

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>MAINE CREDIT UNION LEAGUE INSURANCE TRUST EMPLOYEE BENEFIT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MAINE CREDIT UNION LEAGUE INSURANCE TRUST</u></p> <p><u>2 LEDGEVIEW DRIVE</u> <u>WESTBROOK, ME 04092</u></p>	<p>1c Effective date of plan <u>04/01/2019</u></p> <p>2b Employer Identification Number (EIN) <u>83-6759671</u></p> <p>2c Plan Sponsor's telephone number <u>207-773-0925</u></p> <p>2d Business code (see instructions) <u>525100</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	11/13/2025	KIMBERLY DAIGLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	893
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	891
	6a(2)	639
	6b	2
	6c	0
	6d	641
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code 163791084

<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 **04/01/2024** and ending **03/31/2025**

A Name of plan MAINE CREDIT UNION LEAGUE INSURANCE TRUST EMPLOYEE BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 MAINE CREDIT UNION LEAGUE INSURANCE TRUST	D Employer Identification Number (EIN) 83-6759671	

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

1 Coverage Information:

(a) Name of insurance carrier
ANTHEM HEALTH PLANS OF MAINE, 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
31-1705652	52618	G1850	0	04/01/2024	03/31/2025

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 3089	(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
CU INSURANCE SOLUTIONS LLC
2 LEDGEVIEW DRIVE
WESTBROOK, ME 04092

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3089			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	

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		-232
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)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		474804
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

A Name of plan MAINE CREDIT UNION LEAGUE INSURANCE TRUST EMPLOYEE BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 MAINE CREDIT UNION LEAGUE INSURANCE TRUST	D Employer Identification Number (EIN) 83-6759671	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

CU INSURANCE SOLUTIONS

01-6020129

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22	INSURANCE AGENT	240526	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)

COMMUNITY HEALTH OPTIONS

PO BOX 1121
LEWISTON, ME 04243

45-3416923

(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	CLAIMS ADMINISTRATOR	196452	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)

BERNSTEIN SHUR SAWYER & NELSON P.A.

01-0378211

(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 CONSULTANT	143606	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)

WOODROW W. CROSS AGENCY

01-0378159

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22	INSURANCE AGENT	128911	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)

RUBENSTEIN ACTUARIAL SERVICES, LLC

61 SUMMIT AVENUE
SHARON, MA 02067

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	44000	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)

WIPFLI LLP

39-0758499

(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	ACCOUNTANT	28450	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)

SMARTSHOPPER

160 CHUBB AVENUE, SUITE 301
LYNDHURST, NJ 07071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMINISTRATOR	27811	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)

ANTHEM HEALTH PLANS OF MAINE, INC.

31-1705652

(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	CLAIMS ADMINISTRATOR	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	26921	Yes <input type="checkbox"/> No <input checked="" 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
ANTHEM HEALTH PLANS OF MAINE, INC.	12 13 15 62	26921
(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.	
INGENIORX, INC. 82-3062245	PRESCRIPTION DRUG REBATES AND RELATED ADMINISTRATION FEES	
(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)
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a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025	
A Name of plan MAINE CREDIT UNION LEAGUE INSURANCE TRUST EMPLOYEE BENEFIT PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 MAINE CREDIT UNION LEAGUE INSURANCE TRUST	D Employer Identification Number (EIN) 83-6759671

Part I	Asset and Liability Statement
---------------	--------------------------------------

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)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	239066
		1007217
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	920733
(2) U.S. Government securities	1c(2)	268750
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	463920
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	490750

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	1892469	2087978
Liabilities			
g Benefit claims payable.....	1g	639974	770751
h Operating payables.....	1h	89705	13847
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	9639	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	739318	784598
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1153151	1303380

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)	8038832	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		8038832
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	56671	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		56671
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	21322	
(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	735000
d Total income. Add all income amounts in column (b) and enter total	2d	8851825

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7750426
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	7750426
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)	654625
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	28450
(5) Investment advisory and investment management fees	2i(5)	3856
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	44000
(8) Legal fees	2i(8)	143606
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses	2i(11)	76633
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	951170
j Total expenses. Add all expense amounts in column (b) and enter total	2j	8701596

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	150229
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: WIPFLI LLP

(2) EIN: 39-0758449

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.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

Maine Credit Union League Insurance Trust Employee Benefit Plan

Financial Statements and Supplemental Information

Years Ended March 31, 2025 and 2024



Independent Auditor's Report

To the Board of Trustees
Maine Credit Union League Insurance Trust
Westbrook, Maine

Opinion

We have audited the financial statements of Maine Credit Union League Insurance Trust, 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 March 31, 2025 and 2024, and the related statements of changes in benefit obligations and 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 referred to above present fairly, in all material respects, the benefit obligations and net assets available for benefits of Maine Credit Union League Insurance Trust as of March 31, 2025 and 2024, and 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 ("GAAP").

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, 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 Maine Credit Union League Insurance Trust's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year), is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Wipfli LLP

Wipfli LLP

Bedford, New Hampshire
October 30, 2025

Maine Credit Union League Insurance Trust
Employee Benefit Plan
Statements of Benefit Obligations and Net Assets Available for Benefits

<i>March 31,</i>	2025	2024
Benefit obligations:		
Claims payable	\$ 123,245	\$ 115,402
Claims incurred but not reported	647,506	524,572
Total benefit obligations	\$ 770,751	\$ 639,974
Assets:		
Investments, at fair value	\$ 769,210	\$ 732,670
Receivables:		
Accrued interest	1,563	1,565
Reinsurance recovery	906,108	105
Prescription rebate	-	165,789
Pharmacy price guarantee	54,314	-
Total receivables	961,985	167,459
Other assets:		
Cash	311,551	920,733
Prepaid expenses	27,892	71,607
Prepaid income taxes	17,340	-
Total other assets	356,783	992,340
Total assets	2,087,978	1,892,469
Liabilities:		
Accounts payable	13,847	89,705
Income taxes payable	-	9,639
Total liabilities	13,847	99,344
Net assets available for benefits	2,074,131	1,793,125
Excess of net assets available for benefits over benefit obligations	\$ 1,303,380	\$ 1,153,151

See accompanying notes to financial statements.

Maine Credit Union League Insurance Trust
Employee Benefit Plan
Statements of Changes in Benefit Obligations and
Net Assets Available for Benefits

<i>Years Ended March 31,</i>	2025	2024
Net increase (decrease) in benefit obligations attributed to:		
Amounts currently payable to or for participants, beneficiaries and dependents:		
Benefits reported and approved for payment, net of stop loss insurance coverage	\$ 7,142,464	\$ 5,735,825
Benefits paid, net of stop loss insurance coverage	(7,134,621)	(6,777,784)
	7,843	(1,041,959)
Other obligations for current benefit coverage, incurred by not reported, at present value or estimated amounts:		
Change in benefits incurred but not reported	122,934	228,356
Total change in benefit obligations	\$ 130,777	\$ (813,603)
Additions to net assets attributed to:		
Contributions:		
Regular contributions from employers and COBRA	\$ 8,038,832	\$ 8,432,211
Investment income:		
Net appreciation in fair value of investments	21,322	22,219
Interest income	56,671	59,842
Investment account management fees	(3,856)	(3,610)
Net investment income	74,137	78,451
Other additions:		
Other gain	735,000	-
Total additions	\$ 8,847,969	\$ 8,510,662

Maine Credit Union League Insurance Trust
Employee Benefit Plan
Statements of Changes in Benefit Obligations and
Net Assets Available for Benefits (Continued)

<i>Years Ended March 31,</i>	2025	2024
Deductions from net assets attributed to:		
Payments for:		
Medical claims	\$ 7,744,739	\$ 7,094,295
Medical reinsurance premiums	485,028	599,162
Reinsurance recoveries	(610,118)	(316,511)
Claims and premiums paid, net	7,619,649	7,376,946
Administrative expenses:		
Claims processing	190,225	284,032
Administrative expenses	397,329	374,290
Anthem fees	67,071	96,720
State fees	59,106	71,257
Legal	143,606	74,649
Actuarial	44,000	32,000
Accounting	28,450	30,025
Income and excise taxes (benefit)	(14,667)	21,326
Insurance	32,121	7,659
Miscellaneous	73	-
Consulting fees	-	14,475
Total deductions	8,566,963	8,383,379
Change in net assets available for benefits	281,006	127,283
Change in net assets available for benefits over benefit obligations	150,229	940,886
Excess of net assets available for benefits over benefit obligations:		
Beginning of year	1,153,151	212,265
End of year	\$ 1,303,380	\$ 1,153,151

See accompanying notes to financial statements.

Maine Credit Union League Insurance Trust

Employee Benefit Plan

Notes to Financial Statements

Note 1: Description of Plan

The following description of Maine Credit Union League Insurance Trust (the Plan or Trust) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan provides benefits to participating members of Maine Credit Union League (the League). The Plan and related trust, Maine Credit Union League Insurance Trust (MCULIT), were established February 5, 2019, pursuant to a declaration of trust agreement. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The MCULIT is the Plan sponsor.

The Plan is an authorized Multiple-Employer Welfare Arrangement (MEWA) pursuant to the provisions of Chapter 81 of Title 24-A Maine Revised Statutes Annotated.

Benefits

The Plan provides medical coverage to participants, their beneficiaries, and covered dependents of participating members. Eligible classes of employees are full-time employees of the participating members working the number of hours required by the participating employer. The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Self-Insured Benefits

Medical benefits, including prescriptions, are self-insured. The claims for these benefits are processed by the Plan's third-party claims processor under an administrative service only (ASO) arrangement. The claims processor pays claims directly to or on behalf of the participants. Despite the Plan's utilization of a third-party claims processor, ultimate responsibility for payments to providers and participants is retained by the Plan.

Stop Loss Coverage

The Plan has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims). As of March 31, 2025 and 2024, the Plan had a contract with Amalgamated Life Insurance Company and Anthem Health Plans of Maine, Inc., respectively, for excess loss coverage for individual claims in excess of \$240,000. The Plan also has an aggregate policy based on a monthly claim factor times the number of participants, with a minimum aggregate deductible of approximately \$7,300,000 for 2025 and \$9,300,000 for 2024.

Maine Credit Union League Insurance Trust

Employee Benefit Plan

Notes to Financial Statements

Note 1: Description of Plan (Continued)

Contributions

Each participating employer pays a one-time initial funding contribution equal to approximately three months of regular contributions. The initial contribution is not refundable at the point coverage begins for the employer and is, therefore, recognized as an increase in net assets when coverage begins.

Participating employers and their employees make regular monthly contributions to the Plan in the form of premiums established by the Trust's Board of Trustees, as Sponsor, based on the respective benefit elections. The breakdown of premiums paid by participating employers between the employer and employee is determined at the employer level. At the discretion of the Trustees, an additional assessment may be made as needed to meet the obligations of the Trust.

Under the terms of the trust agreement participating employers sign, the members have joint and several liability for the obligations of the underlying trust.

Termination of Plan

Although it has not expressed intention to do so, the Plan's Board of Trustees, as Sponsor, has the right under the Plan to modify the benefits provided to, and contributions required of, participants, to discontinue its contributions at any time, and to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may be reverted to the League or be used for purposes other than for the exclusive benefit of the Plan's participants.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in accordance with GAAP.

Use of Estimates

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

Maine Credit Union League Insurance Trust

Employee Benefit Plan

Notes to Financial Statements

Note 2: Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by the investment advisors and custodians. See Note 3 for discussion of fair value measurements.

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

Pharmacy Rebates

The Trust receives rebates for prescriptions filled. During the year ended March 31, 2025, the Trust was paid an advance on pharmacy rebates each month, with final settlement occurring on a quarterly basis. These rebates are reported as reductions to medical claims in the statements of changes in benefit obligations and net assets available for benefits.

For the year ended March 31, 2024, the pharmacy rebate offset is an estimate using prior experience, reducing the base of the monthly administrative service fees. A portion of the rebate is included as a reduction in claims processing, as indicated in the contract with the third-party administrator, in the statements of changes in benefit obligations and net assets available for benefits.

Additional rebates are due to the Trust for drugs purchased prior to year end and have been estimated using prior experience, which is generally done quarterly, and included as a reduction to medical claims in the statements of changes in benefit obligations and net assets available for benefits. As of March 31, 2025, there was no rebates receivable. As of March 31, 2024, rebates receivable was \$165,789.

Pharmacy Price Guarantee

The Trust receives rebates for both generic and name-brand drugs. Under the terms of the contract with the Trust's pharmacy benefits manager, guarantees related to ingredient costs and dispensing fees are measured and reconciled annually. The third-party price guarantee is determined on a calendar-year basis, resulting in three months within the year ended March 31, 2025, for which estimates are not available. The pricing guarantee is presented as a reduction to medical claims within the statements of changes in benefit obligations and net assets available for benefits. As of March 31, 2025, the pharmacy price guarantee receivable was \$54,314.

Maine Credit Union League Insurance Trust

Employee Benefit Plan

Notes to Financial Statements

Note 2: Summary of Significant Accounting Policies (Continued)

Claims Incurred But Not Reported

Plan obligations at March 31, 2025 and 2024 for medical and prescription claims incurred by active participants but not reported at that date are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claims data provided by the Plan's third-party claims administrators. These amounts are paid by the Plan only if claims are submitted and approved for payment.

Payment of Benefits

Claim payments are recorded when paid by the third-party claims processor. These payments are recorded as claims paid in the accompanying statements of changes in benefit obligations and net assets available for benefits.

Stop Loss

Medical reinsurance 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. Reinsurance recoveries for the years ended March 31, 2025 and 2024 were \$610,118 and \$316,511, respectively. Reinsurance recoveries are included in the accompanying statements of changes in benefit obligations and net assets available for benefits. Reinsurance recoveries from the previous year totaling \$735,000 have been recognized in this period. Additional details are provided in Note 10.

Note 3: Fair Value Measurements and Investments

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

The three levels of the fair value hierarchy are described, as follows:

- Level 1 – Quoted prices for identical assets and liabilities traded in active exchange markets, such as the New York Stock Exchange.
- Level 2 – Observable inputs other than Level 1 including quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets in inactive markets, or other observable inputs that can be corroborated by observable market data. 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.

Maine Credit Union League Insurance Trust

Employee Benefit Plan

Notes to Financial Statements

Note 3: Fair Value Measurements and Investments (Continued)

- Level 3 – Unobservable inputs supported by little or no market activity for financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation.

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

For the year ended March 31, 2025, the application of valuation techniques applied to similar assets and liabilities has been consistent. The following is a description of the valuation methodologies used for assets measured at fair value:

U.S. Agency Obligations

In general, U.S. agency obligations are valued based on yields currently available on comparable securities of issuers with similar credit ratings.

Exchange Traded Funds

The fair value of exchange traded funds is based on quoted market prices, when available, or market prices provided by recognized broker dealers.

Money Market Funds

The fair value of money market funds is at a constant carrying value per share, which materially approximates the fair value of the underlying investments due to their short-term nature.

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

The following sets forth by level within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2025 and 2024:

2025	Level 1	Level 2	Level 3	Total
U.S. Agency obligations	\$ -	\$ 278,460	\$ -	\$ 278,460
Exchange traded funds	450,125	-	-	450,125
Money market funds	40,625	-	-	40,625
Totals	\$ 490,750	\$ 278,460	\$ -	\$ 769,210

Maine Credit Union League Insurance Trust

Employee Benefit Plan

Notes to Financial Statements

Note 3: Fair Value Measurements and Investments (Continued)

2024					
U.S. Agency obligations	\$	-	\$	268,750	\$ - \$ 268,750
Exchange traded funds		442,469		-	- 442,469
Money market funds		21,451		-	- 21,451
Totals	\$	463,920	\$	268,750	\$ - \$ 732,670

Note 4: Cash

At various times, the cash balances of the Plan exceeded federally insured limits. The Plan has not experienced any losses in these accounts and management believes that the Plan is not exposed to any significant risk on cash.

Note 5: Tax Status

The Trust established under the Plan to hold the Plan's assets is intended to qualify pursuant to Section 501(c)(9) of the Internal Revenue Code (IRC) and, accordingly, the Trust's exempt function income is exempt from income taxes. The Trust has obtained a favorable tax exemption letter from the Internal Revenue Services, and the Plan administrator and the Plan's tax counsel believe that the Plan continues to qualify and to operate as designed.

The Trust is subject to Unrelated Business Income Tax under IRC Section 512(a)3 on income in excess of its "exempt function income." Net investment income consists of interest, dividends, and net realized capital gains less costs directly related to generating the income. Tax is imposed when assets exceed the account limitation under IRC Section 419A. For the years ending March 31, 2025 and 2024 no unrelated business income tax was due.

The Plan is currently open to examination under the statute of limitations by the Internal Revenue Service for the years ended March 31, 2023 through March 31, 2025.

Note 6: Related Party and Party-in-Interest Transactions

The Plan is related to Maine Credit Union League by common membership. The Plan is related to CU Insurance Solutions (formally the Insurance Trust) by management and participation in the Plan. The Plan is charged an administrative fee by CU Insurance Solutions for facilities, personnel, and services used by the Plan. Administrative fees for the years ended March 31, 2025 and 2024 were \$240,526 and \$227,001, respectively.

Plan investments are managed by Guidance Point Retirement Services, LLC. Guidance Point Services, LLC is the investment advisor for the Plan and, therefore, these transactions qualify as party-in-interest transactions.

The Plan also has arrangements with various other service providers whose transactions also qualify as party-in-interest transactions.

Maine Credit Union League Insurance Trust

Employee Benefit Plan

Notes to Financial Statements

Note 7: Reconciliation of Financial Statements to Form 5500

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

	2025	2024
Net assets available for benefits per the financial statements	\$ 2,074,131	\$ 1,793,125
Benefit obligations	770,751	639,974
Net assets available for benefits per Form 5500	\$ 1,303,380	\$ 1,153,151

The following is a reconciliation of benefits paid to or on behalf of participants per the financial statements to Form 5500 for the years ended March 31:

	2025	2024
Claims and premiums paid per the financial statements	\$ 7,619,649	\$ 7,376,946
Add: Benefit obligations - End of year	770,751	639,974
Less: Benefit obligations - Beginning of year	(639,974)	(1,453,577)
Total benefit payments per Form 5500	\$ 7,750,426	\$ 6,563,343

Note 8: Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in values of investment securities will occur in the near-term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

The actuarial present value of benefit obligations is reported based upon claim lag data using the development actuarial method, which assumes that past patterns of lag between the date a service is received and the date the claim is paid for the service will continue in the future. Due to uncertainties inherent in the estimates and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

Maine Credit Union League Insurance Trust

Employee Benefit Plan

Notes to Financial Statements

Note 9: Irrevocable Standby Letter of Credit

Tricorp Federal Credit Union has issued an Irrevocable Standby Letter of Credit in favor of the Treasurer of State, State of Maine to CU Insurance Solutions, LLC on behalf of the Plan in the amount of \$900,000. The \$900,000 is available upon certification by the Superintendent of Insurance that the Plan has not paid an obligation pursuant to the Maine Insurance Code when due. The Letter of Credit does not expire.

Note 10: Subsequent Events

Subsequent to year end, the Plan concluded legal proceedings with Anthem Health Plans of Maine, Inc. During the year ended March 31, 2023, the Plan had incurred approximately \$900,000 in claim payments that, if properly reported, would have been the responsibility of the stop-loss carrier. The legal proceedings resulted in a settlement paid to the Plan in the amount of \$735,000. Pursuant to ASC 410, *Asset Retirement and Environmental Obligations* and the loss recovery model, if an event occurs after the balance sheet date but before the financial statements are issued or available to be issued and the event indicates that a loss recovery is probable, the loss recovery can be accounted for as a recognized subsequent event at March 31, 2025 up to the amount of the loss. As a result, the settlement of \$735,000 is recognized as reinsurance recoveries and other gain in the accompanying financial statements as of and for the year ended March 31, 2025.

The Trust has evaluated subsequent events through October 30, 2025, which represents the date on which the financial statements were available to be issued.

Supplemental Information

Maine Credit Union League Insurance Trust

Employee Benefit Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 83-6759671 Plan #501

March 31, 2025

(a)	(b)	(c)	(d)	(e)
Party-in Interest	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Federal Home Loan Bank	\$50,000 2.125% 12/11/26	50,770	48,507
	Federal Farm Credit Bank	\$40,000 1.660% 09/09/27	40,387	37,885
	Federal Farm Credit Bank	\$50,000 2.030% 01/21/28	51,209	47,463
	Federal Home Loan Bank	\$60,000 2.000% 12/08/28	61,559	56,057
	Federal Farm Credit Bank	\$50,000 1.340% 4/29/30	50,157	43,785
	Federal Farm Credit Bank	\$50,000 2.080% 12/02/30	51,312	44,763
	iShares Core S&P 500 ETF	99 shares	27,628	55,628
	iShares Core S&P Mid-Cap ETF	354 shares	20,239	20,656
	iShares Core S&P Small-Cap ETF	190 shares	14,545	19,868
	iShares TR EAFE Small-Cap ETF	124 shares	6,660	7,879
	iShares Core MSCI EAFE ETF	291 shares	19,615	22,014
	iShares Core MSCI Emerging Markets ETF	142 shares	6,909	7,664
	iShares TIPS Bond ETF	780 shares	91,711	86,650
	iShares U.S. Real Estate ETF	79 shares	6,651	7,564
	iShares iBonds 25 Term Treasury	1,337 shares	31,158	31,246
	iShares iBonds 26 Term Treasury	1,369 shares	31,148	31,405
	iShares iBonds 27 Term Treasury	1,393 shares	31,161	31,231
	iShares iBonds 28 Term Treasury	1,411 shares	31,148	31,395
	iShares iBonds 29 Term Treasury	1,431 shares	31,155	31,153
	iShares iBonds Dec 2030 Term Treasury	750 shares	15,683	14,745
	iShares iBonds Dec 2031 Term Treasury	1,527 shares	30,502	31,044
	iShares iBonds Dec 2032 Term Treasury	873 shares	20,002	19,983
*	Fidelity Government Cash Reserves	Money market fund	40,625	40,625
Totals			\$ 761,934	\$ 769,210

* Party in interest - exception applies
See Independent Auditor's Report.

Multiple Employer Plan Participating Employer Information
Maine Credit Union League Insurance Trust Employee Benefit Plan
85-6759671
PN501

Name of Participating Employer	EIN	Percent of Total Contributions
Brewer FCU	01-0262235	2.27%
Capital Area FCU	01-0239795	1.21%
Changing Seasons FCU	01-0280964	0.14%
Connected CU	01-0409063	2.89%
Cumberland County FCU	01-0239313	6.06%
Dirigo FCU	01-0241836	7.82%
Downeast CU	01-0213357	9.40%
Eastmill	01-0227456	1.99%
Five County CU	01-0261795	12.94%
Franklin-Somerset FCU	01-6009942	5.66%
Gardiner FCU	01-0264931	1.05%
Great Falls FCU	01-0238075	0.80%
CU Insurance Solutions	01-6020129	1.42%
Katahdin FCU	01-0227130	2.57%
KSW FCU	01-0232408	3.23%
Lincoln Maine FCU	01-0281690	1.77%
Maine Solutions FCU	01-0360246	0.06%
Midcoast FCU	04-3361928	5.67%
New Dimensions FCU	01-0244585	7.62%
NorState FCU	01-0212445	10.60%
Otis FCU	01-0235324	4.29%
Sabattus	01-0261000	1.47%
Saco Valley CU	01-0203515	3.13%
Sebasticook Valley FCU	01-0226596	2.72%
Tricorp	01-0340993	3.21%

Maine Credit Union League Insurance Trust

Employee Benefit Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 83-6759671 Plan #501

March 31, 2025

(a)	(b)	(c)	(d)	(e)
Party-in Interest	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Federal Home Loan Bank	\$50,000 2.125% 12/11/26	50,770	48,507
	Federal Farm Credit Bank	\$40,000 1.660% 09/09/27	40,387	37,885
	Federal Farm Credit Bank	\$50,000 2.030% 01/21/28	51,209	47,463
	Federal Home Loan Bank	\$60,000 2.000% 12/08/28	61,559	56,057
	Federal Farm Credit Bank	\$50,000 1.340% 4/29/30	50,157	43,785
	Federal Farm Credit Bank	\$50,000 2.080% 12/02/30	51,312	44,763
	iShares Core S&P 500 ETF	99 shares	27,628	55,628
	iShares Core S&P Mid-Cap ETF	354 shares	20,239	20,656
	iShares Core S&P Small-Cap ETF	190 shares	14,545	19,868
	iShares TR EAFE Small-Cap ETF	124 shares	6,660	7,879
	iShares Core MSCI EAFE ETF	291 shares	19,615	22,014
	iShares Core MSCI Emerging Markets ETF	142 shares	6,909	7,664
	iShares TIPS Bond ETF	780 shares	91,711	86,650
	iShares U.S. Real Estate ETF	79 shares	6,651	7,564
	iShares iBonds 25 Term Treasury	1,337 shares	31,158	31,246
	iShares iBonds 26 Term Treasury	1,369 shares	31,148	31,405
	iShares iBonds 27 Term Treasury	1,393 shares	31,161	31,231
	iShares iBonds 28 Term Treasury	1,411 shares	31,148	31,395
	iShares iBonds 29 Term Treasury	1,431 shares	31,155	31,153
	iShares iBonds Dec 2030 Term Treasury	750 shares	15,683	14,745
	iShares iBonds Dec 2031 Term Treasury	1,527 shares	30,502	31,044
	iShares iBonds Dec 2032 Term Treasury	873 shares	20,002	19,983
*	Fidelity Government Cash Reserves	Money market fund	40,625	40,625
Totals			\$ 761,934	\$ 769,210

* Party in interest - exception applies

See Independent Auditor's Report.