

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: BMO U.S. HEALTH AND WELFARE PLAN
1b Three-digit plan number (PN): 507
1c Effective date of plan: 01/01/1981
2a Plan sponsor's name (employer, if for a single-employer plan): BMO FINANCIAL CORP.
2b Employer Identification Number (EIN): 51-0275712
2c Plan Sponsor's telephone number: 312-848-8155
2d Business code (see instructions): 522110

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

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

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

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

Form 5500 (2024) v. 240311

|   |  |
|---|--|
| <p><b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p><b>BENEFITS ADMINISTRATION COMMITTEE</b></p> <p>320 SOUTH CANAL STREET, 7 WEST<br/>CHICAGO, IL 60606-5707</p>   | <p><b>3b</b> Administrator's EIN<br/>36-2873029</p> <p><b>3c</b> Administrator's telephone number<br/>312-848-8155</p> |
| <p><b>4</b> 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><b>a</b> Sponsor's name <b>BMO FINANCIAL CORP.</b></p> <p><b>c</b> Plan Name <b>EMPLOYEE BENEFIT PROGRAM OF BANK OF MONTREAL/HARRIS</b></p> | <p><b>4b</b> EIN 51-0275712</p> <p><b>4d</b> PN 507</p>  |
| <p><b>5</b> Total number of participants at the beginning of the plan year</p>  | <p><b>5</b> 20223</p>  |
| <p><b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b>, <b>6a(2)</b>, <b>6b</b>, <b>6c</b>, and <b>6d</b>).</p>  |  |
| <p><b>a(1)</b> Total number of active participants at the beginning of the plan year .....</p>  | <p><b>6a(1)</b> 20223</p>  |
| <p><b>a(2)</b> Total number of active participants at the end of the plan year .....</p>  | <p><b>6a(2)</b> 19704</p>  |
| <p><b>b</b> Retired or separated participants receiving benefits.....</p>   | <p><b>6b</b> 0</p>   |
| <p><b>c</b> Other retired or separated participants entitled to future benefits .....</p>   | <p><b>6c</b></p>   |
| <p><b>d</b> Subtotal. Add lines <b>6a(2)</b>, <b>6b</b>, and <b>6c</b>.....</p>   | <p><b>6d</b> 19704</p>   |
| <p><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....</p>   | <p><b>6e</b></p>   |
| <p><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....</p>  | <p><b>6f</b></p>   |
| <p><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....</p>   | <p><b>6g(1)</b></p>  |
| <p><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....</p>   | <p><b>6g(2)</b></p>  |
| <p><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>  | <p><b>6h</b></p>   |
| <p><b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....</p>   | <p><b>7</b></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 4F 4H 4L 4Q

|   |   |
|---|---|
| <p><b>9a</b> 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><b>9b</b> 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> |
|---|---|

**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><b>a Pension Schedules</b></p> <p>(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)</p> | <p><b>b General Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)</p> <p>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>12</u></p> <p>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)</p> <p>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)</p> |
|--|---|

---

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

---

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

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

---

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

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

Receipt Confirmation Code \_\_\_\_\_

---

|   |  |  |
|---|--|--|
| <p style="text-align: center;"><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

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

|   |  |  |
|---|--|--|
| <p><b>A</b> Name of plan<br/><b>BMO U.S. HEALTH AND WELFARE PLAN</b></p>                            | <p><b>B</b> Three-digit plan number (PN) ▶ <b>507</b></p>                  |  |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>BMO FINANCIAL CORP.</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>51-0275712</b></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  
**RELIASTAR LIFE INSURANCE COMPANY**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 41-0451140 | 67105         | 29316-4                               | 30964   | 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><b>(a) Total amount of commissions paid</b><br/><b>1097534</b></p> | <p><b>(b) Total amount of fees paid</b><br/><b>252250</b></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  
**WILLIS TOWERS WATSON U.S. LLC** P.O. BOX 28852  
NEW YORK, NY 10087-8852

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |               | (e) Organization code |
|---|---------------------------------|---------------|-----------------------|
|   | (c) Amount                      | (d) Purpose   |                       |
| 915125  |                                 | WRITING AGENT | 3                     |

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

**ALIGHT HOLDING COMPANY LLC** 4 OVERLOOK POINT  
LINCOLNSHIRE, IL 60069-4337

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                | (e) Organization code |
|---|---------------------------------|----------------|-----------------------|
|   | (c) Amount                      | (d) Purpose    |                       |
|   | 252250                          | TECHNOLOGY FEE | 3                     |

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

WILLIS TOWERS WATSON U.S. LLC

P.O. BOX 28852  
NEW YORK, NY 10087-8852

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                           | (e) Organization code |
|---|---------------------------------|---------------------------|-----------------------|
|   | (c) Amount                      | (d) Purpose               |                       |
| 182409  |                                 | SUPPLEMENTAL COMPENSATION | 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.

|  |          |  |
|--|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**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>b</b> Balance at the end of the previous year .....   |   |              | <b>7b</b> |  |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                  | <b>7c(1)</b>  |              |           |  |
|  | <b>7c(2)</b>  |              |           |  |
|  | <b>7c(3)</b>  |              |           |  |
|  | <b>7c(4)</b>  |              |           |  |
|  | <b>7c(5)</b>  |              |           |  |
|  | (6) Total additions .....   |              |           |  |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                  |   |              | <b>7d</b> |  |
| <b>e</b> Deductions:   |   |              |           |  |
|  | (1) Disbursed from fund to pay benefits or purchase annuities during year | <b>7e(1)</b> |           |  |
|  | (2) Administration charge made by carrier.....                            | <b>7e(2)</b> |           |  |
|  | (3) Transferred to separate account .....                                 | <b>7e(3)</b> |           |  |
|  | (4) Other (specify below) .....   | <b>7e(4)</b> |           |  |
| (5) Total deductions .....   |   | <b>7e(5)</b> | 0         |  |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )..... |   |              | <b>7f</b> |  |

**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) ▶ **INDIVIDUAL EXCESS RISK**

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|          |  |            |          |
|----------|--|------------|----------|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 13000779 |
| <b>b</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. .... | <b>10b</b> |          |

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><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

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

|   |  |  |
|---|--|--|
| <p><b>A</b> Name of plan<br/><b>BMO U.S. HEALTH AND WELFARE PLAN</b></p>                            | <p><b>B</b> Three-digit plan number (PN) ▶ <b>507</b></p>                  |  |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>BMO FINANCIAL CORP.</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>51-0275712</b></p> |  |

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**BLUE CROSS BLUE SHIELD OF ILLINOIS**

| (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     |
| 36-1236610 | 70670         | 29885                                 | 29784   | 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.

|   |  |
|---|--|
| <b>(a)</b> Total amount of commissions paid<br><b>0</b> | <b>(b)</b> Total amount of fees paid<br><b>30000</b> |
|---|--|

**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  
**WILLIS TOWERS WATSON U.S. LLC** P.O. BOX 28852  
NEW YORK, NY 10087-8852

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                  | (e) Organization code |
|---|---------------------------------|------------------|-----------------------|
|   | (c) Amount                      | (d) Purpose      |                       |
|   | 30000                           | SPECIAL PROGRAMS | 3                     |

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

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

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

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

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

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

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

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

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

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

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

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

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

|  |          |  |
|--|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**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>b</b> Balance at the end of the previous year .....   |                           |              | <b>7b</b> |  |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                  | <b>7c(1)</b>              |              |           |  |
|  | <b>7c(2)</b>              |              |           |  |
|  | <b>7c(3)</b>              |              |           |  |
|  | <b>7c(4)</b>              |              |           |  |
|  | <b>7c(5)</b>              |              |           |  |
|  | (6) Total additions ..... |              |           |  |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                  |                           |              | <b>7d</b> |  |
| <b>e</b> Deductions:   |                           |              |           |  |
|  | <b>7e(1)</b>              |              |           |  |
|  | <b>7e(2)</b>              |              |           |  |
|  | <b>7e(3)</b>              |              |           |  |
|  | <b>7e(4)</b>              |              |           |  |
| (5) Total deductions .....   |                           | <b>7e(5)</b> | 0         |  |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )..... |                           |              | <b>7f</b> |  |

**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:

|          |  |                 |           |
|----------|--|-----------------|-----------|
| <b>a</b> | Premiums: (1) Amount received .....  | <b>9a(1)</b>    |           |
|          | (2) Increase (decrease) in amount due but unpaid .....   | <b>9a(2)</b>    |           |
|          | (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    |           |
|          | (4) Earned ((1) + (2) - (3)) .....   | <b>9a(4)</b>    |           |
| <b>b</b> | Benefit charges (1) Claims paid .....  | <b>9b(1)</b>    | 160271756 |
|          | (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    |           |
|          | (3) Incurred claims (add (1) and (2)) .....  | <b>9b(3)</b>    | 160271756 |
|          | (4) Claims charged .....   | <b>9b(4)</b>    |           |
| <b>c</b> | Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |           |
|          | (A) Commissions .....  | <b>9c(1)(A)</b> |           |
|          | (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> |           |
|          | (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> |           |
|          | (D) Other expenses .....   | <b>9c(1)(D)</b> |           |
|          | (E) Taxes .....  | <b>9c(1)(E)</b> |           |
|          | (F) Charges for risks or other contingencies .....   | <b>9c(1)(F)</b> |           |
|          | (G) Other retention charges .....  | <b>9c(1)(G)</b> |           |
|          | (H) Total retention .....  | <b>9c(1)(H)</b> |           |
|          | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... | <b>9c(2)</b>    |           |
| <b>d</b> | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....   | <b>9d(1)</b>    |           |
|          | (2) Claim reserves .....   | <b>9d(2)</b>    |           |
|          | (3) Other reserves .....   | <b>9d(3)</b>    |           |
| <b>e</b> | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....  | <b>9e</b>       |           |

**10** Nonexperience-rated contracts:

|          |  |            |  |
|----------|--|------------|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |

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><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

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

|   |  |  |
|---|--|--|
| <p><b>A</b> Name of plan<br/><b>BMO U.S. HEALTH AND WELFARE PLAN</b></p>                            | <p><b>B</b> Three-digit plan number (PN) ▶ <b>507</b></p>                  |  |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>BMO FINANCIAL CORP.</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>51-0275712</b></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  
**EXPRESS SCRIPTS**

| (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     |
| 43-1420563 | 60025         | 5316                                  | 29784   | 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.

|   |  |
|---|--|
| <b>(a)</b> Total amount of commissions paid<br><b>0</b> | <b>(b)</b> Total amount of fees paid<br><b>0</b> |
|---|--|

**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.

|  |          |  |
|--|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**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>b</b> Balance at the end of the previous year .....   | <b>7b</b>                 |              |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                  | <b>7c(1)</b>              |              |
|  | <b>7c(2)</b>              |              |
|  | <b>7c(3)</b>              |              |
|  | <b>7c(4)</b>              |              |
|  | <b>7c(5)</b>              |              |
|  | (6) Total additions ..... | <b>7c(6)</b> |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                  | <b>7d</b>                 |              |
| <b>e</b> Deductions:   |                           |              |
|  | <b>7e(1)</b>              |              |
|  | <b>7e(2)</b>              |              |
|  | <b>7e(3)</b>              |              |
|  | <b>7e(4)</b>              |              |
| (5) Total deductions .....   | <b>7e(5)</b>              | 0            |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )..... | <b>7f</b>                 |              |

**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:

|          |  |                 |                 |          |
|----------|--|-----------------|-----------------|----------|
| <b>a</b> | Premiums: (1) Amount received .....  | <b>9a(1)</b>    |                 |          |
|          | (2) Increase (decrease) in amount due but unpaid .....   | <b>9a(2)</b>    |                 |          |
|          | (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    |                 |          |
|          | (4) Earned ((1) + (2) - (3)) .....   |                 | <b>9a(4)</b>    |          |
| <b>b</b> | Benefit charges (1) Claims paid .....  | <b>9b(1)</b>    | 46258554        |          |
|          | (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    |                 |          |
|          | (3) Incurred claims (add (1) and (2)) .....  |                 | <b>9b(3)</b>    | 46258554 |
|          | (4) Claims charged .....   |                 | <b>9b(4)</b>    |          |
| <b>c</b> | Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |                 |          |
|          | (A) Commissions .....  | <b>9c(1)(A)</b> | 1529379         |          |
|          | (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> |                 |          |
|          | (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> |                 |          |
|          | (D) Other expenses .....   | <b>9c(1)(D)</b> |                 |          |
|          | (E) Taxes .....  | <b>9c(1)(E)</b> |                 |          |
|          | (F) Charges for risks or other contingencies .....   | <b>9c(1)(F)</b> |                 |          |
|          | (G) Other retention charges .....  | <b>9c(1)(G)</b> |                 |          |
|          | (H) Total retention .....  |                 | <b>9c(1)(H)</b> | 1529379  |
|          | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |          |
| <b>d</b> | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....   |                 | <b>9d(1)</b>    |          |
|          | (2) Claim reserves .....   |                 | <b>9d(2)</b>    |          |
|          | (3) Other reserves .....   |                 | <b>9d(3)</b>    |          |
| <b>e</b> | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....  |                 | <b>9e</b>       |          |

**10** Nonexperience-rated contracts:

|          |  |            |  |
|----------|--|------------|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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**

|   |  |  |
|---|--|--|
| <b>A</b> Name of plan<br><b>BMO U.S. HEALTH AND WELFARE PLAN</b>                            |  | <b>B</b> Three-digit plan number (PN) ▶ <b>507</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BMO FINANCIAL CORP.</b> |  | <b>D</b> Employer Identification Number (EIN)<br><b>51-0275712</b> |

**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  
**AIG INSURANCE COMPANY OF CANADA**

| <b>(b)</b> EIN    | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |                   |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
|                   |                      |  |  | <b>(f)</b> From                | <b>(g)</b> To     |
| <b>20-5971809</b> | <b>52524</b>         | <b>GTP 9427924</b>                           | <b>19050</b>   | <b>04/30/2024</b>              | <b>04/30/2025</b> |

**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.

|   |  |
|---|--|
| <b>(a)</b> Total amount of commissions paid<br><b>0</b> | <b>(b)</b> Total amount of fees paid<br><b>0</b> |
|---|--|

**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>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|  |  |                    |                              |

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

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> 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.

|  |          |  |
|--|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

|  |           |  |
|--|-----------|--|
| <b>b</b> Premiums paid to carrier .....  | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

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

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

**9** Experience-rated contracts:

|   |                 |                 |
|---|-----------------|-----------------|
| <b>a</b> Premiums: (1) Amount received .....  | <b>9a(1)</b>    |                 |
| (2) Increase (decrease) in amount due but unpaid .....  | <b>9a(2)</b>    |                 |
| (3) Increase (decrease) in unearned premium reserve .....   | <b>9a(3)</b>    |                 |
| (4) Earned ((1) + (2) - (3)) .....  |                 | <b>9a(4)</b>    |
| <b>b</b> Benefit charges (1) Claims paid .....  | <b>9b(1)</b>    |                 |
| (2) Increase (decrease) in claim reserves .....   | <b>9b(2)</b>    |                 |
| (3) Incurred claims (add (1) and (2)) .....   |                 | <b>9b(3)</b>    |
| (4) Claims charged .....  |                 | <b>9b(4)</b>    |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |                 |
| (A) Commissions .....   | <b>9c(1)(A)</b> |                 |
| (B) Administrative service or other fees .....  | <b>9c(1)(B)</b> |                 |
| (C) Other specific acquisition costs .....  | <b>9c(1)(C)</b> |                 |
| (D) Other expenses .....  | <b>9c(1)(D)</b> |                 |
| (E) Taxes .....   | <b>9c(1)(E)</b> |                 |
| (F) Charges for risks or other contingencies .....  | <b>9c(1)(F)</b> |                 |
| (G) Other retention charges .....   | <b>9c(1)(G)</b> |                 |
| (H) Total retention .....   |                 | <b>9c(1)(H)</b> |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....  |                 | <b>9c(2)</b>    |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....   |                 | <b>9d(1)</b>    |
| (2) Claim reserves .....  |                 | <b>9d(2)</b>    |
| (3) Other reserves .....  |                 | <b>9d(3)</b>    |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....  |                 | <b>9e</b>       |
| <b>10</b> Nonexperience-rated contracts:  |                 |                 |
| <b>a</b> Total premiums or subscription charges paid to carrier .....   | <b>10a</b>      | 44983           |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b>      |                 |

**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**

|   |  |  |
|---|--|--|
| <b>A</b> Name of plan<br><b>BMO U.S. HEALTH AND WELFARE PLAN</b>                            |  | <b>B</b> Three-digit plan number (PN) ▶ <b>507</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BMO FINANCIAL CORP.</b> |  | <b>D</b> Employer Identification Number (EIN)<br><b>51-0275712</b> |

**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  
**KAISER FOUNDATION HEALTH PLAN**

| <b>(b)</b> EIN | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |               |
|----------------|----------------------|--|--|--------------------------------|---------------|
|                |                      |  |  | <b>(f)</b> From                | <b>(g)</b> To |
| 94-1340523     | 00000                | 102000                                       | 672  | 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.

|   |  |
|---|--|
| <b>(a)</b> Total amount of commissions paid<br><b>49195</b> | <b>(b)</b> Total amount of fees paid<br><b>0</b> |
|---|--|

**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  
**WILLIS TOWERS WATSON U.S. LLC** P.O. BOX 28852  
NEW YORK, NY 10087-8852

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
| 49195  |  |                    | 3                            |

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

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> 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.

|  |          |  |
|--|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

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

**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:

|          |  |                 |                 |         |
|----------|--|-----------------|-----------------|---------|
| <b>a</b> | Premiums: (1) Amount received .....  | <b>9a(1)</b>    |                 | 4823989 |
|          | (2) Increase (decrease) in amount due but unpaid .....   | <b>9a(2)</b>    |                 |         |
|          | (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    |                 |         |
|          | (4) Earned ((1) + (2) - (3)) .....   |                 | <b>9a(4)</b>    | 4823989 |
| <b>b</b> | Benefit charges (1) Claims paid .....  | <b>9b(1)</b>    |                 |         |
|          | (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    |                 |         |
|          | (3) Incurred claims (add (1) and (2)) .....  |                 | <b>9b(3)</b>    |         |
|          | (4) Claims charged .....   |                 | <b>9b(4)</b>    |         |
| <b>c</b> | Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |                 |         |
|          | (A) Commissions .....  | <b>9c(1)(A)</b> |                 |         |
|          | (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> |                 | 48194   |
|          | (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> |                 |         |
|          | (D) Other expenses .....   | <b>9c(1)(D)</b> |                 |         |
|          | (E) Taxes .....  | <b>9c(1)(E)</b> |                 |         |
|          | (F) Charges for risks or other contingencies .....   | <b>9c(1)(F)</b> |                 |         |
|          | (G) Other retention charges .....  | <b>9c(1)(G)</b> |                 |         |
|          | (H) Total retention .....  |                 | <b>9c(1)(H)</b> | 48194   |
|          | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |         |
| <b>d</b> | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....   |                 | <b>9d(1)</b>    |         |
|          | (2) Claim reserves .....   |                 | <b>9d(2)</b>    |         |
|          | (3) Other reserves .....   |                 | <b>9d(3)</b>    |         |
| <b>e</b> | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....  |                 | <b>9e</b>       |         |

**10** Nonexperience-rated contracts:

|          |  |            |  |
|----------|--|------------|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |

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**

|   |  |  |
|---|--|--|
| <b>A</b> Name of plan<br><b>BMO U.S. HEALTH AND WELFARE PLAN</b>                            |  | <b>B</b> Three-digit plan number (PN) ▶ <b>507</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BMO FINANCIAL CORP.</b> |  | <b>D</b> Employer Identification Number (EIN)<br><b>51-0275712</b> |

**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

**VSP VISION CARE**

| <b>(b)</b> EIN    | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |                   |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
|                   |                      |  |  | <b>(f)</b> From                | <b>(g)</b> To     |
| <b>20-0891619</b> | <b>12516</b>         | <b>30028445</b>                              | <b>13174</b>   | <b>01/01/2024</b>              | <b>12/31/2024</b> |

**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.

|   |  |
|---|--|
| <b>(a)</b> Total amount of commissions paid<br><b>0</b> | <b>(b)</b> Total amount of fees paid<br><b>0</b> |
|---|--|

**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>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|  |  |                    |                              |

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

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> 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 |                       |
|   |                                 |             |                       |

|                |  |
|----------------|--|
| <b>Part II</b> | <b>Investment and Annuity Contract Information</b><br>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. |
|----------------|--|

|  |          |  |
|--|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

|  |           |  |
|--|-----------|--|
| <b>b</b> Premiums paid to carrier .....  | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

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

**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:

|          |  |                 |         |
|----------|--|-----------------|---------|
| <b>a</b> | Premiums: (1) Amount received .....  | <b>9a(1)</b>    | 2930561 |
|          | (2) Increase (decrease) in amount due but unpaid .....   | <b>9a(2)</b>    |         |
|          | (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    |         |
|          | (4) Earned ((1) + (2) - (3)) .....   | <b>9a(4)</b>    | 2930561 |
| <b>b</b> | Benefit charges (1) Claims paid .....  | <b>9b(1)</b>    | 2619564 |
|          | (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    |         |
|          | (3) Incurred claims (add (1) and (2)) .....  | <b>9b(3)</b>    | 2619564 |
|          | (4) Claims charged .....   | <b>9b(4)</b>    |         |
| <b>c</b> | Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |         |
|          | (A) Commissions .....  | <b>9c(1)(A)</b> |         |
|          | (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> | 278404  |
|          | (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> |         |
|          | (D) Other expenses .....   | <b>9c(1)(D)</b> |         |
|          | (E) Taxes .....  | <b>9c(1)(E)</b> |         |
|          | (F) Charges for risks or other contingencies .....   | <b>9c(1)(F)</b> |         |
|          | (G) Other retention charges .....  | <b>9c(1)(G)</b> |         |
|          | (H) Total retention .....  | <b>9c(1)(H)</b> | 278404  |
|          | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... | <b>9c(2)</b>    |         |
| <b>d</b> | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....   | <b>9d(1)</b>    |         |
|          | (2) Claim reserves .....   | <b>9d(2)</b>    |         |
|          | (3) Other reserves .....   | <b>9d(3)</b>    |         |
| <b>e</b> | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....  | <b>9e</b>       |         |

**10** Nonexperience-rated contracts:

|          |  |            |         |
|----------|--|------------|---------|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 2930561 |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |         |

**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**

|   |  |  |
|---|--|--|
| <b>A</b> Name of plan<br><b>BMO U.S. HEALTH AND WELFARE PLAN</b>                            |  | <b>B</b> Three-digit plan number (PN) ▶ <b>507</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BMO FINANCIAL CORP.</b> |  | <b>D</b> Employer Identification Number (EIN)<br><b>51-0275712</b> |

**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  
**KAISER FOUNDATION HEALTH PLAN**

| <b>(b)</b> EIN    | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |                   |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
|                   |                      |  |  | <b>(f)</b> From                | <b>(g)</b> To     |
| <b>94-1340523</b> | <b>00000</b>         | <b>1932</b>                                  | <b>1333</b>  | <b>01/01/2024</b>              | <b>12/31/2024</b> |

**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.

|  |  |
|--|--|
| <b>(a)</b> Total amount of commissions paid<br><b>121982</b> | <b>(b)</b> Total amount of fees paid<br><b>0</b> |
|--|--|

**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  
**WILLIS TOWERS WATSON U.S. LLC** **P.O. BOX 28852**  
**NEW YORK, NY 10087-8852**

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
| <b>121982</b>  |  |                    | <b>3</b>                     |

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

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> 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.

|  |          |  |
|--|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**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>b</b> Balance at the end of the previous year .....   |                           |              | <b>7b</b> |  |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                  | <b>7c(1)</b>              |              |           |  |
|  | <b>7c(2)</b>              |              |           |  |
|  | <b>7c(3)</b>              |              |           |  |
|  | <b>7c(4)</b>              |              |           |  |
|  | <b>7c(5)</b>              |              |           |  |
|  | (6) Total additions ..... |              |           |  |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                  |                           |              | <b>7d</b> |  |
| <b>e</b> Deductions:   |                           |              |           |  |
|  | <b>7e(1)</b>              |              |           |  |
|  | <b>7e(2)</b>              |              |           |  |
|  | <b>7e(3)</b>              |              |           |  |
|  | <b>7e(4)</b>              |              |           |  |
| (5) Total deductions .....   |                           | <b>7e(5)</b> | 0         |  |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )..... |                           |              | <b>7f</b> |  |

**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:

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

**10** Nonexperience-rated contracts:

|          |  |            |          |
|----------|--|------------|----------|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 11469986 |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |          |

**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;"><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

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

|   |  |  |
|---|--|--|
| <p><b>A</b> Name of plan<br/><b>BMO U.S. HEALTH AND WELFARE PLAN</b></p>                            | <p><b>B</b> Three-digit plan number (PN) ▶ <b>507</b></p>                  |  |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>BMO FINANCIAL CORP.</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>51-0275712</b></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  
**KAISER FOUNDATION HEALTH 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     |
| 93-0798039 | 95540         | 3992                                  | 71  | 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.

|  |  |
|--|--|
| <b>(a)</b> Total amount of commissions paid<br><b>4186</b> | <b>(b)</b> Total amount of fees paid<br><b>0</b> |
|--|--|

**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  
**WILLIS TOWERS WATSON U.S. LLC** P.O. BOX 28852  
NEW YORK, NY 10087-8852

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 4186  |                                 |             | 3                     |

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

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

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

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

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

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

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

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

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

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

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

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

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

|  |          |  |
|--|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**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>b</b> Balance at the end of the previous year .....   | <b>7b</b>                 |              |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                  | <b>7c(1)</b>              |              |
|  | <b>7c(2)</b>              |              |
|  | <b>7c(3)</b>              |              |
|  | <b>7c(4)</b>              |              |
|  | <b>7c(5)</b>              |              |
|  | (6) Total additions ..... | <b>7c(6)</b> |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                  | <b>7d</b>                 |              |
| <b>e</b> Deductions:   |                           |              |
|  | <b>7e(1)</b>              |              |
|  | <b>7e(2)</b>              |              |
|  | <b>7e(3)</b>              |              |
|  | <b>7e(4)</b>              |              |
| (5) Total deductions .....   | <b>7e(5)</b>              | 0            |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )..... | <b>7f</b>                 |              |

**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:

|          |  |                 |                 |        |
|----------|--|-----------------|-----------------|--------|
| <b>a</b> | Premiums: (1) Amount received .....  | <b>9a(1)</b>    |                 | 459285 |
|          | (2) Increase (decrease) in amount due but unpaid .....   | <b>9a(2)</b>    |                 |        |
|          | (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    |                 |        |
|          | (4) Earned ((1) + (2) - (3)) .....   |                 | <b>9a(4)</b>    | 459285 |
| <b>b</b> | Benefit charges (1) Claims paid .....  | <b>9b(1)</b>    |                 |        |
|          | (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    |                 |        |
|          | (3) Incurred claims (add (1) and (2)) .....  |                 | <b>9b(3)</b>    |        |
|          | (4) Claims charged .....   |                 | <b>9b(4)</b>    |        |
| <b>c</b> | Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |                 |        |
|          | (A) Commissions .....  | <b>9c(1)(A)</b> |                 |        |
|          | (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> |                 | 4186   |
|          | (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> |                 |        |
|          | (D) Other expenses .....   | <b>9c(1)(D)</b> |                 |        |
|          | (E) Taxes .....  | <b>9c(1)(E)</b> |                 |        |
|          | (F) Charges for risks or other contingencies .....   | <b>9c(1)(F)</b> |                 |        |
|          | (G) Other retention charges .....  | <b>9c(1)(G)</b> |                 |        |
|          | (H) Total retention .....  |                 | <b>9c(1)(H)</b> | 4186   |
|          | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |        |
| <b>d</b> | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....   |                 | <b>9d(1)</b>    |        |
|          | (2) Claim reserves .....   |                 | <b>9d(2)</b>    |        |
|          | (3) Other reserves .....   |                 | <b>9d(3)</b>    |        |
| <b>e</b> | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....  |                 | <b>9e</b>       |        |

**10** Nonexperience-rated contracts:

|          |  |            |  |
|----------|--|------------|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |

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**

|   |  |
|---|--|
| <b>A</b> Name of plan<br><b>BMO U.S. HEALTH AND WELFARE PLAN</b>                            | <b>B</b> Three-digit plan number (PN) ▶ <b>507</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BMO FINANCIAL CORP.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>51-0275712</b> |

**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  
**KAISER FOUNDATION HEALTH PLAN**

| <b>(b)</b> EIN    | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |                   |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
|                   |                      |  |  | <b>(f)</b> From                | <b>(g)</b> To     |
| <b>84-0591617</b> | <b>95669</b>         | <b>22343</b>                                 | <b>319</b>   | <b>01/01/2024</b>              | <b>12/31/2024</b> |

**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.

|   |  |
|---|--|
| <b>(a)</b> Total amount of commissions paid<br><b>0</b> | <b>(b)</b> Total amount of fees paid<br><b>0</b> |
|---|--|

**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>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|  |  |                    |                              |

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

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> 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.

|  |          |  |
|--|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**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>b</b> Balance at the end of the previous year .....   | <b>7b</b>                 |              |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                  | <b>7c(1)</b>              |              |
|  | <b>7c(2)</b>              |              |
|  | <b>7c(3)</b>              |              |
|  | <b>7c(4)</b>              |              |
|  | <b>7c(5)</b>              |              |
|  | (6) Total additions ..... | <b>7c(6)</b> |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                  | <b>7d</b>                 |              |
| <b>e</b> Deductions:   |                           |              |
|  | <b>7e(1)</b>              |              |
|  | <b>7e(2)</b>              |              |
|  | <b>7e(3)</b>              |              |
|  | <b>7e(4)</b>              |              |
| (5) Total deductions .....   | <b>7e(5)</b>              | 0            |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )..... | <b>7f</b>                 |              |

**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:

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

**10** Nonexperience-rated contracts:

|          |  |            |         |
|----------|--|------------|---------|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 2004681 |
| <b>b</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. .... | <b>10b</b> |         |

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**

|   |  |
|---|--|
| <b>A</b> Name of plan<br><b>BMO U.S. HEALTH AND WELFARE PLAN</b>                            | <b>B</b> Three-digit plan number (PN) ▶ <b>507</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BMO FINANCIAL CORP.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>51-0275712</b> |

**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  
**DELTA DENTAL OF ILLINOIS**

| <b>(b)</b> EIN    | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |                   |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
|                   |                      |  |  | <b>(f)</b> From                | <b>(g)</b> To     |
| <b>36-2612058</b> | <b>47589</b>         | <b>20246</b>                                 | <b>15633</b>   | <b>01/01/2024</b>              | <b>12/31/2024</b> |

**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.

|   |  |
|---|--|
| <b>(a)</b> Total amount of commissions paid<br><b>0</b> | <b>(b)</b> Total amount of fees paid<br><b>0</b> |
|---|--|

**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>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|  |  |                    |                              |

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

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> 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.

|  |          |  |
|--|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**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>b</b> Balance at the end of the previous year .....   | <b>7b</b>                  |              |
| <b>c</b> Additions: (1) Contributions deposited during the year .....  | <b>7c(1)</b>               |              |
|  | <b>7c(2)</b>               |              |
|  | <b>7c(3)</b>               |              |
|  | <b>7c(4)</b>               |              |
|  | <b>7c(5)</b>               |              |
|  | (6) Total additions .....  | <b>7c(6)</b> |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....  | <b>7d</b>                  |              |
| <b>e</b> Deductions:<br>(1) Disbursed from fund to pay benefits or purchase annuities during year<br>(2) Administration charge made by carrier.....<br>(3) Transferred to separate account ..... | <b>7e(1)</b>               |              |
|  | <b>7e(2)</b>               |              |
|  | <b>7e(3)</b>               |              |
|  | <b>7e(4)</b>               |              |
|  | (5) Total deductions ..... | <b>7e(5)</b> |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....   | <b>7f</b>                  |              |

**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:

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

**10** Nonexperience-rated contracts:

|          |  |            |        |
|----------|--|------------|--------|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 471493 |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |        |

**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><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

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

|   |  |                   |
|---|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>BMO U.S. HEALTH AND WELFARE PLAN</b></p>                            | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>507</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>BMO FINANCIAL CORP.</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>51-0275712</b></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  
**FOUR EVER LIFE INSURANCE COMPANY (GEOBLUE)**

| (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     |
| 36-2149353 | 80985         | 4EL-9316-24                           | 7   | 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><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p> | <p><b>(b)</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.

|  |          |  |
|--|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**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>b</b> Balance at the end of the previous year .....   |                           |              | <b>7b</b> |  |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                  | <b>7c(1)</b>              |              |           |  |
|  | <b>7c(2)</b>              |              |           |  |
|  | <b>7c(3)</b>              |              |           |  |
|  | <b>7c(4)</b>              |              |           |  |
|  | <b>7c(5)</b>              |              |           |  |
|  | (6) Total additions ..... |              |           |  |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                  |                           |              | <b>7d</b> |  |
| <b>e</b> Deductions:   |                           |              |           |  |
|  | <b>7e(1)</b>              |              |           |  |
|  | <b>7e(2)</b>              |              |           |  |
|  | <b>7e(3)</b>              |              |           |  |
|  | <b>7e(4)</b>              |              |           |  |
| (5) Total deductions .....   |                           | <b>7e(5)</b> | 0         |  |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )..... |                           |              | <b>7f</b> |  |

**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:

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

**10** Nonexperience-rated contracts:

|          |  |            |        |
|----------|--|------------|--------|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 100504 |
| <b>b</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. .... | <b>10b</b> |        |

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 style="text-align: center;"><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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: 24pt;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|---|

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

|  |   |  |
|--|---|--|
| <p><b>A</b> Name of plan<br/><span style="color: blue;">BMO U.S. HEALTH AND WELFARE PLAN</span></p>                            | <p><b>B</b> Three-digit plan number (PN) ▶</p>  | <p><span style="color: blue;">507</span></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><span style="color: blue;">BMO FINANCIAL CORP.</span></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><span style="color: blue;">51-0275712</span></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  
FIRST RELIANCE STANDARD (MATRIX)

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 13-3176850 | 71005         | DBL 252859                            | 1992  | 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><b>(a)</b> Total amount of commissions paid</p> <p style="color: blue;">0</p> | <p><b>(b)</b> Total amount of fees paid</p> <p style="color: blue;">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.

|  |          |  |
|--|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**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>b</b> Balance at the end of the previous year .....   | <b>7b</b>                  |              |
| <b>c</b> Additions: (1) Contributions deposited during the year .....  | <b>7c(1)</b>               |              |
|  | <b>7c(2)</b>               |              |
|  | <b>7c(3)</b>               |              |
|  | <b>7c(4)</b>               |              |
|  | <b>7c(5)</b>               |              |
|  | (6) Total additions .....  | <b>7c(6)</b> |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....  | <b>7d</b>                  |              |
| <b>e</b> Deductions:<br>(1) Disbursed from fund to pay benefits or purchase annuities during year<br>(2) Administration charge made by carrier.....<br>(3) Transferred to separate account ..... | <b>7e(1)</b>               |              |
|  | <b>7e(2)</b>               |              |
|  | <b>7e(3)</b>               |              |
|  | <b>7e(4)</b>               |              |
|  | (5) Total deductions ..... | <b>7e(5)</b> |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....   | <b>7f</b>                  |              |

**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:

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

**10** Nonexperience-rated contracts:

|   |            |        |
|---|------------|--------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 212082 |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |        |

**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. ▶

|  |  |   |
|--|--|---|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>BMO U.S. HEALTH AND WELFARE PLAN</b>                            | <b>B</b> Three-digit plan number (PN) ▶                            | <b>507</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BMO FINANCIAL CORP.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>51-0275712</b> |            |

**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

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

**(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)

BLUE CROSS BLUE SHIELD OF ILLINOIS

36-1236610

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 12 13 50               | NONE  | 11834173   | 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)

EXPRESS SCRIPTS

43-1420563

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 12 13 50               | NONE  | 1341556  | 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)

DELTA DENTAL OF ILLINOIS

36-2612058

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 12 50                  | NONE  | 471098   | 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)

WILLIS TOWERS WATSON U.S. LLC

53-0181291

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16 50                  | NONE  | 345000   | 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)

ARTEMIS HEALTH

15 NORTH RIO GRAND STREET  
SALT LAKE CITY, UT 84101

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 13 50                  | NONE  | 194873   | 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)

INSPIRA

10802 FARNAM DRIVE  
OMAHA, NE 68154

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 50                  | NONE  | 111522   | 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)

GROOM LAW GROUP CHARTERED

52-1219029

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 13 50                  | NONE  | 54976  | 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)

BUSINESS HEALTH CARE GROUP OF WI

27-0044470

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 13 50                  | NONE  | 33840  | 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)

HEALTH ADVOCATE SOLUTIONS, INC.

23-3080019

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 13 50                  | NONE  | 20751  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**Part I Service Provider Information (continued)**

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

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

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

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

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

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

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

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> 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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

**SCHEDULE H  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**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**

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

|   |  |
|---|--|
| <b>A</b> Name of plan<br><b>BMO U.S. HEALTH AND WELFARE PLAN</b>                            | <b>B</b> Three-digit plan number (PN) ▶ <b>507</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BMO FINANCIAL CORP.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>51-0275712</b> |

**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.

| <b>Assets</b>  |                 | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
|--|-----------------|------------------------------|------------------------|
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>       |                              |                        |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                              |                        |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>    |                              |                        |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    |                              |                        |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    | 379888                       | 62238                  |
| <b>c</b> General investments:  |                 |                              |                        |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    |                              |                        |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    |                              |                        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                              |                        |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b> |                              |                        |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b> |                              |                        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                              |                        |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> |                              |                        |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> |                              |                        |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>    |                              |                        |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                              |                        |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>    |                              |                        |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>    |                              |                        |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                              |                        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                              |                        |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                              |                        |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                              |                        |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 84248845                     | 11908048               |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                              |                        |
| <b>(15)</b> Other .....  | <b>1c(15)</b>   |                              |                        |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....  | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 84628733              | 11970286        |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....   | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....  | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    |                       |                 |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 84628733              | 11970286        |

**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.

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> | 196338915  |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 78264497   |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 274603412 |
| <b>b Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 179092     |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 179092    |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 887510     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 887510    |
| <b>(3)</b> Rents.....  | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |            |           |
| <b>(A)</b> Real estate.....  | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income .....   | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 275670014 |

**Expenses**

|   |               |           |           |
|---|---------------|-----------|-----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |           |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 227727145 |           |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  | 12907186  |           |
| (3) Other .....   | <b>2e(3)</b>  |           |           |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |           | 240634331 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |           |           |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |           |           |
| <b>h</b> Interest expense .....   | <b>2h</b>     |           |           |
| <b>i</b> Administrative expenses:   |               |           |           |
| (1) Salaries and allowances .....   | <b>2i(1)</b>  |           |           |
| (2) Contract administrator fees .....   | <b>2i(2)</b>  | 32897973  |           |
| (3) Recordkeeping fees .....  | <b>2i(3)</b>  |           |           |
| (4) IQPA audit fees .....   | <b>2i(4)</b>  |           |           |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  |           |           |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |           |           |
| (7) Actuarial fees .....  | <b>2i(7)</b>  |           |           |
| (8) Legal fees .....  | <b>2i(8)</b>  | 54976     |           |
| (9) Valuation/appraisal fees .....  | <b>2i(9)</b>  |           |           |
| (10) Other trustee fees and expenses .....  | <b>2i(10)</b> |           |           |
| (11) Other expenses .....   | <b>2i(11)</b> | 1231587   |           |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |           | 34184536  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |           | 274818867 |

**Net Income and Reconciliation**

|   |              |  |          |
|---|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 851147   |
| <b>l</b> Transfers of assets:   |              |  |          |
| (1) To this plan .....  | <b>2l(1)</b> |  |          |
| (2) From this plan .....  | <b>2l(2)</b> |  | 73509594 |

**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: **GJC CPA'S & ADVISORS**

(2) EIN: **27-0475249**

**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   |
|--|-----|----|----------|
| <b>a</b> 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>b</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  |          |
| <b>c</b> 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  |          |
| <b>d</b> 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  |          |
| <b>e</b> Was this plan covered by a fidelity bond?   | X   |    | 34845000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     | X  |          |
| <b>g</b> 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  |          |
| <b>h</b> 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  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | X   |    |          |
| <b>j</b> 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   |    |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     |    |          |
| <b>n</b> 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.)

| <b>5b(1)</b> Name of plan(s)                | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|---|---------------------|--------------------|
| BMO RETIREE MEDICAL AND LIFE INSURANCE PLAN | 51-0275712          | 508                |
|   |                     |                    |
|   |                     |                    |
|   |                     |                    |

**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 \_\_\_\_\_.

BMO U.S. HEALTH AND WELFARE BENEFIT PLAN

**FINANCIAL STATEMENTS**  
**(With Supplementary Information)**

**December 31, 2024 and 2023**



BMO U.S. HEALTH AND WELFARE BENEFIT PLAN

**CONTENTS**

---

|  |    |
|--|----|
| INDEPENDENT AUDITOR’S REPORT   | 1  |
| FINANCIAL STATEMENTS:  |    |
| Statements of Net Assets Available for Benefits — Modified Cash Basis            | 4  |
| Statements of Changes in Net Assets Available for Benefits — Modified Cash Basis | 6  |
| NOTES TO FINANCIAL STATEMENTS  | 8  |
| SUPPLEMENTARY INFORMATION:   |    |
| Schedule of Assets (Held at End of Year)   | 23 |
| Schedule of Reportable Transactions  | 24 |

---



## **INDEPENDENT AUDITOR'S REPORT**

October 2, 2025

To the Benefits Administration Committee  
BMO Financial Corp.

### **Opinion**

We have audited the financial statements of the BMO U.S. Health and Welfare Benefit Plan (the "Plan", formerly known as the "Employee Benefit Program of Bank of Montreal/Harris"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, as well as the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with the basis of accounting as described in Note B.

### **Basis for Opinion**

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

### **Emphasis of Matter — Basis of Accounting**

We draw attention to Note B of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

Bank America Tower  
110 N. Wacker Drive  
Suite 2500  
Chicago, Illinois 60606  
Tel: (872) 465-1330

PNC Center  
201 E. 5th Street  
Suite 1900-1239  
Cincinnati, Ohio 45202  
Tel: (513) 766-9415

1001 Woodward Avenue  
Suite 850  
Detroit, Michigan 48226  
Tel: (313) 965-2655

## **INDEPENDENT AUDITOR'S REPORT (CONTINUED)**

### **Responsibilities of Management for the Financial Statements**

The Plan's management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note B, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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.

The Plan's 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 U.S. 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 U.S. GAAS:

- We exercise professional judgment and maintain professional skepticism throughout the audit.
- We identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and we 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.
- We 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.
- We evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, and we evaluate the overall presentation of the financial statements.
- We 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.

**INDEPENDENT AUDITOR'S REPORT (CONTINUED)**

**Auditor's Responsibilities for the Audit of the Financial Statements (continued)**

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

**Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2024, and reportable transactions for the year then ended (collectively, the "ERISA supplemental schedules"), are presented for the 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 ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. The supplementary information by component program in the financial statements is presented for purposes of additional analysis rather than to present the financial status and changes in financial status for each component program within the Plan. The supplementary information, including the supplementary information by component program, is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. GAAS.

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

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

*GJC CPA's & Advisors*

Chicago, Illinois

BMO U.S. HEALTH AND WELFARE BENEFIT PLAN

**STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS — MODIFIED CASH BASIS**

**December 31, 2024**

|  | <u>Supplementary Information by Component Program</u> |                                     |                           |                                  |  | <u>Total</u>                |
|--|---|-------------------------------------|---------------------------|----------------------------------|--|-----------------------------|
|  | <u>Health Program</u>                                 | <u>Long-Term Disability Program</u> | <u>Group Life Program</u> | <u>Voluntary Benefit Program</u> | <u>Section 401(h) Account (Note A)</u> |                             |
| <b>Assets:</b>                             |   |                                     |                           |                                  |  |                             |
| Investments at fair value (Notes B and D): |   |                                     |                           |                                  |  |                             |
| Registered investment companies            | \$ 6,378,359  | \$ 5,529,689                        | \$ -0-                    | \$ -0-                           | \$ -0-                                 | \$ 11,908,048               |
| Accrued interest and dividends receivable  | 40,644  | 21,594                              |                           |                                  |  | 62,238                      |
| <b>Net Assets Available for Benefits</b>   | <b><u>\$ 6,419,003</u></b>                            | <b><u>\$ 5,551,283</u></b>          | <b><u>\$ -0-</u></b>      | <b><u>\$ -0-</u></b>             | <b><u>\$ -0-</u></b>                   | <b><u>\$ 11,970,286</u></b> |

See notes to financial statements.

BMO U.S. HEALTH AND WELFARE BENEFIT PLAN

**STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS — MODIFIED CASH BASIS**

December 31, 2023

|  | Supplementary Information by Component Program |                              |                    |                           |                                 | Total                 |
|--|--|------------------------------|--------------------|---------------------------|---------------------------------|-----------------------|
|  | Health Program                                 | Long-Term Disability Program | Group Life Program | Voluntary Benefit Program | Section 401(h) Account (Note A) |                       |
| <b>Assets:</b>   |  |                              |                    |                           |                                 |                       |
| Investments at fair value (Notes B and D):               |  |                              |                    |                           |                                 |                       |
| Registered investment companies                          | \$ 80,891,536                                  | \$ 3,357,309                 | \$ -0-             | \$ -0-                    | \$ 1,434,920                    | \$ 85,683,765         |
| Common stocks  |  |                              |                    |                           | 7,577,255                       | 7,577,255             |
| Corporate bonds and notes                                |  |                              |                    |                           | 73,611,644                      | 73,611,644            |
| U.S. government securities                               |  |                              |                    |                           | 14,017,291                      | 14,017,291            |
| Municipal bonds and notes                                |  |                              |                    |                           | 2,560,298                       | 2,560,298             |
| Interest-bearing cash                                    |  |                              |                    |                           | 10,122                          | 10,122                |
| <b>Total Investments at Fair Value</b>                   | <b>80,891,536</b>                              | <b>3,357,309</b>             | <b>-0-</b>         | <b>-0-</b>                | <b>99,211,530</b>               | <b>183,460,375</b>    |
| Investments measured at net asset value (Notes B and D): |  |                              |                    |                           |                                 |                       |
| Common and collective trusts                             |  |                              |                    |                           | 10,430,236                      | 10,430,236            |
| <b>Total Investments</b>                                 | <b>80,891,536</b>                              | <b>3,357,309</b>             | <b>-0-</b>         | <b>-0-</b>                | <b>109,641,766</b>              | <b>193,890,611</b>    |
| Accrued interest and dividends receivable                | 364,492  | 15,396                       |                    |                           | 4,047,505                       | 4,427,393             |
| <b>Total Assets</b>                                      | <b>81,256,028</b>                              | <b>3,372,705</b>             | <b>-0-</b>         | <b>-0-</b>                | <b>113,689,271</b>              | <b>198,318,004</b>    |
| <b>Liabilities:</b>                                      |  |                              |                    |                           |                                 |                       |
| Payable to brokers for securities purchased              |  |                              |                    |                           | 3,900,484                       | 3,900,484             |
| Cash overdraft   |  |                              |                    |                           | 1,002,512                       | 1,002,512             |
| <b>Total Liabilities</b>                                 | <b>-0-</b>                                     | <b>-0-</b>                   | <b>-0-</b>         | <b>-0-</b>                | <b>4,902,996</b>                | <b>4,902,996</b>      |
| <b>Net Assets Available for Benefits</b>                 | <b>\$ 81,256,028</b>                           | <b>\$ 3,372,705</b>          | <b>\$ -0-</b>      | <b>\$ -0-</b>             | <b>\$ 108,786,275</b>           | <b>\$ 193,415,008</b> |

See notes to financial statements.

BMO U.S. HEALTH AND WELFARE BENEFIT PLAN

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS — MODIFIED CASH BASIS**

For the Year Ended December 31, 2024

|  | Supplementary Information by Component Program |                              |                    |                           |                                 | Total                |
|--|--|------------------------------|--------------------|---------------------------|---------------------------------|----------------------|
|  | Health Program                                 | Long-Term Disability Program | Group Life Program | Voluntary Benefit Program | Section 401(h) Account (Note A) |                      |
| <b>Additions:</b>  |  |                              |                    |                           |                                 |                      |
| Employer contributions   | \$ 188,130,549                                 | \$ 4,700,000                 | \$ 3,508,366       | \$ -0-                    | \$ -0-                          | \$ 196,338,915       |
| Participant contributions  | 71,304,417                                     | 579,309                      | 6,372,307          | 8,464                     |                                 | 78,264,497           |
| Interest income  |  | 179,092                      |                    |                           |                                 | 179,092              |
| Dividend income  | 887,510  |                              |                    |                           |                                 | 887,510              |
| <b>Total Additions</b>   | <b>260,322,476</b>                             | <b>5,458,401</b>             | <b>9,880,673</b>   | <b>8,464</b>              | <b>-0-</b>                      | <b>275,670,014</b>   |
| <b>Deductions:</b>   |  |                              |                    |                           |                                 |                      |
| Insurance premiums, net of refunds   | 3,018,049                                      |                              | 9,880,673          | 8,464                     |                                 | 12,907,186           |
| Payments to participants or beneficiaries                                      | 224,636,104                                    | 3,091,041                    |                    |                           |                                 | 227,727,145          |
| Administrative expenses  | 33,995,754                                     | 188,782                      |                    |                           |                                 | 34,184,536           |
| <b>Total Deductions</b>  | <b>261,649,907</b>                             | <b>3,279,823</b>             | <b>9,880,673</b>   | <b>8,464</b>              | <b>-0-</b>                      | <b>274,818,867</b>   |
| <b>Change in Net Assets Available for Benefits Before Plan Transfers</b>       | <b>(1,327,431)</b>                             | <b>2,178,578</b>             | <b>-0-</b>         | <b>-0-</b>                | <b>-0-</b>                      | <b>851,147</b>       |
| <b>Other Changes:</b>  |  |                              |                    |                           |                                 |                      |
| Transfer of net assets to BMO Retiree Medical and Life Insurance Plan (Note B) | (73,509,594)                                   |                              |                    |                           | (108,786,275)                   | (182,295,869)        |
| <b>Change in Net Assets Available for Benefits</b>                             | <b>(74,837,025)</b>                            | <b>2,178,578</b>             | <b>-0-</b>         | <b>-0-</b>                | <b>(108,786,275)</b>            | <b>(181,444,722)</b> |
| Net Assets Available for Benefits, Beginning of Year                           | 81,256,028                                     | 3,372,705                    | -0-                | -0-                       | 108,786,275                     | 193,415,008          |
| <b>Net Assets Available for Benefits, End of Year</b>                          | <b>\$ 6,419,003</b>                            | <b>\$ 5,551,283</b>          | <b>\$ -0-</b>      | <b>\$ -0-</b>             | <b>\$ -0-</b>                   | <b>\$ 11,970,286</b> |

See notes to financial statements.

BMO U.S. HEALTH AND WELFARE BENEFIT PLAN

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS — MODIFIED CASH BASIS**

For the Year Ended December 31, 2023

|   | Supplementary Information by Component Program |                              |                    |                           |                                 | Total                 |
|---|--|------------------------------|--------------------|---------------------------|---------------------------------|-----------------------|
|   | Health Program                                 | Long-Term Disability Program | Group Life Program | Voluntary Benefit Program | Section 401(h) Account (Note A) |                       |
| <b>Additions:</b>   |  |                              |                    |                           |                                 |                       |
| Employer contributions  | \$ 146,185,941                                 | \$ 2,550,000                 | \$ 715,192         | \$ -0-                    | \$ -0-                          | \$ 149,451,133        |
| Participant contributions   | 59,390,134                                     | 427,712                      | 3,267,831          | 7,744                     |                                 | 63,093,421            |
| Interest income   | 4,053,731                                      | 131,702                      |                    |                           |                                 | 4,185,433             |
| Dividend income   | 888,797  |                              |                    |                           |                                 | 888,797               |
| Federal excise tax refund   | 2,021,707                                      |                              |                    |                           |                                 | 2,021,707             |
| Net realized and unrealized appreciation in fair value of investments |  |                              |                    |                           | 4,697,250                       | 4,697,250             |
| <b>Total Additions</b>  | <b>212,540,310</b>                             | <b>3,109,414</b>             | <b>3,983,023</b>   | <b>7,744</b>              | <b>4,697,250</b>                | <b>224,337,741</b>    |
| <b>Deductions:</b>  |  |                              |                    |                           |                                 |                       |
| Insurance premiums, net of refunds                                    | 6,309,159                                      |                              | 3,983,023          | 7,744                     | 5,279,119                       | 15,579,045            |
| Payments to participants or beneficiaries                             | 189,119,571                                    | 2,929,160                    |                    |                           |                                 | 192,048,731           |
| Administrative expenses   | 20,606,130                                     | 289,075                      |                    |                           | 158,561                         | 21,053,766            |
| <b>Total Deductions</b>   | <b>216,034,860</b>                             | <b>3,218,235</b>             | <b>3,983,023</b>   | <b>7,744</b>              | <b>5,437,680</b>                | <b>228,681,542</b>    |
| <b>Change in Net Assets Available for Benefits</b>                    | <b>(3,494,550)</b>                             | <b>(108,821)</b>             | <b>-0-</b>         | <b>-0-</b>                | <b>(740,430)</b>                | <b>(4,343,801)</b>    |
| Net Assets Available for Benefits, Beginning of Year                  | 84,750,578                                     | 3,481,526                    | -0-                | -0-                       | 109,526,705                     | 197,758,809           |
| <b>Net Assets Available for Benefits, End of Year</b>                 | <b>\$ 81,256,028</b>                           | <b>\$ 3,372,705</b>          | <b>\$ -0-</b>      | <b>\$ -0-</b>             | <b>\$ 108,786,275</b>           | <b>\$ 193,415,008</b> |

See notes to financial statements.

**NOTES TO FINANCIAL STATEMENTS**

**December 31, 2024 and 2023**

---

**NOTE A — DESCRIPTION OF THE PLAN**

The following description of the BMO U.S. Health and Welfare Benefit Plan (the “Plan”, formerly known as the “Employee Benefit Program of Bank of Montreal/Harris”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

The Plan is a contributory health and welfare benefit plan administered by the Benefits Administration Committee covering all eligible employees of BMO Financial Corp. (“BFC”) and affiliated companies, as well as the U.S. employees of the Bank of Montreal and its U.S. subsidiaries. The employees covered by the Plan are hereinafter referred to collectively as the “employees.” The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

The Plan consists of group medical and dental coverage (the “Health Program”), long-term disability coverage (the “LTD Program”), life insurance coverage (the “Group Life Program”), and coverage for other benefits (the “Voluntary Benefit Program”). Prior to January 1, 2024, the Plan also provided retiree medical coverage (the “Retiree Medical Program”). Collectively, these are hereinafter referred to as the “component programs.”

On February 1, 2023, BFC acquired BancWest Holding, Inc. and Bank of the West (“BOTW”). Effective August 6, 2023, certain benefits for active employees in the Bank of the West Group Health and Welfare Plan (the “Legacy BOTW Plan”) were transferred to the Plan.

**Administration**

The Employee Benefit Trust (the “Trust Fund”) was established to implement the provisions of the Health Program, the LTD Program, the Group Life Program, the Voluntary Benefit Program, and, prior to January 1, 2024, the Retiree Medical Program. Bank of New York Mellon Corporation (“BNY Mellon”) serves as trustee for the component programs participating in the Trust Fund and administers and acts as custodian for the Plan’s investment assets, except for the assets transferred from the M&I Retiree Health Benefits Trust (the “Legacy M&I Trust”), for which BFC served as the trustee and custodian.

**Plan Provisions**

**Health Program**

Full-time employees and part-time employees who are scheduled to work 20 or more hours per week are eligible to participate as of the first day of the month after 30 days of employment, if an application is filed.

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

December 31, 2024 and 2023

---

**NOTE A — DESCRIPTION OF THE PLAN (CONTINUED)**

**Plan Provisions (continued)**

**Health Program (continued)**

Eligible employees are reimbursed for medical and dental expenses as determined by the Health Program's provisions.

The employers and the participating employees make contributions to the Trust Fund to fund the Health Program. The amount employees must contribute is determined by BFC. Under the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA"), contributions that were made to the Health Program by former participants and their dependents enable them to continue their participation in the Health Program.

**LTD Program**

Full-time employees and part-time employees who are scheduled to work 20 or more hours per week are eligible to participate as of their first day of employment. Participating employees are entitled to an employer-paid benefit replacing 60 percent of base pay; however, after age 60, the disability benefits are limited. Those same employees are allowed to purchase additional coverage of 15 percent of base pay as of the first day of the month after 30 days of employment.

**Group Life Program**

Full-time employees and part-time employees who are scheduled to work 20 or more hours per week are eligible to participate as of their first day of employment, if an application is filed within 31 days of commencement of employment. Eligible employees can purchase supplemental coverage as of the first day of the month after 30 days of employment for one to eight times their annual total compensation to a maximum of \$3,000,000.

**Voluntary Benefit Program**

Full-time employees and part-time employees who are scheduled to work 20 or more hours per week are eligible to participate in the Voluntary Benefit Program. These voluntary benefits include hospital indemnity, accident, and critical illness coverage, which are administered by Reliastar Life Insurance Company. There is additionally a legal services benefit offered by ARAG Insurance Company. All contributions to the Voluntary Benefit Program are made by the participants.

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

**December 31, 2024 and 2023**

---

**NOTE A — DESCRIPTION OF THE PLAN (CONTINUED)**

**Plan Provisions (continued)**

**Retiree Medical Program**

Full-time employees who have attained age 55 and have completed 10 years of full-time benefit service in the BMO U.S. Pension Plan (the “Pension Plan”) and who enrolled in a BFC medical plan immediately prior to retirement have been eligible to continue health coverage through participation in the BMO Harris Bank Retiree Medical Program (the “BMO Medical Program”). Legacy employees of Marshall & Ilsley Corporation (“M&I”) have also been eligible under the terms of the Legacy M&I Retiree Medical Program (the “M&I Medical Program”). To be eligible, legacy M&I employees needed to be at least 55 years old, to have at least 10 years of vesting service (1,000 hours per calendar year) with M&I and/or BFC, and to have participated in any M&I and/or BFC medical coverage for at least 10 consecutive years immediately prior to becoming eligible for retirement. BFC and the participating retirees have made contributions to the Trust Fund via the Health Program to fund the Retiree Medical Program.

To be eligible for pre-65 coverage under the BMO Medical Program, retirees needed to be at least 55 years old, to have at least 10 years of service with any BMO entity, to have worked as a U.S. employee immediately preceding retirement, and to have enrolled in a BFC-sponsored medical plan immediately prior to retirement.

Effective December 31, 2023, all retiree benefits in the BMO Medical Program and the M&I Medical Program were transferred to the Legacy BOTW Plan, which has been renamed the “BMO Retiree Medical and Life Insurance Plan” (the “Retiree Plan”). Net assets totaling \$73,509,594 were transferred from the Plan to the Retiree Plan on January 1, 2024 related to these participants.

**Pension Plan Funding**

The Pension Plan includes a medical benefit component in addition to normal retirement benefits to fund a portion of the postretirement obligations for retirees and their beneficiaries in accordance with section 401(h) of the Internal Revenue Code (the “IRC”). A separate account (the “401(h) account”) has been established and maintained in the Pension Plan for such contributions. In accordance with IRC section 401(h), the Pension Plan’s investments in the 401(h) account may not be used for, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries.

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

**December 31, 2024 and 2023**

---

**NOTE A — DESCRIPTION OF THE PLAN (CONTINUED)**

**Pension Plan Funding (continued)**

The related obligations for health benefits are not included in the Pension Plan's obligations in the statements of accumulated plan benefits, nor are they included in the Plan's statements of net assets available for benefits since these statements are presented on a modified cash basis, but they are disclosed as obligations in Note C. On January 1, 2024, the 401(h) account balance of \$108,786,275 was transferred from the Plan to the Retiree Plan.

**NOTE B — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

In accordance with the Trust Fund agreement, the accompanying financial statements of the Plan have been prepared on a modified cash basis of accounting. Under such basis, employer contributions, participant contributions, and insurance refunds are recorded when cash is received, while insurance premiums and administrative expenses are recorded when cash is disbursed. This basis of accounting differs from accounting principles generally accepted in the United States of America, under which employer contributions and insurance refunds are recorded in the period to which they relate, participant contributions are recorded in the period that payroll deductions are made from participants, and insurance premiums and administrative expenses are recognized as incurred.

**Investments**

The Plan's investments are stated at fair value. Fair value is defined as 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 (an exit price).

The Plan's investments are valued as follows:

- Shares of registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan as of the end of the year.
- Investments in stocks, U.S. government securities, and municipal bonds and notes have been stated at fair value as determined by quoted market prices.
- Corporate bonds and notes that are not actively traded have been stated at estimated fair value by BNY Mellon through utilization of pricing sources it deems to be objective, including investment advisors.

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

December 31, 2024 and 2023

---

**NOTE B — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Investments (continued)**

- Units of common and collective trust funds have been stated at their estimated net asset value, which has been computed by the trustee periodically to give effect to net realized gains or losses and changes in the fair value of fund assets. The fair value for the underlying investments held by these funds has been based on quoted market prices where available or on the basis of valuations provided by pricing services that use methods based upon market transactions for comparable securities and various relationships between securities which are generally recognized by institutional traders.

Security purchases are accounted for on the settlement date, and security sales are recognized on the date proceeds are received. The results of this method are not materially different from using a trade-date method. Gains and losses on sales of securities are based on average costs. Dividends are recorded on the ex-dividend date. Net appreciation and depreciation include gains and losses on investments bought and sold, as well as held, during the year.

**Use of Estimates**

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and benefit obligations, as well as disclosure of contingent assets and liabilities, at the date of the financial statements, and the reported amounts of changes in net assets and benefit obligations during the reporting period. Actual results could differ from those estimates.

**Fair Value Measurements**

The Plan uses fair value measurements in the preparation of its financial statements, which utilize various inputs, including those that can be readily observable, corroborated, or are generally unobservable. The Plan utilizes market-based data and valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Additionally, the Plan applies assumptions that market participants would use in pricing an asset or liability, including assumptions about risk.

The measurement of fair value includes a hierarchy based on the quality of inputs used to measure fair value. Financial assets and liabilities are categorized into this three-level fair value hierarchy based on the inputs to the valuation technique. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets and liabilities and the lowest priority to unobservable inputs.

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

December 31, 2024 and 2023

---

**NOTE B — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Fair Value Measurements (continued)**

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

- Level 1 — Financial assets and liabilities whose values are based on unadjusted quoted market prices for identical assets and liabilities in an active market that the Plan has the ability to access
- Level 2 — Financial assets and liabilities whose values are based on quoted prices in markets that are not active or model inputs that are observable for substantially the full term of the asset or liability
- Level 3 — Financial assets and liabilities whose values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement

The use of observable market data, when available, is required in making fair value measurements. When inputs used to measure fair value fall within different levels of the hierarchy, the level within which the fair value measurement is categorized is based on the lowest level input that is significant to the fair value measurement.

**Plan Benefits**

Benefits are recorded when paid.

**Administrative Expenses**

Administrative costs and expenses incurred in the administration of the trust or the Plan are paid from the Trust Fund to the extent determined by BFC. Administrative costs and expenses include legal fees, accounting fees, actuarial services, insurance administration services, direct employment costs of BFC employees providing services to the Plan, and other professional and administrative services. Certain additional expenses are paid by BFC.

**Risks and Uncertainties**

The Plan invests in various securities, including registered investment companies, government securities, bonds, stocks, and common and collective trusts. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility.

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

December 31, 2024 and 2023

**NOTE B — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)****Risks and Uncertainties (continued)**

Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Benefit obligations were prepared based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**Subsequent Events**

The Plan's management has evaluated subsequent events through October 2, 2025, the date that the accompanying financial statements were available to be issued.

**NOTE C — BENEFIT OBLIGATIONS****Retiree Medical Program**

The retiree medical obligations as of December 31, 2023, by category of participants, as computed by the Plan's actuary, Mercer, Inc. ("Mercer"), are as follows:

|   |                             |
|---|-----------------------------|
| <b>Postretirement Benefit Obligations:</b>          |                             |
| Retirees  | \$ 32,575,000               |
| Fully eligible participants                         | 9,427,000                   |
| Other active participants                           | <u>14,553,000</u>           |
| <b>Total Postretirement<br/>Benefit Obligations</b> | <b>56,555,000</b>           |
| <b>Other Retiree Medical Obligations:</b>           |                             |
| Claims incurred but not reported                    | <u>454,000</u>              |
| <b>Total Retiree Medical<br/>Obligations</b>        | <b><u>\$ 57,009,000</u></b> |

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

December 31, 2024 and 2023

**NOTE C — BENEFIT OBLIGATIONS (CONTINUED)****Retiree Medical Program (continued)**

Changes in the retiree medical obligations for the years ended December 31, 2023 are as follows:

**Postretirement Benefit Obligations:**

|   |                  |
|---|------------------|
| Postretirement benefit obligations,<br>beginning of year          | \$ 116,649,000   |
| Changes in postretirement benefit<br>obligations attributable to: |                  |
| Benefits earned (including service<br>cost, net of benefits paid) | (10,236,000)     |
| Plan amendments   | (56,471,000)     |
| Changes in actuarial assumptions                                  | <u>6,613,000</u> |

|  |                          |
|--|--------------------------|
| <b>Postretirement Benefit<br/>Obligations, End of Year</b> | <b><u>56,555,000</u></b> |
|--|--------------------------|

**Other Retiree Medical Obligations:**

|  |                    |
|--|--------------------|
| Claims incurred but not reported,<br>beginning of year   | 559,790            |
| Claims incurred and approved for payment<br>(including benefits reclassified from<br>postretirement benefit obligations) | 7,336,210          |
| Claims paid  | <u>(7,442,000)</u> |

|   |                       |
|---|-----------------------|
| <b>Other Retiree Medical<br/>Obligations, End of Year</b> | <b><u>454,000</u></b> |
|---|-----------------------|

|   |                             |
|---|-----------------------------|
| <b>Total Retiree Medical<br/>Obligations, End of Year</b> | <b><u>\$ 57,009,000</u></b> |
|---|-----------------------------|

The postretirement benefit obligations of \$56,555,000 and the other retiree medical obligations of \$454,000 as of December 31, 2023 were transferred to the Retiree Plan as of January 1, 2024.

The significant actuarial assumptions used in the valuation of the retiree medical obligations as of December 31, 2023 were as follows:

- Discount rate of 4.9 percent

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

December 31, 2024 and 2023

**NOTE C — BENEFIT OBLIGATIONS (CONTINUED)****Retiree Medical Program (continued)**

- Expected long-term rate of return on assets of 4.1 percent for BMO Medical Program participants and 2.9 percent for M&I Medical Program participants
- For measurement purposes, annual rates of increase of 7.3 percent for retirements before age 65, and 8.5 percent for retirements after age 65, in the per capita cost of covered health care benefits were assumed. The rates would be graded down to 4.0 percent for all retirees in 2047 and remain level thereafter. These health care cost trend rates reflect revised projected growth in the per capita gross domestic product (“GDP”), projected long-term wage inflation, projected health care expenditures as a percentage of GDP, and specific initiatives from BFC.

Prior to January 1, 2024, the Plan’s retiree medical obligations were refunded through contributions to the Pension Plan in accordance with IRC section 401(h). The components of the net assets available for such obligations and the related changes in net assets available are disclosed in the accompanying financial statements.

**Health Program**

Medical coverage is partially self-insured by BFC. Prior to January 1, 2024, the medical obligations were computed by Mercer and primarily consisted of an incurred but not reported claims reserve, and also included maternity reserves, claims payable, and an expense reserve. The expense reserve of 10 percent was reflective of recent experience under the Health Program. The medical obligations do not include a liability for postretirement health benefits as the medical obligations were funded through the Pension Plan. Reserves for the incurred but not reported medical benefits were estimated using the Plan’s historical claims experience.

The medical obligations and related changes in medical obligations for the year ended December 31, 2023 are as follows:

|   |                             |
|---|-----------------------------|
| Medical obligations, beginning of year      | \$ 14,345,000               |
| Claims incurred                             | 213,246,000                 |
| Claims paid                                 | <u>(207,959,000)</u>        |
| <b>Medical Obligations,<br/>End of Year</b> | <b><u>\$ 19,632,000</u></b> |

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

December 31, 2024 and 2023

**NOTE C — BENEFIT OBLIGATIONS (CONTINUED)****Health Program (continued)**

Effective January 1, 2024, the Health Program became completely self-insured or fully insured, depending on the contract with each insurance carrier. As such, the medical obligations of \$19,632,000 as of December 31, 2023 were assumed by BFC and the insurance carriers as of January 1, 2024.

**LTD Program**

Prior to January 1, 2024, the long-term disability obligations for participants in the LTD Program who were disabled and became eligible for benefits were determined by Mercer in accordance with commonly accepted actuarial principles and procedures using actuarial methods that the actuary deemed appropriate. The obligations primarily consisted of the liability associated with current claimants in the LTD Program, but also included a reserve for incurred but not reported claims and a reserve for expenses.

The long-term disability obligations and related changes in obligations for the year ended December 31, 2023 are as follows:

|  |                            |
|--|----------------------------|
| Long-term disability obligations,<br>beginning of year   | \$ 9,525,000               |
| Claims incurred  | 2,494,000                  |
| Claims paid  | <u>(3,218,000)</u>         |
| <b>Long-Term Disability<br/>Obligations, End of Year</b> | <b><u>\$ 8,801,000</u></b> |

Effective January 1, 2024, the LTD Program became completely self-insured or fully insured, depending on the contract with each insurance carrier. As such, the long-term disability obligations of \$8,801,000 as of December 31, 2023 were assumed by BFC and the insurance carriers as of January 1, 2024.

The reserves were determined using interest rates of 5.33 percent for the year ended December 31, 2023. The rate of termination is based on the Society of Actuaries 2008 Group Long-Term Disability Table.

BMO U.S. HEALTH AND WELFARE BENEFIT PLAN

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

December 31, 2024 and 2023

**NOTE D — INVESTMENTS AND FAIR VALUE**

The Plan's fair value hierarchy for those assets measured at fair value on a recurring basis as of December 31, 2024 and 2023 are summarized as follows:

|   | <u>Fair Value Measurements</u>  |  |  | <u>Total</u>          |
|---|---|--|--|-----------------------|
|   | <u>Quoted<br/>Prices in<br/>Active<br/>Markets for<br/>Identical<br/>Assets<br/>(Level 1)</u> | <u>Significant<br/>Other<br/>Observable<br/>Inputs<br/>(Level 2)</u> | <u>Significant<br/>Unobservable<br/>Inputs<br/>(Level 3)</u> |                       |
| <b>2024</b>                                 |   |  |  |                       |
| <b>Assets:</b>                              |   |  |  |                       |
| Investments at fair value:                  |   |  |  |                       |
| Registered investment companies             | \$ 11,908,048   | \$ -0-   | \$ -0-   | \$ 11,908,048         |
|   | <u>\$ 11,908,048</u>  | <u>\$ -0-</u>  | <u>\$ -0-</u>  | <u>\$ 11,908,048</u>  |
| <b>2023</b>                                 |   |  |  |                       |
| <b>Assets:</b>                              |   |  |  |                       |
| Investments at fair value:                  |   |  |  |                       |
| Registered investment companies             | \$ 85,683,765   | \$ -0-   | \$ -0-   | \$ 85,683,765         |
| Common stocks                               | 7,577,255   |  |  | 7,577,255             |
| Corporate bonds and notes                   |   | 73,611,644   |  | 73,611,644            |
| U.S. government securities                  | 14,017,291  |  |  | 14,017,291            |
| Municipal bonds and notes                   | 2,560,298   |  |  | 2,560,298             |
| Interest-bearing cash                       | 10,122  |  |  | 10,122                |
|   | <u>\$ 109,848,731</u>   | <u>\$ 73,611,644</u>   | <u>\$ -0-</u>  | <u>183,460,375</u>    |
| <b>Total Investments<br/>at Fair Value</b>  |   |  |  |                       |
| Investments measured at net<br>asset value: |   |  |  |                       |
| Common and collective trusts                |   |  |  | 10,430,236            |
|   |   |  |  | <u>\$ 193,890,611</u> |

The Plan has invested in common and collective trusts that calculate net asset value per unit, which invest primarily in equities and short-term investments, such as money market funds. These accounts could be redeemed at any time without any restrictions. There were no unfunded commitments to acquire additional units of these accounts as of December 31, 2024 or 2023.

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

**December 31, 2024 and 2023**

---

**NOTE E — MEDICARE PART D SUBSIDY**

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the “Act”) provides a prescription drug benefit under Medicare (Medicare Part D), as well as a federal subsidy to sponsors of retiree health care plans that provide a benefit that is at least actuarially equivalent to Medicare Part D. BFC, with the assistance of its actuary, has determined that the Retiree Medical Program was at least actuarially equivalent to Medicare Part D. Because the Medicare Part D subsidy was paid to BFC and was not paid directly into the assets of the Retiree Medical Program, the postretirement benefit obligations do not reflect the effects of the Medicare Part D subsidy on the Retiree Medical Program. BFC’s management could elect to voluntarily contribute Medicare Part D subsidies into the assets of the Retiree Medical Program as additional employer contributions.

The Medicare Part D subsidy associated with the legacy M&I retirees was deposited into the Health Program for the benefit of the legacy M&I retirees. BFC’s actuaries estimated the Medicare Part D subsidy to be approximately \$14.9 million as of December 31, 2023.

Effective January 1, 2024, Medicare Part D subsidies are no longer provided under the Plan.

**NOTE F — PLAN TERMINATION**

BFC has the right to terminate the Plan or any of the component programs at any time. In the event of a termination, BNY Mellon, the trustee of the Plan, will determine the amount of the Trust Fund assets allocable to the Plan or component programs terminated and distribute these assets in accordance with the provisions of the Plan. Except for the right to receive benefits as provided by the Plan, participants have no vested interest in the assets of the component programs or in any contributions to the Plan.

**NOTE G — INCOME TAX STATUS**

The Trust Fund received a ruling from the Internal Revenue Service (the “IRS”) dated November 14, 1980, stating that the Trust Fund qualifies under section 501(c)(9) of the IRC. Since 1980, there have been various amendments made to the Plan to comply with changes in the tax laws, U.S. Department of Labor regulations, or other administrative reasons. The Plan administrator believes that the Plan, as amended, is designed and is being operated in accordance with applicable rules and regulations and, therefore, continues to qualify under the IRC, and that the related Trust Fund is exempt from taxation.

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

December 31, 2024 and 2023

**NOTE G — INCOME TAX STATUS (CONTINUED)**

Accounting principles generally accepted in the United States of America require the Plan's management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more-likely-than-not, based on the technical merits, to be sustained upon examination by the IRS. The Benefits Administration Committee has analyzed the tax positions taken by the Plan, and has concluded that, as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is also subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The M&I Retiree Health Benefits Trust paid no federal excise tax during the year ended December 31, 2023 on investment income subject to tax as unrelated business taxable income; a refund of excess federal excise tax payments of \$2,021,707 was received during the year ended December 31, 2023.

**NOTE H — PARTIES-IN-INTEREST**

BNY Mellon and BFC act as the trustees over the Plan's trust assets. Additionally, BMO Global Asset Management acts as one of the Plan's investment managers. These entities work together to service the Plan in accordance with the Plan and trust agreements. All investment and trustee activities are handled by these entities and are monitored by BFC's Benefits Administration and Investment Committees.

**NOTE I — RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

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

|  | <u>2024</u>                 | <u>2023</u>                 |
|--|-----------------------------|-----------------------------|
| Net assets available for benefits,<br>financial statements | \$ 11,970,286               | \$ 193,415,008              |
| Less:  |                             |                             |
| Net assets held in section<br>401(h) account               | <u>-0-</u>                  | <u>(108,786,275)</u>        |
| <b>Net Assets Available for<br/>Benefits, Form 5500</b>    | <b><u>\$ 11,970,286</u></b> | <b><u>\$ 84,628,733</u></b> |

BMO U.S. HEALTH AND WELFARE BENEFIT PLAN

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

**December 31, 2024 and 2023**

**NOTE I — RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)**

The following is a reconciliation of various accounts from the financial statements to Form 5500 as of, and for the years ended, December 31, 2024 and 2023:

|  | <b><u>Balances per<br/>Financial<br/>Statements</u></b> | <b><u>Balances in<br/>Section 401(h)<br/>Account</u></b> | <b><u>Balances per<br/>Form 5500</u></b> |
|--|---|--|--|
| <b>2024</b>  |   |  |  |
| Transfer of net assets to Retiree Plan                                   | \$ 182,295,869  | \$ 108,786,275   | \$ 73,509,594                            |
| <b>2023</b>  |   |  |  |
| Investments:   |   |  |  |
| Registered investment companies  | \$ 85,683,765   | \$ 1,434,920   | \$ 84,248,845                            |
| Common stocks  | 7,577,255   | 7,577,255  | -0-                                      |
| Corporate bonds and notes  | 73,611,644  | 73,611,644   | -0-                                      |
| U.S. government securities   | 14,017,291  | 14,017,291   | -0-                                      |
| Municipal bonds and notes  | 2,560,298   | 2,560,298  | -0-                                      |
| Interest-bearing cash  | 10,122  | 10,122   | -0-                                      |
| Common and collective trusts   | 10,430,236  | 10,430,236   | -0-                                      |
| Accrued interest and dividends receivable                                | 4,427,393   | 4,047,505  | 379,888                                  |
| Payable to broker for securities purchased                               | 3,900,484   | 3,900,484  | -0-                                      |
| Cash overdraft   | 1,002,512   | 1,002,512  | -0-                                      |
| Net realized and unrealized appreciation<br>in fair value of investments | 4,697,250   | 4,697,250  | -0-                                      |
| Insurance premiums, net of refunds                                       | 15,579,045  | 5,279,119  | 10,299,926                               |
| Administrative expenses  | 21,053,766  | 158,561  | 20,895,205                               |

**SUPPLEMENTARY INFORMATION**

BMO U.S. HEALTH AND WELFARE BENEFIT PLAN  
(Federal Employer Identification Number: 51-0275712; Plan Number: 507)

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
(FORM 5500, Schedule H, Line 4i)

December 31, 2024

| <b>Party-in-Interest</b> | <b>Identity of Issue, Borrower, Lessor, or Similar Party</b> | <b>Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)</b> | <b>Cost</b>          | <b>Current Value</b> |
|--------------------------|--|---|----------------------|----------------------|
|                          | <b>Registered Investment Companies:</b>                      |   |                      |                      |
|                          | BlackRock Liquidity Federal Fund, Institutional Shares       | 11,908,048 shares   | <u>\$ 11,908,048</u> | <u>\$ 11,908,048</u> |

\* – Represents party-in-interest

There were no investment assets reportable as acquired and disposed of during the year ended December 31, 2024.

BMO U.S. HEALTH AND WELFARE BENEFIT PLAN  
(Federal Employer Identification Number: 51-0275712; Plan Number: 507)

**SCHEDULE OF REPORTABLE TRANSACTIONS**  
(Form 5500, Schedule H, Line 4j)

**For the Year Ended December 31, 2024**

| Identity of Party Involved   | Description of Asset (Including Interest Rate and Maturity in Case of a Loan) | Purchase Price | Selling Price | Lease Rental | Expense Incurred with Transaction | Cost of Asset | Current Value of Asset on Transaction Date | Net Gain (Loss) |
|--|---|----------------|---------------|--------------|-----------------------------------|---------------|--|-----------------|
| <b>Category i – A Transaction With Respect to Any Plan Asset Involving An Amount in Excess of Five Percent of the Current Value of Plan Assets</b> |   |                |               |              |                                   |               |  |                 |
| Bank of New York Mellon Trust  | BlackRock Liquidity Federal Fund, Institutional Shares:                       |                |               |              |                                   |               |  |                 |
|  | 11,279,582 shares   | \$ 11,279,582  | \$ -0-        | \$ -0-       | \$ -0-                            | \$ 11,279,582 | \$ 11,279,582                              | \$ -0-          |
|  | 4,966,403 shares  | 4,966,403      |               |              |                                   | 4,966,403     | 4,966,403                                  |                 |
|  | 10,809,918 shares   | 10,809,918     |               |              |                                   | 10,809,918    | 10,809,918                                 |                 |
|  | 8,711,031 shares  | 8,711,031      |               |              |                                   | 8,711,031     | 8,711,031                                  |                 |
|  | 7,999,959 shares  | 7,999,959      |               |              |                                   | 7,999,959     | 7,999,959                                  |                 |
|  | 10,434,828 shares   | 10,434,828     |               |              |                                   | 10,434,828    | 10,434,828                                 |                 |
|  | 4,872,021 shares  | 4,872,021      |               |              |                                   | 4,872,021     | 4,872,021                                  |                 |
|  | 8,310,516 shares  | 8,310,516      |               |              |                                   | 8,310,516     | 8,310,516                                  |                 |
|  | 10,676,816 shares   | 10,676,816     |               |              |                                   | 10,676,816    | 10,676,816                                 |                 |
|  | 10,723,258 shares   | 10,723,258     |               |              |                                   | 10,723,258    | 10,723,258                                 |                 |
|  | 10,384,570 shares   | 10,384,570     |               |              |                                   | 10,384,570    | 10,384,570                                 |                 |
|  | 10,210,665 shares   | 10,210,665     |               |              |                                   | 10,210,665    | 10,210,665                                 |                 |
|  | 10,689,625 shares   | 10,689,625     |               |              |                                   | 10,689,625    | 10,689,625                                 |                 |
|  | 10,189,017 shares   | 10,189,017     |               |              |                                   | 10,189,017    | 10,189,017                                 |                 |
|  | 10,954,936 shares   | 10,954,936     |               |              |                                   | 10,954,936    | 10,954,936                                 |                 |
|  | 10,013,730 shares   | 10,013,730     |               |              |                                   | 10,013,730    | 10,013,730                                 |                 |
|  | 10,598,118 shares   | 10,598,118     |               |              |                                   | 10,598,118    | 10,598,118                                 |                 |
|  | 10,151,901 shares   | 10,151,901     |               |              |                                   | 10,151,901    | 10,151,901                                 |                 |
|  | 4,700,000 shares  | 4,700,000      |               |              |                                   | 4,700,000     | 4,700,000                                  |                 |
|  | 10,592,863 shares   | 10,592,863     |               |              |                                   | 10,592,863    | 10,592,863                                 |                 |
|  | 7,575,007 shares  | 7,575,007      |               |              |                                   | 7,575,007     | 7,575,007                                  |                 |
|  | 10,265,381 shares   | 10,265,381     |               |              |                                   | 10,265,381    | 10,265,381                                 |                 |

BMO U.S. HEALTH AND WELFARE BENEFIT PLAN  
(Federal Employer Identification Number: 51-0275712; Plan Number: 507)

**SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)**  
(Form 5500, Schedule H, Line 4j)

**For the Year Ended December 31, 2024**

| <u>Identity of Party Involved</u>   | <u>Description of Asset (Including Interest Rate and Maturity in Case of a Loan)</u> | <u>Purchase Price</u> | <u>Selling Price</u> | <u>Lease Rental</u> | <u>Expense Incurred with Transaction</u> | <u>Cost of Asset</u> | <u>Current Value of Asset on Transaction Date</u> | <u>Net Gain (Loss)</u> |
|---|--|-----------------------|----------------------|---------------------|--|----------------------|---|------------------------|
| <b><u>Category i – A Transaction With Respect to Any Plan Asset Involving An Amount in Excess of Five Percent of the Current Value of Plan Assets (continued)</u></b> |  |                       |                      |                     |  |                      |   |                        |
| Bank of New York Mellon Trust   | BlackRock Liquidity Federal Fund, Institutional Shares (continued):                  |                       |                      |                     |  |                      |   |                        |
|   | 6,824,183 shares   | \$ 6,824,183          | \$ -0-               | \$ -0-              | \$ -0-                                   | \$ 6,824,183         | \$ 6,824,183                                      | \$ -0-                 |
|   | 9,167,729 shares   | 9,167,729             |                      |                     |  | 9,167,729            | 9,167,729   |                        |
|   | 6,056,089 shares   | 6,056,089             |                      |                     |  | 6,056,089            | 6,056,089   |                        |
|   | 4,543,808 shares   |                       | 4,543,808            |                     |  | 4,543,808            | 4,543,808   |                        |
|   | 6,313,201 shares   |                       | 6,313,201            |                     |  | 6,313,201            | 6,313,201   |                        |
|   | 4,702,106 shares   |                       | 4,702,106            |                     |  | 4,702,106            | 4,702,106   |                        |
|   | 4,250,964 shares   |                       | 4,250,964            |                     |  | 4,250,964            | 4,250,964   |                        |
|   | 4,654,145 shares   |                       | 4,654,145            |                     |  | 4,654,145            | 4,654,145   |                        |
|   | 5,662,110 shares   |                       | 5,662,110            |                     |  | 5,662,110            | 5,662,110   |                        |
|   | 4,651,307 shares   |                       | 4,651,307            |                     |  | 4,651,307            | 4,651,307   |                        |
|   | 4,352,173 shares   |                       | 4,352,173            |                     |  | 4,352,173            | 4,352,173   |                        |
|   | 4,284,339 shares   |                       | 4,284,339            |                     |  | 4,284,339            | 4,284,339   |                        |
|   | 5,135,502 shares   |                       | 5,135,502            |                     |  | 5,135,502            | 5,135,502   |                        |
|   | 5,902,092 shares   |                       | 5,902,092            |                     |  | 5,902,092            | 5,902,092   |                        |
|   | 6,784,629 shares   |                       | 6,784,629            |                     |  | 6,784,629            | 6,784,629   |                        |
|   | 11,157,758 shares  |                       | 11,157,758           |                     |  | 11,157,758           | 11,157,758  |                        |
|   | 5,202,028 shares   |                       | 5,202,028            |                     |  | 5,202,028            | 5,202,028   |                        |
|   | 5,098,383 shares   |                       | 5,098,383            |                     |  | 5,098,383            | 5,098,383   |                        |

BMO U.S. HEALTH AND WELFARE BENEFIT PLAN  
(Federal Employer Identification Number: 51-0275712; Plan Number: 507)

**SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)**  
(Form 5500, Schedule H, Line 4j)

**For the Year Ended December 31, 2024**

| <u>Identity of Party Involved</u>  | <u>Description of Asset (Including Interest Rate and Maturity in Case of a Loan)</u> | <u>Purchase Price</u> | <u>Selling Price</u> | <u>Lease Rental</u> | <u>Expense Incurred with Transaction</u> | <u>Cost of Asset</u> | <u>Current Value of Asset on Transaction Date</u> | <u>Net Gain (Loss)</u> |
|--|--|-----------------------|----------------------|---------------------|--|----------------------|---|------------------------|
| <b><u>Category iii – A Series of Transactions Involving Securities of the Same Issue Which, When Aggregated, Involve an Amount in Excess of Five Percent of the Current Value of Plan Assets</u></b> |  |                       |                      |                     |  |                      |   |                        |
| Bank of New York Mellon Trust  | BlackRock Liquidity Federal Fund, Institutional Shares:                              |                       |                      |                     |  |                      |   |                        |
|  | 75 purchases   | \$ 233,640,886        | \$ -0-               | \$ -0-              | \$ -0-                                   | \$ 233,640,886       | \$ 233,640,886                                    | \$ -0-                 |
|  | 150 sales  |                       | 232,798,316          |                     |  | 232,798,316          | 232,798,316                                       |                        |

There were no transactions reportable under categories ii or iv.

BMO U.S. HEALTH AND WELFARE BENEFIT PLAN  
(Federal Employer Identification Number: 51-0275712; Plan Number: 507)

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
(FORM 5500, Schedule H, Line 4i)

December 31, 2024

| <b>Party-in-Interest</b> | <b>Identity of Issue, Borrower, Lessor, or Similar Party</b> | <b>Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)</b> | <b>Cost</b>          | <b>Current Value</b> |
|--------------------------|--|---|----------------------|----------------------|
|                          | <b>Registered Investment Companies:</b>                      |   |                      |                      |
|                          | BlackRock Liquidity Federal Fund, Institutional Shares       | 11,908,048 shares   | <u>\$ 11,908,048</u> | <u>\$ 11,908,048</u> |

\* – Represents party-in-interest

There were no investment assets reportable as acquired and disposed of during the year ended December 31, 2024.

BMO U.S. HEALTH AND WELFARE BENEFIT PLAN  
(Federal Employer Identification Number: 51-0275712; Plan Number: 507)

**SCHEDULE OF REPORTABLE TRANSACTIONS**  
(Form 5500, Schedule H, Line 4j)

**For the Year Ended December 31, 2024**

| Identity of Party Involved   | Description of Asset (Including Interest Rate and Maturity in Case of a Loan) | Purchase Price | Selling Price | Lease Rental | Expense Incurred with Transaction | Cost of Asset | Current Value of Asset on Transaction Date | Net Gain (Loss) |
|--|---|----------------|---------------|--------------|-----------------------------------|---------------|--|-----------------|
| <b>Category i – A Transaction With Respect to Any Plan Asset Involving An Amount in Excess of Five Percent of the Current Value of Plan Assets</b> |   |                |               |              |                                   |               |  |                 |
| Bank of New York Mellon Trust  | BlackRock Liquidity Federal Fund, Institutional Shares:                       |                |               |              |                                   |               |  |                 |
|  | 11,279,582 shares   | \$ 11,279,582  | \$ -0-        | \$ -0-       | \$ -0-                            | \$ 11,279,582 | \$ 11,279,582                              | \$ -0-          |
|  | 4,966,403 shares  | 4,966,403      |               |              |                                   | 4,966,403     | 4,966,403                                  |                 |
|  | 10,809,918 shares   | 10,809,918     |               |              |                                   | 10,809,918    | 10,809,918                                 |                 |
|  | 8,711,031 shares  | 8,711,031      |               |              |                                   | 8,711,031     | 8,711,031                                  |                 |
|  | 7,999,959 shares  | 7,999,959      |               |              |                                   | 7,999,959     | 7,999,959                                  |                 |
|  | 10,434,828 shares   | 10,434,828     |               |              |                                   | 10,434,828    | 10,434,828                                 |                 |
|  | 4,872,021 shares  | 4,872,021      |               |              |                                   | 4,872,021     | 4,872,021                                  |                 |
|  | 8,310,516 shares  | 8,310,516      |               |              |                                   | 8,310,516     | 8,310,516                                  |                 |
|  | 10,676,816 shares   | 10,676,816     |               |              |                                   | 10,676,816    | 10,676,816                                 |                 |
|  | 10,723,258 shares   | 10,723,258     |               |              |                                   | 10,723,258    | 10,723,258                                 |                 |
|  | 10,384,570 shares   | 10,384,570     |               |              |                                   | 10,384,570    | 10,384,570                                 |                 |
|  | 10,210,665 shares   | 10,210,665     |               |              |                                   | 10,210,665    | 10,210,665                                 |                 |
|  | 10,689,625 shares   | 10,689,625     |               |              |                                   | 10,689,625    | 10,689,625                                 |                 |
|  | 10,189,017 shares   | 10,189,017     |               |              |                                   | 10,189,017    | 10,189,017                                 |                 |
|  | 10,954,936 shares   | 10,954,936     |               |              |                                   | 10,954,936    | 10,954,936                                 |                 |
|  | 10,013,730 shares   | 10,013,730     |               |              |                                   | 10,013,730    | 10,013,730                                 |                 |
|  | 10,598,118 shares   | 10,598,118     |               |              |                                   | 10,598,118    | 10,598,118                                 |                 |
|  | 10,151,901 shares   | 10,151,901     |               |              |                                   | 10,151,901    | 10,151,901                                 |                 |
|  | 4,700,000 shares  | 4,700,000      |               |              |                                   | 4,700,000     | 4,700,000                                  |                 |
|  | 10,592,863 shares   | 10,592,863     |               |              |                                   | 10,592,863    | 10,592,863                                 |                 |
|  | 7,575,007 shares  | 7,575,007      |               |              |                                   | 7,575,007     | 7,575,007                                  |                 |
|  | 10,265,381 shares   | 10,265,381     |               |              |                                   | 10,265,381    | 10,265,381                                 |                 |

BMO U.S. HEALTH AND WELFARE BENEFIT PLAN  
(Federal Employer Identification Number: 51-0275712; Plan Number: 507)

**SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)**  
(Form 5500, Schedule H, Line 4j)

**For the Year Ended December 31, 2024**

| Identity of<br>Party Involved   | Description of Asset<br>(Including Interest<br>Rate and Maturity<br>in Case of a Loan) | Purchase<br>Price | Selling<br>Price | Lease<br>Rental | Expense<br>Incurred<br>with<br>Transaction | Cost of<br>Asset | Current<br>Value of<br>Asset on<br>Transaction<br>Date | Net Gain<br>(Loss) |
|---|--|-------------------|------------------|-----------------|--|------------------|--|--------------------|
| <b><u>Category i – A Transaction With Respect to Any Plan Asset Involving An Amount in Excess of Five Percent of the Current Value of Plan Assets</u></b> |  |                   |                  |                 |  |                  |  |                    |
| <b><u>(continued)</u></b>   |  |                   |                  |                 |  |                  |  |                    |
| Bank of New York<br>Mellon Trust  | BlackRock Liquidity<br>Federal Fund,<br>Institutional Shares<br>(continued):           |                   |                  |                 |  |                  |  |                    |
|   | 6,824,183 shares   | \$ 6,824,183      | \$ -0-           | \$ -0-          | \$ -0-                                     | \$ 6,824,183     | \$ 6,824,183   | \$ -0-             |
|   | 9,167,729 shares   | 9,167,729         |                  |                 |  | 9,167,729        | 9,167,729  |                    |
|   | 6,056,089 shares   | 6,056,089         |                  |                 |  | 6,056,089        | 6,056,089  |                    |
|   | 4,543,808 shares   |                   | 4,543,808        |                 |  | 4,543,808        | 4,543,808  |                    |
|   | 6,313,201 shares   |                   | 6,313,201        |                 |  | 6,313,201        | 6,313,201  |                    |
|   | 4,702,106 shares   |                   | 4,702,106        |                 |  | 4,702,106        | 4,702,106  |                    |
|   | 4,250,964 shares   |                   | 4,250,964        |                 |  | 4,250,964        | 4,250,964  |                    |
|   | 4,654,145 shares   |                   | 4,654,145        |                 |  | 4,654,145        | 4,654,145  |                    |
|   | 5,662,110 shares   |                   | 5,662,110        |                 |  | 5,662,110        | 5,662,110  |                    |
|   | 4,651,307 shares   |                   | 4,651,307        |                 |  | 4,651,307        | 4,651,307  |                    |
|   | 4,352,173 shares   |                   | 4,352,173        |                 |  | 4,352,173        | 4,352,173  |                    |
|   | 4,284,339 shares   |                   | 4,284,339        |                 |  | 4,284,339        | 4,284,339  |                    |
|   | 5,135,502 shares   |                   | 5,135,502        |                 |  | 5,135,502        | 5,135,502  |                    |
|   | 5,902,092 shares   |                   | 5,902,092        |                 |  | 5,902,092        | 5,902,092  |                    |
|   | 6,784,629 shares   |                   | 6,784,629        |                 |  | 6,784,629        | 6,784,629  |                    |
|   | 11,157,758 shares  |                   | 11,157,758       |                 |  | 11,157,758       | 11,157,758   |                    |
|   | 5,202,028 shares   |                   | 5,202,028        |                 |  | 5,202,028        | 5,202,028  |                    |
|   | 5,098,383 shares   |                   | 5,098,383        |                 |  | 5,098,383        | 5,098,383  |                    |

BMO U.S. HEALTH AND WELFARE BENEFIT PLAN  
(Federal Employer Identification Number: 51-0275712; Plan Number: 507)

**SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)**  
(Form 5500, Schedule H, Line 4j)

**For the Year Ended December 31, 2024**

| <u>Identity of Party Involved</u>  | <u>Description of Asset (Including Interest Rate and Maturity in Case of a Loan)</u> | <u>Purchase Price</u> | <u>Selling Price</u> | <u>Lease Rental</u> | <u>Expense Incurred with Transaction</u> | <u>Cost of Asset</u> | <u>Current Value of Asset on Transaction Date</u> | <u>Net Gain (Loss)</u> |
|--|--|-----------------------|----------------------|---------------------|--|----------------------|---|------------------------|
| <b><u>Category iii – A Series of Transactions Involving Securities of the Same Issue Which, When Aggregated, Involve an Amount in Excess of Five Percent of the Current Value of Plan Assets</u></b> |  |                       |                      |                     |  |                      |   |                        |
| Bank of New York Mellon Trust  | BlackRock Liquidity Federal Fund, Institutional Shares:                              |                       |                      |                     |  |                      |   |                        |
|  | 75 purchases   | \$ 233,640,886        | \$ -0-               | \$ -0-              | \$ -0-                                   | \$ 233,640,886       | \$ 233,640,886                                    | \$ -0-                 |
|  | 150 sales  |                       | 232,798,316          |                     |  | 232,798,316          | 232,798,316                                       |                        |

There were no transactions reportable under categories ii or iv.