Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☒ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- ☐ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
MARTINGALE INVESTMENT TRUST SERIES 1 - US LOW VOLA

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
MARTINGALE INVESTMENT TRUST SERIES 1 - US LOW VOLATILITY LARGE

888 BOYLSTON STREET, SUITE 1400
BOSTON, MA 02199

2b Employer Identification Number (EIN)
46-2669543

2c Plan Sponsor's telephone number
617-424-4700

2d Business code (see instructions)
523900

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

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

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	04/15/2026	JENNIFER N COOPER
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	0
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	0
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MARTINGALE INVESTMENT TRUST SERIES 1 - US LOW VOLA

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MARTINGALE INVESTMENT TRUST SERIES 1 - US LOW VOLATILITY LARGE

D Employer Identification Number (EIN)
46-2669543

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

MARTINGALE ASSET MANAGEMENT, L.P.

888 BOYLSTON STREET, SUITE 1400
BOSTON, MA 02199

04-2956583

(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?
	3RD PARTY	1674522	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

(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 [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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 [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MARTINGALE INVESTMENT TRUST SERIES 1 - US LOW VOLA

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MARTINGALE INVESTMENT TRUST SERIES 1 - US LOW VOLATILITY LARGE

D Employer Identification Number (EIN)
46-2669543

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	WISCONSIN PHYSICIANS SERVICE INSURANCE CORPORATION		
b Name of plan sponsor	MARTINGALE INVESTMENT TRUST SERIES 1 - US LOW VOLATILITY	**c** EIN-PN	39-1268299-001
a Plan name	RETIREMENT INCOME PLAN FOR EMPLOYEES OF GRANGE MUTUAL CASUALTY COMPANY		
b Name of plan sponsor	MARTINGALE INVESTMENT TRUST SERIES 1 - US LOW VOLATILITY	**c** EIN-PN	31-1324047-001
a Plan name	SHANDS HEALTHCARE PENSION PLAN II DEFINED BENEFIT PLAN TRUST		
b Name of plan sponsor	MARTINGALE INVESTMENT TRUST SERIES 1 - US LOW VOLATILITY	**c** EIN-PN	82-6956840-001
a Plan name	PPG INDUSTRIES INC PENSION PLAN TRUST		
b Name of plan sponsor	MARTINGALE INVESTMENT TRUST SERIES 1 - US LOW VOLATILITY	**c** EIN-PN	25-6193407-001
a Plan name	FEDERATED MUTUAL RETIREMENT PLAN		
b Name of plan sponsor	MARTINGALE INVESTMENT TRUST SERIES 1 - US LOW VOLATILITY	**c** EIN-PN	41-0417460-001
a Plan name	BROWN-FORMAN CORP MASTER RETIREMENT TRUST		
b Name of plan sponsor	MARTINGALE INVESTMENT TRUST SERIES 1- US LOW VOLATILITY	**c** EIN-PN	61-1260063-001
a Plan name	PREMERA PENSION EQUITY PLAN		
b Name of plan sponsor	MARTINGALE INVESTMENT TRUST SERIES 1 - US LOW VOLATILITY	**c** EIN-PN	91-1662324-001
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	

SCHEDULE H
(Form 5500)

Department of the Treasury
Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MARTINGALE INVESTMENT TRUST SERIES 1 - US LOW VOLA

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MARTINGALE INVESTMENT TRUST SERIES 1 - US LOW VOLATILITY LARGE

D Employer Identification Number (EIN)
46-2669543

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	441275	480534
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3957665	4628337
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	452118752	478214593
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	456517692	483323464
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	434868	431205
1k Total liabilities (add all amounts in lines 1g through1j)	1k	434868	431205
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	456082824	482892259

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	206194	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		206194
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	8505352	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		8505352
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	166874068	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	124807569	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		42066499
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	6404292	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		6404292

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		37673
d Total income. Add all **income** amounts in column (b) and enter total	2d		57220010
Expenses			
e 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)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	1674522	
(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)		1674522
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1674522
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		55545488
l Transfers of assets:			
(1) To this plan	2l(1)		2000000
(2) From this plan	2l(2)		30736053

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) [X] 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)** [X] 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: WOLF & COMPANY, P.C. **(2)** EIN: 04-2689883

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

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

Part IV Compliance Questions

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

During the plan year:

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

WOLF
& COMPANY, P.C.

Independent Auditor's Report

To the Investors of Martingale Investment Trust Series 1: U.S. Low Volatility LargeCap+

Opinion

We have audited the financial statements of Martingale Investment Trust Series 1: U.S. Low Volatility LargeCap+ (the "Trust"), which comprise the statement of net assets, including the condensed schedule of investments, as of December 31, 2025, and the related statements of operations and changes in net assets for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Trust as of December 31, 2025, and the results of its operations and its changes in net assets for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 the 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.

Wolf & Company, P.C.

Boston, Massachusetts
January 29, 2026

Martingale Investment Trust
Series 1: U.S. Low Volatility LargeCap+

Condensed Schedule of Investments

December 31, 2025

Description	Fair Value	Percentage of Net Assets
Common stock:		
Materials	$ 9,106,320	1.89%
Industrials	50,682,724	10.50%
Consumer Discretionary	25,073,369	5.19%
Consumer Staples	55,821,873	11.56%
Health Care	69,027,843	14.29%
Financials	84,573,887	17.51%
Information Technology	90,357,868	18.71%
Communication Services	36,137,209	7.48%
Energy	25,242,840	5.23%
Utilities	32,190,660	6.67%
Total investment in securities (cost $354,498,735)	$ 478,214,593	99.03%

No individual investment constitutes more than five percent of Net Assets.

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

Martingale Investment Trust Series 1 - US Low Volatility Large Cap
Form 5500, Schedule H, Part IV, Line 4i Attachment
Year Ended December 31, 2025

Quantity	Description	CostBook	MarketValueBook
41,700.00	ABBOTT LABORATORIES	3,731,911	5,224,593
26,900.00	ABBVIE INC	4,072,507	6,146,381
9,700.00	ACCENTURE PLC-CL A	2,328,418	2,602,510
12,600.00	ADOBE INC	4,724,079	4,409,874
111,800.00	ALBERTSONS COS INC - CLASS A	2,253,404	1,919,606
17,800.00	ALLSTATE CORP	2,970,521	3,705,070
1,600.00	ALNYLAM PHARMACEUTICALS INC	724,880	636,240
25,700.00	ALPHABET INC-CL A	2,944,120	8,044,100
72,900.00	ALTRIA GROUP INC	3,272,980	4,203,414
35,500.00	AMAZON.COM INC	5,425,625	8,194,110
17,850.00	AMDOCS LTD	1,131,329	1,437,104
27,300.00	AMEREN CORPORATION	2,755,147	2,726,178
28,900.00	AMERICAN ELECTRIC POWER	2,973,340	3,332,459
14,800.00	AMERICAN EXPRESS CO	2,516,252	5,475,260
6,350.00	AMERIPRISE FINANCIAL INC	2,953,280	3,113,659
11,700.00	AMGEN INC	2,696,659	3,829,527
16,300.00	AMPHENOL CORP-CL A	2,097,594	2,202,782
41,300.00	ANGLOGOLD ASHANTI PLC	2,247,719	3,522,064
33,400.00	APPLE INC	5,496,207	9,080,124
9,600.00	ARCH CAPITAL GROUP LTD	860,922	920,832
5,500.00	ARISTA NETWORKS INC	700,201	720,665
224,700.00	AT&T INC	3,638,832	5,581,548
100.00	ATLASSIAN CORP -CLASS A	22,722	16,214
11,100.00	AUTODESK INC	2,516,882	3,285,711
10,700.00	AUTOMATIC DATA PROCESSING	1,706,406	2,752,361
29,200.00	BANK OF NEW YORK MELLON CORP	1,824,701	3,389,828
14,850.00	BERKSHIRE HATHAWAY INC-CL B	5,145,196	7,464,353
700.00	BEST BUY CO INC	52,379	46,851
86.00	BOOKING HOLDINGS INC	413,500	460,558
78,500.00	BRISTOL-MYERS SQUIBB CO	4,269,830	4,234,290
11,300.00	BROADCOM INC	3,527,417	3,910,930
2,600.00	BWX TECHNOLOGIES INC	262,989	449,384
200.00	CADENCE DESIGN SYS INC	64,955	62,516
12,200.00	CAPITAL ONE FINANCIAL CORP	2,709,700	2,956,792
16,100.00	CARDINAL HEALTH INC	1,469,933	3,308,550
5,450.00	CASEY'S GENERAL STORES INC	1,069,305	3,012,270
400.00	CATERPILLAR INC	144,320	229,148
6,850.00	CBOE GLOBAL MARKETS INC	835,093	1,719,350
5,500.00	CENCORA INC	653,131	1,857,625
14,400.00	CHENIERE ENERGY INC	2,638,982	2,799,216
31,500.00	CHEVRON CORP	4,939,483	4,800,915
12,800.00	CHUBB LTD	2,490,724	3,995,136
101,600.00	CISCO SYSTEMS INC	5,370,199	7,826,248
600.00	CME GROUP INC	159,558	163,848
27,000.00	COCA-COLA CO/THE	1,816,826	1,887,570
6,600.00	COCA-COLA CONSOLIDATED INC	828,514	1,011,780

30,100.00	COGNIZANT TECH SOLUTIONS-A	2,247,825	2,498,300
39,050.00	COLGATE-PALMOLIVE CO	2,619,107	3,085,731
90,900.00	COMCAST CORP-CLASS A	3,227,735	2,717,001
21,400.00	CONOCOPHILLIPS	2,205,018	2,003,254
29,700.00	CONSOLIDATED EDISON INC	2,778,504	2,949,804
6,730.00	COSTCO WHOLESALE CORP	2,092,302	5,803,548
500.00	COUPANG INC	11,864	11,795
450	CURTISS-WRIGHT CORP	76,551	248,072
1,000.00	DILLARDS INC-CL A	450,288	606,340
30,700.00	DOLBY LABORATORIES INC-CL A	2,474,801	1,971,554
27,400.00	DTE ENERGY COMPANY	2,816,676	3,534,052
25,800.00	DUKE ENERGY CORP	3,118,731	3,024,018
15,600.00	EDISON INTERNATIONAL	1,271,080	936,312
7,650.00	ELI LILLY & CO	1,272,350	8,221,302
2,350.00	EMCOR GROUP INC	503,959	1,437,707
30,800.00	ENTERGY CORP	1,574,689	2,846,844
27,900.00	EOG RESOURCES INC	3,330,285	2,929,779
7,775.00	EVEREST GROUP LTD	2,155,714	2,638,446
2,400.00	EVERGY INC	173,438	173,976
74,100.00	EXELON CORP	2,708,361	3,230,019
53,600.00	EXXON MOBIL CORP	5,403,080	6,450,224
8,700.00	F5 INC	2,699,325	2,220,762
3,400.00	FEDEX CORP	917,704	982,124
24,800.00	FIRSTENERGY CORP	1,134,119	1,110,296
7,000.00	FLEX LTD	402,780	422,940
5,100.00	GEN DIGITAL INC	150,033	138,669
12,700.00	GENERAL DYNAMICS CORP	2,840,131	4,275,582
14,900.00	GENERAL ELECTRIC	3,347,028	4,589,647
29,800.00	GILEAD SCIENCES INC	2,109,992	3,657,652
10,000.00	HANOVER INSURANCE GROUP INC/	1,560,863	1,827,700
23,500.00	HARTFORD INSURANCE GROUP INC	1,930,413	3,238,300
15,700.00	HOME DEPOT INC	5,701,909	5,402,370
1,900.00	HONEYWELL INTERNATIONAL INC	362,783	370,671
5,300.00	HOWMET AEROSPACE INC	1,086,106	1,086,606
5,200.00	HUMANA INC	1,311,727	1,331,876
6,300.00	HUNTINGTON INGALLS INDUSTRIE	1,894,334	2,142,441
17,200.00	INCYTE CORP	1,690,121	1,698,844
24,600.00	INGREDION INC	2,277,668	2,712,396
3,100.00	INTL BUSINESS MACHINES CORP	610,387	918,251
8,500.00	INTUIT INC	2,199,810	5,630,570
1,050.00	INTUITIVE SURGICAL INC	596,746	594,678
35,650.00	JOHNSON & JOHNSON	4,799,371	7,377,768
18,100.00	JPMORGAN CHASE & CO	3,860,101	5,832,182
5,900.00	KEYSIGHT TECHNOLOGIES IN	833,518	1,198,821
20,400.00	KIMBERLY-CLARK CORP	2,538,353	2,058,156
56,500.00	KROGER CO	1,879,054	3,530,120
9,200.00	L3HARRIS TECHNOLOGIES INC	2,537,102	2,700,844
7,700.00	LAM RESEARCH CORP	1,254,847	1,318,086
7,100.00	LEIDOS HOLDINGS INC	920,697	1,280,840
7,750.00	LOCKHEED MARTIN CORP	3,403,551	3,748,443
34,300.00	LOEWS CORP	1,883,979	3,612,133

9,300.00	LOWE'S COS INC	2,237,827	2,242,788
16,000.00	MARATHON PETROLEUM CORP	2,767,294	2,602,080
1,870.00	MARKEL GROUP INC	2,309,374	4,019,846
11,700.00	MASTERCARD INC - A	4,564,856	6,679,296
11,100.00	MCDONALD'S CORP	3,420,624	3,392,493
5,350.00	MCKESSON CORP	1,134,099	4,388,552
7,900.00	MEDTRONIC PLC	709,844	758,874
54,300.00	MERCK & CO. INC.	4,022,852	5,715,618
9,450.00	META PLATFORMS INC-CLASS A	4,037,244	6,237,851
1,100.00	MICRON TECHNOLOGY INC	263,811	313,951
16,300.00	MICROSOFT CORP	1,794,396	7,883,006
11,000.00	MONSTER BEVERAGE CORP	741,486	843,370
8,850.00	MOTOROLA SOLUTIONS INC	3,813,612	3,392,382
13,100.00	MUELLER INDUSTRIES INC	1,421,401	1,503,880
950.00	MURPHY USA INC	457,023	383,344
17,800.00	NETFLIX INC	1,906,278	1,668,928
44,350.00	NEWMONT CORP	1,928,749	4,428,348
6,900.00	NORTHROP GRUMMAN CORP	3,165,721	3,934,449
11,000.00	NRG ENERGY INC	1,416,515	1,751,640
27,400.00	NVIDIA CORP	4,256,639	5,110,100
45,700.00	OGE ENERGY CORP	1,850,233	1,951,390
2,650.00	ORACLE CORP	316,333	516,512
400.00	PALANTIR TECHNOLOGIES INC-A	70,763	71,100
4,700.00	PARKER HANNIFIN CORP	2,448,713	4,131,112
31,900.00	PEPSICO INC	3,641,898	4,578,288
71,500.00	PFIZER INC	1,840,889	1,780,350
33,300.00	PHILIP MORRIS INTERNATIONAL	3,007,922	5,341,320
17,200.00	PILGRIM'S PRIDE CORP	807,068	670,628
11,100.00	POPULAR INC	999,634	1,382,172
46,400.00	PPL CORP	1,576,998	1,624,928
37,400.00	PROCTER & GAMBLE CO/THE	3,571,104	5,359,794
17,100.00	PROGRESSIVE CORP	3,561,333	3,894,012
200.00	PTC INC	34,775	34,842
35,700.00	PUBLIC SERVICE ENTERPRISE GP	3,002,533	2,866,710
20,300.00	QUALCOMM INC	2,988,382	3,472,315
1,750.00	REGENERON PHARMACEUTICALS	1,298,422	1,350,773
6,400.00	RENAISSANCERE HOLDINGS LTD	1,458,465	1,799,424
15,700.00	REPUBLIC SERVICES INC	1,254,925	3,327,301
1,800.00	RESMED INC	424,247	433,566
7,850.00	ROPER TECHNOLOGIES INC	3,485,412	3,494,271
5,200.00	ROYAL GOLD INC	756,714	1,155,908
29,800.00	RTX CORP	3,672,385	5,465,320
21,000.00	SALESFORCE INC	5,285,309	5,563,110
40,800.00	SCHWAB (CHARLES) CORP	3,184,680	4,076,328
14,850.00	SERVICENOW INC	2,126,832	2,274,872
21,700.00	SMITHFIELD FOODS INC	463,597	484,561
100.00	STRYKER CORP	39,168	35,147
9,900.00	SYNCHRONY FINANCIAL	668,391	825,957
4,300.00	SYSCO CORP	324,451	316,867
5,000.00	TARGA RESOURCES CORP	797,036	922,500
5,100.00	TELEDYNE TECHNOLOGIES INC	2,354,339	2,604,723

1,300.00	TESLA INC	579,743	584,636
14,900.00	TEXTRON INC	940,662	1,298,833
4,900.00	THE CIGNA GROUP	1,595,088	1,348,627
750.00	THERMO FISHER SCIENTIFIC INC	424,814	434,588
24,400.00	TJX COMPANIES INC	3,528,921	3,748,084
20,700.00	T-MOBILE US INC	2,619,531	4,202,928
15,200.00	TRAVELERS COS INC/THE	2,381,851	4,408,912
38,400.00	TYSON FOODS INC-CL A	2,281,632	2,251,008
3,200.00	UNION PACIFIC CORP	711,351	740,224
100.00	UNIVERSAL HEALTH SERVICES-B	22,734	21,802
16,800.00	VALERO ENERGY CORP	2,749,454	2,734,872
125,550.00	VERIZON COMMUNICATIONS INC	7,030,726	5,113,652
7,100.00	VERTEX PHARMACEUTICALS INC	1,946,391	3,218,856
21,200.00	VISA INC-CLASS A SHARES	4,578,917	7,435,052
400.00	VISTRA CORP	65,639	64,532
60,600.00	WALMART INC	1,898,755	6,751,446
22,600.00	WALT DISNEY CO/THE	2,484,139	2,571,202
18,150.00	WASTE MANAGEMENT INC	1,648,551	3,987,737
500	WEC ENERGY GROUP INC	58,594	52,730
4,100.00	WORKDAY INC-CLASS A	938,044	880,598
200	XCEL ENERGY INC	13,017.38	14,772.00
11,300.00	ZOETIS INC	1,606,503.12	1,421,766.00
33,300.00	ZOOM COMMUNICATIONS INC	2,015,499.69	2,873,457.00
		354,498,735	**478,214,593**

Efast2 Authorization to File Form 5500 Electronically

Plan DFE: Martingale Investment Trust Series 1 – US Low Volatility Large Cap

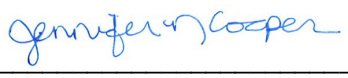
Plan Number: 001

Plan Year End: 12/31/2025

I/We the undersigned authorize Wolf & Company, P.C. to file Form 5500 Annual Return/Report of Employee Benefit Plan for the year ended December 31, 2025 on behalf of Martingale Investment Trust Series 1 – US Low Volatility Large Cap. Further, I/We authorize Wolf & Company, P.C. to enter their ID and PIN number as assigned by Efast2.

I/we have also provided to Wolf & Company, P.C. a signed copy of Form 5500 to be attached to the e-file.

Signature



DFE

Date_4/15/2026_____