Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CT EDUCATION ASSN HEALTH AND WELFARE BENEFITS PLAN

1b Three-digit plan number (PN) ▶ 502

1c Effective date of plan 06/27/2022

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)
CONNECTICUT EDUCATION ASSOCIATION, INC.

21 OAK STREET SUITE 500
HARTFORD, CT 06106-8001

2b Employer Identification Number (EIN) 06-0666277

2c Plan Sponsor's telephone number 860-525-5641

2d Business code (see instructions) 813930

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.	06/25/2026	TODD JAECK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/25/2026	TODD JAECK
	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 [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	142
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	73
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	77
b	Retired or separated participants receiving benefits	**6b**	63
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	140
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4A 4D 4E

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
CT EDUCATION ASSN HEALTH AND WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 502

C Plan sponsor's name as shown on line 2a of Form 5500
CONNECTICUT EDUCATION ASSOCIATION, INC.

D Employer Identification Number (EIN)
06-0666277

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
ANTHEM HEALTH PLANS, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1475928	60217	005965	63	07/01/2024	03/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	1452

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

PROGRESSIVE BENEFIT SOLUTIONS LLC
14 BUSINESS PARK DRIVE 8
BRANFORD, CT 06405

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1451	INCENTIVES, EDUCATION, COMMUNICATION AND TRAINING.	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 62937
VIRGINIA BEACH, VA 23466

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1	INCENTIVES, EDUCATION, COMMUNICATION AND TRAINING.	4

(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.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [X] 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** [X] 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)	
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)	
(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)	
(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	826590
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 [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
CT EDUCATION ASSN HEALTH AND WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 502

C Plan sponsor's name as shown on line 2a of Form 5500
CONNECTICUT EDUCATION ASSOCIATION, INC.

D Employer Identification Number (EIN)
06-0666277

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
SUN LIFE ASSURANCE COMPANY OF CANDA

(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
38-1082080	80802	955973		10/01/2024	09/30/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
5270	242

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

USI INSURANCE SERVICES LLC
PO BOX 62937
VIRGINIA BEACH, VA 23466

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5270	242		4

(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.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [X] 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)**	
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)**	
(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)**	
(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**	14676
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.

PREMIUMS PAID

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
CT EDUCATION ASSN HEALTH AND WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 502

C Plan sponsor's name as shown on line 2a of Form 5500
CONNECTICUT EDUCATION ASSOCIATION, INC.

D Employer Identification Number (EIN)
06-0666277

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
STANDARD 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
35-0980405	61069	C10002584		04/01/2025	06/30/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
4733	0

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

USI INSURANCE SERVICES LLC
PO BOX 62937
VIRGINIA BEACH, VA 23466

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4733			4

(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.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [X] 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)	
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)	
(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)	
(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	31351
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.

PREMIUMS PAID

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
CT EDUCATION ASSN HEALTH AND WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 502

C Plan sponsor's name as shown on line 2a of Form 5500
CONNECTICUT EDUCATION ASSOCIATION, INC.

D Employer Identification Number (EIN)
06-0666277

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
ELIXIR

(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
20-4308924	77399	AWF50290001	39	01/01/2025	06/30/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
2857	0

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

AMWINS GROUP BENEFITS, LLC
50 WHITECAP DRIVE
NORTH KINGSTON, RI 02852

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
1634			5

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

USI INSURANCE SERVICES LLC
95 GLASTONBURY BOULEVARD
GLASTONBURY, CT 06033

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
1223			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	

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
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	
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	

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** [X] 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)	
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)	
(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)	
(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	37808
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.

PREMIUMS PAID

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
CT EDUCATION ASSN HEALTH AND WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 502

C Plan sponsor's name as shown on line 2a of Form 5500
CONNECTICUT EDUCATION ASSOCIATION, INC.

D Employer Identification Number (EIN)
06-0666277

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
COMPANION LIFE INSURANCE COMPANY - COLUMBIA

(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
57-0523959	77828	AWF50290001	39	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
2339	0

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

AMWINS GROUP BENEFITS, LLC
50 WHITECAP DRIVE
NORTH KINGSTON, RI 02852

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
1718			5

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

USI INSURANCE SERVICES LLC
95 GLASTONBURY BOULEVARD
GLASTONBURY, CT 06033

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
621			4

(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.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [X] 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)	
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)	
(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)	
(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	18362
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.

PREMIUMS PAID

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
CT EDUCATION ASSN HEALTH AND WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 502

C Plan sponsor's name as shown on line 2a of Form 5500
CONNECTICUT EDUCATION ASSOCIATION, INC.

D Employer Identification Number (EIN)
06-0666277

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
HARTFORD LIFE & ACCIDENT 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
06-0838648	88072	024046/007066	39	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
10023	0

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

AMWINS GROUP BENEFITS, LLC
50 WHITECAP DRIVE
NORTH KINGSTON, RI 02852

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
5257			5

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

USI INSURANCE SERVICES LLC
95 GLASTONBURY BOULEVARD
GLASTONBURY, CT 06033

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
2677			3

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

WEBTPA

8500 FREEPORT PKWY SOUTH
IRVING, TX 75063

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2089			5

(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.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [X] 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)**	
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)**	
(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)**	
(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**	45458
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.

PREMIUMS PAID

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2024** **This Form is Open to Public Inspection.**

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

A Name of plan	**B** Three-digit plan number (PN) ▶
CT EDUCATION ASSN HEALTH AND WELFARE BENEFITS PLAN	502

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
CONNECTICUT EDUCATION ASSOCIATION, INC.	06-0666277

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).. . . . . [X] 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

USI INSURANCE SERVICES LLC

PO BOX 62937
VIRGINIA BEACH, VA 23466

38-1082080

(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)

(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 ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

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

2024

This Form is Open to Public Inspection

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

A Name of plan
CT EDUCATION ASSN HEALTH AND WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 502

C Plan sponsor's name as shown on line 2a of Form 5500
CONNECTICUT EDUCATION ASSOCIATION, INC.

D Employer Identification Number (EIN)
06-0666277

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	135957	550871
(2) U.S. Government securities	1c(2)	1480747	3730699
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	985885	4246934
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	91320	0
(B) Common	1c(4)(B)	5505640	7186153
(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)	10969553	6091871
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	836552	

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	20005654	21806528
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	20005654	21806528

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)	577803	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		577803
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	199943	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		199943
(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)	390997	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		390997
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	22558995	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	20001201	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		2557794
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-898784	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-898784

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2827753
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	959139	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		959139
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	67740	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		67740
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1026879
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1800874
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) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] 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: WHITTLESEY PC **(2)** EIN: 06-0903326

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

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

CONNECTICUT EDUCATION ASSOCIATION HEALTH AND WELFARE BENEFITS PLAN

Independent Auditors' Report
Financial Statements
and Supplemental Schedules

June 30, 2025 and 2024

Whittlesey
Forward Advising™

ASSURANCE | ADVISORY | TAX | TECHNOLOGY

Whittlesey
Forward Advising™

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14 Bobala Road #3
Holyoke, MA 01040
Tel: 413.536.3970

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Sponsor of the
Connecticut Education Association Health and Welfare Benefits Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of Connecticut Education Association Health and Welfare Benefits Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits and of benefit obligations as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of and for the years ended June 30, 2025 and 2024, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section —

- the amounts and disclosures in the accompanying financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the financial statements referred to above, related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the Financial Statements

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Othe Matter - Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of June 30, 2025 and schedule of reportable transactions for the year ended June 30, 2025 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 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment 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 form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Hartford, Connecticut
June 18, 2026

CONNECTICUT EDUCATION ASSOCIATION
HEALTH AND WELFARE BENEFITS PLAN

Statements of Net Assets Available for Benefits

June 30, 2025 and 2024

	2025	2024
Assets:		
Accrued interest	$ 102,824	$ 48,077
Investments, at fair value	21,703,704	19,957,577
Total assets	21,806,528	20,005,654
Net assets available for benefits	$ 21,806,528	$ 20,005,654

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

CONNECTICUT EDUCATION ASSOCIATION
HEALTH AND WELFARE BENEFITS PLAN

Statements of Changes in Net Assets Available for Benefits

For the years ended June 30, 2025 and 2024

	2025	2024
Investment income:		
Interest	$ 199,943	$ 252,675
Dividends	390,997	302,933
Net appreciation in fair value of investments	1,659,010	1,494,409
Total investment income	2,249,950	2,050,017
Sponsor contributions	577,803	656,275
Administrative and investment management fees	(67,740)	(48,233)
Premiums paid	(959,139)	(656,275)
Net increase	1,800,874	2,001,784
Net assets available for benefits, beginning of year	20,005,654	18,003,870
Net assets available for benefits, end of year	$ 21,806,528	$ 20,005,654

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

CONNECTICUT EDUCATION ASSOCIATION
HEALTH AND WELFARE BENEFITS PLAN

Statements of Benefit Obligations

June 30, 2025 and 2024

	2025	2024
Post-Retirement Benefit Obligations:		
Participants eligible for benefits:		
Current retirees	$ 10,548,666	$ 13,481,816
Other Participants fully eligible for benefits	2,477,436	2,860,870
Participants not yet fully eligible for benefits	3,414,659	4,067,864
Total Plan Benefit Obligations	$ 16,440,761	$ 20,410,550

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

CONNECTICUT EDUCATION ASSOCIATION
HEALTH AND WELFARE BENEFITS PLAN

Statements of Changes in Benefit Obligations

For the years ended June 30, 2025 and 2024

	2025	2024
Amounts Currently Payable:		
Balance at beginning of year	$ -	$ -
Premiums incurred	(959,139)	(656,275)
Benefit premiums paid	959,139	656,275
Total current plan benefit obligations	-	-
Post-Retirement Benefit Obligations:		
Balance at beginning of year	20,410,550	19,359,941
Increase (decrease) during year attributed to:		
Service cost	592,124	613,453
Interest cost	1,040,667	941,126
Plan participants' contributions	125,509	36,778
Actuarial gain	(4,516,434)	451,426
Benefits paid	(1,211,655)	(992,174)
Total Plan Benefit Obligations, End of Year	$ 16,440,761	$ 20,410,550

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

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Connecticut Education Association Health and Welfare Benefits Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General

The Plan provides health and other benefits covering substantially all active and retired employees of Connecticut Education Association (the "Sponsor"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Benefits

The Plan provides health benefits (medical, hospital, surgical, major medical, vision and dental), accidental death and dismemberment insurance, life insurance, and temporary and long-term disability insurance to employees of the Sponsor (who satisfy the eligibility requirements of the benefits program and comply with enrollment procedures) and to their spouses, domestic partners, and dependents. Retired employees are entitled to health and life insurance benefits. The Plan pays premiums to insurance companies for benefits coverage and the insurance companies are responsible for payment of all claims.

Contributions

The Sponsor's policy is to meet the minimum ERISA funding requirements and pay premiums out of its operations. Current contributions to the Plan from the Sponsor are the result of the Sponsor's decision to periodically fund the insurance trust to accumulate assets for future Plan benefits.

Termination

Although it has not expressed any intention to do so, the Sponsor has the right under the Plan to modify the benefits provided and to discontinue its contributions at any time. Upon termination, the assets of the Plan shall be retained in the Plan, and shall, at the direction of the Sponsor, be used for (a) the payment of benefits to Participants for claims arising prior to such termination, (b) the payment of reasonable and necessary expenses incurred in termination and thereafter, and (c) distribution for the benefit of participants until the assets have been exhausted. The Sponsor shall not have any beneficial interest in the Plan. The Plan shall remain in existence until all assets have been distributed.

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

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

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES – *(CONTINUED)*

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the Plan's investment custodian. See note 5 for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/depreciation includes the gains and losses on investments bought and sold as well as held during the year.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Payment of Benefits

Premiums paid by either the Sponsor or the trust are recorded as premium payments in the accompanying statement of changes in net assets available for benefits.

Administrative Expenses

Personnel within the Sponsor perform various administrative services for the Plan, including maintenance of participant records. The payroll and related overhead costs associated with these services are not included as Plan expenses, but are paid by the Sponsor. Expenses paid by the Plan consist of investment management fees. Investment related expenses are included in net appreciation /depreciation in fair value of investments.

Subsequent Events

The Plan has monitored and evaluated subsequent events for footnote disclosures or adjustments required in the financial statements for the year ended June 30, 2025 through June 18, 2026, the date on which financial statements were available to be issued.

NOTE 3 – ACTUARIAL PRESENT VALUE OF PLAN BENEFIT OBLIGATIONS

A postretirement benefit obligation has been recognized for retiree benefits for eligible participants and their dependents upon retirement. These benefit obligations represent the actuarial present value of the cost of those estimated future benefits that are attributed by the terms of the Plan to employee service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current retirees of the Plan. The obligations represent the amounts that are expected to be funded by contributions from the Sponsor and from existing assets of the Plan. Postretirement benefits include future benefits expected to be paid to or for (a) currently retired or terminated employees and their beneficiaries and dependents, and (b) active employees and their beneficiaries and dependents after retirement from service with the Company.

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

NOTE 3 – ACTUARIAL PRESENT VALUE OF PLAN BENEFIT OBLIGATIONS – *(CONTINUED)*

The following were significant assumptions used to determine the postretirement benefit obligations as of June 30, 2025 and 2024:

Rate of Return	7.00%
Discount Rate	5.25% as of June 30, 2025 and 5.00% as of June 30, 2024
Mortality	PRI-2012 w/ MP2021
Average Retirement Age Rates	Various rates ranging from 2% at age 55 to 100% at age 70

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The computations of the actuarial present value of accumulated Plan benefits were made as of July 1, 2025. Had the valuation been performed as of June 30, 2025, there would be no material differences.

NOTE 4 – RELATED PARTIES AND PARTIES-IN-INTEREST TRANSACTIONS

Plan assets are managed by Comerica Bank and Trust N.A. ("Comerica"). Comerica also performs certain administrative advisory and recordkeeping services for the Plan. Comerica is the custodian of the Plan's assets therefore these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management and administrative services are included in the statements of changes in net assets available for benefits.

NOTE 5 – FAIR VALUE MEASUREMENTS

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the input to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available. There are no plan assets requiring the use of Level 3 inputs for the periods presented and there were no changes in the methods used to measure fair value at June 30, 2025 and 2024.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2025 and 2024.

Level 1 Fair Value Measurements

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

Short term investments: Valued at the daily closing price as reported by the fund. The funds held by the Plan are open-ended funds that are registered with the Securities and Exchange Commission. The funds are required to publish their daily NAV and to transact at that price, which approximates $1. The funds held by the Plan are deemed to be actively traded.

NOTE 5 – FAIR VALUE MEASUREMENTS – *(CONTINUED)*

Exchange-traded funds/common stocks/corporate bonds/U.S. government bonds/real estate investment trusts/preferred stock: Valued at the closing price reported on the active market on which the individual securities are traded.

Level 2 Fair Value Measurements

Municipal bonds/foreign bonds/U.S. government agency mortgage backed securities: Valued based on yields currently available on comparable securities of issuers with similar durations and credit ratings.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value:

	Investments at Fair Value as of June 30, 2025			
	Level 1	Level 2	Level 3	Total
Registered investment companies (mutual funds)	$ 2,221,456	$ -	$ -	$ 2,221,456
Common stocks	7,186,153	-	-	7,186,153
Short term investments	448,047	-	-	448,047
Corporate bonds	4,104,603	-	-	4,104,603
Exchange-traded funds	3,696,150	-	-	3,696,150
U.S. government bonds	3,730,699	-	-	3,730,699
Real estate investment trusts	174,265	-	-	174,265
Foreign bonds	-	142,331	-	142,331
Total investments at fair value	$ 21,561,373	$ 142,331	$ -	$ 21,703,704

	Investments at Fair Value as of June 30, 2024			
	Level 1	Level 2	Level 3	Total
Registered investment companies (mutual funds)	$ 8,706,842	$ -	$ -	$ 8,706,842
Common stocks	5,505,640	-	-	5,505,640
Short term investments	87,880	-	-	87,880
Corporate bonds	927,133	-	-	927,133
Exchange-traded funds	2,066,730	-	-	2,066,730
U.S. government bonds	1,428,887	-	-	1,428,887
Municipal bonds	-	836,552	-	836,552
Real estate investment trusts	195,981	-	-	195,981
Foreign bonds	-	58,752	-	58,752
Preferred stocks	91,320	-	-	91,320
U.S. government agency mortgage backed securities	-	51,860	-	51,860
Total investments at fair value	$ 19,010,413	$ 947,164	$ -	$ 19,957,577

NOTE 6 – TAX STATUS OF PLAN

The trust established under the Plan to hold the Plan's net assets is qualified pursuant to Section 501(c)(9) of the Internal Revenue Code, and, accordingly, the trust's net investment income is exempt from income taxes. The Plan has received a favorable tax determination letter from the Internal Revenue Service and the Plan Sponsor believes that the trust, as amended, continues to qualify and to operate as designed.

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

NOTE 7 – RISKS AND UNCERTAINTIES

The Plan provides for various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

NOTE 8 – CERTIFIED INVESTMENTS

Information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including accrued interest and investments at June 30, 2025 and 2024, and interest, dividends and net appreciation in fair value of investments for the years then ended, were obtained by management and agreed to or derived from information certified as complete and accurate by Comerica, the custodian of the Plan.

SUPPLEMENTAL SCHEDULES

CONNECTICUT EDUCATION ASSOCIATION
HEALTH AND WELFARE BENEFITS PLAN

Plan Number 502, EIN #06-0666277
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year)

June 30, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party & (c) description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Investments, at fair value:		
	Short term investments:		
	BLACKROCK FEDFUND INSTIUTIONAL	$ 182,268	$ 182,268
	DREYFUS GOVERNMENT CASH MANAGEMENT FDS INSTL	161,611	161,611
	JANNEY INSURED SWEEP	104,168	104,168
		448,047	448,047
	US government bonds:		
	US TREASURY NOTE		
	INT: 2.750% MATY: 2/15/2026	188,570	195,242
	US TREASURY NOTE		
	INT: 2.250% MATY: 11/15/2025	139,053	138,932
	US TREASURY NOTE		
	INT: 2.875% MATY:11/30/2025	194,438	198,838
	US TREASURY NOTE		
	INT: 2.625% MATY: 2/15/2029	139,711	139,636
	US TREASURY NOTE		
	INT: 3.875% MATY: 12/31/2027	142,339	140,591
	US TREASURY NOTE		
	INT: 1.625% MATY: 2/15/2026	138,351	137,801
	US TREASURY NOTE		
	INT: 2.625% MATY: 5/31/2027	141,522	142,004
	US TREASURY NOTE		
	INT: 3.875% MATY: 9/30/2029	140,480	140,645
	US TREASURY NOTE		
	INT: 4.125% MATY: 11/15/2032	139,581	140,967
	US TREASURY NOTE		
	INT: 4.250% MATY: 11/15/2034	138,900	140,459
	US TREASURY NOTE		
	INT: 4.250% MATY: 5/15/2039	139,318	141,166
	US TREASURY NOTE		
	INT: 4.500% MATY: 5/15/2038	139,845	141,652
	US TREASURY NOTE		
	INT: 4.625% MATY: 2/15/2040	140,742	140,815

CONNECTICUT EDUCATION ASSOCIATION
HEALTH AND WELFARE BENEFITS PLAN

Plan Number 502, EIN #06-0666277
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (Continued)

June 30, 2025

(a)	(c) description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	US TREASURY NOTE INT: 5.375% MATY: 2/15/2031	$ 140,653	$ 139,832
	US TREASURY NOTE INT: 6.000% MATY: 2/15/2026	305,859	303,117
	US TREASURY NOTE INT: 4.625% MATY: 11/15/2026	141,597	141,357
	US TREASURY NOTE INT: 4.375% MATY: 11/30/2023	142,323	143,620
	US TREASURY NOTE INT: 4.625% MATY: 2/15/2020	139,328	139,282
	US TREASURY NOTE INT: 1.375% MATY: 11/15/2031	141,172	141,172
	US TREASURY NOTE INT: 0.000% MATY: 8/31/2025	399,793	400,288
	US TREASURY NOTE INT: 4.000% MATY: 2/15/2034	138,441	138,540
	US TREASURY NOTE INT: 0.000% MATY: 11/15/2033	103,129	102,719
	US TREASURY NOTE INT: 4.125% MATY: 8/31/2030	142,184	142,024
		3,717,329	3,730,699
	Corporate bonds:		
	ABBOTT LABS NT INT: 04.750% MATY: 11/30/2036	141,990	144,316
	ABBVIE INC INT: 04.050% MATY: 11/21/2039	141,626	144,624
	AMGEN INC INT: 02.300% MATY: 2/25/2031	136,795	137,846
	AT&T INC INT: 05.250% MATY: 3/1/2037	139,546	139,721
	BERKSHIRE HATHAWAY INT: 05.750% MATY: 1/15/2040	141,306	140,906
	BK OF AMERICA CORP FR INT: 03.974% MATY: 2/7/2030	136,774	137,803
	CITIGROUP INC INT: 04.910% MATY: 5/24/2033	137,766	139,686
	COMCAST CORP INT: 03.900% MATY: 3/1/2038	142,498	143,507
	APPLE INC SR NT INT: 03.200% MATY: 5/11/2027	95,827	98,736
	APPLE INC SR NT INT: 04.500% MATY: 2/23/2036	139,059	139,625

CONNECTICUT EDUCATION ASSOCIATION
HEALTH AND WELFARE BENEFITS PLAN

Plan Number 502, EIN #06-0666277
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (Continued)

June 30, 2025

(a)	(c) description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	CONOCOHILLIPS SR NT INT: 05.050% MATY: 9/15/2033	$ 137,626	$ 137,396
	CVS/CAREMARK CORP INT: 04.300% MATY: 3/25/2028	140,071	139,426
	EXXON MOBIL CORPORATION INT: 02.440% MATY: 8/16/2029	140,510	141,320
	FISERV INC INT: 03.200% MATY: 7/1/2026	138,244	138,397
	GENERAL DYNAMICS CORP INT: 03.750% MATY: 5/15/2028	139,134	139,222
	ANHEUSER-BUSCH COMPANIES LLC INT: 04.700% MATY: 2/1/2046	139,297	141,484
	ANHEUSER-BUSCH INBEV FIN INC GTD NT INT: 04.900% MATY: 2/1/2046	43,024	42,826
	GOLDMAN SACHS GROUP INC INT: 01.992% MATY: 1/27/2032	142,031	142,916
	JPMORGAN CHASE & CO SR INT: 0.000% MATY: 4/24/2034	137,157	138,891
	MCDONALDS CORP INT: 03.800% MATY: 4/1/2028	96,023	99,179
	MCONDALDS CORP FR INT: 06.300% MATY: 3/1/2038	137,053	136,431
	MICROSOFT CORP INT: 03.300% MATY: 2/6/2027	96,460	98,978
	MICROSOFT CORP INT: 03.500% MATY: 2/12/2035	139,846	140,168
	MORGAN STANLEY INT: 03.625% MATY: 1/20/2027	140,343	138,795
	THE CIGNA GROUP INT: 04.375% MATY: 10/15/2028	139,412	140,168
	UNITEDHEALTH GROUP INC INT: 04.625% MATY: 7/15/2035	140,145	140,035
	VERIZON COMMS INC INT: 04.125% MATY: 3/16/2027	121,849	124,895
	VERIZON COMMS INC INT: 04.812% MATY: 3/15/2039	140,178	140,748
	WALMART INC SR NT INT: 06.500% MATY: 8/24/2024	138,330	137,767
	WALT DISNEY CO INT: 06.650% MATY: 11/15/2037	134,906	137,237
	WELLS FARGO & CO SR NT INT: 03.350% MATY: 3/2/2033	139,206	141,554
		4,074,032	4,104,603

CONNECTICUT EDUCATION ASSOCIATION
HEALTH AND WELFARE BENEFITS PLAN

Plan Number 502, EIN #06-0666277
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (Continued)

June 30, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party & (c) description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Foreign bonds:		
	THE TORONTO-DOMINION BANK		
	INT: 04.456% MATY: 6/8/2032	140,651	142,331
		140,651	142,331
	Exchange-traded funds:		
	CAPITAL GROUP FIXED INCOME ETF		
	ISHARES INC ETF CORE MSCI EMERGEING MARKETS	135,424	143,112
	JP MORGAN EXCHANGE TRADED FD 46641Q167	231,163	241,564
	JP MORGAN EXCHANGE TRADED FD 46641Q266	117,545	124,328
	JP MORGAN EXCHANGE TRADED FD 46641Q373	250,255	262,778
	JP MORGAN EXCHANGE TRADED FD 46641Q399	1,518,586	777,260
	JP MORGAN EXCHANGE TRADED FD 46641Q134	309,255	326,320
	JP MORGAN EXCHANGE TRADED FD 46654Q740	346,290	360,497
	VANGUARD S&P 500	1,501,568	706,012
	JP MORGAN INFLATION MANAGED BOND	302,867	324,742
	VANGUARD DIVIDEND APPRECIATION ETF	67,550	71,430
	VANGUARD FTSE DEVELOPED	300,232	304,034
	VANGUARD INT HIGH YLD IN	51,167	54,074
		5,131,902	3,696,150
	Registered investment companies (mutual funds):		
	VANGUARD SHORT TERM GOVERNMENT	149,934	151,065
	VANGUARD INTERMED-TERM BOND	1,049,642	1,071,391
	VANGUARD ADMIRAL FDS INC MMF-INV	999,000	999,000
		2,198,576	2,221,456
	Real Estate Investment Trusts:		
	ESSEX PROPERTY TRUST INC	49,589	49,878
	KIMCO RLTY CORP	72,389	73,402
	REALTY INCOME CORP REIT	49,929	50,985
		171,907	174,265

CONNECTICUT EDUCATION ASSOCIATION
HEALTH AND WELFARE BENEFITS PLAN

Plan Number 502, EIN #06-0666277
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (Continued)

June 30, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party & (c) description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Common stocks:		
	FACEBOOK INC	$ 107,125	$ 113,665
	NETFLIX.COM INC	134,002	144,626
	T-MOBILE US INC	106,794	103,881
	CHIPOTLE MEXICAN GRILL INC CL A	114,151	121,902
	DICKS SPORTING GOODS INC	89,221	98,114
	GENUINE PARTS CO	50,080	48,524
	LOWES COMPANIES INC COS INC	50,048	49,699
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	MCDONALDS CORP	50,065	48,208
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	ARCHER DANIESL MIDLAND CO	49,973	55,313
	BROWN FORMAN CORP CL B	49,987	49,138
	CHURCH & DWIGHT INC	50,064	48,920
	CLOROZ CO	50,049	47,188
	COCA COLA CO	50,118	49,667
	COLGATE PALMOLIVE CO	50,252	50,177
	COSTCO WHOLESALE CORP	103,307	100,974
	HORMEL FOODS CORP	50,035	48,884
	JM SMUCKER COMPANY-NEW	50,090	44,190
	KENVUE INC COM	50,541	49,206
	KIMBERLY CLARK CORP	50,485	48,732
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	PEPSICO INC	62,752	50,835
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	TAGET CORP	50,525	50,706
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	CHEVRON CORPORATION	50,108	50,832
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	AMERIPRISE FINL INC	117,447	121,690
	BLACKSTONE GROUP INC COM	100,073	106,651
	BROWN & BROWN INC	49,888	51,555
	CINCINNATI FINANCIAL CORP	49,554	50,186
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	FRANKLIN RES INC	49,942	54,259
	MASTERCARD INC	75,818	72,490
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CONNECTICUT EDUCATION ASSOCIATION
HEALTH AND WELFARE BENEFITS PLAN

Plan Number 502, EIN #06-0666277
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (Continued)

June 30, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party & (c) description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
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	ABBVIE INC	50,474	49,189
	AMGEN INC	51,697	49,699
	BECTON DICKINSON & CO	50,286	49,953
	CARDINAL HEALTH INC	50,241	54,936
	GE HEALTHCARE TECHNOLOGIES INC.	75,616	78,440
	JOHNSON & JOHNSON	50,131	49,338
	LILLY ELI & CO	134,165	136,418
	QUEST DISGNOSTICS INC	58,689	60,356
	SOLVENTUM CORP COM	13	19
	WEST PHARMACEUTICAL SERVICES	50,538	49,230
	ZOETIS INC	75,674	69,398
	AUTOMATIC DATA PROCESSING INC	50,226	48,419
	C H ROBINSON WORLDWIDE INC	50,392	50,278
	CATERPILLAR INC	50,040	54,349
	CINTAS CORP	49,967	49,700
	CSX CORP	75,900	76,844
	DOVER CORP	49,913	50,571
	EMERSON ELECTRIC	43,431	53,065
	EXPEDITORS INTERNATIONAL	50,140	50,727
	FASTENAL CO	50,065	49,980
	GENERAL DYNAMICS CORP	49,932	52,790
	GRAINGER W W INC	49,842	47,851
	ILLINOIS TOOL WORKS INC WKS INC	49,937	49,945
	JACOBS ENGINEERING GROUP INC	51,722	53,369
	NORDSON CORP	50,006	48,876
	QUANTA SVCS INC	103,387	108,509
	SMITH A O CORP	50,062	50,620
	STANLEY BLACK & DECKER INC	49,742	50,135
	APPLE INC	127,759	129,052
	ARISTA NETWORKS INC COM	131,489	138,630
	IBM CORP	126,426	163,898
	MICROSOFT CORP	102,175	112,912
	NVIDIA CORP	176,452	196,066
	ORACLE CORPORATION	96,849	121,996
	ROPER INDS INC NEW	49,841	49,315
	TEXAS INSTRS INC	62,819	65,193
	AIR PRODUCTS & CHEMICAL INC	50,041	50,489
	ABLEMARLE CORP	49,597	49,823
	DUPONT DE NEOURS INC	58,658	59,193
	ECOLAB INC	49,906	50,655
	NUCOR CORP	50,213	52,982
	PPG INDUSTRIALS INDS INC	49,970	50,164
	SHERWIN WILLIAMS CO	49,903	48,070

CONNECTICUT EDUCATION ASSOCIATION
HEALTH AND WELFARE BENEFITS PLAN

Plan Number 502, EIN #06-0666277
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (Continued)

June 30, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party & (c) description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	FEDERAL REALTY OP LP SH BEN INT	49,811	49,014
	ATMOS ENERGY CORP	50,127	50,701
	CONSOLIDATED EDISON INC	50,262	49,572
	EVERSOURCE ENERGY	50,176	48,351
	NEXTERA ENERGY INC	50,042	48,247
	SOUTHER CO SR	58,588	61,159
	OWL ROCK CORE INCOME CORPORATION	328,427	327,115
	AMCOR PLC	49,980	49,975
	CHUBB LTD	49,490	50,122
	LINDE PLC SHS	50,030	49,733
	MEDTRONIC PLC	45,145	50,036
	PENTAIR PLC	49,993	51,433
	SHELL PLC SPON ADS	65,615	67,735
	TRANE TECHNOLOGIES PLC	127,714	129,911
	TAIWAN SEMIDCONDUCTOR SPON ADR	152,022	167,602
		6,985,392	7,186,153
	Total investments, at fair value	22,867,836	21,703,704
	Total assets	$ 22,867,836	$ 21,703,704

* Party-in-interest as determined by ERISA
This schedule was prepared based on information certified by the custodian of the Plan.

CONNECTICUT EDUCATION ASSOCIATION
HEALTH AND WELFARE BENEFITS PLAN

Plan Number 502, EIN #06-0666277
Form 5500, Schedule H, Line 4j

Schedule of Reportable Transactions

For the year ended June 30, 2025

(a) Identity of Party	(b) Description of Assets	Number of Transactions	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain/ (Loss)
Category (i) -- single transaction in excess of 5 percent of plan assets							
AMCAP	AMCAP FD Inc	1	$ -	$ 1,554,376	$ 1,496,046	$ 1,554,376	$ 58,330
American Funds	American FDS Strategic Bond	1	-	1,170,758	1,136,058	1,170,758	34,700
American Funds	American Bond Funds of America	1	-	1,497,262	1,491,485	1,497,262	5,777
American Funds	American Fundamental Invst	1	-	1,601,409	1,512,412	1,601,409	88,997
American Funds	American Growth Fund of America	1	-	2,048,661	1,944,541	2,048,661	104,120
Smallcap	World FD Inc	1	-	1,125,721	1,083,783	1,125,721	41,938
Vanguard	Intermediate Term Bond	1	1,049,642	-	1,049,652	1,049,642	-
Vanguard	S&P 500 ETF	1	1,501,568	-	1,501,568	1,501,568	-
Category (iii) -- series of transactions in excess of 5 percent of plan assets							
AMCAP	AMCAP FD Inc	2	$ -	$ 1,555,176	$ 1,497,017	$ 1,555,176	$ 58,159
American Funds	Growth Fund of America - R6	3	-	2,109,764	2,002,484	2,109,764	107,280
American Funds	Fundamental Invst	3	-	1,636,421	1,541,556	1,636,421	94,865
JP Morgan	Exchange Traded FD	8	1,110,942	-	1,110,942	1,110,942	-
Smallcap	World FD INC - R6	2	-	1,126,521	1,084,654	1,126,521	41,867
Vanguard	Admiral FDS INC MMF-INV	20	1,752,118	-	1,752,118	1,752,118	-
Vanguard	Admiral FDS INC MMF-INV	9	-	1,289,334	1,289,334	1,289,334	-
Category (iv) -- series of transactions with a single person in excess of 5 percent of plan assets							
Custody Free Alliance Broker Firm	Various	752	$ 18,022,770	$ 19,758,659	$ 37,781,429	$ 38,527,014	$ 745,585

There were no category (ii) reportable transactions during fiscal year 2025.
The above information was prepared based on information certified by the custodian of the Plan.

Headquarters
280 Trumbull Street, 24th Floor
Hartford, CT 06103
860.522.3111

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2319 Whitney Avenue, Suite 3G
Hamden, CT 06518
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14 Bobala Road, 3rd Floor
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CONNECTICUT EDUCATION ASSOCIATION
HEALTH AND WELFARE BENEFITS PLAN

Plan Number 502, EIN #06-0666277
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year)

June 30, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party & (c) description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Investments, at fair value:		
	Short term investments:		
	BLACKROCK FEDFUND INSTIUTIONAL	$ 182,268	$ 182,268
	DREYFUS GOVERNMENT CASH MANAGEMENT FDS INSTL	161,611	161,611
	JANNEY INSURED SWEEP	104,168	104,168
		448,047	448,047
	US government bonds:		
	US TREASURY NOTE		
	INT: 2.750% MATY: 2/15/2026	188,570	195,242
	US TREASURY NOTE		
	INT: 2.250% MATY: 11/15/2025	139,053	138,932
	US TREASURY NOTE		
	INT: 2.875% MATY:11/30/2025	194,438	198,838
	US TREASURY NOTE		
	INT: 2.625% MATY: 2/15/2029	139,711	139,636
	US TREASURY NOTE		
	INT: 3.875% MATY: 12/31/2027	142,339	140,591
	US TREASURY NOTE		
	INT: 1.625% MATY: 2/15/2026	138,351	137,801
	US TREASURY NOTE		
	INT: 2.625% MATY: 5/31/2027	141,522	142,004
	US TREASURY NOTE		
	INT: 3.875% MATY: 9/30/2029	140,480	140,645
	US TREASURY NOTE		
	INT: 4.125% MATY: 11/15/2032	139,581	140,967
	US TREASURY NOTE		
	INT: 4.250% MATY: 11/15/2034	138,900	140,459
	US TREASURY NOTE		
	INT: 4.250% MATY: 5/15/2039	139,318	141,166
	US TREASURY NOTE		
	INT: 4.500% MATY: 5/15/2038	139,845	141,652
	US TREASURY NOTE		
	INT: 4.625% MATY: 2/15/2040	140,742	140,815

CONNECTICUT EDUCATION ASSOCIATION
HEALTH AND WELFARE BENEFITS PLAN

Plan Number 502, EIN #06-0666277
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (Continued)

June 30, 2025

(a)	(c) description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	US TREASURY NOTE INT: 5.375% MATY: 2/15/2031	$ 140,653	$ 139,832
	US TREASURY NOTE INT: 6.000% MATY: 2/15/2026	305,859	303,117
	US TREASURY NOTE INT: 4.625% MATY: 11/15/2026	141,597	141,357
	US TREASURY NOTE INT: 4.375% MATY: 11/30/2023	142,323	143,620
	US TREASURY NOTE INT: 4.625% MATY: 2/15/2020	139,328	139,282
	US TREASURY NOTE INT: 1.375% MATY: 11/15/2031	141,172	141,172
	US TREASURY NOTE INT: 0.000% MATY: 8/31/2025	399,793	400,288
	US TREASURY NOTE INT: 4.000% MATY: 2/15/2034	138,441	138,540
	US TREASURY NOTE INT: 0.000% MATY: 11/15/2033	103,129	102,719
	US TREASURY NOTE INT: 4.125% MATY: 8/31/2030	142,184	142,024
		3,717,329	3,730,699
	Corporate bonds:		
	ABBOTT LABS NT INT: 04.750% MATY: 11/30/2036	141,990	144,316
	ABBVIE INC INT: 04.050% MATY: 11/21/2039	141,626	144,624
	AMGEN INC INT: 02.300% MATY: 2/25/2031	136,795	137,846
	AT&T INC INT: 05.250% MATY: 3/1/2037	139,546	139,721
	BERKSHIRE HATHAWAY INT: 05.750% MATY: 1/15/2040	141,306	140,906
	BK OF AMERICA CORP FR INT: 03.974% MATY: 2/7/2030	136,774	137,803
	CITIGROUP INC INT: 04.910% MATY: 5/24/2033	137,766	139,686
	COMCAST CORP INT: 03.900% MATY: 3/1/2038	142,498	143,507
	APPLE INC SR NT INT: 03.200% MATY: 5/11/2027	95,827	98,736
	APPLE INC SR NT INT: 04.500% MATY: 2/23/2036	139,059	139,625

CONNECTICUT EDUCATION ASSOCIATION
HEALTH AND WELFARE BENEFITS PLAN

Plan Number 502, EIN #06-0666277
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (Continued)

June 30, 2025

(a)	(c) description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	CONOCOHILLIPS SR NT INT: 05.050% MATY: 9/15/2033	$ 137,626	$ 137,396
	CVS/CAREMARK CORP INT: 04.300% MATY: 3/25/2028	140,071	139,426
	EXXON MOBIL CORPORATION INT: 02.440% MATY: 8/16/2029	140,510	141,320
	FISERV INC INT: 03.200% MATY: 7/1/2026	138,244	138,397
	GENERAL DYNAMICS CORP INT: 03.750% MATY: 5/15/2028	139,134	139,222
	ANHEUSER-BUSCH COMPANIES LLC INT: 04.700% MATY: 2/1/2046	139,297	141,484
	ANHEUSER-BUSCH INBEV FIN INC GTD NT INT: 04.900% MATY: 2/1/2046	43,024	42,826
	GOLDMAN SACHS GROUP INC INT: 01.992% MATY: 1/27/2032	142,031	142,916
	JPMORGAN CHASE & CO SR INT: 0.000% MATY: 4/24/2034	137,157	138,891
	MCDONALDS CORP INT: 03.800% MATY: 4/1/2028	96,023	99,179
	MCONDALDS CORP FR INT: 06.300% MATY: 3/1/2038	137,053	136,431
	MICROSOFT CORP INT: 03.300% MATY: 2/6/2027	96,460	98,978
	MICROSOFT CORP INT: 03.500% MATY: 2/12/2035	139,846	140,168
	MORGAN STANLEY INT: 03.625% MATY: 1/20/2027	140,343	138,795
	THE CIGNA GROUP INT: 04.375% MATY: 10/15/2028	139,412	140,168
	UNITEDHEALTH GROUP INC INT: 04.625% MATY: 7/15/2035	140,145	140,035
	VERIZON COMMS INC INT: 04.125% MATY: 3/16/2027	121,849	124,895
	VERIZON COMMS INC INT: 04.812% MATY: 3/15/2039	140,178	140,748
	WALMART INC SR NT INT: 06.500% MATY: 8/24/2024	138,330	137,767
	WALT DISNEY CO INT: 06.650% MATY: 11/15/2037	134,906	137,237
	WELLS FARGO & CO SR NT INT: 03.350% MATY: 3/2/2033	139,206	141,554
		4,074,032	4,104,603

CONNECTICUT EDUCATION ASSOCIATION
HEALTH AND WELFARE BENEFITS PLAN

Plan Number 502, EIN #06-0666277
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (Continued)

June 30, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party & (c) description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Foreign bonds:		
	THE TORONTO-DOMINION BANK		
	INT: 04.456% MATY: 6/8/2032	140,651	142,331
		140,651	142,331
	Exchange-traded funds:		
	CAPITAL GROUP FIXED INCOME ETF		
	ISHARES INC ETF CORE MSCI EMERGEING MARKETS	135,424	143,112
	JP MORGAN EXCHANGE TRADED FD 46641Q167	231,163	241,564
	JP MORGAN EXCHANGE TRADED FD 46641Q266	117,545	124,328
	JP MORGAN EXCHANGE TRADED FD 46641Q373	250,255	262,778
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	REALTY INCOME CORP REIT	49,929	50,985
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CONNECTICUT EDUCATION ASSOCIATION
HEALTH AND WELFARE BENEFITS PLAN

Plan Number 502, EIN #06-0666277
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (Continued)

June 30, 2025

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CONNECTICUT EDUCATION ASSOCIATION
HEALTH AND WELFARE BENEFITS PLAN

Plan Number 502, EIN #06-0666277
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (Continued)

June 30, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party & (c) description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
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	C H ROBINSON WORLDWIDE INC	50,392	50,278
	CATERPILLAR INC	50,040	54,349
	CINTAS CORP	49,967	49,700
	CSX CORP	75,900	76,844
	DOVER CORP	49,913	50,571
	EMERSON ELECTRIC	43,431	53,065
	EXPEDITORS INTERNATIONAL	50,140	50,727
	FASTENAL CO	50,065	49,980
	GENERAL DYNAMICS CORP	49,932	52,790
	GRAINGER W W INC	49,842	47,851
	ILLINOIS TOOL WORKS INC WKS INC	49,937	49,945
	JACOBS ENGINEERING GROUP INC	51,722	53,369
	NORDSON CORP	50,006	48,876
	QUANTA SVCS INC	103,387	108,509
	SMITH A O CORP	50,062	50,620
	STANLEY BLACK & DECKER INC	49,742	50,135
	APPLE INC	127,759	129,052
	ARISTA NETWORKS INC COM	131,489	138,630
	IBM CORP	126,426	163,898
	MICROSOFT CORP	102,175	112,912
	NVIDIA CORP	176,452	196,066
	ORACLE CORPORATION	96,849	121,996
	ROPER INDS INC NEW	49,841	49,315
	TEXAS INSTRS INC	62,819	65,193
	AIR PRODUCTS & CHEMICAL INC	50,041	50,489
	ABLEMARLE CORP	49,597	49,823
	DUPONT DE NEOURS INC	58,658	59,193
	ECOLAB INC	49,906	50,655
	NUCOR CORP	50,213	52,982
	PPG INDUSTRIALS INDS INC	49,970	50,164
	SHERWIN WILLIAMS CO	49,903	48,070

CONNECTICUT EDUCATION ASSOCIATION
HEALTH AND WELFARE BENEFITS PLAN

Plan Number 502, EIN #06-0666277
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (Continued)

June 30, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party & (c) description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	FEDERAL REALTY OP LP SH BEN INT	49,811	49,014
	ATMOS ENERGY CORP	50,127	50,701
	CONSOLIDATED EDISON INC	50,262	49,572
	EVERSOURCE ENERGY	50,176	48,351
	NEXTERA ENERGY INC	50,042	48,247
	SOUTHER CO SR	58,588	61,159
	OWL ROCK CORE INCOME CORPORATION	328,427	327,115
	AMCOR PLC	49,980	49,975
	CHUBB LTD	49,490	50,122
	LINDE PLC SHS	50,030	49,733
	MEDTRONIC PLC	45,145	50,036
	PENTAIR PLC	49,993	51,433
	SHELL PLC SPON ADS	65,615	67,735
	TRANE TECHNOLOGIES PLC	127,714	129,911
	TAIWAN SEMIDCONDUCTOR SPON ADR	152,022	167,602
		6,985,392	7,186,153
	Total investments, at fair value	22,867,836	21,703,704
	Total assets	$ 22,867,836	$ 21,703,704

* Party-in-interest as determined by ERISA
This schedule was prepared based on information certified by the custodian of the Plan.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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
CT EDUCATION ASSN HEALTH AND WELFARE BENEFITS PLAN

1b Three-digit plan number (PN) ▶ 502

1c Effective date of plan 06/27/2022

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)
CONNECTICUT EDUCATION ASSOCIATION, INC.

21 OAK STREET SUITE 500

HARTFORD CT 06106-8001

2b Employer Identification Number (EIN) **-***6277

2c Plan Sponsor's telephone number 860-525-5641

2d Business code (see instructions) 813930

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

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

SIGN HERE	Signature of plan administrator	Date: 06/25/2026	Enter name of individual signing as plan administrator: TODD JAECK
SIGN HERE	Signature of employer/plan sponsor	Date: 06/25/2026	Enter name of individual signing as employer or plan sponsor: TODD JAECK
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

418401 11-25-24

CONNECTICUT EDUCATION ASSOCIATION
HEALTH AND WELFARE BENEFITS PLAN

Plan Number 502, EIN #06-0666277
Form 5500, Schedule H, Line 4j

Schedule of Reportable Transactions

For the year ended June 30, 2025

(a) Identity of Party	(b) Description of Assets	Number of Transactions	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain/ (Loss)
Category (i) -- single transaction in excess of 5 percent of plan assets							
AMCAP	AMCAP FD Inc	1	$ -	$ 1,554,376	$ 1,496,046	$ 1,554,376	$ 58,330
American Funds	American FDS Strategic Bond	1	-	1,170,758	1,136,058	1,170,758	34,700
American Funds	American Bond Funds of America	1	-	1,497,262	1,491,485	1,497,262	5,777
American Funds	American Fundamental Invst	1	-	1,601,409	1,512,412	1,601,409	88,997
American Funds	American Growth Fund of America	1	-	2,048,661	1,944,541	2,048,661	104,120
Smallcap	World FD Inc	1	-	1,125,721	1,083,783	1,125,721	41,938
Vanguard	Intermediate Term Bond	1	1,049,642	-	1,049,652	1,049,642	-
Vanguard	S&P 500 ETF	1	1,501,568	-	1,501,568	1,501,568	-
Category (iii) -- series of transactions in excess of 5 percent of plan assets							
AMCAP	AMCAP FD Inc	2	$ -	$ 1,555,176	$ 1,497,017	$ 1,555,176	$ 58,159
American Funds	Growth Fund of America - R6	3	-	2,109,764	2,002,484	2,109,764	107,280
American Funds	Fundamental Invst	3	-	1,636,421	1,541,556	1,636,421	94,865
JP Morgan	Exchange Traded FD	8	1,110,942	-	1,110,942	1,110,942	-
Smallcap	World FD INC - R6	2	-	1,126,521	1,084,654	1,126,521	41,867
Vanguard	Admiral FDS INC MMF-INV	20	1,752,118	-	1,752,118	1,752,118	-
Vanguard	Admiral FDS INC MMF-INV	9	-	1,289,334	1,289,334	1,289,334	-
Category (iv) -- series of transactions with a single person in excess of 5 percent of plan assets							
Custody Free Alliance Broker Firm	Various	752	$ 18,022,770	$ 19,758,659	$ 37,781,429	$ 38,527,014	$ 745,585

There were no category (ii) reportable transactions during fiscal year 2025.
The above information was prepared based on information certified by the custodian of the Plan.