

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
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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) _____
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	1b Three-digit plan number (PN) ▶ 501
	GROUP INSURANCE TRUST OF THE CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	1c Effective date of plan 12/04/1959
	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) CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	2b Employer Identification Number (EIN) 94-1056137
	500 CAPITOL MALL, SUITE 2350 SACRAMENTO, CA 95814	2c Plan Sponsor's telephone number 800-922-5272
		2d Business code (see instructions) 813000

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	Filed with authorized/valid electronic signature.	06/16/2026	MAYU KOZUKA
	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			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor BOARD OF TRUSTEES OF THE GROUP INSURANCE TRUST OF THE CALCPAS 1800 GATEWAY DR., SUITE 130 SAN MATEO, CA 94404	3b Administrator's EIN 94-2767563 3c Administrator's telephone number 800-556-5771
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 5766
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)5709 6a(2)5823 6b79 6c0 6d5902 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

4A 4B 4D 4E 4H 4Q

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

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 10
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 178964739

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 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan GROUP INSURANCE TRUST OF THE CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	B Three-digit plan number (PN) 501	
C Plan sponsor's name as shown on line 2a of Form 5500 CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	D Employer Identification Number (EIN) 94-1056137	

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.
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1	Coverage Information:
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(a) Name of insurance carrier ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY
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(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
95-4331852	62825	C19434	7154	01/01/2025	12/31/2025

2	Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.				
	<table><tr><td>(a) Total amount of commissions paid</td><td>(b) Total amount of fees paid</td></tr><tr><td></td><td></td></tr></table>	(a) Total amount of commissions paid	(b) Total amount of fees paid		
(a) Total amount of commissions paid	(b) Total amount of fees paid				

3	Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
	(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	3067372
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.	10b	

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 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan GROUP INSURANCE TRUST OF THE CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	D Employer Identification Number (EIN) 94-1056137	

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.
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1 Coverage Information:

(a) Name of insurance carrier
DELTA CARE USA

(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
95-2641865	52566	1553-0001,2,3,4	6	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	2188
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

INSURANCE DOES NOT PROVIDE INFORMATION IF LESS THAN 100 PERSONS COVERED UNDER THE CONTRACT.

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 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan GROUP INSURANCE TRUST OF THE CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	B Three-digit plan number (PN) ►	501
C Plan sponsor's name as shown on line 2a of Form 5500 CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	D Employer Identification Number (EIN) 94-1056137	

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.
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1 Coverage Information:

(a) Name of insurance carrier
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	10131053	444	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid 26854	(b) Total amount of fees paid 8951
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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
CENTERSTONE INS & FNCL SVCS
2111 E HIGHLAND AVE
SUITE B210
PHOENIX, AZ 85016

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26854	8951	OVERRIDES	3

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

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

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

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Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	179025
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan GROUP INSURANCE TRUST OF THE CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	D Employer Identification Number (EIN) 94-1056137	

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.
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1 Coverage Information:

(a) Name of insurance carrier
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	10131052	472	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid 10332	(b) Total amount of fees paid 3444
---	---------------------------------------

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
CENTERSTONE INS & FNCL SVCS
2111 E HIGHLAND AVE
SUITE B210
PHOENIX, AZ 85016

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10332	3444	OVERRIDES	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.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	68877
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan GROUP INSURANCE TRUST OF THE CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	D Employer Identification Number (EIN) 94-1056137	

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.
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1 Coverage Information:

(a) Name of insurance carrier
BLUE CROSS OF CALIFORNIA

(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
95-3760980	00000	C19434	286	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	3368587
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.	10b	

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 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan GROUP INSURANCE TRUST OF THE CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	B Three-digit plan number (PN) ►	501
C Plan sponsor's name as shown on line 2a of Form 5500 CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	D Employer Identification Number (EIN) 94-1056137	

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.
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1 Coverage Information:

(a) Name of insurance carrier
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	10231579	64	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
1120	373

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
HOVER INSURANCE SERVICES
2455 BENNETT VALLEY RD
SUITE B210
SANTA ROSA, CA 95404

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
747	0	N/A	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
USI INSURANCE SERVICES LLC
PO BOX 61007
VIRGINIA BEACH, VA 23466

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
373	0	N/A	3

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

CENTERSTONE INS & FNCL SVCS LLC

PO BOX 29650
PHOENIX, AZ 85038

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	373	OVERRIDES	3

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	7468
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.	10b	

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 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan GROUP INSURANCE TRUST OF THE CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	B Three-digit plan number (PN) ►	501
C Plan sponsor's name as shown on line 2a of Form 5500 CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	D Employer Identification Number (EIN) 94-1056137	

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.
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1 Coverage Information:

(a) Name of insurance carrier
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	10252209	64	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
5437	1359

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
HOVER INSURANCE SERVICES
2455 BENNETT VALLEY RD
SUITE B210
SANTA ROSA, CA 95404

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4078	0	N/A	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
USI INSURANCE SERVICES LLC
PO BOX 61007
VIRGINIA BEACH, VA 23466

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1359	0	N/A	3

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

CENTERSTONE INS & FNCL SVCS LLC

PO BOX 29650
PHOENIX, AZ 85038

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	1359	OVERRIDES	3

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	27189
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.	10b	

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 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan GROUP INSURANCE TRUST OF THE CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	B Three-digit plan number (PN) ►	501
C Plan sponsor's name as shown on line 2a of Form 5500 CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	D Employer Identification Number (EIN) 94-1056137	

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.
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1 Coverage Information:

(a) Name of insurance carrier
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	10276459	147	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
2923	731

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
CENTERSTONE INS & FNCL SVCS LLC
P. O. BOX 29650
PHOENIX, AZ 85038

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2923	731	OVERRIDES	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.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	14613
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan GROUP INSURANCE TRUST OF THE CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	B Three-digit plan number (PN) 501	
C Plan sponsor's name as shown on line 2a of Form 5500 CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	D Employer Identification Number (EIN) 94-1056137	

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 THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	40000100027967	69	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
2133	533

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
CENTERSTONE INS & FNCL SVCS LLC P. O. BOX 29650 PHOENIX, AZ 85038

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2133	533	OVERRIDES	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.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	10665
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.	10b	

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 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan GROUP INSURANCE TRUST OF THE CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	B Three-digit plan number (PN) 501	
C Plan sponsor's name as shown on line 2a of Form 5500 CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	D Employer Identification Number (EIN) 94-1056137	

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.
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1 Coverage Information:

(a) Name of insurance carrier THE LINCOLN NATIONAL LIFE INSURANCE COMPANY
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	10276460	147	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
5485	1371

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
CENTERSTONE INS & FNCL SVCS LLC P. O. BOX 29650 PHOENIX, AZ 85038

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5485	1371	OVERRIDES	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.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	27423
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	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 GROUP INSURANCE TRUST OF THE CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	D Employer Identification Number (EIN) 94-1056137	

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
THE VANGUARD GROUP, INC.
23-1945930

(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

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)

ANTHEM BLUE CROSS

95-4331852

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 62 99	NONE	2054483	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WORD & BROWN

95-3161239

(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?
22 53	NONE	996558	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PES BENEFITS

83-2850400

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 15	NONE	945549	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

EXPRESS SCRIPTS, INC.

43-1420563

(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	363469	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEQUOIA BENEFITS AND INSURANCE SERV

94-3397213

(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?
22 53	NONE	229391	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMERSON ROGERS LLC

13-3938007

(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?
22 53	NONE	227839	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

DELOITTE CONSULTING LLP

13-5133500

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16	NONE	188441	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HUB INTERNATIONAL INSURANCE SERVICE

33-0315047

(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?
22 53	NONE	182784	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

USI INSURANCE SERVICES LLC

13-3771734

(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?
22 53	NONE	127277	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

DELTA DENTAL

94-1461312

(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	121242	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARSH USA

36-1436000

(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?
22 53	NONE	108464	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHRISTINE SIMMONS

PO BOX 8052
NEWPORT BEACH, CA 92658

(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?
22	NONE	94704	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

CRAIG TOMPKINS

969-G EDGEWATER BLVD #762
FOSTER CITY, CA 94404

(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?
22 53	NONE	87172	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARMANINO LLP

33-2514127

(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	84257	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PARTNERS INSURANCE SERVICES, INC.

20-4374993

(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?
22 53	NONE	82669	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

GI GEORGE PARENT LP

87-2917800

(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?
22 53	NONE	74043	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KEVIN A. ROBERTS

3658 MOSSWOOD DRIVE
LAFAYETTE, CA 94549

(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?
22	NONE	71800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLIANT INSURANCE SERVICES, INC.

47-9723395

(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?
22 53	NONE	71247	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WILLIS TOWERS WATSON NORTHEAST, INC

13-2695427

(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?
22 53	NONE	53832	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INTERWEST INSURANCE SERVICES, LLC

68-0266090

(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?
22 53	NONE	52446	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCLERAN MARKETING, LLC

47-1793819

(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	48428	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

VISION SERVICE PLAN

94-1632821

(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	47214	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HAAS PRINTING

23-2004040

(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	45910	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STRATEGIC ASSET ALLIANCE

91-1629027

(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?
27	NONE	43678	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

AMWINS CONNECT INSURANCE SERVICES,

94-2757978

(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?
22 53	NONE	42965	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HOVER INSURANCE SERVICES, INC.

77-0096773

(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?
22 53	NONE	41905	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JAMES G. PARKER INSURANCE ASSOCIATE

94-2494444

(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?
22 53	NONE	39367	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

GRANITE PROFESSIONAL INSURANCE BROK

94-3292432

(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?
22 53	NONE	38821	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHNSON LAMBERT LLP

52-1446779

(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	38444	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CALIFORNIA SOCIETY OF CERTIFIED PUB

94-1056137

(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	34950	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

SUN LIFE CAPITAL MANAGEMENT (U.S.)

04-3401283

(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?
27 28 51	NONE	34517	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EBIX, INC.

77-0021975

(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?
99	NONE	32050	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GALLAGHER BENEFIT SERVICES, INC.

36-4291971

(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?
22 53 70	NONE	28696	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

ACRISURE PARTNERS WEST COAST INSURA

88-4364470

(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?
22 53	NONE	28694	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLIED WEALTH MANAGEMENT LLC

47-4837341

(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?
22 53	NONE	27394	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RELATION INSURANCE SERVICES, INC.

26-1441725

(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?
22 53	NONE	27158	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

VISORY, INC.

45-4084048

(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	26147	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

J.D. OSTDIEK INSURANCE SERVICES, IN

82-3218905

(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?
22 53	NONE	25099	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LASKY TRADE PRINTING

26-1881127

(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	24827	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

PIGOTT FINANCIAL CORPORATION

47-2791334

(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?
22 53	NONE	24787	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JAFFE-SCHLOSSBERG, INC.

94-2187558

(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?
22 53	NONE	24245	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JPMORGAN CHASE NA

13-4994650

(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?
65	NONE	23892	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

A.M. BEST

47-5271514

(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	23300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ONEDIGITAL TOPCO LLC

85-3439612

(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?
22 53	NONE	23142	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VITA INSURANCE ASSOCIATES, INC.

94-2595918

(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?
22 53	NONE	19417	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

HEATH WITHROW

81-1885817

(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?
22 53	NONE	19209	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CENTERSTONE INSURANCE & FINANCIAL S

95-4018229

(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?
22 53	NONE	18975	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VENBROOK INSURANCE SERVICES

01-0709538

(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?
22 53	NONE	17651	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

UNITEDAG (CASEHP-CA SMALL EMPLOYER

33-0835612

(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?
16	NONE	17500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICHAEL B. KELLY INSURANCE SERVICES

30-0540100

(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?
22 53	NONE	15131	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JWCIB, INC.

33-0515081

(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?
22 53	NONE	14926	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

HEFFERNAN INSURANCE BROKERS

94-2506099

(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?
22 53	NONE	13080	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CRC INSURANCE GROUP, LLC

31-1746517

(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?
22 53	NONE	12623	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEALTH BROKER PUBLISHING, LLC

88-2811889

(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	12368	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

HALL, MAHAR & ASSOCIATES INSURANCE

33-0409844

(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?
22 53	NONE	10290	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEAVITT CENTRAL COAST INSURANCE SER

26-3895931

(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?
22 53	NONE	10019	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ACRISURE OF CALIFORNIA LLC

38-3942950

(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?
22 53	NONE	9839	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

DAYTON SAYER INSURANCE INC.

94-2898423

(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?
22 53	NONE	9581	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KEVIN SALTZMAN INC.

20-0142443

(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?
22 53	NONE	9263	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OLSON DUNCAN INSURANCE SERVICE, INC

95-3789951

(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?
22 53	NONE	9216	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

CAPITAL CITY BENEFITS AND INSURANCE

47-2666921

(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?
22 53	NONE	8812	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BARBARA OBERMAN

PO BOX 966
WOODLAND HILLS, CA 91365

(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?
22 53	NONE	8630	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANEES A. AKHUND

2902 W MAIN ST
VISALIA, CA 93291

(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?
22 53	NONE	7984	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

GRAVELINE FINANCIAL, INC.

45-3360773

(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?
22 53	NONE	7683	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASSUREDPARTNERS CAPITAL, INC.

45-2712335

(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?
22 53	NONE	7678	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLARITY BENEFIT SOLUTIONS, INC.

22-3205534

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 15	NONE	7537	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

EATON VANCE MANAGEMENT

04-3101341

(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?
52	NONE	7480	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBERT OWEN MACKLER

1955 JACKSON ST
SAN FRANCISCO, CA 94109

(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?
22 53	NONE	7368	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNITY ONE INSURANCE SERVICES, INC.

33-0874764

(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?
22 53	NONE	7255	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

U.S. BANK NA

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 65	NONE	7197	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEALTHQUITY, INC.

52-2383166

(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	6840	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MUSGRAVE INSURANCE SERVICES, INC.

87-1106328

(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?
22 53	NONE	6559	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

VET ONCE, LLC

93-4959772

(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	6510	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHN T. MENOLD

60 W ALISAL ST
STE 16
SALINAS, CA 93901

(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?
22 53	NONE	6109	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANDERSON ROBINSON STARKEY, INC.

68-0423843

(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?
22 53	NONE	5774	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

HEALTH WISE INSURANCE AGENCY

20-0764428

(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?
22 53	NONE	5671	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GEORGE PETERSON INSURANCE AGENCY

94-2674185

(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?
22 53	NONE	5664	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DICKERSON EMPLOYEE BENEFITS, AN ALE

82-4817663

(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?
22 53	NONE	5511	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

JENNIFER D. WILLIAMS

1350 E SPRUCE AVE
STE 102
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?
22 53	NONE	5428	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DC & ASSOCIATES INSURANCE SERVICES,

46-3897829

(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?
22 53	NONE	5385	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRUCKER HUSS

94-3216063

(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	5363	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

INNOVATIVE BENEFITS AND INSURANCE S

46-4041304

(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?
22 53	NONE	5197	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROGERS VENTURES, INC.

46-1988419

(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?
22 53	NONE	5120	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARMANINO ADVISORY LLC

94-6214841

(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	5040	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

MORRIS & GARRITANO INSURANCE AGENCY

95-2304670

(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?
22 53	NONE	5037	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 ☐

(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.	

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

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

Part III	Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)
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a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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 GROUP INSURANCE TRUST OF THE CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	D Employer Identification Number (EIN) 94-1056137	

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	1221919	1434794
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)	92970	339743
(3) Other	1b(3)	2920263	3003959
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	288801	150861
(2) U.S. Government securities	1c(2)	11029536	7607350
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	6462678	5123630
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8118017	5023442
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	688018	517189

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	30822202	23200968

Liabilities

1g Benefit claims payable	1g	6257057	6916750
1h Operating payables	1h	902761	724048
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	1990548	1866780
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	9150366	9507578

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	21671836	13693390
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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)	58902916	
(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)		58902916
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	8396	
(B) U.S. Government securities	2b(1)(B)	392335	
(C) Corporate debt instruments	2b(1)(C)	253355	
(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)		654086
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	222043	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		222043
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	522920	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		522920

		(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)		558382
c Other income	2c		57337
d Total income. Add all income amounts in column (b) and enter total	2d		60917684

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	52236291	
(2) To insurance carriers for the provision of benefits	2e(2)	6474010	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		58710301
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)	2390065	
(2) Contract administrator fees	2i(2)	3418708	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	88279	
(5) Investment advisory and investment management fees	2i(5)	79835	
(6) Bank or trust company trustee/custodial fees	2i(6)	30626	
(7) Actuarial fees	2i(7)	120671	
(8) Legal fees	2i(8)	8729	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	4048916	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		10185829
j Total expenses. Add all expense amounts in column (b) and enter total	2j		68896130

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-7978446
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **ARMANINO, LLP**

(2) EIN: **33-2514127**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

**The Group Insurance Trust of the California
Society of Certified Public Accountants**

Financial Statements and Supplementary Information

December 31, 2025 and 2024



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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
The Group Insurance Trust of the California Society of Certified
Public Accountants

Opinion

We have audited the accompanying financial statements of The Group Insurance Trust of the California Society of Certified Public Accountants (the "Trust"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of benefit obligations and net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in benefit obligations and net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the benefit obligations and net assets available for benefits of The Group Insurance Trust of the California Society of Certified Public Accountants as of December 31, 2025 and 2024, and the changes in its benefit obligations and net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of The Group Insurance Trust of the California Society of Certified Public Accountants 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 these 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 Group Insurance Trust of the California Society of Certified Public Accountants' ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audits of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with auditing standards generally accepted in the United States of America 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 audits in accordance with auditing standards generally accepted in the United States of America, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits 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 Group Insurance Trust of the California Society of Certified Public Accountants' 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 Group Insurance Trust of the California Society of Certified Public Accountants' 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 audits, significant audit findings, and certain internal control related matters that we identified during the audits.



Dallas, Texas

May 15, 2026

THE GROUP INSURANCE TRUST OF THE
CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
Statements of Benefit Obligations and Net Assets Available for Benefits
December 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
<u>BENEFIT OBLIGATIONS</u>		
Reported claims currently payable to or for participants, beneficiaries and dependents	\$ 1,319,750	\$ 1,392,057
Actuarial reserve for self-funded claims incurred but unreported	<u>5,597,000</u>	<u>4,865,000</u>
TOTAL BENEFIT OBLIGATIONS	<u>6,916,750</u>	<u>6,257,057</u>
<u>ASSETS</u>		
Cash and cash equivalents	<u>1,585,655</u>	<u>1,510,720</u>
Investments, at fair value		
Registered investment companies	5,023,442	8,118,017
U.S. Government securities	5,171,410	7,820,893
U.S. Agency securities	936,798	1,127,509
Municipal obligations	1,499,142	2,081,134
Corporate obligations	<u>5,123,630</u>	<u>6,462,678</u>
Total investments at fair value	<u>17,754,422</u>	<u>25,610,231</u>
Receivables		
Employer contributions receivable	339,743	92,971
Prescription program rebates receivable	2,729,390	2,508,025
Stop-loss insurance policy recoveries receivable	33,334	78,194
Other receivables	<u>241,235</u>	<u>334,044</u>
Total receivables	<u>3,343,702</u>	<u>3,013,234</u>
Prepaid expense	420,204	470,230
Right-of-use assets, net	96,985	214,458
Capitalized software, net	<u>-</u>	<u>3,330</u>
TOTAL ASSETS	<u>23,200,968</u>	<u>30,822,203</u>
<u>LIABILITIES</u>		
Deferred employer contributions	1,866,780	1,990,548
Accounts payable	53,018	156,550
Accrued expenses	561,064	506,677
Lease liabilities, current	109,966	129,569
Lease liabilities, non-current	<u>-</u>	<u>109,966</u>
TOTAL LIABILITIES	<u>2,590,828</u>	<u>2,893,310</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>20,610,140</u>	<u>27,928,893</u>
NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS	<u>\$ 13,693,390</u>	<u>\$ 21,671,836</u>

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

THE GROUP INSURANCE TRUST OF THE
CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
Statements of Changes in Benefit Obligations and Net Assets Available for Benefits
For the Years Ended December 31, 2025 and 2024

	2025	2024
<u>Net Change in Benefit Obligations</u>		
Self-funded claims reported and approved for payment	\$ 52,163,984	\$ 46,978,584
Self-funded claims paid, net rebates and recoveries	(52,236,291)	(45,950,819)
Net change in actuarial reserve for self-funded claims incurred but unreported	732,000	(1,587,000)
Net Change in Benefit Obligations	<u>659,693</u>	<u>(559,235)</u>
<u>Net Change in Net Assets Available for Benefits</u>		
Additions to net assets attributable to		
Employer contributions		
Insured plans	3,707,443	3,221,406
Self-funded plans	55,195,473	53,618,145
Total employer contributions	<u>58,902,916</u>	<u>56,839,551</u>
Investment income		
Interest and dividends	876,129	1,035,677
Net change in fair value of investments	1,081,302	725,358
Total investment income	<u>1,957,431</u>	<u>1,761,035</u>
Other income	57,337	50,706
Total additions	<u>60,917,684</u>	<u>58,651,292</u>
Deductions from net assets attributable to		
Benefits paid		
Insurance premiums paid for insured benefit plans	3,406,638	2,888,126
Insurance premiums paid for stop-loss coverage	3,067,372	2,693,861
Self-funded plan claims paid	59,245,935	53,453,942
Prescription program rebates	(5,089,814)	(4,431,252)
Stop-loss insurance policy recoveries	(2,579,523)	(2,512,636)
Net benefits paid	<u>58,050,608</u>	<u>52,092,041</u>
Administrative expenses		
Contract administrative expenses	3,418,708	3,254,301
Other administrative expenses	6,767,121	6,329,977
Total administrative expenses	<u>10,185,829</u>	<u>9,584,278</u>
Total deductions	<u>68,236,437</u>	<u>61,676,319</u>
Net change in net assets available for benefits	<u>(7,318,753)</u>	<u>(3,025,027)</u>
 NET CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS	 (7,978,446)	 (2,465,792)
Net assets available for benefits over benefit obligations		
Beginning of period	21,671,836	24,137,628
End of period	<u>\$ 13,693,390</u>	<u>\$ 21,671,836</u>

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

THE GROUP INSURANCE TRUST OF THE
CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
Notes to Financial Statements
December 31, 2025 and 2024

1. Plan Description

General

The Group Insurance Trust of the California Society of Certified Public Accountants (the "Trust") operates as a Multiple Employer Welfare Arrangement ("MEWA") to provide benefits at group rates to employees and dependents of eligible employer-members of the California Society of Certified Public Accountants ("CalCPA"). Formed in 1959, the Trust is maintained pursuant to an agreement and declaration of trust (the "Trust Agreement"), as most recently amended and restated on July 29, 2022. The Trust is an employee welfare benefit plan as defined in Section 3(1) of the Employee Retirement Income Security Act of 1974 ("ERISA") and is therefore subject to ERISA's provisions governing employee benefits plans. Employers eligible to participate ("employers") include CalCPA and its affiliated organizations, and companies whose majority ownership interest is held by members of CalCPA. A Board of Trustees is vested with authority to control and manage the operation and administration of the Trust and the Trust's assets. Election of a rotating one-third of the up to twelve-member Board of Trustees is conducted annually by vote of participating employers of the Trust.

Benefit programs

The Trust was awarded a Certificate of Compliance by the California Department of Insurance on March 10, 1997, allowing it to offer self-funded health care coverage to eligible firms under regulations governing MEWAs. Under the MEWA program, the Trust offers self-funded preferred provider medical plans through an administrative service agreement with Anthem Blue Cross ("Anthem"), see Note 3. For the self-funded medical plans, the Trust obtains specific and aggregate stop-loss insurance coverage from Anthem.

Other MEWA self-funded programs include dental care and vision care through Delta Dental of California ("Delta Dental") and Vision Service Plan ("VSP"), respectively. Prescription plan coverage is offered through Express Scripts. Delta Dental, VSP and Express Scripts operate through administrative service agreements.

Other programs offered by the Trust include group life insurance and long-term disability coverage under fully-insured contracts with Lincoln National Life Insurance Company. In addition, fully insured HMO programs for medical care through Anthem and dental care through Delta Dental are provided by the Trust.

Contributions

Under the provisions of the Trust agreements, employers make contributions to the Trust at rates expected to be sufficient to pay group insurance premiums, self-funded medical, dental and vision claims and expenses of the Trust for the year. Such contributions are calculated based on underlying data by an actuary and rates approved by the Trustees.

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1. Plan Description (continued)

Termination

In the event of termination of the Trust, the Trust assets would be distributed first to satisfy all liabilities of the Trust. The remainder would be distributed in a manner consistent with the requirements of ERISA.

2. Summary of Significant Accounting Policies

Basis of accounting

The accounts of the Trust are maintained, and the accompanying statements are prepared, on an accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("US GAAP").

Estimates

The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates. Significant estimates include the Actuarial reserve for self-funded claims incurred but unreported, Investments at fair value, and the Prescription program rebates receivable presented on the Statements of Benefit Obligations and Net Assets Available for Benefits, and the Net change in actuarial reserve for self-funded claims incurred but unreported, Net change in fair value of investments, and Prescription program rebates on the Statements of Changes in Benefit Obligations and Net Assets Available for Benefits.

Risks and uncertainties

The Trust invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market fluctuation and credit risks. Due to the level of risk associated with certain investment securities, it is 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 Trust's financial statements. The Trust is exposed to credit risk to receivables arising from employer contributions, stop-loss insurance recoveries, and prescription rebate arrangements. However, such exposure is limited due to the short-term nature of employer receivables, strong historical collection experience, and the financial stability of insurance carriers and service providers.

The Trust is exposed to healthcare claim risk, including variability in claim frequency and severity. The Trust mitigates this risk through the use of stop-loss insurance coverage, which limits the exposure to large individual and aggregate claims.

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2. Summary of Significant Accounting Policies (continued)

The Actuarial reserve for self-funded claims incurred but unreported (“Actuarial reserve”) was developed using the chain ladder method along with other criteria assumptions. (See Note 2 Reserve for self-funded claims incurred but unreported for more information.) Due to the inherent uncertainty associated with the estimation of the Actuarial reserve, actual results may differ from those estimates, and such differences could be material to the financial statements in future periods.

Prescription program rebates receivable are estimates based on information provided by Express Scripts and Willis Towers Watson’s Rx Collaborative. Due to the inherent uncertainty associated with the estimation of Prescription program rebates, actual results may differ from those estimates, and such differences could be material to the financial statements in future periods.

Cash and cash equivalents

The Trust considers all investments in money market funds or other financial instruments with original maturity dates of three months or less to be cash equivalents.

Investments

The Trust's investments consist of registered investment companies valued at fair value as determined by quoted market prices and investments in government and corporate debt securities valued using observable inputs for similar securities. 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 (Note 8).

Investment income includes interest and dividends earned and realized gains and losses on securities transactions. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net change in fair value of investments includes the Trust's gains and losses on investments bought and sold as well as held during the year. These amounts are reported on the Statements of Changes in Benefit Obligations and Net Assets Available for Benefits.

Reserve for self-funded claims incurred but unreported

Obligations for health claims incurred by participants but not reported as of the end of a reporting period are estimated by the Trust's actuary in accordance with accepted actuarial principles and based on claims data provided by the Trust and third-party claims administrators. Such estimated amounts, which include a provision for claim settlement expense, are reported in the accompanying financial statements. In addition, COBRA benefit obligations are estimated by the Trust's actuary in accordance with accepted actuarial principles. The COBRA benefit obligations, which management has deemed immaterial, are included in the Actuarial reserve for self-funded claims incurred but unreported in the Statements of Benefit Obligations and Net Assets Available for Benefits.

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Notes to Financial Statements
December 31, 2025 and 2024

2. Summary of Significant Accounting Policies (continued)

The Actuarial reserve was developed using the chain ladder method, which analyzes past experience to determine a set of completion factors that are measured by the amount of time it takes to pay claims by comparing the historical paid amount and paid dates to the corresponding dates of service, and is adjusted for the volatility of the most recent experience. Additionally, the Actuarial reserve estimates for 2025 and 2024 were developed using assumed annual medical trend rates of 11.1% and 4.8%, respectively, to reflect anticipated inflation in medical costs and utilization trends. A provision for adverse deviation (“PAD”) of 10% was added to the medical line of business for both years. No discount rate was assumed since most claims are expected to be paid within 90 days and the Actuarial reserve is considered a short-term liability. These estimates and assumptions are reviewed periodically and are subject to change as additional information becomes available. Changes in actuarial assumptions from prior periods are evaluated as part of the annual valuation process. The methodology used to develop the Actuarial reserve liability at December 31, 2025, was consistent with the methodology used at December 31, 2024, except for the trend assumptions noted above. While the trend assumptions changed, the Trust’s actuary concluded that the effect of the change was not material to the actuarial reserve liability. The actuary’s sensitivity analysis indicated that a 10% change in the trend assumption would result in a change to the actuarial reserve that is less than the PAD held by the Trust. The Actuarial reserve liabilities reported at December 31, 2025, and 2024, were \$5,597,000 and \$4,865,000, respectively. This represents an increase of \$732,000 from 2024 to 2025 and is reported in the Net change in actuarial reserve for self-funded claims incurred but unreported on the Statements of Changes in Benefit Obligations and Net Assets Available for Benefits. Due to the inherent uncertainty associated with the estimation of the Actuarial reserve, actual results may differ from those estimates, and such differences could be material to the financial statements in future periods.

Contributions and Receivables

Employer contributions are reported on the Statements of Changes in Benefit Obligations and Net Assets Available for Benefits on an accrual basis. Contributions from employers, and related receivables, are recorded based on the month or period of coverage. Contributions receivable are estimated based on billed premiums. The Trust also records receivables related to stop-loss insurance recoveries and prescription drug rebates, which are recognized based on contractual arrangements with third-party service providers.

The Trust evaluates all receivables for expected credit losses in accordance with Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) Topic 326, *Financial Instruments – Credit Losses*. Under this guidance, an allowance for credit losses is recorded based on expected collectability, considering historical experience, current conditions, and reasonable supportable forecasts.

The Trust’s receivables consist of Employer contribution receivables from participating member firms, Stop-loss insurance receivables due from third-party insurers, and Prescription rebate receivables due from pharmacy benefit managers. These receivables are evaluated individually or collectively based on similar risk characteristics.

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2. Summary of Significant Accounting Policies (continued)

Employer contribution receivables are short-term in nature and historically have experienced insignificant credit losses. In addition, the Trust enforces a policy of terminating coverage for nonpayment after a 30-day grace period, significantly limiting credit risk exposure.

Stop-loss receivables represent amounts due from highly rated insurance carriers. Historically, the Trust has experienced full collectability of such balances.

Prescription rebate receivables are due from a large, financially stable pharmacy benefit manager and are based on contractual rebate arrangements. The Trust has historically experienced full collectability of such receivables.

Based on historical experience, current conditions, and an evaluation of credit risk, management determined that expected credit losses for all receivable categories were not material as of December 31, 2025 and 2024. Accordingly, no allowance for credit losses has been recorded.

Deferred contributions

Deferred employer contributions are based on payments received and applied to subsequent benefit coverage periods as of the financial statement date and are reported on the Statements of Benefit Obligations and Net Assets Available for Benefits.

Self-funded plan claims

Self-funded claims are recorded based on the date the claim is paid by the claims processor - Anthem, Delta Dental, VSP or Express Scripts.

Claims payable

Reported claims payable represents claims that have been adjudicated and approved for payment by the claims processor but not yet disbursed as of the financial statement date.

Prescription program

Prescription drug coverage offered with Trust medical plans were expected to pay out as much as standard Medicare prescription drug coverage paid in 2025 and was therefore considered Creditable Coverage. The Trust does not receive any Medicare subsidies. Express Scripts' prescription drug rebate program includes 100% pass-through of all manufacturer rebates, with guaranteed minimum rebate amounts per claim. Prescription benefits paid, before rebates, for the years ended December 31, 2025 and 2024, were \$15,383,880 and \$13,045,002, respectively, and are reported with Self-funded plan claims paid on the Statements of Changes in Benefit Obligations and Net Assets Available for Benefits.

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Notes to Financial Statements
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2. Summary of Significant Accounting Policies (continued)

Capitalized software

Capitalized software is stated at cost, less accumulated amortization calculated using the straight-line method over an estimated useful life of three years.

Stop-loss insurance

Indemnification by Anthem for medical and prescription claims in excess of stop-loss limits is recognized at the time the related claim accrues. For 2025 and 2024, specific stop-loss provisions indemnified individual medical and prescription claims in excess of \$600,000, and aggregate stop-loss provisions indemnified the Trust for losses in excess of \$62,285,620 and \$53,674,772, respectively. Stop-loss insurance policy recoveries are reported as gross amounts received and are reported on the Statements of Changes in Benefit Obligations and Net Assets Available for Benefits.

Income taxes

The Trust is a "welfare benefit fund" as defined in Section 419(e) of the Internal Revenue Code which is a 10 or more employer plan as defined in Section 419A(f)(6) and is considered a taxable trust. Employer contributions to welfare benefit funds such as the Trust are not taken into account in determining income taxable to the Trust. However, Trust net investment income is taxable to the Trust and distributions to beneficiaries are deductible to the extent of Trust income. No federal or state income taxes have been recorded for the years ended December 31, 2025 or 2024, as the allowable expenses exceeded net investment income for the Trust.

Leases

The Trust leases certain facilities under non-cancelable operating leases with terms from two to four years. At December 31, 2025, the weighted-average discount rate was 1.37% and the weighted-average remaining lease term was 10 months. Lease expenses incurred for the years ended December 31, 2025 and 2024, amounted to \$119,796 and \$120,342, respectively, and are included in Other administrative expenses on the Statements of Changes in Benefit Obligations and Net Assets Available for Benefits. The following tables display the undiscounted cash flows due related to the operating leases, along with a reconciliation of the discounted amount recorded in the Statements of Benefit Obligations and Net Assets Available for Benefits, as of December 31, 2025:

January-October 2026	<u>\$110,536</u>
Total Undiscounted Cash Flows	110,536
Present Value Discount	<u>(570)</u>
Total Lease Liability	<u>\$ 109,966</u>

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2. Summary of Significant Accounting Policies (continued)

Reconciliation to Statements of Benefit Obligations and Net Assets Available for Benefits:

	<u>Right-of-use assets</u>	<u>Lease liabilities</u>
Balance at January 1, 2025	\$ 214,458	\$ 239,535
Amortization charges	(117,473)	
Accretion of interest		2,323
Lease payments (principal)		(129,569)
Lease payments (interest)		(2,323)
Balance as of December 31, 2025	\$ 96,985	\$ 109,966
Current (short term)		\$ 109,966
Non-current (long term)	\$ 96,985	\$ -
Total	\$ 96,985	\$ 109,966

3. Administrative Agreements

Administrative service organizations (ASO)

The Trust has entered into administrative services agreements with Anthem, Delta Dental, VSP and Express Scripts for self-funded plans. Services are provided on a fee basis and generally include use of the ASO provider network, claims administration, cost containment services, data reporting, eligibility maintenance and other supporting services. Contract administrative expenses incurred by the Trust during 2025 and 2024, in connection with administrative service agreements, amounted to \$2,539,501 and \$2,415,961, respectively. (See Note 5 Related Party and Party-in-Interest Transactions.)

MS Benefits LLC

Benefit administrative services are provided by Banyan Administrators under an administrative agreement with MS Benefits LLC (“MS Benefits”) effective November 14, 2024. Under the agreement, MS Benefits receives and accounts for employer contributions, maintains records of eligible participants and performs various other services. Contract administrative expenses incurred by the Trust for services provided by MS Benefits during 2025 and 2024 amounted to \$840,117 and \$799,942, respectively. (See Note 5 Related Party and Party-in-Interest Transactions.)

MS Benefits provides COBRA administrative services under an administrative agreement effective November 14, 2024. Under the agreement, MS Benefits receives and accounts for COBRA participant contributions, maintains records of eligible participants, and performs various other services. Contract administrative expenses incurred by the Trust for COBRA services provided by MS Benefits during 2025 and 2024 amounted to \$39,090 and \$38,398, respectively. (See Note 5 Related Party and Party-in-Interest Transactions.)

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4. Maintenance Trust

Employers in the self-funded medical, dental and vision programs are billed directly to provide for the payment of certain indirect administrative costs incurred. Enrollee fees are deposited into the Maintenance Trust, which is independent of the Trust. The Maintenance Trust reimburses CalCPA monthly for indirect expenses it incurs on behalf of the Trust and reimburses Trustee employers for compensatory time spent on Trust matters.

5. Related Party and Party-in-Interest Transactions

ERISA defines parties-in-interest similarly to FASB ASC 850, Related Party Disclosures, except that ERISA's definition is broader and includes all entities and individuals that provide services to the Trust, any fiduciary of the Trust, the participating employers, and certain others; however, these entities may not necessarily be related parties. The Trust did not identify any related parties to the Trust that were not also considered to be parties-in-interest. The Trust did not enter into any material related party transactions during the Trust year related to compensation arrangements, expense allowances, or similar items.

Certain transactions with parties-in-interest are exempt from the prohibited transaction rules under ERISA, including payments for services necessary for the operation of the Plan, provided that compensation for such services is reasonable.

As discussed in Note 3, the Trust has service arrangements with insurance carriers, and third-party benefits administrators, each of which is considered a party in interest under ERISA as a provider of services to the Trust. The Trust pays fees and commissions to insurance brokers for services rendered. Insurance brokers are considered a party in interest under ERISA as a provider of services to the Trust. In addition, the participating member firms of the Trust are considered parties in interest as employers whose employees are covered by the Plan. As discussed in Note 2, the Trust receives contributions from these member firms to fund Trust benefits and administration expenses.

6. Trust Investments

Trust investments, including investments bought, sold, and held during 2025 and 2024, appreciated by \$1,081,302 and \$725,358, respectively. The individual investments of the Trust, stated at fair value as of December 31, 2025 and 2024, are as follows:

	<u>2025</u>	<u>2024</u>
Fixed Income Investment Bonds, 12,782,091 and 18,202,556 shares at December 31, 2025 and 2024, respectively	\$12,730,980	\$17,492,214
Vanguard Short-Term Investment-Grade Fund, 3,075 and 2,614 Admiral shares at December 31, 2025 and 2024, respectively	32,354	26,947

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6. Trust Investments (continued)

	<u>2025</u>	<u>2024</u>
Vanguard Developed Markets Index Fund, 40,246 and 88,433 Admiral shares at December 31, 2025 and 2024, respectively	807,743	1,358,330
Vanguard High Dividend Yield Index Fund, 18,595 and 35,157 Admiral shares at December 31, 2025 and 2024, respectively	\$804,625	\$1,352,499
Vanguard Mid-Cap Index Fund, 2,232 and 4,059 Admiral shares at December 31, 2025 and 2024, respectively	802,180	1,326,687
Vanguard Real Estate Index Fund, 6,204 and 10,502 Admiral shares at December 31, 2025 and 2024, respectively	777,934	1,326,531
Vanguard Small-Cap Index Fund, 6,612 and 11,459 Admiral shares at December 31, 2025 and 2024, respectively	817,137	1,319,657
Eaton Vance Floating Rate Fund Class R6, 121,319 and 167,743 shares at December 31, 2025 and 2024, respectively	<u>981,469</u>	<u>1,407,366</u>
Total Funds	<u>\$17,754,422</u>	<u>\$25,610,231</u>

7. Concentration

The Trust maintains cash balances and money market accounts at several financial institutions. Periodically, such balances may be in excess of federally insured limits.

8. Fair Value Measurements

The Trust has characterized the fair value of their investments measured at fair value on a recurring basis, based on the priority of the inputs used to value the investments, into a three-level fair value hierarchy, as required under US GAAP. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1), and the lowest priority to unobservable inputs (Level 3). If the inputs used to measure the investments fall within different

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8. Fair Value Measurements (continued)

levels of the hierarchy, the categorization is based on the lowest level input that is significant to the fair value measurement of the investments.

Investments measured at fair value on a recurring basis in the Trust financial statements are categorized based on the inputs to valuation techniques as follows:

Level 1. These consist of investments where values are based on unadjusted quoted prices for identical assets in an active market that the Trust has the ability to access.

Level 2. These consist of investments where values are based on quoted prices in markets that are not active or model inputs that are observable either directly or indirectly for substantially the full term of the investments.

Level 3. These consist of investments where values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement. These inputs reflect assumptions of management about assumptions market participants would use in pricing the investments.

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

The following is a description of the valuation methodology used for assets measured at fair value on a recurring basis. There have been no changes in the methodology used at December 31, 2025 and 2024.

Registered investment companies ("funds"): Valued at the daily closing price as reported by the funds. Funds held by the Trust are open-end funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The funds held by the Trust are deemed to be actively traded and classified as Level 1 within the fair value hierarchy.

U.S. Government securities: Valued using quoted market prices in active markets. These securities are classified as Level 1 within the fair value hierarchy.

U.S. Agency securities: Valued using pricing models maximizing the use of observable inputs for similar securities. These securities are classified as Level 2 within the fair value hierarchy.

Municipal obligations: Valued based on quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data. These securities are classified as Level 2 within the fair value hierarchy.

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December 31, 2025 and 2024

8. Fair Value Measurements (continued)

Corporate obligations: 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. Corporate obligations are classified as Level 2 within the fair value hierarchy.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, although the Trust believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table summarizes the Trust's assets measured at fair value on a recurring basis, as of December 31, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
Level 1: Quoted Prices in Active Markets For Identical Assets		
Registered investment companies	\$ 5,023,442	\$ 8,118,017
U.S. Government securities	5,171,410	7,820,893
Level 2: Significant Other Observable Inputs		
U.S. Agency securities	936,798	1,127,509
Municipal obligations	1,499,142	2,081,134
Corporate obligations	<u>5,123,630</u>	<u>6,462,678</u>
	<u>\$ 17,754,422</u>	<u>\$ 25,610,231</u>

9. Certain Regulatory Requirements

California Insurance Code Section 742.245 ("Section 742.245") imposes investment requirements on MEWAs, such as the Trust. The requirements stipulate investment grade levels, and generally, formulate maintaining a minimum level of specified investments, such as cash, and a maximum level of investments in equity holdings. The investments held by the Trust during 2025 and 2024 comply with the regulations imposed by Section 742.245.

10. Retirement Plan

The Trust sponsors a retirement plan for its employees authorized by section 401(k) of the Internal Revenue Code. Total retirement plan contribution expenses incurred for 2025 and 2024 amounted to \$111,813 and \$103,152, respectively, and are included in Other administrative expenses on the Statements of Changes in Benefit Obligations and Net Assets Available for Benefits.

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CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
Notes to Financial Statements
December 31, 2025 and 2024

11. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the accompanying 2025 and 2024 financial statements to the Form 5500:

	<u>2025</u>	<u>2024</u>
Net assets available for benefits, per Statements of Benefit Obligations and Net Assets Available for Benefits	\$20,610,140	\$27,928,893
Benefit obligations at the end of year	<u>(6,916,750)</u>	<u>(6,257,057)</u>
Net assets available for benefits, per Form 5500	<u>\$13,693,390</u>	<u>\$21,671,836</u>

The following is a reconciliation of payments to provide benefits to participants per the financial statements to the Form 5500 for 2025:

	<u>2025</u>
Benefits provided directly to participants, per Statements of Changes in Benefit Obligations and Net Assets Available for Benefits (Self-funded claims paid)	\$59,245,935
Benefit obligations at December 31, 2025	6,916,750
Benefit obligations at December 31, 2024	(6,257,057)
Prescription program rebates	(5,089,814)
Stop-loss insurance policy recoveries	<u>(2,579,523)</u>
Benefits provided directly to participants, per Form 5500	<u>\$52,236,291</u>

12. Subsequent Events

The Trust has evaluated subsequent events through May 15, 2026, the date the financial statements were available to be issued. No subsequent events have occurred requiring recognition or additional disclosure in the financial statements.

SUPPLEMENTARY INFORMATION



INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTARY INFORMATION

To the Board of Trustees
The Group Insurance Trust of the California
Society of Certified Public Accountants

Supplementary Information Required by the Employee Retirement Income Security Act of 1974 (ERISA)

We have audited the financial statements of The Group Insurance Trust of the California Society of Certified Public Accountants as of and for the years ended December 31, 2025 and 2024, and our report thereon dated May 15, 2026, which expressed an unmodified opinion on those financial statements, appears on pages 1 - 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2025, of assets (acquired and disposed of within year) for the year ended December 31, 2025, and of reportable transactions for the year ended December 31, 2025, of The Group Insurance Trust of the California Society of Certified Public Accountants are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (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 auditing standards generally accepted in the United States of America.

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

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

Armanino LLP

Dallas, Texas

May 15, 2026

THE GROUP INSURANCE TRUST OF THE
CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
EIN: 94-1056137; Plan No. 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Investment Description	Cost	Current Value
	U.S. Treasury	Note due 01/31/2028, 0.75%, \$270,000 par	\$ 262,238	\$ 255,319
	U.S. Treasury	Note due 08/31/2028, 1.13%, \$490,000 par	421,151	460,447
	U.S. Treasury	Note due 05/15/2032, 2.88%, \$200,000 par	193,430	188,843
	U.S. Treasury	Note due 09/30/2027, 4.13%, \$175,000 par	176,258	176,900
	U.S. Treasury	Note due 02/28/2030, 4.00%, \$600,000 par	595,116	608,063
	U.S. Treasury	Note due 08/15/2033, 3.88%, \$350,000 par	338,475	347,703
	U.S. Treasury	Note due 08/31/2030, 4.13%, \$500,000 par	483,477	509,218
	U.S. Treasury	Note due 09/30/2028, 4.63%, \$500,000 par	498,887	514,297
	U.S. Treasury	Note due 01/31/2029, 4.00%, \$500,000 par	493,163	506,563
	U.S. Treasury	Note due 02/28/2031, 4.25%, \$200,000 par	200,594	204,813
	U.S. Treasury	Note due 08/31/2031, 3.75%, \$300,000 par	293,016	299,343
	U.S. Treasury	Note due 11/30/2031, 4.13%, \$400,000 par	408,484	406,594
	U.S. Treasury	Note due 06/30/2030, 3.88%, \$550,000 par	546,004	554,641
	U.S. Treasury	Note due 10/31/2032, 3.75%, \$140,000 par	139,081	138,666
	Federal Home Loan Mortgage Corp	Note due 03/01/2039, 4.00%, \$31,486 par	32,542	31,133
	Federal Home Loan Mortgage Corp	Note due 08/01/2027, 2.50%, \$18,974 par	18,775	18,755
	Federal Home Loan Mortgage Corp	Note due 10/01/2053, 6.00%, \$123,976 par	125,409	128,293
	Federal Home Loan Mortgage Corp	Note due 02/01/2052, 3.50%, \$194,054 par	174,406	180,643
	Federal Home Loan Mortgage Corp	Note due 01/01/2052, 2.50%, \$217,957 par	180,395	187,333
	Federal National Mortgage Association	Note due 07/01/2049, 3.00%, \$12,758 par	13,007	11,502
	Federal National Mortgage Association	Note due 01/01/2052, 2.00%, \$159,737 par	123,896	131,718
	Federal National Mortgage Association	Note due 05/01/2027, 2.50%, \$10,874 par	10,758	10,753
	Federal National Mortgage Association	Note due 10/01/2027, 2.50%, \$18,108 par	17,917	17,874
	Federal National Mortgage Association	Note due 07/01/2033, 3.50%, \$28,415 par	28,761	28,059
	Federal National Mortgage Association	Note due 06/01/2034, 3.50%, \$34,004 par	34,910	33,469
	Federal National Mortgage Association	Note due 07/01/2029, 3.00%, \$20,984 par	21,466	20,733
	Federal National Mortgage Association	Note due 08/01/2029, 3.00%, \$22,407 par	22,903	22,138
	Federal National Mortgage Association	Note due 01/01/2030, 3.00%, \$23,529 par	24,209	23,227
	Federal National Mortgage Association	Note due 02/01/2030, 3.00%, \$42,852 par	44,265	42,292
	Federal National Mortgage Association	Note due 03/01/2030, 3.00%, \$49,524 par	51,172	48,876
	California State	Note due 09/01/2034, 5.15%, \$250,000 par	251,218	262,317
	Greater Orlando Florida Aviation Authority	Note due 10/01/2030, 2.70%, \$260,000 par	231,046	245,341
	New York City Transitional Financial Authority	Note due 02/01/2032, 4.64%, \$250,000 par	242,690	253,955
	Oregon Department of Administrative Services	Note due 04/01/2031, 5.02%, \$250,000 par	250,000	260,977
	Port of Morrow Oregon Transmission Facilities	Note due 09/01/2032, 4.89%, \$250,000 par	252,843	258,835
	University of Oklahoma	Note due 07/01/2033, 2.41%, \$250,000 par	200,700	217,717
	American Express Credit Account Master Trust	Corporate Note due 09/15/2030, 5.15%, \$200,000 par	203,094	206,850
	Carvana Auto Receivables Trust	Corporate Note due 06/10/2027, 1.03%, \$52,877 par	52,867	52,547
	Carvana Auto Receivables Trust	Corporate Note due 12/10/2027, 1.64%, \$124,575 par	124,568	123,704
	Chase Issuance Trust	Corporate Note due 01/15/2031, 4.63%, \$150,000 par	150,000	153,647
	Citibank Credit Card Issuance Trust	Corporate Note due 10/13/2030, 3.96%, \$80,000 par	77,218	80,288
	CHN Equipment Trust	Corporate Note due 03/15/2032, 4.12%, \$150,000 par	147,246	150,743
	GM Financial Consumer Automobile Receivables Trust	Corporate Note due 11/16/2029, 5.09%, \$200,000 par	204,516	204,238
	Honda Auto Receivables Owner Trust	Corporate Note due 07/18/2030, 5.21%, \$70,000 par	72,062	71,586
	Hyundai Auto Receivables Trust	Corporate Note due 01/15/2032, 3.89%, \$75,000 par	74,987	74,838
	World Financial Network Credit Card Master Trust	Corporate Note due 05/15/2031, 4.62%, \$150,000 par	151,605	151,733
	Abbvie Inc	Corporate Note due 03/15/2030, 4.88%, \$125,000 par	126,035	128,865
	American Express Co	Corporate Note due 11/05/2027, 5.85%, \$130,000 par	129,906	134,475
	Bank of NY Mellon Corp	Corporate Note due 01/29/2028, 3.40%, \$150,000 par	141,288	148,981

THE GROUP INSURANCE TRUST OF THE
CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
EIN: 94-1056137; Plan No. 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Investment Description	Cost	Current Value
	CF Industries Inc	Corporate Note due 03/15/2034, 5.15%, \$100,000 par	\$ 94,027	\$ 100,549
	Citigroup Inc	Corporate Note due 05/24/2028, 4.66%, \$200,000 par	200,000	201,732
	Clorox Co	Corporate Note due 10/01/2027, 3.10%, \$200,000 par	224,496	197,403
	Comcast Corp	Corporate Note due 02/15/2028, 3.15%, \$150,000 par	144,653	147,693
	Duke Energy Carolinas	Corporate Note due 01/15/2033, 4.95%, \$150,000 par	148,371	154,703
	Ecolab Inc	Corporate Note due 12/01/2027, 3.25%, \$100,000 par	98,065	99,225
	Florida Power & Light Co	Corporate Note due 06/15/2034, 5.30%, \$150,000 par	157,334	157,399
	Goldman Sachs Group Inc	Corporate Note due 02/24/2028, 2.64%, \$100,000 par	92,147	98,453
	JPMorgan Chase & Co	Corporate Note due 01/23/2030, 5.01%, \$200,000 par	200,000	205,136
	Eli Lilly & Company	Corporate Note due 02/09/2034, 4.70%, \$125,000 par	123,305	126,789
	Lockheed Martin Corp	Corporate Note due 02/15/2029, 4.50%, \$200,000 par	197,980	203,208
	Morgan Stanley	Corporate Note due 07/21/2034, 5.42%, \$100,000 par	96,679	104,149
	Northern Trust Co	Corporate Note due 05/10/2027, 4.00%, \$100,000 par	99,838	100,263
	Oneok Inc	Corporate Note due 11/01/2034, 5.05%, \$125,000 par	118,899	124,146
	PNC Financial Services	Corporate Note due 12/02/2028, 5.35%, \$150,000 par	150,282	153,843
	Pfizer Inc	Corporate Note due 05/19/2033, 4.75%, \$100,000 par	98,890	101,202
	Prudential Financial Inc	Corporate Note due 03/14/2035, 5.20%, \$125,000 par	124,030	128,383
	Charles Schwab Corp	Corporate Note due 01/25/2028, 3.20%, \$150,000 par	145,152	147,963
	Texas Instruments Inc	Corporate Note due 08/16/2032, 3.65%, \$100,000 par	93,138	96,182
	Toyota Motor Credit Corp	Corporate Note due 03/22/2027, 3.05%, \$200,000 par	193,652	198,269
	Truist Financial Corp	Corporate Note due 06/06/2028, 4.12%, \$150,000 par	144,459	150,416
	UnitedHealth Group Inc	Corporate Note due 06/15/2028, 3.85%, \$80,000 par	78,191	79,884
	Verizon Communications Inc	Corporate Note due 03/22/2028, 2.10%, \$100,000 par	99,955	96,060
	Waste Management Inc	Corporate Note due 03/15/2032, 4.80%, \$125,000 par	124,879	128,030
	Wells Fargo & Company	Corporate Note due 03/02/2033, 3.35%, \$150,000 par	134,600	140,055
	The Vanguard Group	40,246 shares - Developed Markets Index Fund Admiral shares	562,510	807,743
	The Vanguard Group	18,595 shares - High Dividend Yield Index Fund Admiral shares	605,147	804,625
	The Vanguard Group	2,232 shares - Mid-Cap Index Fund Admiral shares	482,730	802,180
	The Vanguard Group	6,204 shares - Real Estate Index Fund Admiral shares	677,653	777,934
	The Vanguard Group	6,612 shares - Small-Cap Index Fund Admiral shares	461,439	817,137
	The Vanguard Group	3,075 shares - Short-Term Investment-Grade Fund Admiral shares	31,978	32,354
	Eaton Vance	121,319 shares - Floating Rate Fund R6 shares	1,063,701	981,469
		Total	<u>\$ 16,326,234</u>	<u>\$ 17,754,422</u>

THE GROUP INSURANCE TRUST OF THE
CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
EIN: 94-1056137; Plan No. 501
Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within Year)
For the Year Ended December 31, 2025

(a)	(b)	(c)	(d)
Identity of Issue	Investment Description	Cost of Acquisition	Proceeds of Disposition
Ryder System Inc	Corporate Note due 03/15/2030, 5.000%, \$100,000 par	\$ 100,655	\$ 103,022
ERP Operating Limited Partnership	Corporate Note due 06/15/2032, 4.950%, \$150,000 par	149,574	157,621
		<u>\$ 250,229</u>	<u>\$ 260,643</u>

THE GROUP INSURANCE TRUST OF THE
CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
EIN: 94-1056137; Plan No. 501
Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2025

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value on Transaction Date	Net Gain or (Loss)
Investments Acquired and Sold								
The Vanguard Group	Vanguard Short-Term Investment-Grade Fund	1,006,756	-	-	-	1,006,756	1,006,756	-
The Vanguard Group	Vanguard Short-Term Investment-Grade Fund	-	1,000,000	-	-	1,001,766	1,000,000	(1,766)

Group Insurance Trust of the California Society of Certified Public Accountants

EINL 94-1056137k PN: 501

Plan Year ended: December 31, 2025

Employer	EIN	Address	%GT Net Premium
Frank Rimerman	94-1341042		9.59%
Payroll Express LLC	45-3517823		2.91%
TRI HoldCo, Inc	83-1643898		2.59%
Duffy Kruspodin LLP	95-4244393		2.47%
Ray Stone Inc	94-1736828		2.25%
Mirastar Federal Credit Union	94-1509091		2.11%
American Heritage Lending LLC	26-2301259		1.90%
Eisner Advisory Group LLC	87-1353108		1.71%
Pinion LLC	48-0567703		1.69%
Redwitz Inc	33-0850406		1.58%
CAMICO	77-0105482		1.57%
CALIFORNIA SOCIETY OF CPAS	94-1056137		1.53%
SOAPProjects Inc	20-0802044		1.40%
Merced School Employees Federal Credit Union	94-1284984		1.30%
BOOS & ASSOCIATES, A Professional Corporation	20-4243780		1.28%
Nasif Hicks Harris and CO LLP	77-0181453		1.13%
M. Green and Company LLP	94-1683129		0.97%
HEMMING MORSE, LLC	30-0702322		0.91%
Golden Valley Bank	20-4148098		0.88%
Greenstein, Rogoff, Olsen and CO LLP	94-2231697		0.85%
Realize CPA, LLP	94-3145806		0.83%
Wright Ford Young & Co, CPAs	95-3288054		0.75%
NIMAN AND ASSOCIATES, INC	33-0568559		0.70%
Bianchi, Kasavan, & Pope	94-1541507		0.65%
Milam, Knecht & Warner, LLP	95-4538174		0.61%
ADAIR AND EVANS, AN ACCOUNTANCY CORPORATION	77-0042051		0.59%
Tiret & Company, CPAS	94-2824205		0.58%
MCGILLOWAY, RAY, BROWN AND KAUFMAN, AC	77-0460195		0.56%
Law Offices of Stephen Moskowitz DBA Moskowitz LLP	20-2071948		0.53%
BROWN ARMSTRONG ACCOUNTANCY CORPORATION	95-3109182		0.52%
SOREN MCADAM, LLP	77-0549163		0.51%
C&D LLP	77-0418724		0.50%
Alliant Communities LLC	85-0695775		0.50%
BROTEMARKLE DAVIS AND CO, LLP	68-0219846		0.49%
Moore Grider and Company LLP	94-2191284		0.49%
Johanson & Yau Accountancy Corporation	94-2702860		0.47%
AMI ASSET MANAGEMENT CORPORATION	95-4446454		0.45%
HMI Capital Management LP	26-3669288		0.45%
DEMER A DEMER A CAMERON, LLP	20-3942205		0.44%
DRITSAS GROOM MCCORMICK, LLP	94-2782187		0.44%
Galgas Russell LLP	95-3535236		0.44%
MHTB Accountancy Group of Silicon Valley	94-2188070		0.44%
Jones, Schiller & Littman LLP	94-1420282		0.43%
JRG Attorneys at Law	45-4073451		0.43%
MOSS, LEVY AND HARTZHEIM	75-3194011		0.42%
Offereins Janda Roe and McCahan	77-0164567		0.38%
Cornerstone Community Bank	20-5260109		0.37%
SOARES, SANDALL, BERNACCHI AND PETROVICH	95-1888001		0.37%
SITKOFF, O NEIL ACCOUNTANCY CORP	95-3437527		0.34%
COHN HANDLER STURM	95-4067292		0.34%
Bidwell Consulting Services, Inc	20-3039384		0.33%
PATRICK SCHEUFLER, ACCY CORP	77-0356441		0.33%
POLLY, SCATENA, VASHERESSE & MAY	94-1246445		0.32%
Intelligence Driven Advisors, LLC	27-0909398		0.31%
Platt, Miller & Jacobs Certified Public Accountants, LLP	85-2838626		0.31%
FINN AND COHEN CPA'S	77-0296692		0.31%
AGT CPAs & Advisors	68-0146027		0.30%
Given & Company, Inc.	95-3416914		0.30%
Iacopi, Lenz & Company	94-2517281		0.30%
Freedman Broder & Company	95-4338170		0.29%
Lindquist, Von Husen & Joyce LLC	94-1250261		0.29%
Edwards and Barber CPAs	87-2820304		0.27%
Group Insurance Trust	94-2767563		0.25%
Vollmer, Daniel, Gaebe & Grove LLP	94-1553366		0.25%
Palm Drive Associates, LLC	95-4648547		0.25%
SCHWARTZ, KALES AAC	95-3131555		0.24%
Halle, Porter, Newland & Rickett	46-4418219		0.24%
Hedman Partners LLP	85-4036357		0.24%
Allmon DiBernardo & Associates CPAs	84-4584430		0.24%
Bell Investment Advisors	94-3129063		0.23%
BENTSON, VUONA & WESTERSTEN, LLP	33-0683633		0.23%
CLUMECK STERN SCHENKELBERG AND GETZOFF	95-4120221		0.23%

Group Insurance Trust of the California Society of Certified Public Accountants

EINL 94-1056137k PN: 501

Plan Year ended: December 31, 2025

Lee, Tang & Associates CPAS	77-0491567	0.23%
Herr Pedersen and Berglund LLP	77-0466967	0.22%
Fenton & Ross	42-1608837	0.22%
Wahl, Willemse & Wilson, LLP	77-0458134	0.22%
Alliant Community Interim Company LLC	33-2679721	0.22%
Anthony & Associates, CPAs	33-0146112	0.22%
BEAN HUNT HARRIS & COMPANY	26-3649876	0.22%
PKC Kuebler, APC	46-1483607	0.21%
Goehner Accountancy Corporation	95-4835865	0.21%
Barnett & Company, Inc.	58-2684716	0.21%
Moncrief and Hart PC	20-3623881	0.20%
GARY ISKOWITZ AND COMPANY, LLP	95-3610412	0.20%
Walter Wolfe Leach Nii LLP	77-0256914	0.20%
WIEGEL, SZEKEL AND FRISBY	95-3042596	0.20%
Perotti & Carrade, CPAs, A Prof Corp	68-0095377	0.20%
SALLMANN, YANG AND ALAMEDA	94-2484789	0.20%
WMB2, LLP	26-3789391	0.19%
Sousa and Company	77-0499596	0.19%
FFB Bank	20-3195377	0.19%
Shogren & Associates	47-4546668	0.19%
GILBERT CPAs	68-0037990	0.19%
ALLEGENT GROUP, LLP	20-3339942	0.19%
Simens & Polo, LLP	27-1356243	0.19%
Allison & Gibb, LLP	47-5278347	0.18%
Boroda Holm, APC, CPA's	95-2848059	0.18%
ANDREWS, LUCIA AND COMPANY LLP	94-2872595	0.18%
Silverman, Krantz & Porter An Accy Corp	94-2917555	0.18%
Ghirardo CPA	68-0232047	0.18%
Utility Cost Management LLC	46-3330385	0.18%
Lieb, Cody & Co., CPAS, Inc.	33-0526464	0.17%
Tax Law Offices of David W. Klasing, P.C.	46-4394667	0.17%
Strand Boyce O'Shaughnessy CPAs, Inc.	68-0485584	0.17%
Berliner & Co.	95-3051519	0.17%
Morey CPA & Associates, Inc.	46-3562990	0.17%
Bryant Jolley CPA	94-2706107	0.16%
JENKINS, BOWLER, LLP	95-2131722	0.16%
TITTLE AND COMPANY, LLP	20-0223640	0.16%
Bastrire Montgomery CPAs	87-2226366	0.16%
Apollo Accountancy Solutions	83-1542842	0.16%
CAL Accounting, P.C.	37-1852224	0.16%
BRHE Group	30-0394947	0.16%
PAPILE ACCOUNTANCY, INC	95-4818579	0.16%
McCrimlisk DiTullio & Company	20-1657655	0.15%
Scott B. Price and Company LLP	81-4732366	0.15%
ISAAC BLUMBERG, CPAS	95-4081192	0.15%
BPTG Certified Public Accountants LLP	33-1701600	0.15%
ELKINS AND ELKINS	95-3094351	0.15%
Krueger Canzonieri Herzog, LLP	81-4229985	0.15%
Toplitzky & Co., LLP	87-4193262	0.14%
MAXSON AND ASSOCIATES ACCOUNTING CORPORATION	95-3513228	0.14%
GOODRICH THOMAS CANNON AND REEDS LLP	95-2982890	0.14%
California Mutual Insurance Company	94-0467460	0.14%
David L Moonie and Co, LLP	94-1056328	0.14%
Thompson Tax LLC	20-1342577	0.14%
John W Weldon CPA & Co Inc	20-5851218	0.14%
Robert A Hawks Jr CPA	20-4843460	0.14%
Exit Strategies Group, Inc	80-0551274	0.14%
Folkers & Associates, an Accountancy Corporation	20-1564366	0.14%
Linkenheimer LLP	94-1354985	0.14%
Shapiro Villalobos & Associates	95-3996047	0.14%
Debt Acquisition Company of America	27-2543624	0.13%
Steinbruner Hill, Inc.	46-2638405	0.13%
Capital Alliance, LLC	01-0888442	0.13%
BEST BOOKKEEPING SERVICES, INC	95-4234789	0.13%
Pine, Pedroncelli & Aguilar, Inc.	77-0051886	0.13%
Perry Hay LLP	46-2290413	0.13%
Whitaker & Associates Inc	80-0334011	0.13%
Premier Financial Search	87-0761841	0.13%
Parkside CPAs and Consultants	82-1996772	0.13%
Westside CPAs LLP	92-3083031	0.13%
Butterfield + Co. CPAs, Inc.	47-2108239	0.13%
EDWIN L BAUER, CPA, INC	94-3021203	0.13%
Avondale International LLC	77-0479509	0.12%

Group Insurance Trust of the California Society of Certified Public Accountants

EINL 94-1056137k PN: 501

Plan Year ended: December 31, 2025

Latino Tax Professionals Association, LLC	26-3311095	0.12%
Hunter, Hunter & Hunt, LLP	68-0166671	0.12%
Ward Accountancy, Inc	20-2799045	0.12%
Stephen T. Fineman, CPA, A Professional Corp	46-4209147	0.12%
D C Peek & Associates Inc	68-0262932	0.12%
CROPPER ACCOUNTANCY CORP	68-0372583	0.12%
GREEN AND GREEN, LLP	94-3377278	0.12%
Baerg & Associates, LLP	81-4772345	0.12%
Brickley Wealth Management	46-3484707	0.12%
Holmquist Liewald, LLP	82-3703069	0.12%
George W Teats Jr, CPA	26-1557474	0.11%
Hillberg and Company	94-2681814	0.11%
Linger, Peterson and Shrum	81-1342570	0.11%
Jones, Schiller & Company	80-0101870	0.11%
OGDEN WEALTH MANAGEMENT	77-0130032	0.11%
CASKEY MANDELL KARP AND BLOCK, LLP	26-2758982	0.11%
McClintock Accountancy Corporation	94-2617724	0.11%
Varshawsky Huber LLP	85-0780601	0.11%
Miles Consulting Group, Inc.	02-0570135	0.11%
JARIBU W NELSON CPA INC	27-3006038	0.11%
Hal Brand CPA Accy Corp	33-0294508	0.11%
RSIS APC	93-3614912	0.11%
NOMI TAKAICHI, CPAS	77-0356600	0.10%
Alvarez & Shelley, Professional Corporation	43-2020880	0.10%
HAMMILL CONSULTING	94-2519701	0.10%
CUMMINS AND REGENHARDT, INC, CPAS	33-0742304	0.10%
Blockhus & Associates	77-0419258	0.10%
Numberwise Accounting	47-4978094	0.10%
Gray, Proctor & McMannis CPA's LLP	33-0540999	0.10%
DENNIS ITO AND ASSOCIATES, INC.	59-3828729	0.10%
UDAY R SAWHNEY, CPA	95-3654544	0.10%
STEVE CALLAS AND ASSOCIATES	95-4273917	0.10%
Grossman Hague An Accountancy Corporation	33-1711658	0.10%
C. McHugh Insurance Agency, Inc.	68-0453308	0.10%
Storm-Larsen & Company, Inc.	95-3121257	0.10%
Mendes and Haney, LLP.	47-2098466	0.10%
Tolliver & Associates Inc	27-1200761	0.10%
ABG, LLC	46-1848623	0.10%
Savage & Lucido	46-0894701	0.10%
Janowicz & Bjorklund, LLP	93-4805712	0.10%
CALIBER AUDIT AND ATTEST, LLP	26-2350873	0.10%
Hing Accountancy Corporation	94-2685323	0.10%
Withrow & Baggett, LLP	45-4105639	0.10%
ROBERT A CHINSKEY, CPA	95-4514003	0.09%
DRJ CPAS INC	32-1810146	0.09%
SPERRY BAUER AND ASSOCIATES, LLP	20-5938941	0.09%
Robert M. Galligan & Associates, Inc.	94-1744446	0.09%
Lauren Be CPA Accountancy Co	85-3040379	0.09%
LAWRENCE M STERN SHEIN, CPA	95-4560072	0.09%
Seltzer Business Management Inc	20-8138958	0.09%
Laurel Larson, CPA	26-4704115	0.09%
Evanhoe, Kellogg & Company, Inc.	94-2725066	0.09%
Zweig and Associates, LLP	82-1759301	0.09%
Sentry Advisors LLC	47-1476985	0.09%
MAEMURA & COMPANY	77-0264780	0.09%
Irvin, Abrahamson & Company, CPAs	77-0327584	0.09%
RONALD S LITVAK AND CO	95-4288446	0.09%
Raleigh Inc	87-1723396	0.09%
DAHLERBRUCH ACCY CORP	95-4302683	0.09%
Launch Search Partners LLC	73-1662405	0.09%
Downs & Tsuruda, Inc	68-0328737	0.09%
Anderson Accountancy Corporation	94-2753654	0.09%
Frazin and Co CPA	95-4545665	0.08%
Hards & Wright, CPAs	95-4838744	0.08%
La Presa Partners LLC	92-0305613	0.08%
POSIVAK AND JOFFE, LLP	26-3679892	0.08%
MORTON ASSOC INC	77-0483462	0.08%
Fink & Company, LLP	95-3803304	0.08%
Stevens, Sloan & Shah CPAs	77-0385418	0.08%
Wren Capital, LLC	36-4670718	0.08%
Carlson CPA, Inc.	82-3129888	0.08%
Fident Capital	20-3138109	0.08%
Partnership Capital Growth Investors Management LLC	45-2678350	0.08%

Group Insurance Trust of the California Society of Certified Public Accountants

EINL 94-1056137k PN: 501

Plan Year ended: December 31, 2025

KINSMAN AND KINSMAN, CPAS	94-6329544	0.08%
TERRIE Y. PROD HON, CPA	94-2904901	0.08%
Lopez Tax Service, Inc.	77-0513889	0.08%
R A Bradford & Co, Inc	27-1483617	0.08%
Vuoso, Pielago, Spranza & Associates	54-2071255	0.08%
Cothran & Johnson Accy Corp	94-2493890	0.08%
Bains CPA Inc	82-2633704	0.08%
ENRICO AND ASSOCIATES	77-0554168	0.08%
Higgins & Associates, CPA Inc	20-1288893	0.08%
Alvarez Tax & Accounting, LLP	47-1854853	0.08%
Sandys + Company, Inc	47-5015963	0.08%
Porter Romine and Heck LLP	85-1809799	0.08%
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R. Raymond Montero, CPA, A Prof. Corp.	20-0352193	0.08%
Daines Inc	94-3405984	0.08%
Scholl and Arensdorf LLP	92-1473755	0.08%
Jaech and Associates Inc	87-1674891	0.07%
DANIEL TOWLE AND WARKENTINE	94-2220296	0.07%
YUDA, LANG AND ASSOCIATES, LLP	33-0989652	0.07%
Taylor & Galyan, CPAs LLP	45-3623581	0.07%
SAMPSON, SAMPSON & PATTERSON LLP	20-8912423	0.07%
The Guardian CPA	85-2895718	0.07%
Condie, Thomas & Harbo CPAs APC	95-4506547	0.07%
MINE AND ARAO, LLP	77-0196989	0.07%
Ingraham & Contreras	82-4229909	0.07%
Goldstein Weiss, CPAs	84-2325318	0.07%
Benny and Donna M. Van Rijn	20-3433039	0.07%
Hysell & Quist Accountancy Corporation	82-2662602	0.07%
HOAG AND ROBI, INC	56-2345716	0.07%
KEVIN S HATCH	94-3315251	0.07%
SWAIN AND KENNERSON, AAC	33-0179701	0.07%
STEPHEN R WRIGHT, AAC	26-3063167	0.07%
Gray Salt & Associates LLP	45-0606931	0.07%
TAMIYASU, SMITH, HORN AND BRAUN,	20-8231003	0.07%
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SNORTLAND, FERNANDEZ, BROWN	94-1521621	0.07%
Jeffrey H. Klein CPA, INC, APC	20-5324960	0.07%
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Theorem LLP	20-5947643	0.07%
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Frisbey Carter and Associates	33-0105935	0.06%
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Enspire Wealth Management LLC	92-3293509	0.06%
JOHN S HILL, CPA	20-0919098	0.06%
David C Papotta, CPA	27-4440848	0.06%
Torossian and Associates LLP	27-1643665	0.06%
TCA Partners	20-2707086	0.06%
Nichols, Rick & Company, CPAS	77-0454740	0.06%
Siino & Associates, LLC	45-5619501	0.06%
Pampanito Corporation dba Cannell Capital Corp	26-1998805	0.06%
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Plan Year ended: December 31, 2025

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Bernotas Accountancy Corp	95-2931404	0.05%
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Oatie and Fam Insurance Agency Inc	08-8343681	0.05%
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Litton, Williams & Strain LLP	77-0281632	0.05%
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Plan Year ended: December 31, 2025

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NGP and Associates	84-3868636	0.04%
Paul Gonzalez CPA	87-3061518	0.04%
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Elder Focus, LLC	77-0547638	0.04%
YORK HUANG, CPA	20-2804940	0.04%
O RAY SHEETS ACCY CORP	94-2218957	0.04%
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Plan Year ended: December 31, 2025

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Point Monarch	93-4101229	0.03%
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Nadiene N. Kuhn, CPA	27-3639936	0.03%
MICHAEL D MCGOWAN, CPA	91-1848062	0.03%
PCH Benefits and Insurance Solutions	45-2974661	0.03%
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Dawn Rogers, CPA	48-1291875	0.03%
Doctor Law Group PC	82-0658836	0.03%
Thomas and Co, CPA, LLP	82-1726365	0.03%
STEVEN DEGRAFF ACCT CORP	94-2527421	0.03%
Elena Wendell, CPA	1120 Westcreek Ln, West Lake Village, CA 91362	0.03%
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Plan Year ended: December 31, 2025

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BACHECKI CROM AND CO, LLP	94-2985268	0.03%
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HARVEY A ARMAS, CPA	94-2362880	0.02%
Ralene M Cavataio CPA	9234 Caladinm Ave, Fountain Valley, CA 92708	0.02%
Klein & Company Management, Inc.	47-3458272	0.02%
K and J Strategic Financial, LLC	86-1444068	0.02%
Schopp & Co, An Accountancy Corporation	46-4076946	0.02%
MTX Certified Public Accountant, A PC	82-0779601	0.02%
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BOYD AND ASSOC TAFT UNIVERSITY	95-3752635	0.02%
BARTMASSER AND CO, CPAS	95-3563732	0.02%
Tyrell Smith CPA APC	99-3606323	0.02%
McCord & Moore Accy Corp	81-1402952	0.02%
Stuart L Mar	342 Oakview Dr, San Carlos, CA 94070	0.02%
Allman and Scheff CPAs	93-4321229	0.02%
Hicks, Williams, Crawford & Lynch, LLP	27-1809119	0.02%
KUPERSTEIN ONG, LLP	20-1914766	0.02%
DELTA CPA MBA, INC.	84-3988213	0.02%
Morris Wealth Management	68-0477281	0.02%
Schoenfelder & Shaw, Inc.	82-1566199	0.02%
PRICE, PAIGE & CO	77-0203007	0.02%
MELTON KAHYAI AND COMPANY	33-0221091	0.02%
WILSON AND COMPANY, LLP	34-2000396	0.02%
Peter D. Weir, CPA	81-4324960	0.02%
GOFORTH MANAGEMENT CO	20-5361410	0.02%
Nicole D. Feldman, CPA, An Accounting Corp	47-2700622	0.02%
Osterberg & Associates, Inc.	95-4777610	0.02%
Ara D Kassabian CPA A Professional Corp.	45-4437825	0.02%
IARUSSI, GELHAUS AND HAUSKENS, INC	68-0204072	0.02%

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EINL 94-1056137k PN: 501
Plan Year ended: December 31, 2025

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Terry J Ward CPA		26601 La Sierra Dr, Mission Viejo, CA 92691	0.02%
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Carl P Johnson, CPA	27-4160264		0.02%
C J MALLEY ACCOUNTANCY CORP	95-3511670		0.02%
Clark & Cassidy, Inc.	46-4215183		0.02%
Heather F Austin, CPA	45-4158251		0.02%
Tone, Walling & Meador, LLP	27-1562171		0.02%
CR Accounting Inc	84-4123155		0.02%
Ariniello & Associates	33-0642598		0.02%
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FRANK G RAPPAPORT, AAC	95-2830073	0.00%
HERBERT S BELINKY ACCOUNTANCY CORP	95-3315195	0.00%
ALLAN S FEINBERG, AAC	95-3634687	0.00%
WOLF AND ASSOCIATES	95-3883982	0.00%
Howard Gastwirth Accountancy Corporation	95-3926706	0.00%
KARAM A REZAI, CPA	95-4383449	0.00%
CORALIE S CROSS, CPA	68-0258400	0.00%
MARY J MANSI, CPA	68-0465474	0.00%
Shirley A Kenson, CPA	83-0447411	0.00%
BOYDSTUN AND KLINGNER, CPAS	94-1082297	0.00%
Larry M. Jordan	95-3773586	0.00%
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SANDLER, POWELL, JACOBS AND BERLIN, CPA'S	18801 VENTURA BLVD STE 304, TARZANA, CA 91356	0.00%
BANDY AND ASSOCIATES ACCOUNTANCY CORP.	20-3185765	0.00%
SEBASTIAN ACCOUNTANCY CORP	68-0399599	0.00%
Eiges Accountancy Corporation	95-4837641	0.00%
Gregory W Beck, CPA, A Prof Corp	26-2546462	0.00%
RACHEL C CHOI, CPA	94-3208598	0.00%
KOKJER, PIEROTTI, MAIOCCO AND DUCK, LLP	333 Pine St Fl 5, SAN FRANCISCO, CA 94104	0.00%
Posada Adelman Inc.	20-1816369	0.00%
SWEENEY KOVAR, LLP	94-2921824	0.00%
Sharmayne Sikora CPA	77-0329546	0.00%
HENRY KURTZ, CPA	77-0406809	0.00%

Group Insurance Trust of the California Society of Certified Public Accountants

EINL 94-1056137k PN: 501

Plan Year ended: December 31, 2025

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Stephen A Schlesinger, Acct APC	95-3290814	0.00%
CAROLE SINAY, CPA	2815 KENSINGTON RD, REDWOOD CITY, CA 94061	0.00%
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ACCURATE ASSETS	65-1265636	0.00%
Bay Area CFO Consultants	76-0713926	0.00%
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Dragonfly Accounting	88-1760139	0.00%
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H ROY MATLEN ASSOCIATES	95-3925263	0.00%
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CERVUS GROUP	121 29TH STREET, NEWPORT BEACH, CA 92663	0.00%
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Christina A Bahr CPA	33-0323524	0.00%
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Law Office of Joan C. Rodman	45-2429902	0.00%
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D A Kale Accountancy Corp	68-0579457	0.00%
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Group Insurance Trust of the California Society of Certified Public Accountants

EINL 94-1056137k PN: 501

Plan Year ended: December 31, 2025

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TAX PLUS FINANCIAL SERVICES	33-0870973	0.00%
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LISA R LAMPE, CPA	1155 CUNEO COURT, CONCORD, CA 94518	0.00%
PERRY M HENDERSON, CPA	605 W SUNSET DR, REDLANDS, CA 92373	0.00%
WALTER T MARSHALL JR	8722 Larkhaven Ct Reno, Reno, NV 89523	0.00%
WASSERMAN ACCY CORP	17134 DEVONSHIRE ST SUITE 101, NORTHRIDGE, CA 91325	0.00%
ALAN MAZURSKY	02-1552827	0.00%
WOLFE AND WOLFE, CPAS	33-0412346	0.00%
Gregory M. Burke, CPA, A Prof Accy Corp	81-4179121	0.00%
Robert M Riggs CPA	82-1745035	0.00%
TERRY VALLE, CPA	95-3779896	0.00%
PHILIP ROSS CPA, AN ACCOUNTANCY CORP	95-4829307	0.00%
JOHN M JANELLO, CPA	51 E Campbell Ave Ste 110A, CAMPBELL, CA 95008	0.00%
SHABAN ACCOUNTANCY	13871 MERCADO DRIVE, DEL MAR, CA 92014	0.00%
COLLURA ACCOUNTANCY CORPORATION	95-3528828	0.00%
DANIEL S VENNE, CPA	33-0449135	0.00%
GREGORY G THERRIEN, CPA, INC	33-0492681	0.00%
DENNIS L FRITZ, CPA	68-0291860	0.00%
CORNELIUS AND COMPANY	68-0404169	0.00%
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Group Insurance Trust of the California Society of Certified Public Accountants

EINL 94-1056137k PN: 501

Plan Year ended: December 31, 2025

EADIE & PAYNE, LLP	95-1754234	0.00%
ARTH AND ASSOCIATES, CPAS	94-2322714	0.00%
Debra D Hunt, CPA	77-0085936	0.00%
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ALAN S BERCUTT, CPA	P.O BOX 5135, BEVERLY HILLS, CA 90209	0.00%
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BLITZ, LEE AND BREIGHT	3838 CAMINO DEL RIO N STE 360, SAN DIEGO, CA 92108	0.00%
Bruce Breckner	4914 Lundblade Dr., Eureka, CA 95503	0.00%
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GARY W NELSON	1108 Sartori Ave, Suite 200, TORRANCE, CA 90501	0.00%
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RONALD J VOGEL, CPA	18814 ROSITA ST, TARZANA, CA 91356	0.00%
STEVEN A RICHARDS, CPA	2698 ASHCROFT AVENUE, CLOVIS, CA 93611	0.00%
STEVEN G BLOOM AAC	2466 Montecito Ave, Westlake Village, CA 91362	0.00%
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DAVID E COLLIER, CPA	94-3379637	0.00%
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GARY S OSHEROFF, CPA	95-3876473	0.00%
AMNON MIZRAHI, CPA	95-4064303	0.00%
THEODORE H ROSENQUIST, CPA	95-4291416	0.00%
ROBERT P MONTANIO, CPA	95-4402701	0.00%
ULLMAN ACCOUNTANCY	20-2816072	0.00%
JEROLD P LOGOLUSO	77-0078645	0.00%
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ROBERT A PETTERSON, CPA	95-3673745	0.00%
DEBRA A G WACKER, CPA	1345 BROAD STREET, SAN LUIS OBISPO, CA 93401	0.00%
NANCY R GIRE, CPA	3652 MAY ROAD, EL SOBRANTE, CA 94803	0.00%
GREG M LANG, CPA INC	20-2069154	0.00%
HOWARD H BROWNSTEIN, CPA	94-3233728	0.00%
SOPHIA TSOI, CPA, A PROF CORP	95-4723432	0.00%
STAN A DILIBERTO, CPA, CFP	12501 SEAL BEACH BLVD STE 200, SEAL BEACH, CA 90740	0.00%
Gary W Marx, CPA	20-5987539	0.00%
HIBDON AND PODSADECKI, CPA	95-3883052	0.00%
BOBBI URBANEC STRICKLAND, CPA	16201 BERTELLA DRIVE, ENCINO, CA 91436	0.00%
ALLEN J BUDZICHOWSKI, CPA	4215 WARNER BLVD., BURBANK, CA 91505	0.00%
BEAVER, MENKES AND HASS ACCY	PO Box 13230, Palm Desert, CA 92255	0.00%
DAVID M RICHARDSON, CPA	21550 Oxnard Street, Suite 300, Woodland Hills, CA 91367	0.00%
EDWARD I GOLDBERG AND COMPANY, CPAS	45 via sonrisa, San Clemente, CA 92673	0.00%
James F. Poulos, CPA	578 houston Street Ste. C, Monterey, CA 93940	0.00%
MARK A LOES, CPA	2308 Firefly Court, Franklin, TN 37069	0.00%
PATRICIA A TOWNE, CPA	4948 North Arthur Avenue, Fresno, CA 93705	0.00%
Patricia Cochran, CPA	PO Box 295, McArthur, CA 96056	0.00%
REITER MANAGEMENT	2732 MC CONNELL DRIVE, LOS ANGELES, CA 90064	0.00%
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WILLIAM L HABEEB	1445 Royalton Court, Modesto, CA 95350	0.00%
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MARILYN J PAYNE CPA	33-0839463	0.00%
MICHAEL G SLATER, CPA	94-2470197	0.00%
DIANA R WEBER, CPA	95-3889540	0.00%
LAURA J VAHL, CPA	95-4149434	0.00%
Gary A. Vogel, CPA	95-4649489	0.00%
GARY A GILBREATH, CPA	77-0314555	0.00%
FRED GOTHELF	95-3889915	0.00%
Top Notch Bookkeeping Services LLC	90-2633182	0.00%
HARVEY H LAWRENCE AND ASSOCIATES, INC	122 Carmelina Ave, LOS ANGELES, CA 90049	0.00%
JACOBS BALMUTH ABRAMSON	95-1718784	0.00%
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THE GROUP INSURANCE TRUST OF THE
CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
EIN: 94-1056137; Plan No. 501
Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2025

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value on Transaction Date	Net Gain or (Loss)
Investments Acquired and Sold								
The Vanguard Group	Vanguard Short-Term Investment-Grade Fund	1,006,756	-	-	-	1,006,756	1,006,756	-
The Vanguard Group	Vanguard Short-Term Investment-Grade Fund	-	1,000,000	-	-	1,001,766	1,000,000	(1,766)

THE GROUP INSURANCE TRUST OF THE
CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
EIN: 94-1056137; Plan No. 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Investment Description	Cost	Current Value
	U.S. Treasury	Note due 01/31/2028, 0.75%, \$270,000 par	\$ 262,238	\$ 255,319
	U.S. Treasury	Note due 08/31/2028, 1.13%, \$490,000 par	421,151	460,447
	U.S. Treasury	Note due 05/15/2032, 2.88%, \$200,000 par	193,430	188,843
	U.S. Treasury	Note due 09/30/2027, 4.13%, \$175,000 par	176,258	176,900
	U.S. Treasury	Note due 02/28/2030, 4.00%, \$600,000 par	595,116	608,063
	U.S. Treasury	Note due 08/15/2033, 3.88%, \$350,000 par	338,475	347,703
	U.S. Treasury	Note due 08/31/2030, 4.13%, \$500,000 par	483,477	509,218
	U.S. Treasury	Note due 09/30/2028, 4.63%, \$500,000 par	498,887	514,297
	U.S. Treasury	Note due 01/31/2029, 4.00%, \$500,000 par	493,163	506,563
	U.S. Treasury	Note due 02/28/2031, 4.25%, \$200,000 par	200,594	204,813
	U.S. Treasury	Note due 08/31/2031, 3.75%, \$300,000 par	293,016	299,343
	U.S. Treasury	Note due 11/30/2031, 4.13%, \$400,000 par	408,484	406,594
	U.S. Treasury	Note due 06/30/2030, 3.88%, \$550,000 par	546,004	554,641
	U.S. Treasury	Note due 10/31/2032, 3.75%, \$140,000 par	139,081	138,666
	Federal Home Loan Mortgage Corp	Note due 03/01/2039, 4.00%, \$31,486 par	32,542	31,133
	Federal Home Loan Mortgage Corp	Note due 08/01/2027, 2.50%, \$18,974 par	18,775	18,755
	Federal Home Loan Mortgage Corp	Note due 10/01/2053, 6.00%, \$123,976 par	125,409	128,293
	Federal Home Loan Mortgage Corp	Note due 02/01/2052, 3.50%, \$194,054 par	174,406	180,643
	Federal Home Loan Mortgage Corp	Note due 01/01/2052, 2.50%, \$217,957 par	180,395	187,333
	Federal National Mortgage Association	Note due 07/01/2049, 3.00%, \$12,758 par	13,007	11,502
	Federal National Mortgage Association	Note due 01/01/2052, 2.00%, \$159,737 par	123,896	131,718
	Federal National Mortgage Association	Note due 05/01/2027, 2.50%, \$10,874 par	10,758	10,753
	Federal National Mortgage Association	Note due 10/01/2027, 2.50%, \$18,108 par	17,917	17,874
	Federal National Mortgage Association	Note due 07/01/2033, 3.50%, \$28,415 par	28,761	28,059
	Federal National Mortgage Association	Note due 06/01/2034, 3.50%, \$34,004 par	34,910	33,469
	Federal National Mortgage Association	Note due 07/01/2029, 3.00%, \$20,984 par	21,466	20,733
	Federal National Mortgage Association	Note due 08/01/2029, 3.00%, \$22,407 par	22,903	22,138
	Federal National Mortgage Association	Note due 01/01/2030, 3.00%, \$23,529 par	24,209	23,227
	Federal National Mortgage Association	Note due 02/01/2030, 3.00%, \$42,852 par	44,265	42,292
	Federal National Mortgage Association	Note due 03/01/2030, 3.00%, \$49,524 par	51,172	48,876
	California State	Note due 09/01/2034, 5.15%, \$250,000 par	251,218	262,317
	Greater Orlando Florida Aviation Authority	Note due 10/01/2030, 2.70%, \$260,000 par	231,046	245,341
	New York City Transitional Financial Authority	Note due 02/01/2032, 4.64%, \$250,000 par	242,690	253,955
	Oregon Department of Administrative Services	Note due 04/01/2031, 5.02%, \$250,000 par	250,000	260,977
	Port of Morrow Oregon Transmission Facilities	Note due 09/01/2032, 4.89%, \$250,000 par	252,843	258,835
	University of Oklahoma	Note due 07/01/2033, 2.41%, \$250,000 par	200,700	217,717
	American Express Credit Account Master Trust	Corporate Note due 09/15/2030, 5.15%, \$200,000 par	203,094	206,850
	Carvana Auto Receivables Trust	Corporate Note due 06/10/2027, 1.03%, \$52,877 par	52,867	52,547
	Carvana Auto Receivables Trust	Corporate Note due 12/10/2027, 1.64%, \$124,575 par	124,568	123,704
	Chase Issuance Trust	Corporate Note due 01/15/2031, 4.63%, \$150,000 par	150,000	153,647
	Citibank Credit Card Issuance Trust	Corporate Note due 10/13/2030, 3.96%, \$80,000 par	77,218	80,288
	CHN Equipment Trust	Corporate Note due 03/15/2032, 4.12%, \$150,000 par	147,246	150,743
	GM Financial Consumer Automobile Receivables Trust	Corporate Note due 11/16/2029, 5.09%, \$200,000 par	204,516	204,238
	Honda Auto Receivables Owner Trust	Corporate Note due 07/18/2030, 5.21%, \$70,000 par	72,062	71,586
	Hyundai Auto Receivables Trust	Corporate Note due 01/15/2032, 3.89%, \$75,000 par	74,987	74,838
	World Financial Network Credit Card Master Trust	Corporate Note due 05/15/2031, 4.62%, \$150,000 par	151,605	151,733
	Abbvie Inc	Corporate Note due 03/15/2030, 4.88%, \$125,000 par	126,035	128,865
	American Express Co	Corporate Note due 11/05/2027, 5.85%, \$130,000 par	129,906	134,475
	Bank of NY Mellon Corp	Corporate Note due 01/29/2028, 3.40%, \$150,000 par	141,288	148,981

THE GROUP INSURANCE TRUST OF THE
CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
EIN: 94-1056137; Plan No. 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Investment Description	Cost	Current Value
	CF Industries Inc	Corporate Note due 03/15/2034, 5.15%, \$100,000 par	\$ 94,027	\$ 100,549
	Citigroup Inc	Corporate Note due 05/24/2028, 4.66%, \$200,000 par	200,000	201,732
	Clorox Co	Corporate Note due 10/01/2027, 3.10%, \$200,000 par	224,496	197,403
	Comcast Corp	Corporate Note due 02/15/2028, 3.15%, \$150,000 par	144,653	147,693
	Duke Energy Carolinas	Corporate Note due 01/15/2033, 4.95%, \$150,000 par	148,371	154,703
	Ecolab Inc	Corporate Note due 12/01/2027, 3.25%, \$100,000 par	98,065	99,225
	Florida Power & Light Co	Corporate Note due 06/15/2034, 5.30%, \$150,000 par	157,334	157,399
	Goldman Sachs Group Inc	Corporate Note due 02/24/2028, 2.64%, \$100,000 par	92,147	98,453
	JPMorgan Chase & Co	Corporate Note due 01/23/2030, 5.01%, \$200,000 par	200,000	205,136
	Eli Lilly & Company	Corporate Note due 02/09/2034, 4.70%, \$125,000 par	123,305	126,789
	Lockheed Martin Corp	Corporate Note due 02/15/2029, 4.50%, \$200,000 par	197,980	203,208
	Morgan Stanley	Corporate Note due 07/21/2034, 5.42%, \$100,000 par	96,679	104,149
	Northern Trust Co	Corporate Note due 05/10/2027, 4.00%, \$100,000 par	99,838	100,263
	Oneok Inc	Corporate Note due 11/01/2034, 5.05%, \$125,000 par	118,899	124,146
	PNC Financial Services	Corporate Note due 12/02/2028, 5.35%, \$150,000 par	150,282	153,843
	Pfizer Inc	Corporate Note due 05/19/2033, 4.75%, \$100,000 par	98,890	101,202
	Prudential Financial Inc	Corporate Note due 03/14/2035, 5.20%, \$125,000 par	124,030	128,383
	Charles Schwab Corp	Corporate Note due 01/25/2028, 3.20%, \$150,000 par	145,152	147,963
	Texas Instruments Inc	Corporate Note due 08/16/2032, 3.65%, \$100,000 par	93,138	96,182
	Toyota Motor Credit Corp	Corporate Note due 03/22/2027, 3.05%, \$200,000 par	193,652	198,269
	Truist Financial Corp	Corporate Note due 06/06/2028, 4.12%, \$150,000 par	144,459	150,416
	UnitedHealth Group Inc	Corporate Note due 06/15/2028, 3.85%, \$80,000 par	78,191	79,884
	Verizon Communications Inc	Corporate Note due 03/22/2028, 2.10%, \$100,000 par	99,955	96,060
	Waste Management Inc	Corporate Note due 03/15/2032, 4.80%, \$125,000 par	124,879	128,030
	Wells Fargo & Company	Corporate Note due 03/02/2033, 3.35%, \$150,000 par	134,600	140,055
	The Vanguard Group	40,246 shares - Developed Markets Index Fund Admiral shares	562,510	807,743
	The Vanguard Group	18,595 shares - High Dividend Yield Index Fund Admiral shares	605,147	804,625
	The Vanguard Group	2,232 shares - Mid-Cap Index Fund Admiral shares	482,730	802,180
	The Vanguard Group	6,204 shares - Real Estate Index Fund Admiral shares	677,653	777,934
	The Vanguard Group	6,612 shares - Small-Cap Index Fund Admiral shares	461,439	817,137
	The Vanguard Group	3,075 shares - Short-Term Investment-Grade Fund Admiral shares	31,978	32,354
	Eaton Vance	121,319 shares - Floating Rate Fund R6 shares	1,063,701	981,469
		Total	<u>\$ 16,326,234</u>	<u>\$ 17,754,422</u>

THE GROUP INSURANCE TRUST OF THE
CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
EIN: 94-1056137; Plan No. 501
Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within Year)
For the Year Ended December 31, 2025

(a) Identity of Issue	(b) Investment Description	(c) Cost of Acquisition	(d) Proceeds of Disposition
Ryder System Inc	Corporate Note due 03/15/2030, 5.000%, \$100,000 par	\$ 100,655	\$ 103,022
ERP Operating Limited Partnership	Corporate Note due 06/15/2032, 4.950%, \$150,000 par	<u>149,574</u>	<u>157,621</u>
		<u>\$ 250,229</u>	<u>\$ 260,643</u>