/06/24 S	783,933	1.000	0	783,933 *	783,933	0
02/14/24 S	52,159	1.000	0	52,159 *	52,159	0
02/15/24 S	1,028,561	1.000	0	1,028,561 *	1,028,561	0
02/20/24 S	145,821	1.000	0	145,821 *	145,821	0
02/22/24 S	1,254,238	1.000	0	1,254,238 *	1,254,238	0
02/23/24 S	21,500	1.000	0	21,500	21,500	0
02/27/24 S	37,846	1.000	0	37,846 *	37,846	0
02/28/24 S	855,507	1.000	0	855,507 *	855,507	0
03/06/24 S	819,128	1.000	0	819,128 *	819,128	0
03/12/24 S	1,679,910	1.000	0	1,679,910 *	1,679,910	0
03/19/24 S	50,231	1.000	0	50,231 *	50,231	0
03/20/24 S	1,003,685	1.000	0	1,003,685 *	1,003,685	0
03/27/24 S	1,250,425	1.000	0	1,250,425 *	1,250,425	0
04/02/24 S	1,022	1.000	0	1,022	1,022	0
04/03/24 S	44,391	1.000	0	44,391 *	44,391	0
04/08/24 S	528,716	1.000	0	528,716 *	528,716	0
04/10/24 S	640	1.000	0	640	640	0
04/11/24 S	207,886	1.000	0	207,886 *	207,886	0
04/16/24 S	1,475,362	1.000	0	1,475,362 *	1,475,362	0
04/17/24 S	152,378	1.000	0	152,378 *	152,378	0
04/23/24 S	42,866	1.000	0	42,866 *	42,866	0
04/24/24 S	871,878	1.000	0	871,878 *	871,878	0
04/30/24 S	1,194,029	1.000	0	1,194,029 *	1,194,029	0
05/01/24 S	23,639	1.000	0	23,639	23,639	0
05/08/24 S	35,999	1.000	0	35,999 *	35,999	0
05/14/24 S	34,444	1.000	0	34,444 *	34,444	0
05/15/24 S	1,281,573	1.000	0	1,281,573 *	1,281,573	0
05/17/24 S	229,668	1.000	0	229,668 *	229,668	0
05/22/24 S	1,186,302	1.000	0	1,186,302 *	1,186,302	0
05/29/24 S	50,785	1.000	0	50,785 *	50,785	0
05/30/24 S	1,166,359	1.000	0	1,166,359 *	1,166,359	0
06/04/24 S	26,253	1.000	0	26,253	26,253	0
06/05/24 S	30,129	1.000	0	30,129	30,129	0
06/07/24 S	447,129	1.000	0	447,129 *	447,129	0
06/11/24 S	1,128,328	1.000	0	1,128,328 *	1,128,328	0
06/12/24 S	781,168	1.000	0	781,168 *	781,168	0
06/18/24 S	1,015,651	1.000	0	1,015,651 *	1,015,651	0
06/24/24 S	46,433	1.000	0	46,433 *	46,433	0

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

ABC H&W PREMIUMS - IA & NE
ACCOUNT NUMBER 15135000

SERIES / BY ISSUE						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
06/26/24 S	28,307	1.000	0	28,307	28,307	0
06/28/24 S	1,016,480	1.000	0	1,016,480 *	1,016,480	0
07/02/24 S	32,181	1.000	0	32,181 *	32,181	0
07/09/24 S	30,410	1.000	0	30,410	30,410	0
07/10/24 S	1,515,130	1.000	0	1,515,130 *	1,515,130	0
07/15/24 S	571,977	1.000	0	571,977 *	571,977	0
07/16/24 S	911,909	1.000	0	911,909 *	911,909	0
07/23/24 S	38,353	1.000	0	38,353 *	38,353	0
07/24/24 S	1,345,999	1.000	0	1,345,999 *	1,345,999	0
07/31/24 S	1,024,394	1.000	0	1,024,394 *	1,024,394	0
08/06/24 S	1,193,837	1.000	0	1,193,837 *	1,193,837	0
08/08/24 S	57,573	1.000	0	57,573 *	57,573	0
08/12/24 S	1,133	1.000	0	1,133	1,133	0
08/13/24 S	1,463,225	1.000	0	1,463,225 *	1,463,225	0
08/14/24 S	37,748	1.000	0	37,748 *	37,748	0
08/20/24 S	924,485	1.000	0	924,485 *	924,485	0
08/23/24 S	388,362	1.000	0	388,362 *	388,362	0
08/27/24 S	50,629	1.000	0	50,629 *	50,629	0
08/28/24 S	1,092,703	1.000	0	1,092,703 *	1,092,703	0
09/04/24 S	40,706	1.000	0	40,706 *	40,706	0
09/10/24 S	31,289	1.000	0	31,289 *	31,289	0
09/11/24 S	1,475,650	1.000	0	1,475,650 *	1,475,650	0
09/16/24 S	579,602	1.000	0	579,602 *	579,602	0
09/17/24 S	36,165	1.000	0	36,165 *	36,165	0
09/19/24 S	1,135,855	1.000	0	1,135,855 *	1,135,855	0
09/25/24 S	1,315,546	1.000	0	1,315,546 *	1,315,546	0
09/26/24 S	582	1.000	0	582	582	0
09/27/24 S	1,378,715	1.000	0	1,378,715 *	1,378,715	0
10/04/24 S	1,339,006	1.000	0	1,339,006 *	1,339,006	0
10/09/24 S	28,195	1.000	0	28,195	28,195	0
10/16/24 S	1,042,279	1.000	0	1,042,279 *	1,042,279	0
10/17/24 S	28,925	1.000	0	28,925	28,925	0
10/21/24 S	505,629	1.000	0	505,629 *	505,629	0
10/22/24 S	29,050	1.000	0	29,050	29,050	0
10/23/24 S	1,091,316	1.000	0	1,091,316 *	1,091,316	0
10/28/24 S	1,186	1.000	0	1,186	1,186	0
10/29/24 S	60,747	1.000	0	60,747 *	60,747	0
10/31/24 S	1,970,222	1.000	0	1,970,222 *	1,970,222	0
11/05/24 S	771	1.000	0	771	771	0
11/06/24 S	978,651	1.000	0	978,651 *	978,651	0
11/12/24 S	20,945	1.000	0	20,945	20,945	0
11/13/24 S	1,128,366	1.000	0	1,128,366 *	1,128,366	0
11/14/24 S	297,439	1.000	0	297,439 *	297,439	0
11/15/24 S	278,381	1.000	0	278,381 *	278,381	0

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

ABC H&W PREMIUMS - IA & NE
ACCOUNT NUMBER 15135000

SERIES / BY ISSUE						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
11/19/24 S	1,115,071	1.000	0	1,115,071 *	1,115,071	0
11/27/24 S	293,170	1.000	0	293,170 *	293,170	0
12/03/24 S	1,730,231	1.000	0	1,730,231 *	1,730,231	0
12/09/24 S	59,984	1.000	0	59,984 *	59,984	0
12/11/24 S	1,475,407	1.000	0	1,475,407 *	1,475,407	0
12/13/24 S	432,381	1.000	0	432,381 *	432,381	0
12/16/24 S	8,268	1.000	0	8,268	8,268	0
12/18/24 S	1,072,269	1.000	0	1,072,269 *	1,072,269	0
12/23/24 S	950,932	1.000	0	950,932 *	950,932	0
12/27/24 S	1,349,400	1.000	0	1,349,400 *	1,349,400	0
SUB-TOTAL OF SALES # 101			0	62,534,488	62,534,488	0
SUB-TOTAL			0	125,169,973	125,169,973	0
GRAND TOTAL			0	125,169,973	125,169,973	0

FOOTNOTES

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

Plan Name: The Cooperative Welfare Benefits Plan
 Plan Sponsor EIN: 42-1294150
 ERISA 3-digit Plan: 501
 Plan Year Ending: 12/31/2024

Group #210

Form 5500, Line A: Multiple-Employer Participating Employer Information

Internal

Member No.	Participating Employer Name	EIN	Contributions	Percentage of totals
0010	North Iowa Cooperative	42-1177465	\$ 615,635	1%
0023	NEW Cooperative, Inc.	42-1009976	\$ 13,513,084	22%
0078	Landus Cooperative	42-0243650	\$ (25,943)	0%
0081	Farmers Cooperative Elevator	42-0243480	\$ 1,032,852	2%
0121	Cedar County Cooperative	42-0172530	\$ 460,899	1%
0135	Northern Country Cooperative	42-0539815	\$ 242,780	0%
0156	Farmers Cooperative Assn.	42-1080586	\$ 218,037	0%
0168	Five Star Cooperative	42-0179380	\$ 1,832,557	3%
0173	NEXUS Cooperative	42-0243960	\$ 2,361,582	4%
0190	StateLine Cooperative	42-1023410	\$ 1,782,591	3%
0193	United Services Association	42-0994702	\$ 362,660	1%
0210	Associated Benefits Corporation	42-1279416	\$ 207,443	0%
0220	IA Institute for Cooperatives	42-0711488	\$ 8,954	0%
0223	Gold-Eagle Cooperative	42-0243700	\$ 3,965,991	6%
0225	River Valley Cooperative	42-0244210	\$ 3,783,907	6%
0226	Farmers Cooperative Co.	42-0484570	\$ 245,292	0%
0282	Heartland Co-op	42-0242420	\$ 5,515,886	9%
0302	Cooperative Farmers Elevator	42-0244070	\$ 4,933,604	8%
0314	Pro Cooperative	42-0150820	\$ 1,955,053	3%
0318	Cooperative Supply, Inc.	47-0156625	\$ 380,618	1%
0321	Sioux Honey Association	42-0527930	\$ 984,967	2%
0327	Central Valley Ag Cooperative	42-0834827	\$ 11,442,187	19%
0351	21st Century Cooperative Co.	42-0241690	\$ 383,865	1%
0378	Farmers Win Cooperative	42-0782088	\$ 1,319,337	2%
0397	Two Rivers Cooperative	42-0242790	\$ 534,383	1%
0423	Innovative Ag Services Co.	20-2096489	\$ 3,151,825	5%
0471	Pine Lake Corn Processors	68-0566001	\$ 564,642	1%
Totals			\$ 61,774,687	100%

Indirect Compensation. ABC also receives indirect compensation as the covered service provider in connection with the various services outlined in the ASA and below from the employers who participate in the Plans.

- Cafeteria Plan Administration Services - \$3.50 per month per participating employee.
- Health Plan Administration Services - \$29.00 per month per participating employee..
- Dental Plan Administration Services - \$3.25 per month per participating employee.
- Vision Plan Administration Services - \$1.50 per month per participating employee.
- Life and AD&D Administration Services - \$0.75 per month per participating employee.
- Long-Term Disability Administration Services - \$0.75 per month per participating employee and \$5.00 per month per Executive LTD employee.

Plan Name: The Cooperative Welfare Benefits Plan
Plan Sponsor EIN: 42-1294150
ERISA 3-digit Plan #: 501
Plan Year Ending: 12/31/2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Schedule H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant ("IQPA").

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial Statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name: The Cooperative Welfare Benefits Plan
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5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
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Plan Name: The Cooperative Welfare Benefits Plan
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