

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: NFL FORMER PLAYER LIFE IMPROVEMENT PLAN
1b Three-digit plan number (PN): 502
1c Effective date of plan: 01/01/1976
2a Plan sponsor's name (employer, if for a single-employer plan): NFL PLAYER INSURANCE TRUST
2b Employer Identification Number (EIN): 13-3077470
2c Plan Sponsor's telephone number: 212-450-2000
2d Business code (see instructions): 711210
345 PARK AVENUE
NEW YORK, NY 10154

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.

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor NFL MANAGEMENT COUNCIL 345 PARK AVENUE NEW YORK, NY 10154	3b Administrator's EIN 13-3077470 3c Administrator's telephone number 212-450-2000																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	5 10820																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td style="text-align: right;">0</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">0</td></tr> <tr><td>6b</td><td style="text-align: right;">10991</td></tr> <tr><td>6c</td><td style="text-align: right;">0</td></tr> <tr><td>6d</td><td style="text-align: right;">10991</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)	0	6a(2)	0	6b	10991	6c	0	6d	10991	6e		6f		6g(1)		6g(2)		6h	
6a(1)	0																				
6a(2)	0																				
6b	10991																				
6c	0																				
6d	10991																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

A Name of plan NFL FORMER PLAYER LIFE IMPROVEMENT PLAN	B Three-digit plan number (PN) ▶	502
C Plan sponsor's name as shown on line 2a of Form 5500 NFL PLAYER INSURANCE TRUST	D Employer Identification Number (EIN) 13-3077470	

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
CIGNA HEALTH AND LIFE INSURANCE COMPANY AND AFFILIATES

(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
59-1031071	67369	5125	2643	04/01/2024	03/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		27891
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<p>A Name of plan NFL FORMER PLAYER LIFE IMPROVEMENT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>502</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 NFL PLAYER INSURANCE TRUST</p>	<p>D Employer Identification Number (EIN) 13-3077470</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
METROPOLITAN 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
13-5581829	65978	0228610	6802	04/01/2024	03/31/2025

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

<p>(a) Total amount of commissions paid 0</p>	<p>(b) Total amount of fees paid 113</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
AON CONSULTING INC
29840 NETWORK PL
CHICAGO, IL 60673-1296

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

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	(c) Amount	(d) Purpose	

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		703509
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan NFL FORMER PLAYER LIFE IMPROVEMENT PLAN	B Three-digit plan number (PN) ▶	502
C Plan sponsor's name as shown on line 2a of Form 5500 NFL PLAYER INSURANCE TRUST	D Employer Identification Number (EIN) 13-3077470	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	1064010	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)

EVERNORTH BEHAVIORAL HEALTH INC.

41-1648670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 38 50	NONE	203062	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)

CIGNA HEALTH AND LIFE INSURANCE CO.

59-1031071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 31 38 49 50 56 62	NONE	35524	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025	
A Name of plan NFL FORMER PLAYER LIFE IMPROVEMENT PLAN	B Three-digit plan number (PN) ▶ 502
C Plan sponsor's name as shown on line 2a of Form 5500 NFL PLAYER INSURANCE TRUST	D Employer Identification Number (EIN) 13-3077470

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	9953136	10888425
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	9953136	10888425
Liabilities			
g Benefit claims payable.....	1g	271200	192400
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	370773	539918
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	641973	732318
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	9311163	10156107

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	5000000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		5000000

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	250774	
(2) To insurance carriers for the provision of benefits	2e(2)	703508	
(3) Other	2e(3)	1734648	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2688930
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	1429826	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	36300	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1466126
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4155056

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		844944
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-3891517**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

NFL Former Player Life Improvement Plan

Employer ID No. 13-3077470
Plan No. 502

Financial Statements as of
March 31, 2025 and 2024 and
for the Year Ended March 31, 2025, and
Independent Auditor's Report

NFL FORMER PLAYER LIFE IMPROVEMENT PLAN

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Note: All schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Plan Administrator Representatives of the NFL Former Player Life Improvement Plan

Opinion

We have audited the financial statements of the NFL Former Player Life Improvement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of March 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended March 31, 2025 and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of March 31, 2025 and 2024, and the changes in its net assets available for benefits for the year ended March 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Deloitte & Toche LLP

December 11, 2025

NFL FORMER PLAYER LIFE IMPROVEMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF MARCH 31, 2025 AND 2024

	2025	2024
ASSETS:		
Cash - noninterest-bearing	<u>\$ 10,888,425</u>	<u>\$ 9,953,136</u>
Total assets	<u>10,888,425</u>	<u>9,953,136</u>
LIABILITIES-		
Accounts payable and accrued liabilities	<u>366,834</u>	<u>278,879</u>
Total liabilities	<u>366,834</u>	<u>278,879</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 10,521,591</u>	<u>\$ 9,674,257</u>

See notes to financial statements.

NFL FORMER PLAYER LIFE IMPROVEMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED MARCH 31, 2025

	2025
ADDITIONS-	
Contributions from NFL Agency Account	\$ <u>5,000,000</u>
DEDUCTIONS:	
Insurance premiums	622,318
Benefits and claims paid	2,064,221
Administrative expenses	1,107,716
Administrative expenses - other plan services	<u>358,411</u>
Total deductions	<u>4,152,666</u>
NET INCREASE IN NET ASSETS	847,334
NET ASSETS AVAILABLE FOR BENEFITS - Beginning of year	<u>9,674,257</u>
NET ASSETS AVAILABLE FOR BENEFITS - End of year	<u>\$ 10,521,591</u>

See notes to financial statements.

NFL FORMER PLAYER LIFE IMPROVEMENT PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF MARCH 31, 2025 AND 2024, AND FOR THE YEAR ENDED MARCH 31, 2025

1. DESCRIPTION OF THE PLAN

The NFL Former Player Life Improvement Plan, as amended, (the “Plan”) is a member plan of the National Football League Professional Football Players’ Insurance Trust (the “Trust”). There are four members to this Trust, the Plan, the Non-Vested Former Player Wellness Benefit Plan, the NFL Player Insurance Plan, and the NFL Dedicated Hospital Network Program. The National Football League’s League Office (the “NFL League Office”) was established by the Member Clubs of the National Football League (“NFL”) to coordinate and handle certain administrative matters and transactions common to all the NFL Member Clubs, including the administration of the Trust. National Football League Management Council (the “NFL Management Council”), an affiliate of the Plan, as the agent of the NFL Member Clubs, established the Plan and maintains it pursuant to the Collective Bargaining Agreement (“CBA”) in effect between it and the NFL Players’ Association (“NFLPA”), a union organization that represents professional football players (“Players”). The current CBA, entered into on March 15, 2020, is in effect through the 2030 playing season (year ending March 31, 2031). The Plan is a multiemployer welfare benefit plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). Participants (defined below) do not make contributions into the Plan. Participants should refer to the Plan document for a more complete description of the Plan’s information, as well as eligibility requirements for the Plan’s benefits.

The Plan provides eligible retired Players (“Participants”) with benefits including life insurance, reimbursements for medically necessary surgery for knee, hip or shoulder replacements (the “joint replacements”), premium subsidy for Participants in a contracted Medicare Supplemental Insurance Plan, a prescription drug discount program, and an employee assistance program (“EAP”) including counseling benefits. Additionally, the Plan arranges access for Participants to assisted living facilities, and to spinal treatments and neurological care evaluations, for which the actual cost of treatment is a Participant responsibility and is not recorded as a cost of the Plan. A retired Player represents an individual who has permanently ceased playing professional football and who has earned a vested retirement benefit under the Bert Bell/Pete Rozelle NFL Player Retirement Plan (“Retirement Plan”), based solely on his credited seasons. The following benefits under the Plan have additional eligibility requirements beyond qualifying as a retired Player, including but not limited to:

Life Insurance Benefit - Eligible Participants are retired Players that have (1) neither reached normal retirement age (55), nor actually retired under the Retirement Plan, and (2) are not eligible for life insurance benefits under the NFL Player Insurance Plan

Prescription Drug Discount Benefit - Eligible Participants are retired Players and dependents that are not eligible for NFL paid coverage under the NFL Player Insurance Plan

EAP Wellness Benefit - Eligible Participants are retired Players, dependents, and household members that are not eligible for NFL paid coverage under the NFL Player Insurance Plan

Medicare Subsidy Benefit - Eligible Participants are retired Players who are at least age 65 and who have both Medicare Parts A and B coverage, and have elected to enroll in Medicare Supplemental Insurance Plans with the

Plan's contracted insurer. Effective January 1, 2021, eligible Participants are able to select their own Medicare Supplemental Insurance Plan from a list of choices available. All eligible Participants, as of December 31, 2020, who were enrolled in the Plan's contracted insurers' prior plan, were eligible to continue their prior coverage.

The Plan pays fees to an outside third party to administer the Plan. The administrator handles all of the details of the Plan including the annual enrollment of the eligible Participants and all dependents and beneficiaries, as well as the review and submission of claims to the claims processor.

The Plan has contracted with a life insurance company and pays premiums to provide life insurance benefits to eligible Participants.

The Plan also provides reimbursements directly to eligible Participants to partially subsidize costs for joint replacements. The Plan provides a basic benefit and negotiated rate benefits to eligible Participants for joint replacements. The joint replacement subsidy of \$329,574 is the only self-insured benefit of the Plan and is recorded as part of benefits and claims paid on the statement of changes in net assets available for benefits for the year ended March 31, 2025.

Additionally, the Plan has contracted with a retiree health exchange to make available a range of Medicare Supplemental Insurance Plans under multiple insurers. Participants receive a monthly \$160 credit to their nominal account. Participants pay premiums directly to the insurance provider and submit for reimbursement from the Plan using available funds of their nominal account. Unused monthly credits will continue to carry over for future use. This subsidy of \$1,734,647 is recorded as part of benefits and claims paid on the statement of changes in net assets available for benefits for the year ended March 31, 2025. The Plan has adequate funds to cover the outstanding claims and or unused credits.

The Plan also provides an EAP benefit to all eligible Participants, their dependents and their household members (any person who legally resides with a Participant), as well as access to a discount drug program for all eligible Participants and their dependents.

All benefits and claims, expenses and premiums for the Plan are paid through the Trust. The Plan is funded from the National Football League Agency Account (the "NFL Agency Account"), which the NFL League Office operates in a representative capacity on behalf of the NFL Member Clubs pursuant to certain terms of the CBA. There has been and will expect to be an annual joint contribution amount collected from the NFL Member Clubs into the NFL Agency Account to be used to fund various benefits and programs. The amount of the contributions from the NFL Agency Account to be allocated to the Plan is determined on a discretionary basis by the NFL Management Council to meet the insurance premium, benefits and claims payment requirements and administrative expenses. These transactions represent exempt party-in-interest transactions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

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

Risks and Uncertainties - The actuarial present value of postretirement benefit obligations is reported based on certain assumptions pertaining to interest rates; health care inflation rates; and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimations and assumptions in the near term could materially affect the financial statements.

Cash and other deposits - Cash in the Plan consists of cash held in a noninterest-bearing bank account. Checks issued in excess of available balances are included in accounts payable and accrued liabilities. Claims of the Plan are handled by a third party claims processor. The claims processor pays all of the claims through an account held on behalf of the Plan. As of March 31, 2025 and 2024, there were outstanding checks for claims paid in the amount of \$25,250 and \$42,054, respectively. These outstanding checks were in excess of the cash balance available and were recorded as accounts payable and accrued liabilities in the accompanying statements of net assets available for benefits as of March 31, 2025 and 2024. These claims were funded as needed in the following April as the checks cleared.

Claims Incurred But Not Reported - The Plan's liability for Participant joint replacement claims incurred but not reported at year-end is estimated using actuarial methods that use historical trend information developed through studies of joint replacement claim lag patterns incurred in the prior years. Factors were then applied to paid claims amounts to estimate claims incurred but not reported at year-end. These claims incurred but not reported are not recorded in the financial statements as they are reported within Note 3 - Benefit Obligation.

Insurance Premiums - Insurance premiums consist of premiums paid for life insurance coverage for eligible Participants. Premiums are recorded by the Plan when paid in the accompanying statement of changes in net assets available for benefits.

Benefits and Claims Paid - Benefits and claims paid consist of the costs of benefits provided under the Plan (excluding insurance premiums) including claims paid for joint replacement benefits, and payments to subsidize Medicare Supplemental Insurance Plan premiums for eligible Participants. The Medicare subsidy is recognized on an accrual basis.

Administrative Expenses - Administrative expenses consists of third-party professional services incurred in the administration of the Plan and are paid by the Plan.

Administrative Expenses - Other plan services - This consists of administrative expenses related to administering the EAP, discount drug program benefits, and Medicare subsidy benefits that are paid by the Plan.

3. BENEFIT OBLIGATION

The benefit obligation consists of claims incurred but not reported, the postretirement benefit obligation, premiums payable to insurers and claims and benefits payable to eligible participants or providers.

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to Participants' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from the NFL Agency Account. Postretirement benefits include future benefits expected to be paid for (1) current Participants, and (2) active Players after retirement from service with the NFL Member Clubs. Prior to an active Player's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is

attributable to that Participant's service rendered to the valuation date. The postretirement benefit obligation represents the amount that is to be funded by contributions from the NFL Agency Account and from existing Plan assets.

The actuarial present value of the expected postretirement benefit obligation is determined by the Plan's independent actuary and is the amount that results from applying actuarial assumptions to historical claims cost data to estimate future annual claims and other Plan related costs per Participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The health care cost-trend assumption has a significant effect on the amounts reported. If the assumed rate for 2025 increased by one percentage point for each future year, the postretirement benefit obligation as of March 31, 2025 would increase by approximately \$7,283,232. If the assumed rate for 2024 increased by one percentage point for each future year, the postretirement benefit obligation as of March 31, 2024 would increase by approximately \$7,680,290.

Significant assumptions used in the valuations as of March 31, 2025 and 2024, were as follows:

Discount rates – 5.87% and 5.44% as of March 31, 2025 and 2024, respectively.

Mortality – Pri.H-2012 Employee and Retiree Mortality Headcount Weighted Table, with generational projection using scale MP-2021 with an adjustment for endemic COVID-19 experience, updated as of November 2024, with Blue Collar Adjustment for March 31, 2025 valuation. Pri.H-2012 Employee and Retiree Mortality Headcount Weighted Table, with generational projection using scale MP-2021 with an adjustment for endemic COVID-19 experience, updated as of January 2024, with Blue Collar Adjustment for March 31, 2024 valuation.

Employee Assistance Program Fee - \$2.39 per Participant per month for the year ended March 31, 2025, increasing to \$2.47 per Participant per month for fiscal 2026, and 3.00% a year thereafter for the March 31, 2025 valuation. \$1.99 per Participant per month for the year ended March 31, 2024, increasing to \$2.39 per Participant per month for fiscal 2025, and 3.00% a year thereafter for the March 31, 2024 valuation. This benefit is assumed to continue for life.

Joint Replacement Amount - Average per capita claim of \$3,100 per eligible Participant with a 1.00% incidence rate for the year ended March 31, 2025, and are assumed to remain flat in subsequent years. Average per capita claim of \$3,000 per eligible Participant with a 1.00% incidence rate for the year ended March 31, 2024, and are assumed to remain flat in subsequent years. Per-capita claim was developed based on total reimbursements over experience period provided divided by the number of claims paid over the period. An incidence rate of 1.00% was calculated using the number of claims paid over the years with complete claims experience (2019 through 2025) divided by the approximate average population count for the March 31, 2025 valuation. An incidence rate of 1.00% was calculated using the number of claims paid over the years with complete claims experience (2019 through 2024) divided by the approximate average population count for the March 31, 2024 valuation. This benefit is valued for all retirees currently enrolled and is assumed to continue for life. This benefit is reviewed on an annual basis.

Medicare Benefit – \$160 per month for enrolled eligible participants through 2027 and 2026 for the March 31, 2025 and 2024 valuations, respectively. Increase from \$160 per month to \$200 per month for enrolled eligible participants starting in 2027 for the March 31, 2025 and 2024 valuations, and then an increase of 25% is assumed

every ten years thereafter, which is approximately when the CBA is renewed. This benefit is assumed to continue for life. Participation rate of 45% for future eligible participants who are currently under age 65 (based on percentage of Medicare population currently enrolled as well as the year over year participation rate for those attaining age 65 during the prior year). In addition, 5% of retirees above age 65 who waived coverage are assumed to opt in.

Rx Administrative Fees - \$3.81 and \$3.75 per year per Participant for the years ended March 31, 2025 and 2024, respectively, with no increase thereafter for the March 31, 2025 and 2024 valuation, respectively. This benefit is assumed to continue for life.

Aon Medicare Supplement Fees - \$45.48 per Medicare supplement participant for fiscal year 2025, increasing 3.00% a year thereafter for the March 31, 2025 valuation. \$43.61 per Medicare supplement participant for fiscal year 2024, increasing 3.00% a year thereafter for the March 31, 2024 valuation.

Vested Inactive Life Insurance – The base life insurance benefit is \$40,000 for credited Seasons to vest plus \$2,000 for each credited season over Participant’s vesting number. Vesting after either 3 or 4 seasons required depending on if Participant has a credit season after 1992. \$50,000 is the maximum benefit.

Life Insurance Load - A minimum retention (or expense) load of 10% for fully insured life insurance benefits with face values in excess of \$5,000 was reflected. Coverage ends at the earlier of age 55 or upon the Participant taking full retirement.

Retirement Probability - The probability to retire was determined based on years of service ranging from 0 to 20 years of service.

Termination Probability - The probability for termination of the active Players was determined based on years of service ranging from 0 to 3+ years of service.

Administrative Expenses - \$804,678 and \$684,001 per year were valued for all eligible and future retirees equivalent to \$74.51 and to \$69.49 per eligible Participant trended at 3.00% per year for the years ended March 31, 2025 and 2024, respectively.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of postretirement benefit obligations. Unless otherwise stated, participation is assumed to be 100% for the benefits included in the significant assumptions for all retirees. The actuarial present values of postretirement benefit obligation presented in the accompanying financial statements are presented using the end of year benefit information date, March 31, 2025 and 2024.

The benefit obligation as of March 31, 2025 and 2024, are as follows:

	2025	2024
AMOUNTS CURRENTLY PAYABLE:		
Claims incurred but not reported	\$ 192,400	\$ 271,200
Premiums payable to insurers	<u>173,084</u>	<u>91,894</u>
Total currently payable	<u>365,484</u>	<u>363,094</u>
POSTRETIREMENT BENEFIT OBLIGATIONS - Net of amounts currently payable:		
Retired participants	\$ 116,992,615	\$ 120,692,740
Other participants fully eligible for benefits	12,754,993	14,366,149
Participants not yet fully eligible for benefits	<u>4,241,329</u>	<u>4,581,066</u>
Total postretirement benefit obligations	<u>133,988,937</u>	<u>139,639,955</u>
PLAN'S TOTAL BENEFIT OBLIGATIONS	<u>\$ 134,354,421</u>	<u>\$ 140,003,049</u>

The changes in the benefit obligation for the year ended March 31, 2025 is as follows:

Benefit obligation as of March 31, 2024	\$ 140,003,049
Net change in claims incurred but not reported	(78,800)
Net change in premiums payable to insurers	81,190
Increase (decrease) in postretirement obligation attributed to:	
Service cost	2,088,580
Interest cost	7,474,782
Actual benefit payments	(3,851,080)
Decrease due to actuarial experience	(772,723)
Change due to actuarial assumptions	<u>(10,590,577)</u>
Benefit obligation as of March 31, 2025	<u>\$ 134,354,421</u>

The change due to actuarial assumptions resulted from the following:

Change in mortality	\$ 65,645
Change in EAP trend	26,269
Change in joint replacement claims	177,922
Change in Rx administrative fee	10,077
Change in administrative fee	832,288
Change in Aon exchange fees	31,502
Change in discount rate assumption	<u>(11,734,280)</u>
Total change in actuarial assumptions	<u>\$ (10,590,577)</u>

4. TAX STATUS

The Trust is qualified under the Internal Revenue Code (“IRC”) as exempt from Federal Income taxes. The Trust has a favorable determination letter from the Internal Revenue Service dated June 6, 1974 and, accordingly, no provision for income taxes has been made in the accompanying financial statements of the Plan. The Trust has been amended since receiving the determination letter. The administrator believes that the Trust is designed and is currently being operated in compliance with the applicable requirements of the IRC and continues to be tax exempt.

5. BENEFIT OBLIGATIONS FUNDING

The Plan’s deficiency of net assets over benefit obligations as of March 31, 2025 and 2024, relates primarily to the postretirement benefit obligation. The NFL Management Council expects to fund the benefit obligations, with funds provided from the general assets of the NFL Agency Account, as required on a pay-as-you-go basis.

6. RELATED PARTY TRANSACTIONS AND EXEMPT PARTIES-IN-INTEREST TRANSACTIONS

The Plan receives contributions from the NFL Agency Account (Note 1), which is an exempt party-in-interest.

Certain ongoing administrative functions of the Plan are handled by the NFL League Office and NFL Management Council staff personnel without any allocation of either direct or indirect NFL League Office administrative expenses to the Plan for the year ended March 31, 2025.

See note 1 for other exempt party-in-interest transactions.

7. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

A reconciliation of the statements of net assets available for benefits per the financial statements to Form 5500 as of March 31, 2025 and 2024 are as follows:

	2025	2024
Net assets available for benefits per the financial statements	\$ 10,521,591	\$ 9,674,257
Premiums payable reported on the 5500	(173,084)	(91,894)
Claims incurred but not reported per the Form 5500	<u>(192,400)</u>	<u>(271,200)</u>
Net assets per Form 5500	<u>\$ 10,156,107</u>	<u>\$ 9,311,163</u>

A reconciliation of the statement of changes in net assets available for benefits per the financial statements to Form 5500 for the year ended March 31, 2025 is as follows:

Net increase in net assets per the financial statements	\$ 847,334
Less amounts payable at March 31, 2025 - Premiums payable	(173,084)
Plus amounts payable at March 31, 2024 - Premiums payable	91,894
Less amounts payable at March 31, 2025 - Claims incurred but not reported	(192,400)
Plus amounts payable at March 31, 2024 - Claims incurred but not reported	<u>271,200</u>
Net income per Form 5500	<u>\$ 844,944</u>

A reconciliation of benefits and claims paid and insurance premiums per the financial statements to total benefit payments and payments to provide benefits per Form 5500 for the year ended March 31, 2025 is as follows:

Total benefits and claims paid per financial statements	\$ 2,064,221
Total insurance premiums per financial statements	622,318
Plus amounts payable at March 31, 2025 - Premiums payable	173,084
Less amounts payable at March 31, 2024 - Premiums payable	(91,894)
Plus amounts payable at March 31, 2025 - Claims incurred but not reported	192,400
Less amounts payable at March 31, 2024 - Claims incurred but not reported	<u>(271,200)</u>
Total benefit payments and payments to provide benefits per Form 5500	<u>\$ 2,688,929</u>

8. PLAN TERMINATION

Although it has not expressed any intention to do so, the NFL Management Council and the NFLPA have the right under the Plan to jointly amend or terminate the Plan, subject to the provisions set forth in ERISA. In the event of termination, the NFL will contribute the necessary amounts to fund all eligible claims which were incurred prior to the date of termination.

9. SUBSEQUENT EVENTS

Management has evaluated subsequent events through December 11, 2025, the date the financial statements were available to be issued. There were no subsequent events requiring adjustments to or disclosure in the financial statements.
