

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 SHREVEPORT ELECTRICAL HEALTH & WELFARE FUND
1b Three-digit plan number (PN) ▶ 501
1c Effective date of plan 05/01/1966
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SHREVEPORT ELECTRICAL HEALTH & WELFARE FUND P.O. BOX 1449 GOODLETTSVILLE, TN 37070-1449
2b Employer Identification Number (EIN) 72-6033767
2c Plan Sponsor's telephone number 615-859-0131
2d Business code (see instructions) 238210

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	577
<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> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <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) ..... <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) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	510
	<b>6a(2)</b>	491
	<b>6b</b>	66
	<b>6c</b>	0
	<b>6d</b>	557
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	38

**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

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

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

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

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

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**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.

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**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 \_\_\_\_\_

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

<b>A</b> Name of plan <b>SHREVEPORT ELECTRICAL HEALTH &amp; WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SHREVEPORT ELECTRICAL HEALTH &amp; WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>72-6033767</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  
**BOSTON MUTUAL LIFE INSURANCE**

(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
<b>04-1106240</b>	<b>61476</b>	<b>G-24467</b>	<b>557</b>	<b>04/01/2024</b>	<b>03/31/2025</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.

(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	

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

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

<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>	41888
<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. .... 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> <b>(Form 5500)</b></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><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>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<p><b>A</b> Name of plan <b>SHREVEPORT ELECTRICAL HEALTH &amp; WELFARE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SHREVEPORT ELECTRICAL HEALTH &amp; WELFARE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>72-6033767</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  
**HCC 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
35-1817054	92711		557	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 <b>12957</b></p>	<p>(b) Total amount of fees paid <b>6154</b></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  
**THE HILB GROUP OF NEW ENGLAND, LLC**  
**30 BRAINTREE HILL OFFICE PARK**  
**SUITE 203**  
**BRAINTREE, MA 02184**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12957	6154		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>	
<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>	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:

<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>	265890
<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> <b>(Form 5500)</b></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><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>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<p><b>A</b> Name of plan <b>SHREVEPORT ELECTRICAL HEALTH &amp; WELFARE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SHREVEPORT ELECTRICAL HEALTH &amp; WELFARE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>72-6033767</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	038499	557	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	

(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> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<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. .... 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>	
(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: (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>	
(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>	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:

<b>a</b> Premiums: (1) Amount received .....	<b>9a(1)</b>	4759003		
(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>			4759003
<b>b</b> Benefit charges (1) Claims paid .....	<b>9b(1)</b>	4518248		
(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>			
(3) Incurred claims (add (1) and (2)) .....	<b>9b(3)</b>			4518248
(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>	240755		
(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>			240755
(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> <b>(Form 5500)</b></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><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>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<p><b>A</b> Name of plan <b>SHREVEPORT ELECTRICAL HEALTH &amp; WELFARE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SHREVEPORT ELECTRICAL HEALTH &amp; WELFARE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>72-6033767</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  
**LABOR FIRST LLC**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1750191			66	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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</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	

(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. .... 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>	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account .....		
(5) Other (specify below)..... ▶		
(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>	
(1) Disbursed from fund to pay benefits or purchase annuities during year .....		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account .....		
(4) Other (specify below)..... ▶		
(5) Total deductions .....	<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>	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:

<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>	306498
<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. ▶

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

<b>A</b> Name of plan <b>SHREVEPORT ELECTRICAL HEALTH &amp; WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SHREVEPORT ELECTRICAL HEALTH &amp; WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>72-6033767</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

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**(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

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

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

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

BLUE CROSS BLUE SHIELD OF ILLINOIS

300 EAST RANDOLPH ST.  
CHICAGO, IL 60601

36-1236610

(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	NONE	240755	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

ROBEIN, URANN, SPENCER, PICARD

2540 SEVERN AVE., STE 400  
METAIRE, LA 70002

72-0999672

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	10994	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)

SOUTHERN BENEFIT ADMINISTRATORS

P.O. BOX 1449  
GOODLETTSVILLE, TN 37070-1449

62-1116095

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 16 11	NONE	158400	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)

DANIELS, IRWIN & AYLOR CPAS

223 MADISON ST STE 112  
MADISON, TN 37115-3660

62-1802605

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	13675	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)

REGIONS BANK

1200 ROSA L. PARKS BLVD  
NASHVILLE, TN 37208

(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?
21	NONE	5665	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)

MONEY MARKET FUND

(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?
19 28	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" 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)

DENTAL NETWORK OF AMERICA

701 E. 22ND ST., 300  
LOMBARD, IL 60148

(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 15	NONE	11158	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)

UNITED ACTUARIAL SERVICES

11590 N. MERIDAN ST., 610  
CARMEL, IN 46032

35-2156428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	5900	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

**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
BLUE CROSS BLUE SHIELD OF ILLINOIS	12 13 31 38 49	
(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.	
BLUE CROSS BLUE SHIELD OF ILLINOIS      300 EAST RANDOLPH ST. CHICAGO, IL 60601  36-1236610	SEE SCHEDULE ATTACHED	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MONEY MARKET FUND	19 28	
(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.	
MONEY MARKET FUND	SEE SCHEDULE ATTACHED	

(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.

<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:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>04/01/2024</b> and ending <b>03/31/2025</b>	
<b>A</b> Name of plan <b>SHREVEPORT ELECTRICAL HEALTH &amp; WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SHREVEPORT ELECTRICAL HEALTH &amp; WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>72-6033767</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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> 10542	-68347
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b> 749765	875968
<b>(2)</b> Participant contributions .....	<b>1b(2)</b> 2858	572
<b>(3)</b> Other .....	<b>1b(3)</b> 174170	134778
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b> 10090079	12264211
<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>	
<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> 3127	4919

<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>	11030541	13212101
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	559906	775835
<b>h</b> Operating payables.....	<b>1h</b>	285692	334342
<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>	845598	1110177
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	10184943	12101924

**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>	7870716	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	249871	
<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>		8120587
<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>	575299	
<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>		575299
<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>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) 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>	28867	
<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 .....	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)		
<b>c</b> Other income .....	2c		315281
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		9040034

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	6026682	
(2) To insurance carriers for the provision of benefits .....	2e(2)	614276	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		6640958
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)	138800	
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)	13675	
(5) Investment advisory and investment management fees .....	2i(5)		
(6) Bank or trust company trustee/custodial fees .....	2i(6)	5665	
(7) Actuarial fees .....	2i(7)	5900	
(8) Legal fees .....	2i(8)	10994	
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses.....	2i(11)	307061	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		482095
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		7123053

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		1916981
<b>l</b> 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: DANIELS, IRWIN & AYLOR CPAS

(2) EIN: 62-1802605

**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		500000
<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.)		X	
<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)

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

**FINANCIAL STATEMENTS AND  
REPORT OF INDEPENDENT  
CERTIFIED PUBLIC ACCOUNTANTS**

**SHREVEPORT ELECTRICAL  
HEALTH AND WELFARE PLAN**

**MARCH 31, 2025**

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**ORGANIZATION AND PURPOSE**  
**SHREVEPORT ELECTRICAL**  
**HEALTH AND WELFARE PLAN**

**MARCH 31, 2025**

**Date of Agreement and Declaration of Trust**

May 1, 1966

**Office Location**

Goodlettsville, Tennessee

**Officers and Trustees**

Richard Roberts	Co-Chairman
William Upchurch	Co-Chairman
Todd Davis	Trustee
Tony Lafisca	Trustee
Jack Spring	Trustee
Dustin Warren	Trustee
Chris Cypher	Alternate Trustee
Steve Martin	Alternate Trustee

**Purpose of the Fund**

To provide health, dental, vision, temporary disability, and life insurance benefits to participants. The benefits provided by the Trustees are established to meet the objectives of the Fund and are consistent with the provisions of the Agreement and Declaration of Trust.



**DANIELS, IRWIN & AYLOR** CERTIFIED PUBLIC ACCOUNTANTS  
**INDEPENDENT AUDITOR'S REPORT**

To the Board of Trustees of the  
Shreveport Electrical  
Health and Welfare Plan  
Goodlettsville, Tennessee

**Opinion**

We have audited the financial statements of the **Shreveport Electrical Health and Welfare 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 and of plan's benefit obligations as of March 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in plan's benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and plan's benefit obligations of **Shreveport Electrical Health and Welfare Plan** as of March 31, 2025 and 2024, and the changes in its net assets available for benefits and plan's benefit obligations for the years then ended in accordance with accounting principles generally accepted in the United States of America.

**Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements Section of our report. We are required to be independent of **Shreveport Electrical Health and Welfare 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 **Shreveport Electrical Health and Welfare Plan's** ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

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 judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement 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 **Shreveport Electrical Health and Welfare 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 judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about **Shreveport Electrical Health and Welfare 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.

### **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 for the year ended March 31, 2025 and 2024, together referred to as "supplemental information", are presented for the purpose of additional analyses and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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



Certified Public Accountants

October 28, 2025

**STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS**

**SHREVEPORT ELECTRICAL  
HEALTH AND WELFARE PLAN**

**MARCH 31,**

	<b><u>2025</u></b>	<b><u>2024</u></b>
<b><u>ASSETS</u></b>		
Investments, at fair value:		
Investment cash account	\$ 46,041	\$ 281,214
Money market fund	31,102	365,663
Certificates of deposit	<u>11,207,068</u>	<u>8,583,202</u>
	11,284,211	9,230,079
Receivables:		
Employer contributions	875,968	749,765
Employee contributions	572	2,858
Accrued interest	3,692	0
Claims refunds	259	175
Payroll tax refunds	0	111
Formulary rebates	122,668	167,813
Stop loss insurance premium refund	96	3,624
Subrogation refunds	8,063	2,447
Prepaid expenses	4,919	3,127
Cash - Sweeps to money market fund @ 3.998	980,000	860,000
Cash	<u>(68,347)</u>	<u>10,542</u>
Total assets	13,212,101	11,030,541
<b><u>LIABILITIES</u></b>		
Accounts payable and accrued expense	<u>334,342</u>	<u>285,692</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b><u>\$ 12,877,759</u></b>	<b><u>\$ 10,744,849</u></b>

The accompanying notes are an integral part of this statement.

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

**SHREVEPORT ELECTRICAL  
HEALTH AND WELFARE PLAN**

**FOR THE YEAR ENDED MARCH 31,**

	<u><b>2025</b></u>	<u><b>2024</b></u>
Additions		
Employer contributions	\$ 7,870,716	\$ 7,275,930
Employee contributions	249,871	238,217
Investment income	575,299	302,130
Settlement income	39,183	0
	<hr/>	<hr/>
Total additions	8,735,069	7,816,277
	<hr/>	<hr/>
Deductions		
Claims paid	5,810,753	4,757,405
Less: Claims refunds	13,097	1,445
Formulary rebates	254,938	216,868
Subrogation refunds	8,063	4,729
	<hr/>	<hr/>
Net claims paid	5,534,655	4,534,363
Payroll taxes paid on benefits	5,401	3,102
Humana MAPD premiums	306,498	300,970
Dental premiums	11,158	10,515
Life insurance premiums	41,888	41,585
Stop loss insurance premiums	265,890	235,904
Administration fees	138,800	133,600
Consultation fees	19,600	19,600
Actuarial fees	5,900	7,442
Audit fees	13,675	12,750
Legal fees	10,994	14,836
Case management fees	0	325
PCORI fee	3,639	3,189
Preferred provider fees	240,755	221,969
Fiduciary liability insurance	7,939	7,939
Cyber liability insurance	2,071	2,046
Bond expense	900	1,149
Administrator's meeting expense	3,896	3,265
Trustees' meeting expense	0	4,508
Printing and mailing	7,347	9,596
Credit card fees	1,775	2,248
Bank charges	5,665	4,653
ERTS fees	2,580	2,480
	<hr/>	<hr/>
Total deductions	6,631,026	5,578,034
	<hr/>	<hr/>

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (CONTINUED)**

**SHREVEPORT ELECTRICAL  
HEALTH AND WELFARE PLAN**

**FOR THE YEAR ENDED MARCH 31,**

	<u><b>2025</b></u>	<u><b>2024</b></u>
Net additions	\$ 2,104,043	\$ 2,238,243
Unrealized appreciation of assets	<u>28,867</u>	<u>26,869</u>
<b>Net increase in assets for the year</b>	<u>2,132,910</u>	<u>2,265,112</u>
Net assets available for benefits at beginning of year	<u>10,744,849</u>	<u>8,479,737</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR</b>	<u><u>\$ 12,877,759</u></u>	<u><u>\$ 10,744,849</u></u>

The accompanying notes are an integral part of this statement.

**STATEMENT OF PLAN'S BENEFIT OBLIGATIONS**

**SHREVEPORT ELECTRICAL  
HEALTH AND WELFARE PLAN**

**MARCH 31,**

	<u><b>2025</b></u>	<u><b>2024</b></u>
<b>Amounts currently payable to or for participants, beneficiaries, and dependents:</b>		
Estimated health claims payable	\$ 335,395	\$ 397,303
<b>Other obligations for current benefit coverage, at present value of estimated amounts:</b>		
Estimated health claims incurred, but not reported	440,440	162,603
Accumulated eligibility	<u>4,941,618</u>	<u>4,323,216</u>
	<u>5,382,058</u>	<u>4,485,819</u>
Total obligations other than postretirement benefit obligations	<u>5,717,453</u>	<u>4,883,122</u>
<b>Postretirement benefit obligations:</b>		
Current retirees	4,635,477	4,180,345
Other participants fully eligible for benefits	7,664,584	8,510,363
Other participants not yet fully eligible for benefits	<u>12,821,607</u>	<u>8,259,811</u>
Total postretirement benefit obligations	<u>25,121,668</u>	<u>20,950,519</u>
<b>Total benefit obligations</b>	<u><u>\$ 30,839,121</u></u>	<u><u>\$ 25,833,641</u></u>

The accompanying notes are an integral part of this statement.

**STATEMENT OF CHANGES IN PLAN'S BENEFIT OBLIGATIONS**

**SHREVEPORT ELECTRICAL  
HEALTH AND WELFARE PLAN**

**FOR THE YEAR ENDED MARCH 31,**

	<u><b>2025</b></u>	<u><b>2024</b></u>
<b>Amounts currently payable to or for participants, beneficiaries, and dependents:</b>		
Balance at beginning of year	\$ 397,303	\$ 183,829
Claims reported and approved for payment	5,748,845	4,970,879
Claims paid	<u>(5,810,753)</u>	<u>(4,757,405)</u>
Balance at end of year	<u>335,395</u>	<u>397,303</u>
<b>Other obligations for current benefit coverage, at present value of estimated amounts:</b>		
Balance at beginning of year	4,485,819	4,529,423
Increase (decrease) in estimated health claims incurred, but not reported	277,837	(177,644)
Increase in accumulated eligibility	<u>618,402</u>	<u>134,040</u>
Balance at end of year	<u>5,382,058</u>	<u>4,485,819</u>
<b>Postretirement benefit obligations:</b>		
Balance at beginning of year	20,950,519	31,417,647
Increase (decrease) during year attributable to:		
Plan amendments	0	0
Changes in actuarial assumptions	(820,984)	(513,917)
Benefits earned and other changes	4,347,178	(11,146,389)
Interest	1,099,902	1,570,882
Estimated net benefits paid	<u>(454,947)</u>	<u>(377,704)</u>
Balance at end of year	<u>25,121,668</u>	<u>20,950,519</u>
<b>Total benefit obligations</b>	<u><b>\$ 30,839,121</b></u>	<u><b>\$ 25,833,641</b></u>

The accompanying notes are an integral part of this statement.

## NOTES TO THE FINANCIAL STATEMENTS

### SHREVEPORT ELECTRICAL HEALTH AND WELFARE PLAN

MARCH 31, 2025

#### NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the **Shreveport Electrical Health and Welfare Plan** provides only general information. Participants should refer to the Plan Document for a complete description of the Plan's provisions, copies of which may be obtained from the Plan sponsor.

1. **General** - The Fund was established May 1, 1966, as a result of a collective bargaining agreement between the Union and various employers to provide health benefits for eligible participants. It is subject to the provisions of the Employee Retirement, Income Security Act of 1974, as amended (ERISA). The Fund is financed by employer contributions as specified in the collective bargaining agreement, employee contributions, and earnings from investments. The Board of Trustees is responsible for all aspects of the administration and operation of the Plan. Plan assets are held in a voluntary employees' beneficiary association (VEBA) trust.
2. **Benefits** - The Fund provides health, dental, vision, temporary disability, and life insurance benefits to participants. Please refer to the Plan Document for a complete description of the rules of eligibility and benefits payable under the Plan. The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

All Plan benefits except life insurance are self-insured. The claims for self-insured benefits are processed by the Plan's third-party claims processors under administrative service only (ASO) arrangements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the Plan's VEBA trust. Despite the Plan's utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan.

The Plan utilizes a pharmacy benefit manager (PBM) which periodically makes rebates to the Plan based on the Plan's actual utilization pattern of specific drugs.

Life insurance benefits are purchased for active participants from Boston Mutual Life Insurance Company in the amount of \$20,000 of life insurance for active participants, \$10,000 for spouses, and \$5,000 for dependents.

**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**

**SHREVEPORT ELECTRICAL  
HEALTH AND WELFARE PLAN**

**MARCH 31, 2025**

**NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)**

2. **Benefits (continued)** - The Fund has secured stop loss insurance coverage that reimburses the Plan for claims totaling in excess of \$225,000 per participant per contract year with an accumulating deductible of \$132,030.
3. **Contributions/Funding policy** - Each month, the employers of the participants make contributions to the Fund based on the collective bargaining agreements. The collective bargaining agreements currently provide for a rate of \$7.35 (\$7.45 effective 9-1-25) per hour worked by participants.

Under certain conditions active participants who have less than the required contributions made to the Fund on their behalf and retired participants may make self-contributions to the Fund in order to continue their eligibility. Please refer to the Plan Document for a complete description of the rules of eligibility.

The costs of the postretirement benefits are shared by the Plan's participating employers and retirees. In addition to deductibles and co-payments, retiree contributions during the year ended March 31, 2025, ranged from \$185 per month to \$725 per month depending upon status with regards to Medicare and dependents for continuing coverage.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

- A. **Basis of accounting** - The accompanying financial statements have been prepared using the accrual basis of accounting.
- B. **Cash and cash equivalents** - Cash and cash equivalents include all short-term highly liquid investments that have original maturities of three months or less, including the Fund's money market sweep account with Regions Bank.
- C. **Use of estimates** - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, benefit obligations, and changes therein; and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**

**SHREVEPORT ELECTRICAL  
HEALTH AND WELFARE PLAN**

**MARCH 31, 2025**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

- D. **Payment of benefits** - Claims payments, Humana MAPD premiums, life insurance premiums and stop loss insurance premiums are recorded when paid. Temporary disability payments are recorded as claims paid in the accompanying Statement of Changes in Net Assets Available for Benefits.
- E. **Administrative expenses** - The Plan's expenses are paid by the Plan.
- F. **Stop loss** - Premiums for stop loss insurance are included in premium payments in the accompanying Statement of Changes in Net Assets Available for Benefits. No stop loss insurance reimbursements were received for the years ended March 31, 2025 and 2024.
- G. **Formulary rebates** - Rebates due from the Plan's PBM are recorded when earned. Rebates due as of the financial statement date have been reported as a receivable. Pharmacy rebates totaling \$254,938 and \$216,868 are shown on the accompanying Statement of Changes in Net Assets Available for Benefits for the years ended March 31, 2025 and 2024, respectively.
- H. **Investment valuation and income recognition** - The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by its investment advisors and custodians. See Note 8 for discussion of fair value measurements.
- Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Realized gains and losses include the Plan's gains and losses on investments sold during the year. Unrealized gains and losses include the Plan's gains and losses on investments held during the year and as of the year end.
- I. **Postretirement benefits and obligations** - A postretirement benefit obligation has been recognized for retiree medical benefits for eligible participants and their dependents upon retirement. The postretirement benefit obligation represents the actuarial present value of the cost of those estimated future benefits that are attributed by the terms of the Plan to employee 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 current retirees of the Plan.

**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**

**SHREVEPORT ELECTRICAL  
HEALTH AND WELFARE PLAN**

**MARCH 31, 2025**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

- I. **Postretirement benefits and obligations (continued)** - The obligation represents the amounts that are to be funded by contributions from the Plan's participating employers and from existing plan assets. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with the participating employers.

Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by an independent actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims 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.

For measurement purposes, the medical trend rates, the drug trend rates and the dental trend rates shown below were assumed for the indicated years (the self-payment trend rates equal the medical and drug trend rates listed below combined). These assumptions are consistent with those used to measure the benefit obligation at March 31, 2024.

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of March 31, 2025 and 2024, by \$5,368,453 and \$4,321,857, respectively.

**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**

**SHREVEPORT ELECTRICAL  
HEALTH AND WELFARE PLAN**

**MARCH 31, 2025**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**I. Postretirement benefits and obligations (continued) -**

<b>MEDICAL TREND RATES</b>			<b>MEDICAL TREND RATES</b>		
<u>Year Ending</u>	<u>Pre-65</u>	<u>Post-65</u>	<u>Year Ending</u>	<u>Pre-65</u>	<u>Post-65</u>
2026	7.90%	7.90%	2034	5.80%	5.80%
2027	7.50%	7.50%	2035	5.50%	5.50%
2028	7.20%	7.20%	2036	5.20%	5.20%
2029	6.80%	6.80%	2037	4.90%	4.90%
2030	6.60%	6.60%	2038	4.60%	4.60%
2031	6.40%	6.40%	2039	4.30%	4.30%
2032	6.20%	6.20%	2040	4.10%	4.10%
2033	6.00%	6.00%	2041+	4.00%	4.00%

<b>DRUG TREND RATES</b>		<b>DRUG TREND RATES</b>	
<u>Year Ending</u>	<u>Rate</u>	<u>Year Ending</u>	<u>Rate</u>
2026	9.20%	2034	5.70%
2027	8.70%	2035	5.50%
2028	8.20%	2036	5.20%
2029	7.70%	2037	4.90%
2030	7.30%	2038	4.60%
2031	6.90%	2039	4.30%
2032	6.50%	2040	4.10%
2033	6.10%	2041+	4.00%

<b>DENTAL TREND RATES</b>		<b>DENTAL TREND RATES</b>	
<u>Year Ending</u>	<u>Rate</u>	<u>Year Ending</u>	<u>Rate</u>
2026	4.90%	2034	4.10%
2027	4.80%	2035	4.10%
2028	4.70%	2036	4.10%
2029	4.60%	2037	4.10%
2030	4.50%	2038	4.10%
2031	4.40%	2039	4.10%
2032	4.30%	2040	4.10%
2033	4.20%	2041+	4.00%

The following are other significant assumptions used in the valuations as of March 31, 2025 and 2024.

**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**

**SHREVEPORT ELECTRICAL  
HEALTH AND WELFARE PLAN**

**MARCH 31, 2025**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**I. Postretirement benefits and obligations (continued) -**

**Discount rates:** 5.50% - 2025; 5.25% - 2024

<b>Retirement rates: (Both Valuations)</b>	<b><u>Age</u></b>	<b><u>Rate</u></b>
	60	15%
	61	5%
	62	30%
	63-64	5%
	65	25%
	66-67	5%
	68+	100%

**Mortality 2024 and 2023:** PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 Projection Scale. For males, a 105% multiplier was used. For females, a 110% multiplier was used.

**Administrative expenses:** 5% addition to claims costs.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation. Please refer to the actuarial report for a complete description of all assumptions.

**J. Claims incurred, but not reported and accumulated eligibility -** All health, dental, vision, temporary disability, and life insurance are self-funded. Provision for liability has been recorded for 1) an estimate of those claims incurred and unpaid or unreported and 2) an estimate of future benefits based on participants' accumulated eligibility. These estimates have been provided by the Fund's benefit consultant. The estimate for claims incurred and unpaid or unreported is calculated by taking the Fund's historical average time lag in months between the time a claim is incurred and reported, multiplied by the Fund's historical average claims per month adjusted for inflation. The estimate of the liability of future benefits based on accumulated eligibility is derived by multiplying each eligible individual's historical average monthly cost adjusted for inflation by the number of months the individual will be eligible after the fiscal year's end.

**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**

**SHREVEPORT ELECTRICAL  
HEALTH AND WELFARE PLAN**

**MARCH 31, 2025**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

- J. **Claims incurred, but not reported and accumulated eligibility (continued)** - These amounts are paid by the Plan only if claims are submitted and approved for payment.

For measurement purposes at March 31, 2025, an 8.0% annual rate of increase in the per capita cost of covered health care benefits was assumed for 2025 and to remain at that level thereafter. At March 31, 2024, an 8.0% annual rate of increase in the per capita cost of covered health care benefits was assumed for 2024 and to remain at that level thereafter.

- K. **Subsequent events** - The Plan has evaluated subsequent events through October 28, 2025, the date the financial statements were available to be issued.

**NOTE 3 - PRIORITIES UPON TERMINATION**

The Board of Trustees has the right to modify the benefits provided to, and the contributions required of, participants and to terminate the Plan subject to the provisions of ERISA. It is the intent of the Trustees to continue the Fund in full force and effect. Termination shall not permit any part of the Fund to be used for or diverted to purposes other than for the exclusive benefit of the employees or their eligible dependents. In the event the Fund terminates, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. Participants should refer to the Agreement and Declaration of Trust for a complete description of the Plan's termination provisions.

**NOTE 4 - INCOME TAX STATUS**

The VEBA trust funding benefits of the Plan received an exemption letter from the Internal Revenue Service stating that the Trust is tax-exempt under the provisions of Section 501(c)9 of the Internal Revenue Code (IRC). However, as a result of the Plan's funding policy, from time to time the Trust may be subject to income taxes. No federal or state income taxes have been recorded in the years ended March 31, 2025 or 2024, for unrelated business taxable income.

**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**

**SHREVEPORT ELECTRICAL  
HEALTH AND WELFARE PLAN**

**MARCH 31, 2025**

**NOTE 4 - INCOME TAX STATUS (CONTINUED)**

In addition, the Plan and the Trust are required to operate in conformity with the IRC to maintain tax-exempt status of the Trust. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believes that the related Trust is tax-exempt. Consequently, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**NOTE 5 - EMPLOYER CONTRIBUTIONS RECEIVABLE**

Employer contributions receivable represents the total of employers' contribution reports that were applicable to the periods prior to April 1st which were received during a period of time following the close of the year. These amounts do not reflect any amounts due from employers who are contractually liable to the Fund that have failed to file the required reports of covered workers in their employ during the period under review.

**NOTE 6 - EMPLOYEE CONTRIBUTIONS RECEIVABLE**

Employee contributions receivable represents the total of participants' self-payments that were applicable to the periods prior to April 1st which were received during a period of time following the close of the year.

**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**

**SHREVEPORT ELECTRICAL  
HEALTH AND WELFARE PLAN**

**MARCH 31, 2025**

**NOTE 7 - INVESTMENTS**

The Fund's investment portfolio as of March 31, 2025, consisted of:

	<u>Fair Value at 3/31/24</u>	<u>Net Investments Purchased (Sold)</u>	<u>Net Appreciation (Depreciation) in Fair Value</u>	<u>Fair Value at 3/31/25</u>
Investment cash account	\$ 281,214	\$ (235,173)	\$ 0	\$ 46,041
Money market fund	365,663	(334,561)	0	31,102
Certificates of deposit	<u>8,583,202</u>	<u>2,594,999</u>	<u>28,867</u>	<u>11,207,068</u>
	<u>\$9,230,079</u>	<u>\$ 2,025,265</u>	<u>\$ 28,867</u>	<u>\$11,284,211</u>

Please note that a change in interest rates could affect the value of plan assets.

**NOTE 8 - FAIR VALUE MEASUREMENTS**

The Fund's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Fund believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**

**SHREVEPORT ELECTRICAL  
HEALTH AND WELFARE PLAN**

**MARCH 31, 2025**

**NOTE 8 - FAIR VALUE MEASUREMENTS (CONTINUED)**

**Level 2** - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 31, 2025 and 2024.

**Money market fund:** Valued at the net asset value (NAV) of shares held by the Plan at year end. The underlying assets are traded in active markets.

**Certificates of deposit (CDs):** Certain CDs are valued at the closing price reported in the active market in which the CD is traded. Other CDs are valued based on yields currently available on comparable CDs of issuers with similar credit ratings or recent trades of like CDs not necessarily as of the last day of the year. Also, some CDs are valued using a computerized valuation model representing estimated market value.

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

**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**

**SHREVEPORT ELECTRICAL  
HEALTH AND WELFARE PLAN**

**MARCH 31, 2025**

**NOTE 8 - FAIR VALUE MEASUREMENTS (CONTINUED)**

	<b>Assets at Fair Value as of March 31, 2025</b>			
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investment cash account	\$ 46,041	\$ 46,041	\$ 0	\$ 0
Money market fund	31,102	31,102	0	0
Certificates of deposit	<u>11,207,068</u>	<u>0</u>	<u>11,207,068</u>	<u>0</u>
	<u>\$11,284,211</u>	<u>\$ 77,143</u>	<u>\$11,207,068</u>	<u>\$ 0</u>

	<b>Assets at Fair Value as of March 31, 2024</b>			
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investment cash account	\$ 281,214	\$ 281,214	\$ 0	\$ 0
Money market fund	365,663	365,663	0	0
Certificates of deposit	<u>8,583,202</u>	<u>0</u>	<u>8,583,202</u>	<u>0</u>
	<u>\$ 9,230,079</u>	<u>\$ 646,877</u>	<u>\$ 8,583,202</u>	<u>\$ 0</u>

**NOTE 9 - RECONCILIATION OF THE FINANCIAL STATEMENTS TO THE FORM 5500**

The following is a reconciliation of realized gains and losses per the financial statements to the Form 5500:

	<b><u>Year Ended</u></b> <b><u>3/31/25</u></b>	<b><u>Year Ended</u></b> <b><u>3/31/24</u></b>
Realized gains per the financial statements	\$ 0	\$ 0
Conversion from historical cost to revalued cost required by Form 5500	<u>0</u>	<u>0</u>
Realized gains per the Form 5500	<u>\$ 0</u>	<u>\$ 0</u>

**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**

**SHREVEPORT ELECTRICAL  
HEALTH AND WELFARE PLAN**

**MARCH 31, 2025**

**NOTE 9 - RECONCILIATION OF THE FINANCIAL STATEMENTS TO THE FORM 5500  
(CONTINUED)**

The following is a reconciliation of unrealized gains and losses per the financial statements to the Form 5500:

	<b><u>Year Ended 3/31/25</u></b>	<b><u>Year Ended 3/31/24</u></b>
Unrealized gains per the financial statements	\$ 28,867	\$ 26,869
Conversion from historical cost to revalued cost required by Form 5500	<u>0</u>	<u>0</u>
Unrealized gains per the Form 5500	<u>\$ 28,867</u>	<u>\$ 26,869</u>

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

	<b><u>Year Ended 3/31/25</u></b>	<b><u>Year Ended 3/31/24</u></b>
Net assets available for benefits per the financial statements	\$12,877,759	\$10,744,849
Benefit obligations currently payable:		
Health claims reported, but not paid	(335,395)	(397,303)
Health claims incurred, but not reported	<u>(440,440)</u>	<u>(162,603)</u>
Net assets available for benefits per the Form 5500	<u>\$12,101,924</u>	<u>\$10,184,943</u>

**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**

**SHREVEPORT ELECTRICAL  
HEALTH AND WELFARE PLAN**

**MARCH 31, 2025**

**NOTE 9 - RECONCILIATION OF THE FINANCIAL STATEMENTS TO THE FORM 5500  
(CONTINUED)**

The following is a reconciliation of benefits paid to and for participants per the financial statements to the Form 5500:

	<b>Year Ended <u>3/31/25</u></b>
Benefits paid to and for participants per the financial statements	\$5,810,753
Add: Amounts currently payable at end of year	775,835
Less: Amounts currently payable at beginning of year	<u>(559,906)</u>
Benefits paid to and for participants per the Form 5500	<u>\$6,026,682</u>

Claims that have been processed and approved for payment at year-end, but not paid and claims incurred, but not reported are not considered liabilities under GAAP and, therefore, are not presented as liabilities or claims paid in the accompanying financial statements, but are recorded on the Form 5500 as liabilities.

**NOTE 10 - BANK OVERDRAFT PAYABLE**

The Fund's general checking account and money market sweep account are with Regions Bank. Extra cash is swept out to the money market sweep account and swept bank into the general checking account if needed to cover outstanding checks as they clear the bank. Consequently, the general checking account can have a negative book balance due to outstanding checks.

**NOTE 11 - PLAN AMENDMENTS**

At their August 21, 2024 meeting, the Trustees amended the Plan to modify the orthopedic shoe benefit to allow purchase with a prescription from once every five years to once per year.

**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**

**SHREVEPORT ELECTRICAL  
HEALTH AND WELFARE PLAN**

**MARCH 31, 2025**

**NOTE 11 - PLAN AMENDMENTS (CONTINUED)**

Effective January 1, 2025, the Trustees amended the Plan to increase the HRA maximum balance per participant from \$1,200 to \$1,500.

**NOTE 12 - RISKS AND UNCERTAINTIES**

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

The value of 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 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.

IBEW Local Union No. 194 is a local union doing business in the Shreveport Louisiana Area. Consequently, concentration of the employers contributing to the Health and Welfare Plan in the Shreveport Louisiana Area subjects the Fund to the risks associated with the economy in this area.

**NOTE 13 - CONCENTRATION RISK**

During the year, Caddo Electric (23.6%), Wilhite Electric (11.3%), Camus Electric (9.4%), EMS Electric (9.2%), Feazel Electrical (8.5%), and Jack Spring Electrical (8.3%) contributed 70.3% of all contributions made to the Plan. A withdrawal by these employers would have a significant impact upon the Plan.

**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**

**SHREVEPORT ELECTRICAL  
HEALTH AND WELFARE PLAN**

**MARCH 31, 2025**

**NOTE 14 - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS**

As described in Note 2, the Plan paid all expenses related to operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA. Of note, Southern Benefit Administrators, Inc., is the Plan's third-party administrator and a claims payer; Anthem BlueCross BlueShield is the Plan's PPO provider and a claims payer; Sav-Rx is the Plan's pharmacy benefits manager and prescription claims payer; Edward Jones is the Plan's investment custodian and manager; and Regions Bank is custodian of the Fund's general and claims checking accounts and money market sweep account.

## **SUPPLEMENTAL INFORMATION**

**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR****SHREVEPORT ELECTRICAL  
HEALTH AND WELFARE PLAN****MARCH 31, 2025**

	<u>Par Value/ Shares</u>	<u>Cost</u>	<u>Fair Value</u>
<b><u>Investment Cash Account</u></b>			
Edward Jones Insured Bank Deposit		\$ 46,041	\$ 46,041
<b><u>Money Market Fund</u></b>			
Federated Hermes U.S. Treasury Obligations Fund		31,102	31,102
<b><u>Certificates of Deposit</u></b>			
BMO Bank 5.000% Matures 4-17-25	\$ 237,000	237,000	237,064
Charles Schwab Bank 5.250% Matures 5-15-25	237,000	237,000	237,237
Northwest Bank 5.200% Matures 5-29-25	237,000	237,000	237,289
Savers Co-Operative Bank 5.100% Matures 7-8-25	237,000	237,000	237,417
First Financial Bank 4.400% Matures 7-21-25	238,000	238,000	238,048
Premier Community Bank 4.500% Matures 7-21-25	249,000	249,000	249,127
Texas Capital Bank 4.700% Matures 8-7-25	237,000	237,000	237,242

**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR****SHREVEPORT ELECTRICAL  
HEALTH AND WELFARE PLAN****MARCH 31, 2025**

	<u>Par Value/ Shares</u>	<u>Cost</u>	<u>Fair Value</u>
<u>Certificates of Deposit (Continued)</u>			
East-West Bank 4.150% Matures 8-20-25	\$ 239,000	\$ 239,000	\$ 238,778
FirstBank Puerto Rico 4.950% Matures 9-3-25	238,000	238,000	238,695
Byline Bank 4.250% Matures 9-18-25	239,000	239,000	238,885
First National Bank 4.250% Matures 9-18-25	249,000	249,000	248,881
Minnwest Bank 4.250% Matures 9-18-25	249,000	249,000	248,881
Bank Hapoalim 5.050% Matures 9-29-25	243,000	243,000	250,064
First National Bank 4.150% Matures 11-6-25	239,000	239,000	238,790
Santander Bank 4.300% Matures 11-28-25	239,000	239,000	239,041
Availa Bank 5.000% Matures 12-22-25	248,000	248,000	249,401
Midwest Bank 4.150% Matures 12-26-25	249,000	249,000	248,833
FFB Bank 4.150% Matures 1-15-26	249,000	249,000	248,920
Truxton Trust 4.800% Matures 1-20-26	248,000	248,000	249,247

**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

**SHREVEPORT ELECTRICAL  
HEALTH AND WELFARE PLAN**

**MARCH 31, 2025**

	<u>Par Value/ Shares</u>	<u>Cost</u>	<u>Fair Value</u>
<u>Certificates of Deposit (Continued)</u>			
Barclays Bank 4.100% Matures 2-27-26	\$ 244,000	\$ 244,000	\$ 243,549
Bank of America 4.050% Matures 3-2-26	244,000	244,000	243,900
Mizuho Bank 4.100% Matures 3-19-26	239,000	239,000	238,969
First Financial Bank 4.150% Matures 3-20-26	239,000	239,000	239,088
PS Bank 4.050% Matures 3-20-26	239,000	239,000	238,859
Wells Fargo Bank 4.150% Matures 3-25-26	239,000	239,000	239,105
Community State Bank 4.100% Matures 3-27-26	239,000	239,000	238,998
BNY Mellon 4.750% Matures 4-22-26	244,000	244,000	245,576
Little Horn State Bank 4.500% Matures 4-27-26	244,000	244,000	245,015
Fidelity Bank 4.050% Matures 5-19-26	248,000	248,000	247,841
Burling Bank 4.950% Matures 6-18-26	243,000	243,000	245,379
Star Bank 4.800% Matures 6-29-26	243,000	243,000	245,063

**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

**SHREVEPORT ELECTRICAL  
HEALTH AND WELFARE PLAN**

**MARCH 31, 2025**

	<u>Par Value/ Shares</u>	<u>Cost</u>	<u>Fair Value</u>
<u>Certificates of Deposit (Continued)</u>			
Citizens Bank 4.500% Matures 7-27-26	\$ 244,000	\$ 244,000	\$ 245,257
MVB Bank 3.900% Matures 8-26-26	249,000	249,000	248,318
Morton Community Bank 4.000% Matures 8-28-26	249,000	249,000	249,450
First Federal Bank 3.950% Matures 9-4-26	249,000	249,000	248,482
American Express National Bank 3.850% Matures 9-18-26	245,000	245,000	244,054
Cornerstone Community Bank 3.800% Matures 10-23-26	249,000	249,000	247,882
Security First Bank 3.800% Matures 10-23-26	245,000	245,000	243,875
UBS Bank 4.000% Matures 11-6-26	249,000	249,000	248,631
Goldman Sachs Bank 4.000% Matures 11-19-26	244,000	244,000	243,629
North American Savings Bank 4.050% Matures 11-25-26	244,000	244,000	243,922
Morgan Stanley Bank 4.150% Matures 1-22-27	244,000	244,000	244,242
Morgan Stanley Private Bank 4.150% Matures 1-22-27	244,000	244,000	244,242

**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

**SHREVEPORT ELECTRICAL  
HEALTH AND WELFARE PLAN**

**MARCH 31, 2025**

	<u>Par Value/ Shares</u>	<u>Cost</u>	<u>Fair Value</u>
<u>Certificates of Deposit (Continued)</u>			
Peoples Bank 4.100% Matures 1-28-27	\$ 244,000	\$ 244,000	\$ 244,034
Ally Bank 4.100% Matures 11-29-27	244,000	244,000	243,919
Sallie Mae Bank 4.100% Matures 12-20-27	244,000	243,943	243,949
		<u>11,192,943</u>	<u>11,207,068</u>
		\$ <u>11,270,086</u>	\$ <u>11,284,211</u>

**SCHEDULE OF INVESTMENT ASSETS REQUIRED TO BE REPORTED  
BOTH ACQUIRED AND DISPOSED OF WITHIN THE PLAN YEAR**

**SHREVEPORT ELECTRICAL  
HEALTH AND WELFARE PLAN**

**FOR THE YEAR ENDED MARCH 31, 2025**

	<u>Par Value/ Shares</u>	<u>Cost</u>	<u>Proceeds</u>
None			

**SCHEDULE OF REPORTABLE TRANSACTIONS**

**SHREVEPORT ELECTRICAL  
HEALTH AND WELFARE PLAN**

**FOR THE YEAR ENDED MARCH 31, 2025**

Name	Description	Purchase Price	Selling Price	Cost of Asset	Current Value at Time of Sale	Net Gain or Loss
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None

Note: This information is required for and reported on Schedule H Form 5500.

**SCHEDULE OF EMPLOYER CONTRIBUTIONS**

**SHREVEPORT ELECTRICAL  
HEALTH AND WELFARE PLAN**

**FOR THE YEAR ENDED MARCH 31,**

	<b><u>2025</u></b>	<b><u>2024</u></b>
American Automation	\$ 96,821	\$ 92,144
Artisan Electrical Services	35,034	46,237
Avery Electrical	14,794	14,315
Bazo Electric	12,670	0
Bob Davis Electric	254,802	252,721
Bryant Electric	37,197	26,877
C&W Industrial	2,828	45,876
Caddo Electric	2,158,598	2,011,761
Camus Electric	851,497	895,041
Central Electric of Monroe	0	535
Copeland Electric	415,277	112,278
D. Scott Electric	4,858	4,361
Day & Zimmermann	1,430	9,086
EMS Electric	838,992	439,771
Feazel Electrical	773,538	713,560
Fisk Electric	15,377	334,180
Grace Electrical	36,760	27,168
Gunn Electric	0	602
H&L Electric	3,087	0

**SCHEDULE OF EMPLOYER CONTRIBUTIONS**

**SHREVEPORT ELECTRICAL  
HEALTH AND WELFARE PLAN**

**FOR THE YEAR ENDED MARCH 31,**

	<b><u>2025</u></b>	<b><u>2024</u></b>
HMR Electrical Contracting	\$ 261,181	\$ 340,153
Haynie Electric	97,382	97,739
Hicks Electrical	256,486	229,181
Hope Contractors of Shreveport	172,048	180,824
IBEW Local Union No. 194	64,882	63,517
J. Parr, LLC	1,004	1,015
Jack Spring Electrical	762,170	577,964
KC Electric & Controls	384	3,599
King Electric	88,739	99,449
Lightning Electric	0	2,900
Lombardi Electric	0	994
MidStates Energy Company	0	3,203
Nantze Electric	0	145
Payne Electric	121,019	94,318
Quality Electric	15,601	5,496
RLH Electric	2,940	0
Rimmer Electric	402,446	279,584
Shreveport Electrical Joint Apprenticeship Training Committee	39,546	14,996

**SCHEDULE OF EMPLOYER CONTRIBUTIONS**

**SHREVEPORT ELECTRICAL  
HEALTH AND WELFARE PLAN**

**FOR THE YEAR ENDED MARCH 31,**

	<b><u>2025</u></b>	<b><u>2024</u></b>
Teck Electric	\$ 46,965	\$ 36,366
The State Group	1,088	0
Tri-State Electrical Contractors	36,598	60,027
Twin City Electric	114,308	26,947
White Electrical	2,074	0
Wilhite Electric	1,032,623	766,021
Wood Electric	<u>68,039</u>	<u>69,152</u>
	9,141,083	7,980,103
Add: Reciprocal Contributions Received	629,232	599,161
Less: Reciprocal Contributions Disbursed	<u>(1,899,599)</u>	<u>(1,303,334)</u>
	\$ <u><u>7,870,716</u></u>	\$ <u><u>7,275,930</u></u>

<b>Form 5500</b> Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> 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).  <b>Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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<b>Part I Annual Report Identification Information</b>	
For calendar plan year 2024 or fiscal plan year beginning <u>04/01/2024</u> and ending <u>03/31/2025</u>	
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	<input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	<input checked="" type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	<input type="checkbox"/>

<b>Part II Basic Plan Information</b> —enter all requested information											
<b>1a Name of plan</b> <b>SHREVEPORT ELECTRICAL HEALTH &amp; WELFARE FUND</b>  <b>2a Plan sponsor's name (employer, if for a single-employer plan)</b> Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <b>SHREVEPORT ELECTRICAL HEALTH &amp; WELFARE FUND</b>  <b>P.O. BOX 1449</b>  <b>GOODLETTSVILLE                      TN 37070-1449</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><b>1b Three-digit plan number (PN)</b></td> <td style="width:50%; text-align: center;"><b>501</b></td> </tr> <tr> <td><b>1c Effective date of plan</b></td> <td style="text-align: center;"><b>05/01/1966</b></td> </tr> <tr> <td><b>2b Employer Identification Number (EIN)</b></td> <td style="text-align: center;"><b>**-***3767</b></td> </tr> <tr> <td><b>2c Plan Sponsor's telephone number</b></td> <td style="text-align: center;"><b>615-859-0131</b></td> </tr> <tr> <td><b>2d Business code (see instructions)</b></td> <td style="text-align: center;"><b>238210</b></td> </tr> </table>	<b>1b Three-digit plan number (PN)</b>	<b>501</b>	<b>1c Effective date of plan</b>	<b>05/01/1966</b>	<b>2b Employer Identification Number (EIN)</b>	<b>**-***3767</b>	<b>2c Plan Sponsor's telephone number</b>	<b>615-859-0131</b>	<b>2d Business code (see instructions)</b>	<b>238210</b>
<b>1b Three-digit plan number (PN)</b>	<b>501</b>										
<b>1c Effective date of plan</b>	<b>05/01/1966</b>										
<b>2b Employer Identification Number (EIN)</b>	<b>**-***3767</b>										
<b>2c Plan Sponsor's telephone number</b>	<b>615-859-0131</b>										
<b>2d Business code (see instructions)</b>	<b>238210</b>										

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

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

SIGN HERE		11/5/25	Richard Roberts
	Signature of plan administrator <b>Co-Chairman</b>	Date	Enter name of individual signing as plan administrator
SIGN HERE		11/5/25	William Kpshuvck
	Signature of employer/plan sponsor <b>Co-Chairman</b>	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number
<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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 577
<b>6</b> 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).	
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b> 510
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b> 491
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b> 66
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b> 0
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c. ....	<b>6d</b> 557
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>
<b>f</b> Total. Add lines 6d and 6e. ....	<b>6f</b>
<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) .....	<b>6g(1)</b>
<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) .....	<b>6g(2)</b>
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<b>7</b> 38

**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

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

**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)  R (Retirement Plan Information)
- (2)  MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)  SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)  DCG (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)  MEP (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)  H (Financial Information)
- (2)  I (Financial Information - Small Plan)
- (3)  A (Insurance Information) – Number Attached 3
- (4)  C (Service Provider Information)
- (5)  D (DFE/Participating Plan Information)
- (6)  G (Financial Transaction Schedules)

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

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

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

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

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

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

# Fund Summary Information – Institutional Shares

## Federated Hermes Treasury Obligations Fund (the "Fund")

### RISK/RETURN SUMMARY: INVESTMENT OBJECTIVE

The Fund is a money market fund that seeks to maintain a stable net asset value (NAV) of \$1.00 per Share. The Fund's investment objective is to provide current income consistent with stability of principal.

### RISK/RETURN SUMMARY: FEES AND EXPENSES

This table describes the fees and expenses that you may pay if you buy, hold and sell Institutional Shares (IS) of the Fund. **You may pay other fees, such as brokerage commissions and other fees to financial intermediaries, which are not reflected in the tables and examples below.**

#### Shareholder Fees (fees paid directly from your investment)

	IS
Maximum Sales Charge (Load) Imposed on Purchases (as a percentage of offering price).....	None
Maximum Deferred Sales Charge (Load) (as a percentage of original purchase price or redemption proceeds, as applicable) .....	None
Maximum Sales Charge (Load) Imposed on Reinvested Dividends (and other Distributions) (as a percentage of offering price).....	None
Redemption Fee (as a percentage of amount redeemed, if applicable) .....	None
Exchange Fee .....	None

#### Annual Fund Operating Expenses (expenses that you pay each year as a percentage of the value of your investment)

	IS
Management Fee .....	0.15%
Distribution (12b-1) Fee.....	None
Other Expenses.....	0.13% <sup>1</sup>
Total Annual Fund Operating Expenses .....	0.28%
Fee Waivers and/or Expense Reimbursements <sup>2</sup> .....	(0.08)%
Total Annual Fund Operating Expenses After Fee Waivers and/or Expense Reimbursements ...	0.20%

- 1 The Fund may incur and pay certain service fees (shareholder services/account administration fees) on its IS class of up to a maximum of 0.25%. However, the IS class of the Fund will not incur and pay such Fees in excess of 0.05% until such time as approved by the Fund's Board of Trustees (the "Trustees").
- 2 The Adviser and certain of its affiliates on their own initiative have agreed to waive certain amounts of their respective fees and/or reimburse expenses. Total annual fund operating expenses (excluding acquired fund fees and expenses, interest expense, extraordinary expenses and proxy-related expenses, if any) paid by the Fund's IS class (after the voluntary waivers and/or reimbursements) will not exceed 0.20% (the "Fee Limit") up to but not including the later of (the "Termination Date"): (a) October 1, 2026; or (b) the date of the Fund's next effective Prospectus. While the Adviser and its affiliates currently do not anticipate terminating or increasing these arrangements prior to the Termination Date, these arrangements may only be terminated, or the Fee Limit increased, prior to the Termination Date with the approval of the Trustees.



**2024 ERISA Disclosure Information Report**  
**Provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC)**  
**300 East Randolph Street, Chicago, Illinois 60601**  
**EIN # [REDACTED]**

HCSC operates through its Blue Cross and Blue Shield plans in [Illinois](#) (BCBSIL), [New Mexico](#) (BCBSNM), [Oklahoma](#) (BCBSOK), [Texas](#) (BCBSTX), and [Montana](#) (BCBSMT), and [several subsidiaries](#) to offer a variety of health and life insurance products and related services to group customers and individuals.

Information about the operations and financial relationships of HCSC and its affiliates and subsidiaries is available through many sources, such as:

Home Page -- <https://www.hcsc.com/content/bcbs/hcsc/en/home.html>

Affiliates and Subsidiaries -- <https://www.hcsc.com/who-we-are/affiliates-subsidiaries>

Financial Statements -- <https://www.hcsc.com/who-we-are/financial-strength>

Newsroom -- <https://www.hcsc.com/newsroom>

Blue Cross and Blue Shield Association -- <http://www.bcbs.com/>

Corporate Social Responsibility -- <https://www.hcsc.com/our-impact/corporate-social-responsibility>

Eligible indirect compensation (“EIC”) that has been or is likely to be received by HCSC and certain of HCSC’s vendors in connection with services provided by HCSC to our self-funded group customers for calendar year 2024 is listed below along with other information. Please note EIC includes amounts that are not necessarily passed on to our group customers or to members. The financial terms of the services provided by HCSC to our group customers, and additional details about the services, are described in the existing group customer’s administrative services agreement(s) and insurance policies with HCSC and/or in other materials we may provide from time-to-time.

The following Disclosure Information is supplemental to, and does not take the place of, any information previously provided to our group customers. Important additional information about separate financial relationships and fees is provided in the administrative services agreement(s) and insurance policies between HCSC and our group customers.

Please Note: Not all of the following Disclosure Information will be applicable to every group customer, and not all groups are subject to Schedule C reporting. For groups not subject to Schedule C reporting, this Disclosure Information is provided for informational purposes only. For insured business, the financial arrangements below are taken into account when HCSC calculates insured group premiums, unless indicated otherwise.

Group customers should contact their Blue Cross and Blue Shield of Illinois, Montana, New Mexico, Oklahoma, or Texas Account Representative if they have questions related to a unique arrangement with us. Group customers should also consult with their own legal and other advisors.

#### **HCSC Financial Arrangements**

**1. Separate Financial Arrangements with Providers; ADP**-- In Illinois, HCSC’s compensation for the services under its administrative services agreement(s) with certain group customers can include the difference, if any, between the net claim payments reimbursed to HCSC by the group customer and the net amounts paid to health care providers by HCSC, after giving effect to HCSC’s separate financial arrangements with health care providers. Currently, these differences may arise through the use of HCSC’s Average Discount Price (“ADP”). “ADP” means a percentage discount determined by HCSC, which varies from claim to claim. The ADP reflects HCSC’s reasonable estimate of average payments, discounts and/or other allowances that will result from its contracts with hospitals and other facilities under circumstances similar to those involved in the particular claim, reduced by an amount, not to exceed fifteen percent (15%) of such estimate, to reflect related lost investment earnings and costs (the amount of the reduction is referred to as the “planned retention”). Although the maximum planned retention can be up to 15%, the planned retention is often much lower and will vary from year to year, as more fully described below.

In Illinois, HCSC has negotiated with participating facility providers to pay the providers full billed charges of their claims upfront, and then recover from the providers the actual contractual savings at a later date. In that situation, HCSC has lost the opportunity to invest and earn interest on the amount it advances to the provider. HCSC retains a small percentage of the contractual savings for administrative expense and lost investment income, which is captured in the reduced ADP amounts credited to the group customer. This is because the value of the discount is made immediately available to the group members even though HCSC recovers the actual savings from the provider months later. The planned retention is the sum of the interest rate (prime rate determined at beginning of each quarter) times the collection lag (2/12 months for PPO; 15/12 months for non-PPO), and a flat charge of 0.40% for administration. So, if the prime rate is 3%, then the retention is approximately 1.0%.

The group’s liability to HCSC for certain facility claims payment is calculated, in part, based on ADP instead of the actual savings from the contract that HCSC has negotiated with the facility. The difference between the actual discounts and ADPs for any given group customer will vary, depending on the health care services received by the group’s members, and can be positive or negative. An estimate of the difference can be calculated by multiplying the Estimated Provider Recoveries Percentage (published quarterly by HCSC) by the group customer’s covered charges (provided by HCSC on the monthly invoices to group customers) and then subtracting the ADPs (also on the monthly invoices).

**2. Financial Arrangements with Recovery Vendor**-- If HCSC provides recovery-related services to its self-funded group customers, the fees are set forth in its administrative services agreement(s) with the group customer. HCSC has contracted with Equian LLC to furnish certain recovery-related services to HCSC such as the leasing of case management software, case identification/investigation service and the transfer of recovery cases to be managed by Equian LLC upon the request of HCSC.

- a. Case Identification/Investigation Service. HCSC pays Equian LLC a fee of up to \$7.30 for each case that Equian LLC investigates and identifies as a recovery matter.
- b. Case Management. The standard administrative fee retained by HCSC is a maximum of 25% of the gross recovery and may be more specifically described in the administrative services agreement(s) with the group customer. In the event Equian LLC manages a case at the request of HCSC, Equian LLC remits the entire gross recovery to HCSC and submits an invoice (in the amount of between 11% and 25% of the gross recovery) that is paid by HCSC. HCSC will retain (or absorb) any difference between the fee paid by the group customer to HCSC, and the fee paid by HCSC to Equian LLC, as compensation (or shortfall) for HCSC’s services.



**Compensation related to the Inter-Plan Arrangements**

The Inter-Plan Arrangements are established and operated pursuant to the rules and procedures issued by the Blue Cross and Blue Shield Association and developed in consultation with its member Blue Cross and/or Blue Shield Licensees. HCSC is an independent Licensee of the Blue Cross and Blue Shield Association. Inter-Plan Arrangements include the BlueCard Program, Negotiated National Account Arrangements, and Non-participating Healthcare Provider Claims processing arrangements. Under the Inter-Plan Arrangements, members receive access to participating and non-participating provider healthcare services outside of the geographic area HCSC serves. Members may obtain care from healthcare providers that have a contractual agreement with the local Blue Cross and/or Blue Shield Licensee in that other geographic area (the “Host Blue”). Within these situations, HCSC may be referred to as the “Home Blue.”

**1. BlueCard Program**

The access fee and all other BlueCard Program-related fees are included in Claim Administrator’s Administrative Charge set forth in the Agreements Fee Schedule; however, in the event that the number of Employer’s Covered Persons covered by the plan is below 50,000, or was above 50,000 but falls below 50,000 as of the Annual Measurement Date, then BlueCard Access Fees will apply per the terms of the Agreement starting on the first day of the next calendar quarter. The Annual Measurement Date is the first day of the first month of a renewal period.

If the group’s BlueCard arrangement with HCSC involves the group’s payment of Access Fees, they are calculated based on one or more of the following arrangements, depending on the size and distribution of your group’s enrollment:

**Access Fees for 2024:**

- Standard Traditional and PPO Fee BlueCard Claims
  - 3.46% of discounts (\$2,000 maximum per claim) – less than 1,000 enrolled employees (residents and travelers)
- Reduced Rate PPO Fee BlueCard Claims
  - 1.93% of discounts (\$2,000 maximum per claim) – 1,000-9,999 enrolled employees
  - 1.79% of discounts (\$2,000 maximum per claim) – 10,000+ enrolled employees

**Administrative Expense Allowances (AEAs)** - This is usually a flat per-claim fee paid by the Home Blue to the Host Blue. It is paid for administrative services that the Host Blue provides in processing the claim for benefits for a member of the Home Blue. Under the BlueCard Program, the AEA fee paid by the Home Blue to the Host Blue is paid for processing claim benefits received from a participating provider.

In 2024 (i) for group customers with fewer than 1,000 enrolled employees, the AEA fee is \$11.00 for institutional provider claims and \$5.00 for professional provider claims, and (ii) for group customers with 1,000 (or more) enrolled employees with PPO benefits, the AEA fee is \$9.75 for institutional provider claims and \$4.00 for professional provider claims.

Currently, the AEA fees that HCSC pays to Host Blues are not specifically passed through to our group customers as group-specific expenses, but instead HCSC factors these fees into HCSC’s determination of the administrative fees that HCSC charges to group customers with BlueCard claims.

**Alternative Financial Arrangements with Host Blues** – HCSC may negotiate alternative financial arrangements with one or more Host Blues for fee charges on either a non-standard per claim or a per contract/per month (PCPM) basis. In such cases, the alternative financial fee arrangement would replace both the AEA and Access Fee.

The annual 2024 Inter-Plan alternative financial arrangement per claim non-standard fees associated with your group were: \$2,250.81.

2. **Negotiated National Account Arrangements** - If HCSC and the group have agreed that Host Blue shall make available custom healthcare provider network(s), then the terms and conditions set forth in HCSC’s negotiated arrangement with the Host Blue shall apply. HCSC may pay an administrative and/or network access fee to the Host Blue. Any such administrative and/or network access fee will not be greater than the comparable fees that would be charged under the BlueCard Program.
3. **Non-Participating Healthcare Provider Claims** - If a member receives care from a non-participating provider of a Host Blue, an AEA will also apply. The AEA fee is \$3.00 for all non-participating provider claims. HCSC currently factors these fees into HCSC’s determination of the administrative fees that HCSC charges to group customers and does not separately charge group customers these fees.
4. **Use of Estimated or Average Pricing by Host Blues** -- As described in your administrative services agreement, some Host Blues may use either estimated or average prices as the negotiated price that is made available to HCSC when plan members access the Host Blue’s participating provider network. This may result in a difference (positive or negative) between the price you pay on a specific claim and the actual amount paid to the provider by the Host Blue.

The following describes the formula used for determining an estimated or average price:

*Estimated:* A percentage is used to modify the claim price for covered services for a defined category of provider (e.g., institutional, professional, etc.) of a Host Blue in a given geographic area. This percentage (either positive or negative) allows Host Blues to incorporate adjustments and actuarial projections prospectively into the final price. The percentage is determined by figuring the aggregate cost to the Host Blue over a look-back period less any initial payments made to providers divided by the total of payments initially made to providers (claims for non-covered services are not included in the calculation). The aggregate cost in the numerator includes, but is not limited to, all provider retrospective settlements, anti-fraud and abuse recoveries and provider refunds not applied on a claim-specific basis, performance-related bonuses or incentives, interest on provider advances, other non-claim transactions and any positive or negative balance in the variance account. The percentage is then actuarially adjusted for anticipated changes in claims expenses for the prospective period. As of December 31, 2024, the modifying percentage



applied to claims from those Host Blues that use estimated pricing ranged from -0.42% to +9.5%. This percentage applied is subject to change, and if it does, HCSC will notify you or group customers.

*Average:* An average price is determined for a defined category of provider (e.g., institutional, professional, etc.) of a Host Blue in a given geographic area. The average is determined as follows:

Total amount paid to such providers over a look-back period, including initial payments as well as applicable claim and non-claim related transactions, which may include but are not limited to provider retrospective settlements, anti-fraud and abuse recoveries and provider refunds not applied on a claim-specific basis, performance-related bonuses or incentives, interest on provider advances, other non-claim transactions, and any positive or negative balance in the variance account divided by the total amount of such providers' corresponding charges for covered services over the same look-back period (claims for non-covered services are not included in the calculation). The percentage is then actuarially adjusted for anticipated changes in claim costs for the prospective period.

This result is an estimated or an average price that is applied to each claim for the defined category of provider of the Host Blue in the geographic area and presented as the negotiated price.

Although use of these pricing methods may result in a difference (positive or negative) between the price a group customer pays and the amount actually paid to the provider, the price used to determine your payment is a final price. Any positive or negative differences are accounted for in a variance account held by the Host Blue. Host Blues may prospectively increase or reduce estimated or average prices to correct for over- or underestimation of past prices (i.e., prospective adjustments may mean that a current price reflects additional amounts or credits for claims already paid to providers or anticipated to be paid to or received from providers). Because all amounts paid are final, neither variance account funds held to be paid, nor the funds expected to be received, are due to or from group customers. If you or group customers terminate, you will not receive a refund or charge from the variance account. Such payable or receivable funds would be eventually exhausted by healthcare provider settlements and/or through prospective adjustment to the negotiated prices.

- Fee for Recovery of Pre-Payment Review and Overpayments** -- In some cases, a Host Blue will undertake recovery efforts from its participating providers on behalf of Home Blues. These recoveries from a Host Blue can arise in several ways, including, but not limited to, anti-fraud and abuse investigations, provider/hospital bill audits, credit balance audits, utilization review refunds, and unsolicited refunds. In addition, the Host Blue may engage a third-party vendor to assist in the identification or collection of recovery amounts. The fees of such a third party may be charged to the Employer. Recovery amounts will be applied in accordance with applicable Inter-Plan Arrangements which generally require correction on a claim-by-claim or prospective basis. Note: Effective July 1, 2012, Host Blues must not bill third-party auditor fees until the recovery adjustment has been processed.
- Blue Cross Blue Shield Global Core** -- Blue Cross Blue Shield Global Core provides members with access to an international network of inpatient, outpatient and professional providers. Medical assistance and claims support services are provided by GeoBlue. The 2024 fees that HCSC as a Home Blue pays to GeoBlue, which are included in the HCSC administrative charge, are as follows:

Transaction Fee	Fee (USD)	Unit
<b>Medical Assistance</b>		
General inbound calls	\$29.37	per call
Provider search (non-medical situation)	\$23.07	per call
Cashless access/Guarantee of Payment (GOP)	\$115.37	per GOP
Telephone translation	\$65.55	per call
Fulfillment	\$9.96	per call
Provider/medical assistance information provided by nurse	\$99.63	per call
Misrouted calls	\$23.07	per call
Medical monitoring	\$304.14	per case
<b>Claims Support</b>		
Claim preparation, processing and/or payment (includes translation, coding, currency conversion)	\$40.89	per claim
Misrouted claim (e.g., domestic)	\$9.96	per claim
Claim status inquiry	\$23.07	per call / member ID
Medical records translation	At Cost	
Currency conversion gains/losses	At Cost	
Wire/ACH fees	At Cost	
<b>Additional Services</b>		
Medical evacuation coordination	\$1,310.97	per case
Medical repatriation coordination	\$1,310.97	per case
Repatriation of remains coordination	\$629.26	per case
Medical travel coordination	\$304.14	per case

**Administrative Expense Allowances (AEAs)** -- For Blue Cross Blue Shield Global Core claims, Home Blues pay AEAs to a specific, designated Host Blue. For all group customers, the current Blue Cross Blue Shield Global Core AEA fees are \$18.55 for institutional provider-submitted claims, \$5.50 for professional provider-submitted claims, and \$4.35 for member-submitted claims. HCSC also factors these fees into HCSC's determination of the administrative fees that HCSC charges to group customers.

- Medical Labs and Durable Medical Equipment (DME) Providers** -- The Blue Cross and Blue Shield Association has a group purchasing organization (GPO), which receives administrative fees paid by service providers within federal "safe harbor" guidelines. When claims are incurred from these service providers, the Association receives an administrative fee averaging 1.5% of revenues received for calendar year 2024.

**Compensation Arrangements for Advanced Payment Review Product (APR)**

Self-funded groups have the option to purchase some or all of the review capabilities as part of the Advanced Payment Review (APR) product. As such, clients will be charged fees associated to the capabilities that they elected according to the fees set forth in its administrative services agreement(s). APR fees are provided by HCSC on



the monthly invoice. Self-funded group customers that elect APR in the APR Savings fee arrangement will be assessed a contingency based on the savings benefit from all APR reviews that identify savings or overpayment recoveries. The APR product consists of the following Payment Integrity reviews that can be selected from.

1. Prepayment Advanced Claim Edits – Provide 3rd Pass Claim Editing reviews in addition to Coding Validation reviews (modifier reviews) on local claims performed by third party vendor(s).
2. Prepayment Service Line Reviews - Provide I-Bill or DRG reviews on local claims that can be based on specific dollar thresholds and/or dynamically evolving DRG algorithm reviews for improved claim error detection.
3. Out-of-Area, Out-of-Network Rate (OON) Negotiation – Provide non-local claim negotiation services for covered health care services from out-of-area OON healthcare providers (Member is released from balance billing).
4. Out-of-Area, Out-of-Network (OON) Pricing Services – Provide non-local claim re-pricing services for covered health care services from out-of-area OON healthcare providers (Member is NOT released from balance billing).
5. Post-Payment Data Mining & Overpayment Recovery – Provide HCSC performed 1st Pass analytical reviews and overpayment recoveries on paid claims in addition to 2nd Pass analytical reviews performed by third-party for the identification of potential overpayments.
6. Post-Payment Provider Audit and Credit Balance Reviews – Provide complex claim audits on local claims that inspect the provider's records to determine the accuracy of claim information submitted by the provider or billing service, which is used as the basis for benefit reimbursement (i.e., Hospital Charge (Bill) Audit, Diagnosis Related Group (DRG), etc.). The complex claim audits are performed by a third-party vendor(s). Additionally, this APR service performs local claim credit balance reviews (CBR) to identify inaccuracies in provider patient accounting systems.
7. Post-Payment Coordination of Benefits Recovery – Provide HCSC performed 1st Pass analytical reviews and overpayment recoveries on paid claims in addition to 2nd Pass analytical reviews performed by third-party for the identification of potential overpayments. Review concepts are specific to Coordination of Benefit.
8. Subrogation – HCSC and third-party vendor performed proactive investigation for other party liability (OPL).

**Compensation Arrangements for Audit and Recovery Services performed by Vendors for Residual Overpayment Recovery on Claims Incurred Prior to Advanced Payment Review (APR) Implementation** – HCSC has contracted with audit vendors to provide claim overpayment identification and recovery-related audit services to HCSC and certain self-funded group customers who have contractually agreed to participate with HCSC in vendor audits.

1. OPTUM audit services are focused on the review of hospital patient account credit balances and recovery of claim overpayments. These claim overpayments are primarily caused by provider billing errors or because necessary information was not available at the time of claim processing. OPTUM is reimbursed for their services on a contingency fee basis. The contingency fee is based on the benefit received by the group. The group is subject to a total fee charged by HCSC that will not exceed 25% of the benefit the group received.
2. Trend Health Partners, LLC. provides audit services focused on review of hospital patient account credit balances and recovery of claim overpayments primarily caused by provider billing errors or because necessary information was not available at the time of claim processing. Trend Health Partners, LLC. is reimbursed for their services on a contingency fee basis. The contingency fee is based on the benefit received by the group. The group is subject to a total fee charged by HCSC that will not exceed 25% of the benefit the group received.
3. EXL Health Services performs complex post-payment claim audit and reviews, such as, but not limited to, DRG Validation, Clinical Validation, High-Cost Drugs, and Implant. Complex audits require obtaining and reviewing medical records, itemized bills, and physician orders to ensure accurate billing and coding of claims submitted. EXL Health Services is reimbursed for their services on a contingency fee basis. The contingency fee is based on the benefit received by the group. The group is subject to a total fee charged by HCSC that will not exceed 25% of the benefit the group received.
4. CERiS, a CorVel brand, performs complex post-payment claim audit and reviews, such as, but not limited to, DRG Validation, Clinical Validation, High-Cost Drugs, and Implant. Complex audits require obtaining and reviewing medical records, itemized bills, and physician orders to ensure accurate billing and coding of claims submitted. CERiS is reimbursed for their services on a contingency fee basis. The contingency fee is based on the benefit received by the group. The group is subject to a total fee charged by HCSC that will not exceed 25% of the benefit the group received.
5. Cotiviti Healthcare performs claim reviews via data mining for purposes of overpayment identification and recovery. Claim overpayments are primarily caused by provider billing errors or because necessary information was not available at the time of claim processing. Cotiviti Healthcare is reimbursed for their services on a contingency fee basis. HCSC receives compensation, the sum of the contingency fee and/or HCSC's administrative fee not to exceed 25% of the gross recovery amount for administration services.
6. HMS performs claim reviews via data mining for purposes of overpayment identification and recovery. Claim overpayments are primarily caused by provider billing errors or because necessary information was not available at the time of claim processing. HMS is paid on a contingency fee basis. HCSC receives compensation not to exceed 5% of the gross recovery amount for administration services.

\*\*\* Contingency fees are subject to change upon amending contracts.

**Financial Arrangements with Independent Review Organization Vendors** – HCSC has contracted with AllMed, Dane Street, Focus Health, MES, Medical Review Institute of America, and Prest, external independent review organizations, to provide external review services related to covered enrollees of self-funded groups. The services provided by the independent review organizations include peer reviews at the time of initial clinical review, peer reviews to support HCSC clinical appeals, and Independent External Reviews (IER) required by ACA for non-grandfathered self-funded group customer enrollees. HCSC and independent review organizations exchange supporting documents, exchange minimum necessary clinical and contract information, and output reports.



On behalf of the group customer, HCSC coordinates with the independent review organization by reviewing requests to ensure that the covered enrollee meets eligibility requirements, referring requests to one of the contracted peer review organizations, and by acting on the peer review recommendations, including reversing the Group Plan's determination if so indicated by the independent review organization. The specific independent review organization that is assigned to review a covered enrollee's request for an Independent External Review is selected based on a rotational schedule and the decision of the independent review organization is binding on the parties except to the extent other remedies are available under federal law.

When HCSC provides external review coordination services to the covered enrollees of a self-funded group customer for which HCSC does not have fiduciary responsibility, the fee charged to the Group Plan is set forth in the Group Plan agreements. The fee is charged per IER case and is a reasonable estimate of the cost, in total, for services provided. The estimated fee is prospectively determined based on the independent review organization contracted fees, an assumption regarding the fluctuation in the mix and utilization of services, and HCSC's administrative fees.

The difference between the actual costs and the estimated fees (positive or negative) for any group customer will vary depending on the services requested by the Group Plan's covered enrollees. HCSC will retain, or absorb, any difference between the actual cost and the charged fee as compensation for services provided. HCSC retains no more than 25% of the charged fee.

020045500 Shreveport Electrical Health &  
72-6033767

## Federal Statements

FYE: 3/31/2025

### Shreveport Electrical Health & Welfare Fund Plan: 501

#### Assets Held for Investment

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	EDWARD JONES INSURED	INVESTMENT CASH	\$ 46,041	\$ 46,041
	FEDERATED HERMES U.S	MONEY MARKET	31,102	31,102
	BMO BANK	CD-5.000% 4-17-25	237,000	237,064
	CHARLES SCHWAB BANK	CD-5.250% 5-15-25	237,000	237,237
	NORTHWEST BANK	CD-5.200% 5-29-25	237,000	237,289
	SAVERS CO-OPERATIVE	CD-5.100% 7-8-25	237,000	237,417
	FIRST FINANCIAL BANK	CD-4.400% 7-21-25	238,000	238,048
	PREMIER COMMUNITY BA	CD-4.500% 7-21-25	249,000	249,127
	TEXAS CAPITAL BANK	CD-4.700% 8-7-25	237,000	237,242
	EAST-WEST BANK	CD-4.150% 8-20-25	239,000	238,778
	FIRSTBANK PUERTO RIC	CD-4.950% 9-3-25	238,000	238,695
	BYLINE BANK	CD-4.250% 9-18-25	239,000	238,885
	FIRST NATIONAL BANK	CD-4.250% 9-18-25	249,000	248,881
	MINNWEST BANK	CD-4.250% 9-18-25	249,000	248,881
	BANK HAPOALIM	CD-5.050% 9-29-25	243,000	250,064
	FIRST NATIONAL BANK	CD-4.150% 11-6-25	239,000	238,790
	SANTANDER BANK	CD-4.300% 11-28-25	239,000	239,041
	AVAILA BANK	CD-5.000% 12-22-25	248,000	249,401
	MIDWEST BANK	CD-4.150% 12-26-25	249,000	248,833
	FFB BANK	CD-4.150% 1-15-26	249,000	248,920
	TRUXTON TRUST	CD-4.800% 1-20-26	248,000	249,247
	BARCLAYS BANK	CD-4.100% 2-27-26	244,000	243,549
	BANK OF AMERICA	CD-4.050% 3-2-26	244,000	243,900
	MIZUHO BANK	CD-4.100% 3-19-26	239,000	238,969
	FIRST FINANCIAL BANK	CD-4.150% 3-20-26	239,000	239,088
	PS BANK	CD-4.050% 3-20-26	239,000	238,859
	WELLS FARGO BANK	CD-4.150% 3-25-26	239,000	239,105
	COMMUNITY STATE BANK	CD-4.100% 3-27-26	239,000	238,998
	BNY MELLON	CD-4.750% 4-22-26	244,000	245,576
	LITTLE HORN STATE BA	CD-4.500% 4-27-26	244,000	245,015
	FIDELITY BANK	CD-4.050% 5-19-26	248,000	247,841
	BURLING BANK	CD-4.950% 6-18-26	243,000	245,379
	STAR BANK	CD-4.800% 6-29-26	243,000	245,063
	CITIZENS BANK	CD-4.500% 7-27-26	244,000	245,257
	MVB BANK	CD-3.900% 8-26-26	249,000	248,318
	MORTON COMMUNITY BAN	CD-4.000% 8-28-26	249,000	249,450
	FIRST FEDERAL BANK	CD-3.950% 9-4-26	249,000	248,482
	AMERICAN EXPRESS NAT	CD-3.850% 9-18-26	245,000	244,054
	CORNERSTONE COMMUNIT	CD-3.800% 10-23-26	249,000	247,882
	SECURITY FIRST BANK	CD-3.800% 10-23-26	245,000	243,875
	UBS BANK	CD-4.000% 11-6-26	249,000	248,631
	GOLDMAN SACHS BANK	CD-4.000% 11-19-26	244,000	243,629
	NORTH AMERICAN SAVIN	CD-4.050% 11-25-26	244,000	243,922
	MORGAN STANLEY BANK	CD-4.150% 1-22-27	244,000	244,242
	MORGAN STANLEY PRIVA	CD-4.150% 1-22-27	244,000	244,242
	PEOPLES BANK	CD-4.100% 1-28-27	244,000	244,034
	ALLY BANK	CD-4.100% 11-29-27	244,000	243,919
	SALLIE MAE BANK	CD-4.100% 12-20-27	244,000	243,949