

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [ ] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan CALIFORNIA PROFESSIONAL FIREFIGHTERS INSURANCE TRUST
1b Three-digit plan number (PN) 501
1c Effective date of plan 09/01/1967
2a Plan sponsor's name (employer, if for a single-employer plan) CALIFORNIA PROFESSIONAL FIREFIGHTER INSURANCE TRUST
2b Employer Identification Number (EIN) 95-6293393
2c Plan Sponsor's telephone number 559-500-2977
2d Business code (see instructions) 525100

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator and employer/plan sponsor.

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

Form 5500 (2024) v. 240311

<p><b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>LAUREN WEAVER PTW INSURANCE SERVICES</p> <p>PO BOX 27098 FRESNO, CA 93729</p>	<p><b>3b</b> Administrator's EIN 94-2279435</p> <p><b>3c</b> Administrator's telephone number 559-500-2977</p>																				
<p><b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:</p> <p><b>a</b> Sponsor's name</p> <p><b>c</b> Plan Name</p>	<p><b>4b</b> EIN</p> <p><b>4d</b> PN</p>																				
<p><b>5</b> Total number of participants at the beginning of the plan year</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>5</b></td> <td style="text-align: right;">6739</td> </tr> </table>	<b>5</b>	6739																		
<b>5</b>	6739																				
<p><b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b>, <b>6a(2)</b>, <b>6b</b>, <b>6c</b>, and <b>6d</b>).</p> <p><b>a(1)</b> Total number of active participants at the beginning of the plan year .....</p> <p><b>a(2)</b> Total number of active participants at the end of the plan year .....</p> <p><b>b</b> Retired or separated participants receiving benefits.....</p> <p><b>c</b> Other retired or separated participants entitled to future benefits .....</p> <p><b>d</b> Subtotal. Add lines <b>6a(2)</b>, <b>6b</b>, and <b>6c</b>.....</p> <p><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....</p> <p><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....</p> <p><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....</p> <p><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....</p> <p><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>6a(1)</b></td> <td style="text-align: right;">6327</td> </tr> <tr> <td style="width:10%; text-align: center;"><b>6a(2)</b></td> <td style="text-align: right;">6679</td> </tr> <tr> <td style="width:10%; text-align: center;"><b>6b</b></td> <td style="text-align: right;">360</td> </tr> <tr> <td style="width:10%; text-align: center;"><b>6c</b></td> <td></td> </tr> <tr> <td style="width:10%; text-align: center;"><b>6d</b></td> <td style="text-align: right;">7039</td> </tr> <tr> <td style="width:10%; text-align: center;"><b>6e</b></td> <td></td> </tr> <tr> <td style="width:10%; text-align: center;"><b>6f</b></td> <td></td> </tr> <tr> <td style="width:10%; text-align: center;"><b>6g(1)</b></td> <td></td> </tr> <tr> <td style="width:10%; text-align: center;"><b>6g(2)</b></td> <td></td> </tr> <tr> <td style="width:10%; text-align: center;"><b>6h</b></td> <td></td> </tr> </table>	<b>6a(1)</b>	6327	<b>6a(2)</b>	6679	<b>6b</b>	360	<b>6c</b>		<b>6d</b>	7039	<b>6e</b>		<b>6f</b>		<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	
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<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>																					
<p><b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>7</b></td> <td></td> </tr> </table>	<b>7</b>																			
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**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:  
4B 4D 4E 4F 4H 4L

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

<p><b>a Pension Schedules</b></p> <p>(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)</p>	<p><b>b General Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)</p> <p>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>  4  </u></p> <p>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)</p> <p>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)</p>
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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 **07/01/2024** and ending **06/30/2025**

<b>A</b> Name of plan <b>CALIFORNIA PROFESSIONAL FIREFIGHTERS INSURANCE TRUST</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>CALIFORNIA PROFESSIONAL FIREFIGHTER INSURANCE TRUST</b>	<b>D</b> Employer Identification Number (EIN) <b>95-6293393</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

**NATIONAL UNION FIRE INS CO OF PITTSBURGH PA**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>25-0687550</b>	<b>19445</b>	<b>PAI0009155685</b>	<b>852</b>	<b>07/01/2024</b>	<b>06/30/2025</b>

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

<b>(a)</b> Total amount of commissions paid <b>22749</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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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

**PTW INSURANCE SERVICES**

**1753 E FIR AVE  
FRESNO, CA 93720**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>22749</b>			<b>3</b>

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

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

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

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

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

<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** Balance at the end of the previous year ..... **7b**

**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
 (2) Dividends and credits..... **7c(2)**  
 (3) Interest credited during the year..... **7c(3)**  
 (4) Transferred from separate account ..... **7c(4)**  
 (5) Other (specify below)..... **7c(5)**  
 ▶

(6) Total additions ..... **7c(6)**

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d**

**e** Deductions:  
 (1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**  
 (2) Administration charge made by carrier..... **7e(2)**  
 (3) Transferred to separate account ..... **7e(3)**  
 (4) Other (specify below)..... **7e(4)**  
 ▶

(5) Total deductions ..... **7e(5)**

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

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

**8** Benefit and contract type (check all applicable boxes)

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

**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>	113745
<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. ▶

NUMBER OF PERSONS COVERED AT END OF POLICY OR CONTRACT YEAR

**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 **07/01/2024** and ending **06/30/2025**

<b>A</b> Name of plan <b>CALIFORNIA PROFESSIONAL FIREFIGHTERS INSURANCE TRUST</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>CALIFORNIA PROFESSIONAL FIREFIGHTER INSURANCE TRUST</b>		<b>D</b> Employer Identification Number (EIN) <b>95-6293393</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  
**RELIANCE STANDARD LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
36-0883760	68381	420371	96	07/01/2024	06/30/2025

**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>1350</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
--	--

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

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**GIS BENEFITS & INSURANCE SERVICES INC**  
**422 WAUPONSEE ST**  
**MORRIS, IL 60450**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
1350			3

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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**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** Balance at the end of the previous year ..... **7b**

**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
 (2) Dividends and credits..... **7c(2)**  
 (3) Interest credited during the year..... **7c(3)**  
 (4) Transferred from separate account ..... **7c(4)**  
 (5) Other (specify below)..... **7c(5)**  
 ▶

(6) Total additions ..... **7c(6)**

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d**

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**  
 (2) Administration charge made by carrier..... **7e(2)**  
 (3) Transferred to separate account ..... **7e(3)**  
 (4) Other (specify below)..... **7e(4)**  
 ▶

(5) Total deductions ..... **7e(5)**

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

<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>	67510
<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 **07/01/2024** and ending **06/30/2025**

<p><b>A</b> Name of plan <b>CALIFORNIA PROFESSIONAL FIREFIGHTERS INSURANCE TRUST</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>CALIFORNIA PROFESSIONAL FIREFIGHTER INSURANCE TRUST</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>95-6293393</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  
**RELIANCE STANDARD 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
36-0883760	68381	163474	325	07/01/2024	06/30/2025

**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>87986</b></p>	<p>(b) Total amount of fees paid <b>0</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  
**PTW INSURANCE SERVICES** **PO BOX 3947**  
**FRESNO, CA 93650**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
87986			3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	351945
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<b>A</b> Name of plan <b>CALIFORNIA PROFESSIONAL FIREFIGHTERS INSURANCE TRUST</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>CALIFORNIA PROFESSIONAL FIREFIGHTER INSURANCE TRUST</b>		<b>D</b> Employer Identification Number (EIN) <b>95-6293393</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

**RELIANCE STANDARD LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
36-0883760	68381	GL163480	3433	07/01/2024	06/30/2025

**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>22216</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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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

**PTW INSURANCE SERVICES**

**PO BOX 3947  
FRESNO, CA 93650**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>22216</b>			<b>3</b>

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

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

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

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

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

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

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

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

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

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

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

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

<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:

<b>a</b> 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>	
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶		
<b>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>	

**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>	88865
<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. ▶

<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 **07/01/2024** and ending **06/30/2025**

<b>A</b> Name of plan <b>CALIFORNIA PROFESSIONAL FIREFIGHTERS INSURANCE TRUST</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>CALIFORNIA PROFESSIONAL FIREFIGHTER INSURANCE TRUST</b>	<b>D</b> Employer Identification Number (EIN) <b>95-6293393</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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**(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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**(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)

PTW INSURANCE SERVICES

1753 E. FIR AVENUE  
FRESNO, CA 93720

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	538260	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)

HILLBERG & COMPANY CPAS

4600 NORTHGATE BLVD, SUITE 115  
SACRAMENTO, CA 95834

(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	30250	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)

PRIEN ASSOCIATES, INC

23151 PLAZA POINT DRIVE SUITE 180  
LAGUNA HILLS, CA 92653

(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	21300	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)

CHUBB P O BOX 382001  
PITTSBURGH, PA 15250-8001

(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?
23	NONE	16733	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)

HARRINGTON INVESTMENTS, INC. 1001 SECOND STREET, STE. 325  
NAPA, CA 94559

(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?
51	NONE	16208	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)

THE WAGNER LAW GROUP 125 HIGH STREET  
OLIVER STREET TOWER, 5TH FLOOR  
BOSTON, MA 02110

(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	15527	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)

CALIFORNIA PROFESSIONAL FIREFIGHTER

1780 CREEKSIDE OAKS DR STE 200  
SACRAMENTO, CA 95833

(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?
49	NONE	5400	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<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>07/01/2024</b> and ending <b>06/30/2025</b>	
<b>A</b> Name of plan <b>CALIFORNIA PROFESSIONAL FIREFIGHTERS INSURANCE TRUST</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>CALIFORNIA PROFESSIONAL FIREFIGHTER INSURANCE TRUST</b>	<b>D</b> Employer Identification Number (EIN) <b>95-6293393</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1459438
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	341128
<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>	180656
<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>	1422318
<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>	292362
<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>	403864

<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>	3578523	4099766
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	194455	169839
<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>	194455	169839
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	3384068	3929927

**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>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	1930685	
<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>		1930685
<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>		
<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>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	62504	
<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>	227881	
<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>	553476	
<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		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		2774546

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits .....	2e(2)	577119	
(3) Other.....	2e(3)	587750	
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		1164869
<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)		
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)	1063818	
(5) Investment advisory and investment management fees .....	2i(5)		
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		1063818
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		2228687

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		545859
<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: **HILLBERG&CO CPA**

(2) EIN: **94-2681814**

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

CALIFORNIA PROFESSIONAL FIREFIGHTERS  
INSURANCE TRUST

Financial Statements  
June 30, 2025 and 2024  
(With Independent Auditors' Report)

## Independent Auditors' Report

Board of Trustees  
California Professional Firefighters Insurance Trust

### Opinion

We have audited the accompanying financial statements of California Professional Firefighters Insurance Trust, 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 the statements of benefit obligations as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits and the statements of changes in benefit obligations for the years ended June 30, 2025 and 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and the benefit obligations of California Professional Firefighters Insurance Trust as of June 30, 2025 and 2024, and the changes in its net assets available for benefits and changes in benefit obligations for the years ended June 30, 2025 and 2024, 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. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of California Professional Firefighters Insurance Trust and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 California Professional Firefighters Insurance Trust's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

### **Auditors' Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with generally accepted auditing standards, we:

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

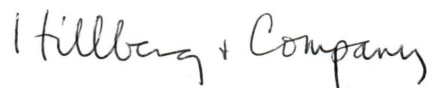
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

## Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of summary of net assets available for benefits by fund and schedules of assets (held at end of the year), together referred to as “supplementary information,” are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information. The schedules of assets (held at end of the year) are 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 generally accepted auditing standards.

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 Rule 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 Rule and Regulations for Reporting and Disclosure under ERISA.



Hillberg & Company  
Certified Public Accountants

November 24, 2025  
Sacramento, California

CALIFORNIA PROFESSIONAL FIREFIGHTERS  
INSURANCE TRUST

Statements of Net Assets Available for Benefits

June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets:		
Investments, at fair value:		
U.S. Government securities	\$ 341,128	264,080
Corporate bonds	180,656	0
Common stock	1,422,318	1,312,820
Mutual funds	292,362	307,297
Other investments	146,103	66,439
Investment in life settlement contracts	<u>257,761</u>	<u>250,092</u>
Total Investments	2,640,328	2,200,728
Cash and cash equivalents	<u>1,459,438</u>	<u>1,377,795</u>
Total Assets	<u>4,099,766</u>	<u>3,578,523</u>
Liabilities:		
Accounts payable	<u>169,839</u>	<u>194,455</u>
Total Liabilities	<u>169,839</u>	<u>194,455</u>
Net Assets Available for Benefits	<u>\$ 3,929,927</u>	<u>3,384,068</u>

The accompanying notes are an integral part of the financial statements.

CALIFORNIA PROFESSIONAL FIREFIGHTERS  
INSURANCE TRUST

Statements of Benefit Obligations

June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Amounts Currently Payable:		
Claims incurred but not reported	\$ <u>147,272</u>	<u>138,584</u>
Total obligations	<u>147,272</u>	<u>138,584</u>
Benefit Obligations:		
Current beneficiaries	<u>121,893</u>	<u>196,139</u>
Total benefit obligations	<u>121,893</u>	<u>196,139</u>
Plans total benefit obligations	<u>\$ 269,165</u>	<u>334,723</u>

The accompanying notes are an integral part of the financial statements.

CALIFORNIA PROFESSIONAL FIREFIGHTERS  
INSURANCE TRUST

Statements of Changes in Net Assets Available for Benefits

For the Years Ended June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions:		
Premium Contributions:		
Dental, vision, life and AD&D coverage	\$ 1,666,848	1,883,136
Administrative fees	<u>263,837</u>	<u>155,854</u>
Total Premium Contributions	<u>1,930,685</u>	<u>2,038,990</u>
Investment Income:		
Interest and dividend income	62,504	30,094
Net realized and unrealized gain (loss)	<u>781,357</u>	<u>512,854</u>
Total Investment Income	<u>843,861</u>	<u>542,948</u>
Total Additions	<u>2,774,546</u>	<u>2,581,938</u>
Deductions:		
Premiums paid to insurance carriers	577,119	1,052,836
Administrative expenses	1,063,818	631,331
Disability benefits paid	<u>587,750</u>	<u>642,695</u>
Total Deductions	<u>2,228,687</u>	<u>2,326,862</u>
Net Increase (Decrease)	545,859	255,076
Net Assets Available for Benefits:		
Beginning of year	<u>3,384,068</u>	<u>3,128,992</u>
End of year	<u>\$ 3,929,927</u>	<u>3,384,068</u>

The accompanying notes are an integral part of the financial statements.

CALIFORNIA PROFESSIONAL FIREFIGHTERS  
INSURANCE TRUST

Statements of Changes in Benefit Obligations

For the Years Ended June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Amounts Currently Payable to or for Participants:		
Balance at beginning of year	\$ -0-	0
Claims reported and approved for payment	250,092	268,781
Claims paid	<u>(250,092)</u>	<u>(268,781)</u>
Balance at end of year	<u>-0-</u>	<u>0</u>
Other Obligations for Current Benefit Coverage, at Present Value of Estimated Amounts:		
Balance at beginning of year	334,723	406,562
Change in accumulated eligibility credits	<u>(65,558)</u>	<u>(71,839)</u>
Total obligations	<u>\$ 269,165</u>	<u>334,723</u>

The accompanying notes are an integral part of the financial statements.

CALIFORNIA PROFESSIONAL FIREFIGHTERS  
INSURANCE TRUST

Notes to Financial Statements

June 30, 2025 and 2024

(1) DESCRIPTION OF PLAN:

The following description of the California Professional Firefighters Insurance Trust (“Trust”) is provided for general information purposes only. Participants should refer to the trust agreement and summary plan description for a more complete description of the Trust’s provisions. This information is available from the administrator.

a) General

The Trust was formed by an agreement and declaration of trust dated April 15, 1971, as amended at various times, between the California Professional Firefighters, Inc. (“Sponsor”) and a board of duly elected trustees (“Board”). The purpose of the Trust is to provide a comprehensive group benefit program for participants and their beneficiaries. The Trust is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”) as amended.

b) Administration

The Board has appointed PTW Insurance Services as its exclusive administrator/broker of record for all insurance programs. In connection with the appointment, the Board has delegated premium collection and payment functions to PTW Insurance Services. As PTW Insurance Services is the recognized agent for the insurance carriers providing coverage for the Trust, premiums collected by these organizations have been treated as simultaneously paid to the insurance carrier in the accompanying financial statements.

CALIFORNIA PROFESSIONAL FIREFIGHTERS  
INSURANCE TRUST

Notes to Financial Statements

June 30, 2025 and 2024

(1) DESCRIPTION OF PLAN: (Continued)

c) Benefits and Coverage

In-the-Line-of-Duty CPF Accidental Death Benefit: CAL Fire account members in good standing are provided with a \$4,000 death benefit for any death resulting from an accident while performing duties as a firefighter. And \$2,000 for non-accidental death. If the death is not accidental, the benefit is limited to \$2,000.

The Trust provides insurance coverage on a contributory basis as follows:

Disability: The California Professional Firefighters Insurance Trust self-funds salary continuation benefits for participants who experience occupational or non-occupational covered disabilities. If a firefighter's income falls below their base income due to disability, they are eligible for support through the Trust. The Trust is responsible for the first 24 months of benefits.

Voluntary Group Term Life Insurance: The Trust provides participants with voluntary term life policies to insure themselves, their spouses, and their children at reasonable group rates through Reliance Standard Life Insurance Company.

Individual Life Insurance: The Trust provides participants with the opportunity to purchase individual life insurance policies to insure themselves, their spouses, and their children at reasonable rates through various insurance companies.

Personal Accident Plan: The Trust provides participants with an accidental death and dismemberment policy that provides protection on or off duty through AIG Insurance Company.

Dental: The Trust provides participants with a dental coverage policy that provides insurance coverage at reasonable group rates to the participants, their spouses, and their children.

d) Contributions

Contributions are made by participants based on the types of coverage selected.

e) Termination

Although it has not expressed any intention to do so, the Sponsor has the right under the Plan to modify the benefits provided to participants, to discontinue its contributions at any time, and to terminate the plan and related Trust subject to the provisions set forth in ERISA. In the event of Plan termination, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations.

CALIFORNIA PROFESSIONAL FIREFIGHTERS  
INSURANCE TRUST

Notes to Financial Statements

June 30, 2025 and 2024

(2) ACCOUNTING POLICIES:

a) Basis of Accounting

The financial statements of the Plan are prepared in accordance with accounting principles generally accepted in the United States of America using the accrual basis of accounting.

b) Use of Estimates

The preparation of financial statements in conformity 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, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

c) Subsequent Events

Management has evaluated subsequent events for the Plan through November 24, 2025, the date the financial statements were available to be issued.

d) Cash and Cash Equivalents

The Trust considers all cash accounts and all highly liquid investments purchased with an original maturity of three months or less as cash and cash equivalents on the accompanying statement of net assets available for benefits. The Trust maintains balances at various financial institutions which are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 for the years ended June 30, 2025 and 2024, respectively, per financial institution. Bank statement balances in excess of the FDIC insured amounts represent a credit risk. The Trust had uninsured cash balances at June 30, 2025 and 2024 of \$586,120 and \$376,591, respectively. During the year ended June 30, 2025, the trust held sweep accounts that transferred any monies exceeding the FDIC insured limits into additional separate accounts. The Trust also maintains certain cash in money market accounts with Charles Schwab which is not FDIC insured. The Charles Schwab cash balances were \$277,594 and \$211,263 at June 30, 2025 and 2024, respectively.

CALIFORNIA PROFESSIONAL FIREFIGHTERS  
INSURANCE TRUST

Notes to Financial Statements

June 30, 2025 and 2024

(2) ACCOUNTING POLICIES: (Continued)

e) Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Securities traded on the national securities exchange are valued at the last reported sales price on the last business day of the plan year. Investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the last reported bid and ask prices. Cash, money market funds, certificates of deposit, and U.S. Treasury notes are generally valued at face value, which approximates market value. All certificates of deposit with an original term of more than three months have been treated as investments. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net investment gain (loss) includes the plan's gains and losses on investments bought and sold as well as held during the year.

f) Life Settlement Contracts

The Trust has invested in various fractional interests in life settlement contracts. A life settlement contract is a contract between the owner of the life insurance policy (the policy owner) and a third-party investor (investor) and has the following characteristics:

- 1) The investor does not have an insurable interest (an interest in the survival of the insured, which is required to support the issuance of an insurance policy).
- 2) The investor provides consideration to the policy owner of an amount in excess of the current cash surrender value of the life insurance policy.
- 3) After the purchase of the policy by the investor, the investor is responsible for premium payments.
- 4) The contract pays the face value of the life insurance policy to an investor upon death of the insured.

The Trust has elected to account for these investments at their appraised values as of June 30, 2025 and 2024. The Trust recognizes investment gain on the difference between the carrying amount of a life settlement contract and the life insurance proceeds of the underlying life insurance policy upon death of the insured.

g) Benefit Obligation

Benefit obligations are those future periodic payments, including lump-sum distributions that are attributable to disabled participants as of June 30, 2025 and 2024 that are eligible under the CPFIT Union Ltd Plan. Benefit obligations are presented at present value based on actuarial studies performed during the fiscal year.

CALIFORNIA PROFESSIONAL FIREFIGHTERS  
INSURANCE TRUST

Notes to Financial Statements

June 30, 2025 and 2024

(2) ACCOUNTING POLICIES: (Continued)

h) Payment of Benefits

Benefit payments to participants are recorded upon distribution.

i) Contracts with Insurance Company

The Plan maintains insurance contracts with various companies for group term life insurance, disability insurance, dental insurance and accidental death and dismemberment insurance. The Plan excludes purchased insurance contracts from net assets available for benefits.

j) Fair Value of Financial Instruments

Unless otherwise indicated, the fair value of all reported assets and liabilities that represent financial instruments (none of which are held for trading purposes) approximates the carrying values of such amounts.

k) Claims Incurred but not Reported

Plan obligations at June 30 for claims incurred but not reported are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claims data provided by the Trust. These amounts are paid by the Plan only if claims are submitted and approved for payment.

(3) FAIR VALUE MEASUREMENTS:

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit. 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 value. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

CALIFORNIA PROFESSIONAL FIREFIGHTERS  
INSURANCE TRUST

Notes to Financial Statements

June 30, 2025 and 2024

(3) FAIR VALUE MEASUREMENTS: (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value measurements as of June 30, 2025 and 2024.

Fair Value Measurements as of June 30, 2025

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
U.S. Government securities	\$ -0-	341,128	-0-	341,128
Corporate bonds	-0-	180,656	-0-	180,656
Common stock	1,422,318	-0-	-0-	1,422,318
Mutual Fund Accounts	292,362	-0-	-0-	292,362
Other investments	-0-	146,103	-0-	146,103
Life settlement contracts	<u>-0-</u>	<u>-0-</u>	<u>257,761</u>	<u>257,761</u>
 Total Assets at Fair Value	 <u>\$1,714,680</u>	 <u>667,887</u>	 <u>257,761</u>	 <u>2,640,328</u>

Fair Value Measurements as of June 30, 2024

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
U.S. Government securities	\$ -0-	264,080	-0-	264,080
Common stock	1,312,820	-0-	-0-	1,312,820
Mutual Fund Accounts	307,297	-0-	-0-	307,297
Other investments	-0-	66,439	-0-	66,439
Life settlement contracts	<u>-0-</u>	<u>-0-</u>	<u>250,092</u>	<u>250,092</u>
 Total Assets at Fair Value	 <u>\$1,620,117</u>	 <u>330,519</u>	 <u>250,092</u>	 <u>2,200,728</u>

CALIFORNIA PROFESSIONAL FIREFIGHTERS  
INSURANCE TRUST

Notes to Financial Statements

June 30, 2025 and 2024

(3) FAIR VALUE MEASUREMENTS: (Continued)

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

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include: <ul style="list-style-type: none"><li>• Quoted prices for similar assets or liabilities in active markets;</li><li>• Quoted prices for identical or similar assets or liabilities in inactive markets;</li><li>• Inputs other than quoted prices that are observable for the asset or liability;</li><li>• Inputs that are derived principally from or corroborated by observable market data by correlation or other means.</li></ul> <p>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.</p>
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.

CALIFORNIA PROFESSIONAL FIREFIGHTERS  
INSURANCE TRUST

Notes to Financial Statements

June 30, 2025 and 2024

(3) FAIR VALUE MEASUREMENTS: (Continued)

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 June 30, 2025 and 2024.

Level 1 Fair Value Measurements

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

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Level 2 Fair Value Measurements

U.S. government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Other investments: Valued using pricing models maximizing of the use of observable inputs for similar securities.

Level 3 Fair Value Measurements

In past years the Trust purchased life settlement contracts from Life Partners Inc.

With the December 9, 2016 Plan of Reorganization for Life Partners Inc., the life insurance contracts held by California Professional Firefighters Insurance Trust (CPFIT) were split into two investment pools.

Some policies are still held by CPFIT and some were contributed to a Pooled Investment Trust set up during the reorganization. As of June 30, 2025, 10 policies remain in the portfolio.

CALIFORNIA PROFESSIONAL FIREFIGHTERS  
INSURANCE TRUST

Notes to Financial Statements

June 30, 2025 and 2024

(3) FAIR VALUE MEASUREMENTS: (Continued)

The policies still held by CPFIT are serviced by NorthStar Client Services, LLC. Life settlement contracts are not actively traded and significant other observable inputs are not available.

The life contracts in the Pooled Investment Trust at June 30, 2021 were valued based on their December 31, 2022 annual audited financial statements. Their auditor was Plante & Moran, PLLC of Auburn Hills, Michigan. The audit valued the 1,226,958,714 units of the trust at \$.21425 per unit. There are 6,497 holders of policies in the pool. CPFIT holds 1,450,888 units.

The audited financial statements state the following on valuation:

“The Trust currently uses a probabilistic method of valuing life insurance policies, which the Trust believes to be the preferred valuation method in its industry. They calculate the asset fair value using a present value technique to estimate the fair value of the projected future cash flows. The most significant assumption in estimating the fair value is the Trust’s estimate of the insured longevity, anticipated future premium obligations and the discount rate”.

Life settlement contracts are not actively traded and significant other observable inputs are not available. The life contracts in the investment portfolio of CPFIT have been valued at the similar discounted value from the last audited financial statements of the Pooled Investment Trust prior to the final distribution to all unite holders on September 15, 2022.

CALIFORNIA PROFESSIONAL FIREFIGHTERS  
INSURANCE TRUST

Notes to Financial Statements

June 30, 2025 and 2024

(3) FAIR VALUE MEASUREMENTS: (Continued)

Fair Value Measurements Using Significant Unobservable Inputs

	<u>2025</u>	<u>2024</u>
Balance, beginning of the year	\$ 250,092	268,780
Investment income (loss)	-0-	-0-
Unrealized gain (loss)	(1,799)	4,384
Premium investments	29,302	25,216
Cost of matured policies	<u>(19,834)</u>	<u>(48,288)</u>
Balance, end of year	<u>\$ 257,761</u>	<u>250,092</u>

CALIFORNIA PROFESSIONAL FIREFIGHTERS  
INSURANCE TRUST

Notes to Financial Statements

June 30, 2025 and 2024

(4) INVESTMENTS:

Investment activity during the years ended June 30, 2025 and 2024 consisted of the following:

	<u>2025</u>	<u>2024</u>
Investments at quoted market value – beginning of year	\$ 1,950,636	1,959,463
Additions, deposit, withdrawals, fees and transfers of investments	<u>166,875</u>	<u>(264,112)</u>
	<u>2,117,512</u>	<u>1,695,351</u>

Return on investments designated by the Board for reinvestments, for the years ended June 30, 2025 and 2024 were \$ 16,651 and \$ 14,743, respectively:

Interest and dividends	37,174	30,095
Net realized and unrealized gain (loss)	<u>227,881</u>	<u>225,191</u>
Total Return on Investments	<u>265,055</u>	<u>255,286</u>
Investments at quoted market value – end of year	<u>\$ 2,382,567</u>	<u>1,950,636</u>

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ended June 30, 2025 and 2024 are reported in net appreciation in fair value of investments.

CALIFORNIA PROFESSIONAL FIREFIGHTERS  
INSURANCE TRUST

Notes to Financial Statements

June 30, 2025 and 2024

(5) TAX STATUS:

The Trust established under the plan to hold the plan's net assets is qualified pursuant to Section 501(c)(5) of the Internal Revenue Code, and accordingly, the Trust's net investment income is exempt from income taxes. The Sponsor has requested a favorable tax determination letter from the Internal Revenue Service and the Sponsor believes that the Trust continues to qualify and to operate as designed.

(6) RISKS AND UNCERTAINTIES:

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

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates and participant 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 could be material to the financial statements.

(7) RELATED-PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS:

The Plan pays PTW Insurance Services, administrator, fees to administer the Plan, process disability claims and provide bookkeeping services. As described in Notes 1 and 8, the Plan has several arrangements with service providers. These transactions are party in interest transactions under ERISA.

CALIFORNIA PROFESSIONAL FIREFIGHTERS  
INSURANCE TRUST

Notes to Financial Statements

June 30, 2025 and 2024

(8) ADMINISTRATIVE EXPENSES:

The Plan pays administrative expenses that consist primarily of administrative fees paid to the broker/administrator, investment manager, attorney and auditor. These expenses are reported on the statement of changes in net assets available for benefits as administrative expenses.

CALIFORNIA PROFESSIONAL FIREFIGHTERS  
INSURANCE TRUST

EIN 95-6293393, Plan 501

Summary of Net Assets Available for Benefits by Fund

June 30, 2025

	Public Employee Insurance Programs	Non-Public Employee Insurance Programs	CPFIT Union LTD Plan	Rate Stabilization and Administration	Total
<b>ASSETS:</b>					
Cash and investments at fair value \$	315,959	517,009	2,203,601	805,436	3,842,005
Investment in life settlement contracts	-0-	-0-	257,761	-0-	257,761
Total Assets	315,959	517,009	2,461,362	805,436	4,099,766
<b>LIABILITIES:</b>					
Accounts payable	-0-	169,839	-0-	-0-	169,839
Total Other Liabilities	-0-	169,839	-0-	-0-	169,839
Net Assets Available for Benefits	\$ 315,959	347,170	2,461,362	805,436	3,929,927

CALIFORNIA PROFESSIONAL FIREFIGHTERS  
INSURANCE TRUST

EIN 95-6293393, Plan 501

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

June 30, 2025

a. b. Identity of issue, borrower, lessor or similar party c.	Description of investment including maturity date, rate of interest, collateral, par or maturity value	d.	Cost	e. Current Value
AIR PROD & CHEMICALS	Common Stock	\$	11,692	11,564
AMALGAMATED FINL CORP	Common Stock		25,411	46,800
AMAZON COM INC	Common Stock		17,428	37,296
AMGEN INC	Common Stock		14,016	20,941
ASML HOLDING NV	Common Stock		10,643	12,021
ALPHABET INC CLASS A	Common Stock		21,764	48,111
ALPHABET INC CLASS C	Common Stock		3,887	5,854
APPLE INC	Common Stock		20,178	61,551
BANK HAWAII CORP	Common Stock		19,404	17,558
CHARLES SCHWAB CORP	Common Stock		6,902	20,529
CHURCH & DWIGHT INC	Common Stock		8,006	17,876
COSTCO WHOLESALE CORP	Common Stock		14,862	41,577
CANADIAN NATL RAILWY	Common Stock		3,994	3,433
CONSOLIDATED EDISON	Common Stock		13,436	23,582
DARLING INGREDIENTS	Common Stock		1,149	683
DEERE & COMPANY	Common Stock		32,724	47,290
EBAY INC.	Common Stock		16,485	31,646
EMERSON ELECTRIC CO	Common Stock		3,027	4,933
ECOLAB INC	Common Stock		7,690	26,136
FIRST SOLAR INC	Common Stock		3,724	3,476
GILEAD SCIENCES INC	Common Stock		14,992	19,957
GRAHAM HOLDINGS CO	Common Stock		23,163	34,062
HOLOGIC INC	Common Stock		12,957	15,638
HONDA MOTOR CO	Common Stock		7,054	7,208
HA Sustainable Infra Cap	Common Stock		11,189	6,581
ILLINOIS TOOL WORKS	Common Stock		9,089	28,928
INTEL CORP	Common Stock		10,451	10,080
INTUIT INC	Common Stock		35,891	67,736
INTUITIVE SURGICAL INC	Common Stock		12,738	35,865
JOHNSON CONTROLS INTERNATIONAL	Common Stock		12,056	17,427
KONINKLIJKE PHILIPS	Common Stock		3,536	4,292
MICROSOFT CORP	Common Stock		24,379	99,482
MARSH & MC LENNAN CO	Common Stock		17,884	46,352
MEDTRONIC PLC	Common Stock		19,483	21,792
NOVO-NORDISK	Common Stock		12,976	10,353
NETFLIX INC	Common Stock		16,249	105,791
ORACLE CORPORATION	Common Stock		24,844	94,011
ORMAT TECHNOLOGIES	Common Stock		18,255	28,478
PROCTER & GAMBLE	Common Stock		8,534	19,118
QUALCOMM INC	Common Stock		25,638	33,445

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CALIFORNIA PROFESSIONAL FIREFIGHTERS  
INSURANCE TRUST

EIN 95-6293393, Plan 501

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

June 30, 2025

a. b. Identity of issue, borrower, lessor or similar party c.	Description of investment including maturity date, rate of interest, collateral, par or maturity value	d.	Cost	e. Current Value
STRYKER CORP	Common Stock	\$	4,439	5,934
SYSCO CORP	Common Stock		18,803	18,178
STARBUCKS CORP	Common Stock		7,745	18,784
SHOPIFY INC	Common Stock		10,727	11,535
THERMO FISHER SCNTFC	Common Stock		16,479	23,111
TARGET CORP	Common Stock		13,484	7,892
TJX COMPANIES INC	Common Stock		8,430	29,144
TREX CO INC	Common Stock		20,148	10,876
VERIZON COMMUNICATIONS	Common Stock		22,469	21,635
VEEVA SYSTEMS INC	Common Stock		24,718	31,678
VESTAS WIND SYS	Common Stock		7,882	4,323
WW GRAINGER	Common Stock		17,688	37,449
XYLEM INC	Common Stock		3,672	4,528
ZOOM VIDEO COMMUNICATION	Common Stock		9,035	7,798
DIGITAL REALTY TRUST	Real Estate Investment Trusts		1,279	2,266
HEALTHPEAK PROPERTIES INC	Real Estate Investment Trusts		25,908	18,035
PROLOGIS INC	Real Estate Investment Trusts		9,541	16,084
ADOBE INC	Corporate Bonds 2.30% 2/1/2030		26,650	27,642
BOOKING HIGDS INC	Corporate Bonds 4.625% 4/13/2030		29,932	30,338
COMCAST CORP NEW NOTE CALL MAKE WHOLE	Corporate Bonds 4.55% 1/15/2029		35,056	35,344
PACCAR FINL CORP.	Corporate Bonds 4.60% 1/31/2029		40,310	40,539
UNIVERSITY CHICAGO SER 2024C BOND	Corporate Bonds 4.947% 4/1/2029		46,071	46,793
US TRESURY BILL	U.S. Govt. Sec. 0% 7/8/2025		29,640	29,976
US TRESURY CPN	U.S. Govt. Sec. 0% 7/22/2025		39,475	39,903
US TRESURY ZERO CPN	U.S. Govt. Sec. 0% 8/14/2025		39,375	39,789
US TRESURY BILL	U.S. Govt. Sec. 9/18/2025		39,226	39,630
US TRESURY NOTE	U.S. Govt. Sec. 2.375% 4/30/2026		19,612	19,721
US TRESURY NOTE	U.S. Govt. Sec. 4.00% 1/15/2027		20,210	20,048
US TRESURY NOTE	U.S. Govt. Sec. 4.625% 2/28/2026		40,184	40,109
US TRESURY NOTE	U.S. Govt. Sec. 4.25% 1/15/2028		25,125	25,325
US TRESURY NOTE	U.S. Govt. Sec. 4.375% 8/31/2028		45,468	45,886
US TRESURY NOTE	U.S. Govt. Sec. 4.375% 11/30/2028		9,982	10,209
US TRESURY NOTE	U.S. Govt. Sec.		30,152	30,532
FHLB	Agency Bonds 4.75% 9/4/2027		40,554	40,618
FHLB	Agency Bonds 4.38% 3/8/2030		30,368	30,691
CCM COMMUNITY IMPACT BOND FUND	Mutual Funds Bonds		155,299	136,940
VANGUARD INFLATION-PROTECTED SECS	Mutual Funds Bonds		172,184	155,422
SPDR GOLD SHARES	Exchange-Traded Fund		20,958	38,409
NORTHSTAR CLIENT SERVICES	Life Settlement Contracts		318,223	257,761

CALIFORNIA PROFESSIONAL FIREFIGHTERS  
INSURANCE TRUST

EIN 95-6293393, Plan 501

Summary of Net Assets Available for Benefits by Fund

June 30, 2024

	<u>Public Employee Insurance Programs</u>	<u>Non-Public Employee Insurance Programs</u>	<u>CPFIT Union LTD Plan</u>	<u>Rate Stabilization and Administration</u>	<u>Total</u>
<b>ASSETS:</b>					
Cash and investments at fair value \$	284,642	518,510	1,823,529	701,750	3,328,431
Investment in life settlement contracts	<u>-0-</u>	<u>-0-</u>	<u>250,092</u>	<u>-0-</u>	<u>250,092</u>
<b>Total Assets</b>	<u>284,642</u>	<u>518,510</u>	<u>2,073,621</u>	<u>701,750</u>	<u>3,578,523</u>
 <b>LIABILITIES:</b>					
Accounts payable	<u>-0-</u>	<u>194,455</u>	<u>-0-</u>	<u>-0-</u>	<u>194,455</u>
<b>Total Other Liabilities</b>	<u>-0-</u>	<u>194,455</u>	<u>-0-</u>	<u>-0-</u>	<u>194,455</u>
 Net Assets Available for Benefits	 <u>\$ 284,642</u>	 <u>324,055</u>	 <u>2,073,621</u>	 <u>701,750</u>	 <u>3,384,068</u>

CALIFORNIA PROFESSIONAL FIREFIGHTERS  
INSURANCE TRUST

EIN 95-6293393, Plan 501

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

June 30, 2024

a. b. Identity of issue, borrower, lessor or similar party c.	Description of investment including maturity date, rate of interest, collateral, par or maturity value	d.	Cost	e. Current Value
AIR PROD & CHEMICALS	Common Stock	\$	11,692	10,580
AMALGAMATED FINL CORP	Common Stock		25,411	41,100
AMAZON COM INC	Common Stock		17,428	32,852
AMGEN INC	Common Stock		14,016	23,434
AVANGRID INC	Common Stock		3,448	3,020
APPLE INC	Common Stock		20,178	63,186
ALPHABET INC CLASS A	Common Stock		21,764	49,727
ALPHABET INC CLASS C	Common Stock		3,887	6,053
BANK HAWAII CORP	Common Stock		19,404	14,875
CHARLES SCHWAB CORP	Common Stock		6,902	16,580
CHURCH & DWIGHT INC	Common Stock		11,202	29,652
COSTCO WHOLESALE CORP	Common Stock		19,321	48,449
CANADIAN NATL RAILWY	Common Stock		3,994	3,898
CONSOLIDATED EDISON	Common Stock		13,436	21,014
DARLING INGREDIENTS	Common Stock		1,149	662
DEERE & COMPANY	Common Stock		32,724	34,748
ECOLAB INC	Common Stock		7,690	23,086
EBAY INC.	Common Stock		16,485	22,831
EMERSON ELECTRIC CO	Common Stock		3,027	4,076
FIRST SOLAR INC	Common Stock		3,724	4,735
GILEAD SCIENCES INC	Common Stock		14,992	12,350
GRAHAM HOLDINGS CO	Common Stock		26,626	29,381
HA Sustainable Infra Cap	Common Stock		11,590	7,252
HOLOGIC INC	Common Stock		12,957	17,820
HONDA MOTOR CO	Common Stock		7,054	8,060
ILLINOIS TOOL WORKS	Common Stock		9,089	27,724
INTEL CORP	Common Stock		10,451	13,936
INTUIT INC	Common Stock		35,891	56,520
INTUITIVE SURGICAL INC	Common Stock		16,649	38,257
JOHNSON CONTROLS INTERNATIONAL	Common Stock		4,097	4,321
KONINKLIJKE PHILIPS	Common Stock		3,376	4,334
MARSH & MC LENNAN CO	Common Stock		17,884	44,673
MEDTRONIC PLC	Common Stock		19,483	19,678
MICROSOFT CORP	Common Stock		24,379	89,390
NOVO-NORDISK	Common Stock		4,224	7,137
NETFLIX INC	Common Stock		29,853	82,335
ORACLE CORPORATION	Common Stock		24,844	60,716
ORMAT TECHNOLOGIES	Common Stock		18,255	24,378

CALIFORNIA PROFESSIONAL FIREFIGHTERS  
INSURANCE TRUST

EIN 95-6293393, Plan 501

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

June 30, 2024

a. b. <u>Identity of issue, borrower, lessor or similar party</u> c.	Description of investment including maturity date, rate of interest, collateral, par or maturity value	d.	Cost	e. Current Value
PROCTER & GAMBLE	Common Stock	\$	8,534	19,790
QUALCOMM INC	Common Stock		25,638	41,828
STRYKER CORP	Common Stock		4,439	5,104
STARBUCKS CORP	Common Stock		7,745	15,959
SYSCO CORP	Common Stock		18,803	17,134
THERMO FISHER SCNTFC	Common Stock		16,479	31,521
TARGET CORP	Common Stock		13,484	11,843
TJX COMPANIES INC	Common Stock		8,430	25,984
TREX CO INC	Common Stock		30,221	22,236
VEEVA SYSTEMS INC	Common Stock		32,314	25,621
VESTAS WIND SYS	Common Stock		7,882	6,658
VERIZON COMMUNICATIONS	Common Stock		22,469	20,620
WW GRAINGER	Common Stock		30,165	55,037
XYLEM INC	Common Stock		3,672	4,747
ZOOM VIDEO COMMUNICATION	Common Stock		9,035	5,919
DIGITAL REALTY TRUST	Real Estate Investment Trusts		1,279	1,977
HEALTHPEAK PROPERTIES INC	Real Estate Investment Trusts		26,098	20,188
PROLOGIS INC	Real Estate Investment Trusts		9,541	17,183
US TREASURY NOTE	U.S. Govt. Sec. 3.00% 6/30/2024		48,950	50,000
US TREASURY NOTE	U.S. Govt. Sec. 4.63% 6/30/2025		39,730	39,806
US TREASURY NOTE	U.S. Govt. Sec. 4.25% 12/31/2024		74,508	74,602
US TREASURY NOTE	U.S. Govt. Sec. 4.50% 11/30/2024		99,531	99,672
CCM COMMUNITY IMPACT BOND FUND	Mutual Funds Bonds		154,425	132,917
PARNASSUS FIXED INCOME	Mutual Funds Bonds		32,513	27,370
VANGUARD INFLATION-PROTECTED SECS	Mutual Funds Bonds		166,148	147,010
SPDR GOLD SHARES	Exchange-Traded Fund		20,958	27,091
NORTHSTAR CLIENT SERVICES	Life Settlement Contracts		308,755	250,092

CALIFORNIA PROFESSIONAL FIREFIGHTERS  
INSURANCE TRUST

EIN 95-6293393, Plan 501

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

June 30, 2025

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ALPHABET INC CLASS C	Common Stock		3,887	5,854
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CHARLES SCHWAB CORP	Common Stock		6,902	20,529
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CONSOLIDATED EDISON	Common Stock		13,436	23,582
DARLING INGREDIENTS	Common Stock		1,149	683
DEERE & COMPANY	Common Stock		32,724	47,290
EBAY INC.	Common Stock		16,485	31,646
EMERSON ELECTRIC CO	Common Stock		3,027	4,933
ECOLAB INC	Common Stock		7,690	26,136
FIRST SOLAR INC	Common Stock		3,724	3,476
GILEAD SCIENCES INC	Common Stock		14,992	19,957
GRAHAM HOLDINGS CO	Common Stock		23,163	34,062
HOLOGIC INC	Common Stock		12,957	15,638
HONDA MOTOR CO	Common Stock		7,054	7,208
HA Sustainable Infra Cap	Common Stock		11,189	6,581
ILLINOIS TOOL WORKS	Common Stock		9,089	28,928
INTEL CORP	Common Stock		10,451	10,080
INTUIT INC	Common Stock		35,891	67,736
INTUITIVE SURGICAL INC	Common Stock		12,738	35,865
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NOVO-NORDISK	Common Stock		12,976	10,353
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ORMAT TECHNOLOGIES	Common Stock		18,255	28,478
PROCTER & GAMBLE	Common Stock		8,534	19,118
QUALCOMM INC	Common Stock		25,638	33,445

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CALIFORNIA PROFESSIONAL FIREFIGHTERS  
INSURANCE TRUST

EIN 95-6293393, Plan 501

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

June 30, 2025

a. b. Identity of issue, borrower, lessor or similar party c.	Description of investment including maturity date, rate of interest, collateral, par or maturity value	d.	Cost	e. Current Value
STRYKER CORP	Common Stock	\$	4,439	5,934
SYSCO CORP	Common Stock		18,803	18,178
STARBUCKS CORP	Common Stock		7,745	18,784
SHOPIFY INC	Common Stock		10,727	11,535
THERMO FISHER SCNTFC	Common Stock		16,479	23,111
TARGET CORP	Common Stock		13,484	7,892
TJX COMPANIES INC	Common Stock		8,430	29,144
TREX CO INC	Common Stock		20,148	10,876
VERIZON COMMUNICATIONS	Common Stock		22,469	21,635
VEEVA SYSTEMS INC	Common Stock		24,718	31,678
VESTAS WIND SYS	Common Stock		7,882	4,323
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XYLEM INC	Common Stock		3,672	4,528
ZOOM VIDEO COMMUNICATION	Common Stock		9,035	7,798
DIGITAL REALTY TRUST	Real Estate Investment Trusts		1,279	2,266
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PROLOGIS INC	Real Estate Investment Trusts		9,541	16,084
ADOBE INC	Corporate Bonds 2.30% 2/1/2030		26,650	27,642
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US TRESURY CPN	U.S. Govt. Sec. 0% 7/22/2025		39,475	39,903
US TRESURY ZERO CPN	U.S. Govt. Sec. 0% 8/14/2025		39,375	39,789
US TRESURY BILL	U.S. Govt. Sec. 9/18/2025		39,226	39,630
US TRESURY NOTE	U.S. Govt. Sec. 2.375% 4/30/2026		19,612	19,721
US TRESURY NOTE	U.S. Govt. Sec. 4.00% 1/15/2027		20,210	20,048
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US TRESURY NOTE	U.S. Govt. Sec. 4.25% 1/15/2028		25,125	25,325
US TRESURY NOTE	U.S. Govt. Sec. 4.375% 8/31/2028		45,468	45,886
US TRESURY NOTE	U.S. Govt. Sec. 4.375% 11/30/2028		9,982	10,209
US TRESURY NOTE	U.S. Govt. Sec.		30,152	30,532
FHLB	Agency Bonds 4.75% 9/4/2027		40,554	40,618
FHLB	Agency Bonds 4.38% 3/8/2030		30,368	30,691
CCM COMMUNITY IMPACT BOND FUND	Mutual Funds Bonds		155,299	136,940
VANGUARD INFLATION-PROTECTED SECS	Mutual Funds Bonds		172,184	155,422
SPDR GOLD SHARES	Exchange-Traded Fund		20,958	38,409
NORTHSTAR CLIENT SERVICES	Life Settlement Contracts		318,223	257,761

CALIFORNIA PROFESSIONAL FIREFIGHTERS  
INSURANCE TRUST

EIN 95-6293393, Plan 501

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

June 30, 2024

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AMGEN INC	Common Stock	14,016	23,434
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APPLE INC	Common Stock	20,178	63,186
ALPHABET INC CLASS A	Common Stock	21,764	49,727
ALPHABET INC CLASS C	Common Stock	3,887	6,053
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CHARLES SCHWAB CORP	Common Stock	6,902	16,580
CHURCH & DWIGHT INC	Common Stock	11,202	29,652
COSTCO WHOLESALE CORP	Common Stock	19,321	48,449
CANADIAN NATL RAILWY	Common Stock	3,994	3,898
CONSOLIDATED EDISON	Common Stock	13,436	21,014
DARLING INGREDIENTS	Common Stock	1,149	662
DEERE & COMPANY	Common Stock	32,724	34,748
ECOLAB INC	Common Stock	7,690	23,086
EBAY INC.	Common Stock	16,485	22,831
EMERSON ELECTRIC CO	Common Stock	3,027	4,076
FIRST SOLAR INC	Common Stock	3,724	4,735
GILEAD SCIENCES INC	Common Stock	14,992	12,350
GRAHAM HOLDINGS CO	Common Stock	26,626	29,381
HA Sustainable Infra Cap	Common Stock	11,590	7,252
HOLOGIC INC	Common Stock	12,957	17,820
HONDA MOTOR CO	Common Stock	7,054	8,060
ILLINOIS TOOL WORKS	Common Stock	9,089	27,724
INTEL CORP	Common Stock	10,451	13,936
INTUIT INC	Common Stock	35,891	56,520
INTUITIVE SURGICAL INC	Common Stock	16,649	38,257
JOHNSON CONTROLS INTERNATIONAL	Common Stock	4,097	4,321
KONINKLIJKE PHILIPS	Common Stock	3,376	4,334
MARSH & MC LENNAN CO	Common Stock	17,884	44,673
MEDTRONIC PLC	Common Stock	19,483	19,678
MICROSOFT CORP	Common Stock	24,379	89,390
NOVO-NORDISK	Common Stock	4,224	7,137
NETFLIX INC	Common Stock	29,853	82,335
ORACLE CORPORATION	Common Stock	24,844	60,716
ORMAT TECHNOLOGIES	Common Stock	18,255	24,378

CALIFORNIA PROFESSIONAL FIREFIGHTERS  
INSURANCE TRUST

EIN 95-6293393, Plan 501

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

June 30, 2024

a. b. <u>Identity of issue, borrower, lessor or similar party c.</u>	Description of investment including maturity date, rate of interest, collateral, par or maturity value	d.	Cost	e. Current Value
PROCTER & GAMBLE	Common Stock	\$	8,534	19,790
QUALCOMM INC	Common Stock		25,638	41,828
STRYKER CORP	Common Stock		4,439	5,104
STARBUCKS CORP	Common Stock		7,745	15,959
SYSCO CORP	Common Stock		18,803	17,134
THERMO FISHER SCNTFC	Common Stock		16,479	31,521
TARGET CORP	Common Stock		13,484	11,843
TJX COMPANIES INC	Common Stock		8,430	25,984
TREX CO INC	Common Stock		30,221	22,236
VEEVA SYSTEMS INC	Common Stock		32,314	25,621
VESTAS WIND SYS	Common Stock		7,882	6,658
VERIZON COMMUNICATIONS	Common Stock		22,469	20,620
WW GRAINGER	Common Stock		30,165	55,037
XYLEM INC	Common Stock		3,672	4,747
ZOOM VIDEO COMMUNICATION	Common Stock		9,035	5,919
DIGITAL REALTY TRUST	Real Estate Investment Trusts		1,279	1,977
HEALTHPEAK PROPERTIES INC	Real Estate Investment Trusts		26,098	20,188
PROLOGIS INC	Real Estate Investment Trusts		9,541	17,183
US TREASURY NOTE	U.S. Govt. Sec. 3.00% 6/30/2024		48,950	50,000
US TREASURY NOTE	U.S. Govt. Sec. 4.63% 6/30/2025		39,730	39,806
US TREASURY NOTE	U.S. Govt. Sec. 4.25% 12/31/2024		74,508	74,602
US TREASURY NOTE	U.S. Govt. Sec. 4.50% 11/30/2024		99,531	99,672
CCM COMMUNITY IMPACT BOND FUND	Mutual Funds Bonds		154,425	132,917
PARNASSUS FIXED INCOME	Mutual Funds Bonds		32,513	27,370
VANGUARD INFLATION-PROTECTED SECS	Mutual Funds Bonds		166,148	147,010
SPDR GOLD SHARES	Exchange-Traded Fund		20,958	27,091
NORTHSTAR CLIENT SERVICES	Life Settlement Contracts		308,755	250,092

**Statement 2****Schedule H, Page 1, Line 1c(15)****Other General Investments**

CALIFORNIA PROFESSIONAL FIREFIGHTERS 95-6293393 501

OTHER SECURITIES		<u>Beginning</u>	<u>Ending</u>
		\$ 316,531	\$ 403,864
	Total	<u>\$ 316,531</u>	<u>\$ 403,864</u>

**Statement 3****Schedule H, Page 2, Line 2b(5)(B)****Other Unrealized Appreciation**

CALIFORNIA PROFESSIONAL FIREFIGHTERS 95-6293393 501

UNREALIZED APPRECIATION			<u>\$ 553,476</u>
	Total		<u>\$ 553,476</u>

**Statement 4****Schedule H, Page 3, Line 2e(3)****Other Benefit Payments**

CALIFORNIA PROFESSIONAL FIREFIGHTERS 95-6293393 501

DISABILITY BENEFITS			<u>\$ 587,750</u>
	Total		<u>\$ 587,750</u>

**Statement 5****Schedule H, Page 3, Line 2i(4)****Other Administrative Expenses**

CALIFORNIA PROFESSIONAL FIREFIGHTERS 95-6293393 501

INSURANCE		\$
COMMISSIONS		533,094
ACCOUNTING		74,900
LEGAL EXPENSES		16,408
BENEFIT PAYMENTS		360,222
OTHER EXPENSE		72,067
MEMBERSHIP FEE		6,925
POSTAGE/PRINTING		202
	Total	<u>\$ 1,063,818</u>

**Statement 6****Schedule H, Page 4, Line 4i****Schedule of Assets (Held At End Of Year)**

CALIFORNIA PROFESSIONAL FIREFIGHTERS 95-6293393 501

<u>Party In</u>	<u>Interest</u>	<u>Identification</u>	<u>Description</u>	<u>Cost</u>	<u>Current Amount</u>
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SEE FINANCIAL STATEMENT SCHEDULE