Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 10/01/2025 and ending 12/31/2025

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [X] 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
MISSISSIPPI METHODIST SENIOR SERVICES EMPLOYEE BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 946

1c Effective date of plan 10/01/1981

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)
MISSISSIPPI METHODIST SENIOR SERVICES INC.

109 SOUTH BROADWAY
PO BOX 1567
TUPELO, MS 38802

2b Employer Identification Number (EIN) 64-6026549

2c Plan Sponsor's telephone number 662-844-8977

2d Business code (see instructions) 623000

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.	07/20/2026	MERRIN CANTIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	513
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)**	513
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	547
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	547
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 Characteristic Codes in the instructions:

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

4A 4D 4E

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [X] 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)** [X] 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 1
- **(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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 10/01/2025 and ending 12/31/2025

A Name of plan
MISSISSIPPI METHODIST SENIOR SERVICES EMPLOYEE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 946

C Plan sponsor's name as shown on line 2a of Form 5500
MISSISSIPPI METHODIST SENIOR SERVICES INC.

D Employer Identification Number (EIN)
64-6026549

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

(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	CL-5098	547	10/01/2025	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
5735	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

SA BENEFIT SERVICES
11844 BANDERA RD #429
HELOTES, TX 78023

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
5735			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		
	(c) Amount	(d) Purpose	(e) Organization code

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	81930
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 10/01/2025 and ending 12/31/2025

A Name of plan
MISSISSIPPI METHODIST SENIOR SERVICES EMPLOYEE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 946

C Plan sponsor's name as shown on line 2a of Form 5500
MISSISSIPPI METHODIST SENIOR SERVICES INC.

D Employer Identification Number (EIN)
64-6026549

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

CIGNA HEALTH AND LIFE INSURANCE CO

59-1031071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 31 38 49 50 56 62	CLAIM ADMINISTRATION	250254	Yes [X] No [ ]	Yes [X] No [ ]	1801	Yes [X] No [ ]

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

HIGGINBOTHAM INSURANCE AGENCY INC

500 W 13TH ST
FORT WORTH, TX 76102

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 22 50 53 70	BROKER/CONSULTANT	0	Yes [X] No [ ]	Yes [X] No [ ]	11193	Yes [ ] No [X]

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

LIPSCOMB & PITTS COMPANY

2670 UNION AVE EXT 100
MEMPHIS, TN 38112

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 22 50 53 70	BROKER/CONSULTANT	7249	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

WEX HEALTH INC

P O BOX 9528
877-765-8810
FARGO, ND 58106-9528

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	COBRA ADMINISTRATION	1034	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
CIGNA HEALTH AND LIFE INSURANCE CO	12 13 31 38 49 50 56 62	632

(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.
JPMORGAN CHASE 3 CHASE METRO TECH CENTER 5TH FLOOR BROOKLYN, NY 11245	EARNINGS CREDITS ON DAILY FUND BALANCES ASSOCIATED WITH BANK ACCOUNTS UTILIZED IN CLAIM ADMINISTRATION BY CIGNA. $4.62 PER PARTICIPANT.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO	12 13 31 38 49 50 56 62	443

(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.
CASTLIGHT HEALTH 121 SPEAR ST 3RD FLOOR SAN FRANCISCO, CA 94105 26-1989091	DEFRAY CIGNA'S COST AND REIMBURSEMENT FOR BENEFITS PROVIDED BY CIGNA TO VENDOR. $3.24 PER PARTICIPANT.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO	12 13 31 38 49 50 56 62	263

(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.
CITIBANK NA ONE PENNS WAY NEW CASTLE, DE 19720	EARNINGS CREDITS ON DAILY FUND BALANCES ASSOCIATED WITH BANK ACCOUNTS UTILIZED IN CLAIM ADMINISTRATION BY CIGNA. $1.92 PER PARTICIPANT.

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
CIGNA HEALTH AND LIFE INSURANCE CO	12 13 31 38 49 50 56 62	260

(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.
OMADA HEALTH, INC. 500 SANSOME ST., ST 200 SAN FRANCISCO, CA 94111 45-2355015	EXPLAINING, ENCOURAGING AND ENROLLING PARTICIPANTS IN OMADA'S PREVENTITIVE CARE SERVICES. $1.90 PER PARTICIPANT.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO	12 13 31 38 49 50 56 62	85

(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.
VISION SERVICE PLAN VSP 333 QUALITY DRIVE RANCHO CORDOVA, CA 96670 06-1227840	REIMBURSEMENT FOR CIGNA'S EXPENSES ASSOCIATED WITH ADMINISTERING VISION BENEFITS. $0.62 PER PARTICIPANT.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO	12 13 31 38 49 50 56 62	49

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BANK OF AMERICA 540 WEST MADISON STREET CHICAGO, IL 60661 59-1031071	EARNINGS CREDITS ASSOCIATED WITH BANK ACCOUNTS UTILIZED BY CIGNA IN THE ADMINISTRATION OF CLAIM OVERPAYMENT RECOVERIES. $0.36 PER PARTICIPANT

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
CIGNA HEALTH AND LIFE INSURANCE CO	12 13 31 38 49 50 56 62	45

(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.
PNC BANK 1600 MARKET ST. 19TH FLOOR PHILADELPHIA, PA 19103	EARNINGS CREDITS ON DAILY FUND BALANCES ASSOCIATED WITH BANK ACCOUNTS UTILIZED IN CLAIM REFUNDS BY CIGNA. $0.33 PER PARTICIPANT.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO	12 13 31 38 49 50 56 62	16

(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.
AMPLIFON HEARING HEALTHCARE FIFTH STREET TOWERS 150 SOUTH 5TH ST., STE 2300 MINNEAPOLIS, MN 55402 85-0437037	VOLUME BASED MARKETING FEES PAID BY VENDORS PARTICIPATING IN THE CIGNA HEALTHY REWARDS PROGRAM. $0.12 PMPY

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO	12 13 31 38 49 50 56 62	8

(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.
SAGAMORE NETWORK HOSPITALS 11595 N MERIDIAN STREET #600 CARMEL, IN 46032	PAYMENT TO CIGNA FOR THE USE OF THE SAGAMORE HEALTH NETWORK. $0.06 PER PARTICIPANT.

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

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

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
Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 10/01/2025 and ending 12/31/2025

A Name of plan
MISSISSIPPI METHODIST SENIOR SERVICES EMPLOYEE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 946

C Plan sponsor's name as shown on line 2a of Form 5500
MISSISSIPPI METHODIST SENIOR SERVICES INC.

D Employer Identification Number (EIN)
64-6026549

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)	0	0
(2) Participant contributions	1b(2)	69704	20246
(3) Other	1b(3)	226199	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	384393	238708
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	680296	258954
Liabilities			
1g Benefit claims payable	1g	438491	492827
1h Operating payables	1h	2146	62147
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	0	18735
1k Total liabilities (add all amounts in lines 1g through1j)	1k	440637	573709
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	239659	-314755

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)	1686798	
(B) Participants	2a(1)(B)	96485	
(C) Others (including rollovers)	2a(1)(C)	115133	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1898416
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	265	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		265
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(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		1898681
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2232157	
(2) To insurance carriers for the provision of benefits	2e(2)	79697	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2311854
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)	113989	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	19750	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	7249	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	253	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		141241
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2453095
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-554414
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) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: BDO USA, P.C. **(2)** EIN: 13-5381590

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		480000
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**			

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 _____.

Mississippi Methodist Senior Services, Inc. Employee Benefit Plan

Financial Statements (Modified Cash Basis) and ERISA-Required Supplemental Schedules

As of December 31, 2025, September 30, 2025, and September 30, 2024 and for the 3-month period ended December 31, 2025 and year ended September 30, 2025

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.

Mississippi Methodist Senior Services, Inc.
Employee Benefit Plan

Financial Statements (Modified Cash Basis)
and ERISA-Required Supplemental Schedules
As of December 31, 2025, September 30, 2025, and September 30, 2024
and for the 3-month period ended December 31, 2025
and year ended September 30, 2025

Mississippi Methodist Senior Services, Inc.
Employee Benefit Plan

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ERISA-Required Supplemental Schedules

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Modified Cash Basis)
as of December 31, 2025 and September 30, 2025 16-17

Schedule H, Line 4j - Schedule of Reportable Transactions (Modified Cash Basis)
for the 3-month period ended December 31, 2025 and year ended September 30, 2025 18-37

Note: Supplemental schedules required by the Employee Retirement Income Security Act of 1974 not included herein are deemed not applicable to the Mississippi Methodist Senior Services, Inc. Employee Benefit Plan.

Tel: 601-626-1000
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661 Sunnybrook Road,
Suite 100
Ridgeland, MS 39157

Independent Auditor's Report

The Plan Administrator, Board of Directors and Management
Mississippi Methodist Senior Services, Inc. Employee Benefit Plan
Tupelo, Mississippi

Opinion

We have audited the financial statements of Mississippi Methodist Senior Services, Inc. Employee Benefit Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA). The financial statements comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2025, September 30, 2025, and September 30, 2024, and the related statements of changes in net assets available for benefits (modified cash basis) for the 3-month period ended December 31, 2025 and year ended September 30, 2025, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan (modified cash basis) as of December 31, 2025, September 30, 2025, and September 30, 2024, and the changes in its net assets available for benefits (modified cash basis) for the 3-month period ended December 31, 2025 and year ended September 30, 2025, in accordance with the modified cash basis of accounting.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 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 audit opinion.

Emphasis of Matter — Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The ERISA-required Supplemental Schedule H, line 4i - Schedule of Assets (Held at End of Year) (modified cash basis) as of December 31, 2025 and September 30, 2025, and the Supplemental Schedule H, line 4j - Schedule of Reportable Transactions (modified cash basis) for the 3-month period ended December 31, 2025 and year ended September 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

BDO USA, P.C.

(Formerly HORNE LLP)

Ridgeland, Mississippi

July 15, 2026

Financial Statements

Mississippi Methodist Senior Services, Inc.
Employee Benefit Plan

Statements of Net Assets Available for Benefits (Modified Cash Basis)

	December 31, 2025	September 30, 2025	September 30, 2024
Assets			
Cash and cash equivalents	**$ 72,008**	**$ 330,393**	$ 53,712
Restricted cash – claims payment	**166,700**	**54,000**	-
Receivables			
Employee contributions	**20,246**	**69,704**	-
Employer contributions	**-**	**-**	216,954
Stop-loss reimbursement	**-**	**226,199**	118,036
Total Receivables	**20,246**	**295,903**	334,990
Total Assets	**258,954**	**680,296**	388,702
Liabilities			
Accounts payable	**62,147**	**2,146**	2,090
Book overdraft	**18,735**	**-**	-
Total Liabilities	**80,882**	**2,146**	2,090
Net Assets Available for Benefits	**$ 178,072**	**$ 678,150**	$ 386,612

See accompanying notes to financial statements.

Mississippi Methodist Senior Services, Inc.
Employee Benefit Plan

Statements of Changes in Net Assets Available for Benefits (Modified Cash Basis)

	For the 3-month period ended December 31, 2025	For the year ended September 30, 2025
Additions to net assets attributed to:		
Interest income	$ 265	$ 857
Contributions:		
Employer contributions	1,686,798	7,329,350
Employee contributions	96,485	598,357
Total Contributions	1,783,283	7,927,707
Other income	115,133	596,020
Total Additions	1,898,681	8,524,584
Deductions from net assets attributed to:		
Health claims paid, net	2,197,571	7,375,627
Insurance premiums	79,697	394,772
Administrative fees	113,989	422,021
Professional fees	7,249	39,406
Other expenses	253	1,220
Total Deductions	2,398,759	8,233,046
Net Increase (Decrease) in Net Assets Available for Benefits	(500,078)	291,538
Net Assets Available for Benefits, beginning of period	678,150	386,612
Net Assets Available for Benefits, end of year	$ 178,072	$ 678,150

See accompanying notes to financial statements.

1. Description of the Plan

The following description of the Mississippi Methodist Senior Services, Inc. Employee Benefit Plan (the Plan) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The Plan is sponsored by Mississippi Methodist Senior Services, Inc. (the Company) to provide health benefits, dental, vision and prescription benefits to substantially all full-time employees. The Plan was established in October 1981 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan is self-funded and has purchased insurance policies to cover excess medical expense indemnity.

During 2025, the Plan changed its year-end from September 30 to December 31. Accordingly, the accompanying financial statements include a 3-month period ended December 31, 2025. As a result, amounts presented in the statements of changes in net assets available for benefits (modified cash basis) are for the 3-month period ending December 31, 2025 and the year ended September 30, 2025. The change in year-end was made for administrative and reporting alignment purposes.

Benefits

Coverage begins when salaried or hourly employees complete 90 days of continuous employment. The Plan also covers eligible dependents of participants. The Plan provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA). The Plan also provides health benefits to participants during periods of employer-certified disability, leave of absence or layoff, and during periods of family medical leave subject to the provisions of the Family and Medical Leave Act of 1993 (FMLA).

Health benefit claims of active participants and covered dependents are processed by the Plan's third-party claims processor under administrative services only (ASO) arrangements. The claims processor requests funding from the Plan or the general assets of the Company for the payment of claims directly to or on benefit of participants. However, the responsibility for payments to participants and providers is retained by the Plan.

The Company has the right under the Plan to modify the benefits provided to all participants of the Plan.

Contributions

The Plan agreement provides that the Company and employees will make contributions to the Plan. Employee contributions are withheld through payroll deductions and remitted by the Company. The Plan document provides that the Company shall, from time to time, evaluate the costs of the Plan and determine the amount to be contributed (if any) by covered participants. An employee may contribute specified amounts, determined annually by the Company, to extend coverage to eligible dependents of the employee.

Stop-Loss Coverage

The Plan has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits, both for individual participant claims over a specific dollar amount and for the aggregate exposure for all claims.

2. Summary of Accounting Policies

Basis of Accounting

The accounting records of the Plan are maintained on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. The primary difference is that plan obligations are recognized when paid.

Cash and Cash Equivalents

The Plan considers all interest-bearing cash accounts and highly liquid investments with maturities of three months or less when purchased to be cash equivalents. Restricted cash represents cash in non-interest bearing accounts that is set aside for the insurance company to pay medical claims.

Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

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. Interest income is recorded on the modified cash basis.

Pharmacy Rebate

Pharmacy rebates due from the record keeper, Cigna, are recognized upon receipt. Pharmacy rebates totaling approximately $115,000 for the 3-month period ended December 31, 2025 and approximately $596,000 for the year ended September 30, 2025 have been recorded in other income in the accompanying statements of changes in net assets available for benefits (modified cash basis).

Payment of Benefits

Benefits and other costs, including health claims, insurance premiums for stop-loss coverage and contract administrative and other fees, are recognized when paid.

Plan Benefits

Plan obligations for claims incurred but not reported are estimated based upon historic claims experience and actual claims reported subsequent to the Plan's period end. Plan obligations for claims incurred by active participants but not reported as of December 31, 2025, September 30,

2025, and September 30, 2024 are not recognized until paid under modified cash basis. Plan obligations and related activities are disclosed in Note 4.

Stop-Loss Insurance

The Plan has a specific stop-loss insurance policy with Companion Life Insurance. Coverage consists of medical and prescription drugs with specific attachment point per person of $125,000 and an aggregate specific deductible of $50,000. Premiums for stop-loss insurance are included in insurance premiums in the accompanying statements of changes in net assets available for benefits. Stop-loss refunds totaling $0 for the 3-month period ended December 31, 2025 and approximately $551,000 for the year ended September 30, 2025, have been netted with health claims paid in the accompanying statements of changes in net assets available for benefits (modified cash basis).

Administrator Fees

Administrative expense may be paid by the Company or the Plan, at the Company's discretion.

3. Fair Value Measurements

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

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

As of December 31, 2025, September 30, 2025, and September 30, 2024 the Plan's investments consisted solely of interest-bearing cash accounts in the amount of $72,008, $330,393, and $53,712,

respectively, with Cadence Bank and therefore, are not required to be reported within the fair value hierarchy. There were no other investments at December 31, 2025, September 30, 2025, and September 30, 2024.

4. Plan's Benefit Obligations

The Plan's benefit obligations represent the amounts currently payable to or on behalf of participants and their dependents and other obligations for current benefit coverage at estimated amounts (claims incurred but not reported). Plan obligations are estimated by the Company based on claims history.

The following tables summarize the Plan's benefit obligations:

	December 31, 2025	**September 30, 2025**	September 30, 2024
Amounts currently payable to or on behalf of employees and their dependents:			
Claims payable and incurred but not reported	**$ 492,827**	**$ 438,491**	$ 509,598

	For the 3-month period ended December 31, 2025	**For the year ended September 30, 2025**	For the year ended September 30, 2024
Claims Payable and Incurred but not Reported, beginning of period	**$ 438,491**	**$ 509,598**	$ 391,983
Claims paid	**(2,197,571)**	**(7,375,627)**	(6,601,596)
Claims incurred	**2,251,907**	**7,304,520**	6,719,211
Claims Payable and Incurred but not Reported, end of period	**$ 492,827**	**$ 438,491**	$ 509,598

The estimate of benefit obligations is determined based on certain assumptions pertaining to claim severity and frequency which are subject to change. Due to uncertainties inherent in the process of developing these estimates and assumptions, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Any excess of Plan obligations over net assets will be funded by future employee and employer contributions.

5. Income Tax Status

The Plan has not requested an exemption letter from the Internal Revenue Service (IRS) to determine if the Plan is in compliance with the Internal Revenue Code (IRC) and therefore, not subject to tax. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirement of the IRC and believes that the related trust is tax-exempt.

6. Related Party Transactions

The Plan uses Cigna as the record keeper of the Plan; therefore, any transactions between the two entities qualify as exempt party-in-interest transactions. The Plan paid administrative fees to Cigna of approximately $113,000 for the 3-month period ended December 31, 2025 and approximately $418,000 for the year ended September 30, 2025.

7. Risks and Uncertainties

The Plan invests in interest-bearing deposit accounts; however, the accounts do not exceed those guaranteed by the Federal Deposit Insurance Corporation or any other government agency.

The adequacy of Plan assets available to cover future claims, combined with estimated funding, is dependent on future claims experience, which may fluctuate significantly from year to year.

8. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to modify the benefits provided to, and contributions required of, participants to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may revert to the Company or be used for purposes other than for the exclusive benefit of the Plan's participants.

9. Reconciliation of Financial Statements to the Form 5500

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

	December 31, 2025	**September 30, 2025**	September 30, 2024
Net Assets Available for Benefits, per the financial statements	**$ 178,072**	**$ 678,150**	$ 386,612
Less: benefit obligations currently payable	**(492,827)**	**(438,491)**	(509,598)
Net Assets (Deficit) Available for Benefits, per the Form 5500	**$ (314,755)**	**$ 239,659**	$ (122,986)

The following is a reconciliation of net increase (decrease) in net assets available for benefits per the financial statements to the Form 5500:

	For the 3-month period ended December 31, 2025	For the year ended September 30, 2025
Net Increase (Decrease) in Net Assets Available for Benefits	**$ (500,078)**	**$ 291,538**
Adjust: amounts payable at end of year	**(492,827)**	**(438,491)**
Adjust: amounts payable at beginning of year	**438,491**	**509,598**
Net Income (Loss), per the Form 5500	**$ (554,414)**	**$ 362,645**

10. Subsequent Events

The Plan has evaluated subsequent events through July 15, 2026, the date the financial statements were available to be issued and incorporated events considered significant within the financial statements.

ERISA-Required Supplemental Schedules

Mississippi Methodist Senior Services, Inc.
Employee Benefit Plan

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

EIN: 64-6026549 **Plan Number: 946**

December 31, 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
	Interest-Bearing Cash Account			
*	Cadence Bank		$ 72,008	$ 72,008

* A party-in-interest, as defined by ERISA.

Mississippi Methodist Senior Services, Inc.
Employee Benefit Plan

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

EIN: 64-6026549 **Plan Number: 946**

September 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
	Interest-Bearing Cash Account			
*	Cadence Bank		$ 330,393	$ 330,393

* A party-in-interest, as defined by ERISA.

Mississippi Methodist Senior Services Inc.
Employee Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 64-6026549 **Plan Number: 946**

For the 3-month period ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - single transactions in excess of 5% of Plan assets:								
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	$ 225,929	$ -	$ -	$ -	$ 225,929	$ 225,929	$ -
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	205,962	-	-	-	205,962	205,962	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	186,102	-	-	-	186,102	186,102	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	175,117	-	-	-	175,117	175,117	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	170,000	-	-	-	170,000	170,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	160,000	-	-	-	160,000	160,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	143,064	-	-	-	143,064	143,064	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	132,035	-	-	-	132,035	132,035	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	129,721	-	-	-	129,721	129,721	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	128,732	-	-	-	128,732	128,732	-
*Cadence Bank	Cadence Cash Account Prescription Rebates	-	115,132	-	-	115,132	115,132	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	114,993	-	-	-	114,993	114,993	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	114,001	-	-	-	114,001	114,001	-
*Cadence Bank	Cadence Cash Account Contributions	-	112,453	-	-	112,453	112,453	-

Mississippi Methodist Senior Services Inc.
Employee Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 64-6026549 **Plan Number: 946**

For the 3-month period ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Contributions	$ -	$ 112,453	$ -	$ -	$ 112,453	$ 112,453	$ -
*Cadence Bank	Cadence Cash Account Contributions	-	112,453	-	-	112,453	112,453	-
*Cadence Bank	Cadence Cash Account Contributions	-	112,453	-	-	112,453	112,453	-
*Cadence Bank	Cadence Cash Account Contributions	-	112,453	-	-	112,453	112,453	-
*Cadence Bank	Cadence Cash Account Contributions	-	112,453	-	-	112,453	112,453	-
*Cadence Bank	Cadence Cash Account Contributions	-	112,453	-	-	112,453	112,453	-
*Cadence Bank	Cadence Cash Account Contributions	-	112,453	-	-	112,453	112,453	-
*Cadence Bank	Cadence Cash Account Contributions	-	112,453	-	-	112,453	112,453	-
*Cadence Bank	Cadence Cash Account Contributions	-	112,453	-	-	112,453	112,453	-
*Cadence Bank	Cadence Cash Account Contributions	-	112,453	-	-	112,453	112,453	-
*Cadence Bank	Cadence Cash Account Contributions	-	112,453	-	-	112,453	112,453	-
*Cadence Bank	Cadence Cash Account Contributions	-	112,453	-	-	112,453	112,453	-
*Cadence Bank	Cadence Cash Account Contributions	-	112,453	-	-	112,453	112,453	-

Mississippi Methodist Senior Services Inc.
Employee Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 64-6026549 **Plan Number: 946**

For the 3-month period ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	101,545	-	-	-	101,545	101,545	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	100,000	-	-	-	100,000	100,000	-
*Cadence Bank	Cadence Cash Account Stop Loss Reimbursements Received	$ -	$ 96,138	$ -	$ -	$ 96,138	$ 96,138	$ -
*Cadence Bank	Cadence Cash Account Stop Loss Reimbursements Received	-	70,059	-	-	70,059	70,059	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	65,000	-	-	-	65,000	65,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	60,900	-	-	-	60,900	60,900	-
*Cadence Bank	Cadence Cash Account MS Methodist Senior Services	54,244	-	-	-	54,244	54,244	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	53,188	-	-	-	53,188	53,188	-
Category (iii) - series of transactions in excess of 5% of Plan assets:								
*Cadence Bank	Cash and cash equivalents Claims Benefit Payments	2,136,290	-	-	-	2,136,290	2,136,290	-
*Cadence Bank	Cash and cash equivalents Contributions	-	1,832,699	-	-	1,832,699	1,832,699	-
*Cadence Bank	Cash and cash equivalents Stop Loss Reimbursements Received	-	202,985	-	-	202,985	202,985	-
*Cadence Bank	Cash and cash equivalents Reserve	166,700	-	-	-	166,700	166,700	-
*Cadence Bank	Cash and cash equivalents Prescription Rebates	-	115,132	-	-	115,132	115,132	-

Mississippi Methodist Senior Services Inc.
Employee Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 64-6026549 **Plan Number: 946**

For the 3-month period ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cash and cash equivalents Stop Loss Premiums	53,830	-	-	-	53,830	53,830	-
*Cadence Bank	Cash and cash equivalents Plan Admin Expense	$ 51,414	$ -	$ -	$ -	$ 51,414	$ 51,414	$ -

*Denotes a party-in-interest

**There were no category (ii) or (iv) reportable transactions for the 3-month period ended December 31, 2025

Mississippi Methodist Senior Services Inc.
Employee Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 64-6026549 **Plan Number: 946**

For the year ended September 30, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - single transactions in excess of 5% of Plan assets:								
*Cadence Bank	Cadence Cash Account Contributions	$ -	$ 300,000	$ -	$ -	$ 300,000	$ 300,000	$ -
*Cadence Bank	Cadence Cash Account Contributions	-	250,000	-	-	250,000	250,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	241,790	-	-	-	241,790	241,790	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	201,115	-	-	-	201,115	201,115	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	200,000	-	-	-	200,000	200,000	-
*Cadence Bank	Cadence Cash Account Contributions	-	200,000	-	-	200,000	200,000	-
*Cadence Bank	Cadence Cash Account Contributions	-	200,000	-	-	200,000	200,000	-
*Cadence Bank	Cadence Cash Account Contributions	-	200,000	-	-	200,000	200,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	200,000	-	-	-	200,000	200,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	184,190	-	-	-	184,190	184,190	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	174,511	-	-	-	174,511	174,511	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	173,926	-	-	-	173,926	173,926	-
*Cadence Bank	Cadence Cash Account Prescription Rebates	-	173,222	-	-	173,222	173,222	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	157,896	-	-	-	157,896	157,896	-

Mississippi Methodist Senior Services Inc.
Employee Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 64-6026549 **Plan Number: 946**

For the year ended September 30, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	$ 157,495	$ -	$ -	$ -	$ 157,495	$ 157,495	$ -
*Cadence Bank	Cadence Cash Account Prescription Rebates	-	157,002	-	-	157,002	157,002	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	151,605	-	-	-	151,605	151,605	-
*Cadence Bank	Cadence Cash Account Contributions	-	150,000	-	-	150,000	150,000	-
*Cadence Bank	Cadence Cash Account Contributions	-	150,000	-	-	150,000	150,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	149,896		-	-	149,896	149,896	-
*Cadence Bank	Cadence Cash Account Prescription Rebates	-	148,030	-	-	148,030	148,030	-
*Cadence Bank	Cadence Cash Account Contributions	-	145,568	-	-	145,568	145,568	-
*Cadence Bank	Cadence Cash Account Contributions	-	145,568	-	-	145,568	145,568	-
*Cadence Bank	Cadence Cash Account Contributions	-	145,568	-	-	145,568	145,568	-
*Cadence Bank	Cadence Cash Account Contributions	-	145,568	-	-	145,568	145,568	-
*Cadence Bank	Cadence Cash Account Contributions	-	145,568	-	-	145,568	145,568	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	144,379	-	-	-	144,379	144,379	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	144,032	-	-	-	144,032	144,032	-

Mississippi Methodist Senior Services Inc.
Employee Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 64-6026549 **Plan Number: 946**

For the year ended September 30, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	$ 144,007	$ -	$ -	$ -	$ 144,007	$ 144,007	$ -
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	142,859	-	-	-	142,859	142,859	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	142,000	-	-	-	142,000	142,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	138,032		-	-	138,032	138,032	-
*Cadence Bank	Cadence Cash Account Contributions	-	132,689	-	-	132,689	132,689	-
*Cadence Bank	Cadence Cash Account Contributions	-	132,689	-	-	132,689	132,689	-
*Cadence Bank	Cadence Cash Account Contributions	-	132,689	-	-	132,689	132,689	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	130,414	-	-	-	130,414	130,414	-
*Cadence Bank	Cadence Cash Account Contributions	-	130,262	-	-	130,262	130,262	-
*Cadence Bank	Cadence Cash Account Contributions	-	130,262	-	-	130,262	130,262	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	129,500	-	-	-	129,500	129,500	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	127,471	-	-	-	127,471	127,471	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	125,000	-	-	-	125,000	125,000	-

Mississippi Methodist Senior Services Inc.
Employee Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 64-6026549 **Plan Number: 946**

For the year ended September 30, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	$ 122,399	$ -	$ -	$ -	$ 122,399	$ 122,399	$ -
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	120,107	-	-	-	120,107	120,107	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	120,000	-	-	-	120,000	120,000	-
*Cadence Bank	Cadence Cash Account Stop Loss Reimbursements Received	-	118,221	-	-	118,221	118,221	-
*Cadence Bank	Cadence Cash Account Stop Loss Reimbursements Received	-	118,196	-	-	118,196	118,196	-
*Cadence Bank	Cadence Cash Account Contributions	-	117,768	-	-	117,768	117,768	-
*Cadence Bank	Cadence Cash Account Contributions	-	117,768	-	-	117,768	117,768	-
*Cadence Bank	Cadence Cash Account Prescription Rebates	-	117,759	-	-	117,759	117,759	-
*Cadence Bank	Cadence Cash Account Contributions	-	117,677	-	-	117,677	117,677	-
*Cadence Bank	Cadence Cash Account Contributions	-	117,085	-	-	117,085	117,085	-
*Cadence Bank	Cadence Cash Account Contributions	-	117,085	-	-	117,085	117,085	-
*Candance Bank	Candance Cash Account Contributions	-	117,085	-	-	117,085	117,085	-
*Candance Bank	Candance Cash Account Claim Benefit Payment	116,817	-	-	-	116,817	116,817	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	115,612	-	-	-	115,612	115,612	-

Mississippi Methodist Senior Services Inc.
Employee Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 64-6026549 **Plan Number: 946**

For the year ended September 30, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	$ 115,388	$ -	$ -	$ -	$ 115,388	$ 115,388	$ -
*Cadence Bank	Cadence Cash Account Contributions	-	112,825	-	-	112,825	112,825	-
*Cadence Bank	Cadence Cash Account Contributions	-	112,825	-	-	112,825	112,825	-
*Cadence Bank	Cadence Cash Account Contributions	-	112,825	-	-	112,825	112,825	-
*Cadence Bank	Cadence Cash Account Contributions	-	112,825	-	-	112,825	112,825	-
*Cadence Bank	Cadence Cash Account Contributions	-	112,825	-	-	112,825	112,825	-
*Cadence Bank	Cadence Cash Account Contributions	-	112,825	-	-	112,825	112,825	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	112,778	-	-	-	112,778	112,778	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	111,548	-	-	-	111,548	111,548	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	111,108	-	-	-	111,108	111,108	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	110,000	-	-	-	110,000	110,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	109,191	-	-	-	109,191	109,191	-
*Candance Bank	Candance Cash Account Claim Benefit Payment	108,039	-	-	-	108,039	108,039	-
*Candance Bank	Candance Cash Account Claim Benefit Payment	102,000	-	-	-	102,000	102,000	-

Mississippi Methodist Senior Services Inc.
Employee Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 64-6026549 **Plan Number: 946**

For the year ended September 30, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	$ 100,000	$ -	$ -	$ -	$ 100,000	$ 100,000	$ -
*Cadence Bank	Cadence Cash Account Contributions	-	100,000	-	-	100,000	100,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	100,000	-	-	-	100,000	100,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	99,682	-	-	-	99,682	99,682	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	99,622	-	-	-	99,622	99,622	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	99,000	-	-	-	99,000	99,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	98,447	-	-	-	98,447	98,447	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	98,311	-	-	-	98,311	98,311	-
*Cadence Bank	Cadence Cash Account Contributions	-	98,029	-	-	98,029	98,029	-
*Cadence Bank	Cadence Cash Account Contributions	-	98,029	-	-	98,029	98,029	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	97,337	-	-	-	97,337	97,337	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	96,000	-	-	-	96,000	96,000	-
*Cadence Bank	Cadence Cash Account Contributions	-	95,619	-	-	95,619	95,619	-
*Cadence Bank	Cadence Cash Account Contributions	-	95,619	-	-	95,619	95,619	-

Mississippi Methodist Senior Services Inc.
Employee Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 64-6026549 **Plan Number: 946**

For the year ended September 30, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Contributions	$ -	$ 95,619	$ -	$ -	$ 95,619	$ 95,619	$ -
*Cadence Bank	Cadence Cash Account Contributions	-	95,619	-	-	95,619	95,619	-
*Cadence Bank	Cadence Cash Account Contributions	-	95,619	-	-	95,619	95,619	-
*Cadence Bank	Cadence Cash Account Contributions	-	95,619	-	-	95,619	95,619	-
*Cadence Bank	Cadence Cash Account Contributions	-	95,619	-	-	95,619	95,619	-
*Cadence Bank	Cadence Cash Account Contributions	-	95,619	-	-	95,619	95,619	-
*Cadence Bank	Cadence Cash Account Contributions	-	95,619	-	-	95,619	95,619	-
*Cadence Bank	Cadence Cash Account Contributions	-	95,619	-	-	95,619	95,619	-
*Cadence Bank	Cadence Cash Account Contributions	-	95,619	-	-	95,619	95,619	-
*Cadence Bank	Cadence Cash Account Contributions	-	95,619	-	-	95,619	95,619	-
*Cadence Bank	Cadence Cash Account Contributions	-	95,619	-	-	95,619	95,619	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	93,490	-	-	-	93,490	93,490	-

Mississippi Methodist Senior Services Inc.
Employee Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 64-6026549 **Plan Number: 946**

For the year ended September 30, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	$ 91,800	$ -	$ -	$ -	$ 91,800	$ 91,800	$ -
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	91,336	-	-	-	91,336	91,336	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	90,962	-	-	-	90,962	90,962	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	90,918	-	-	-	90,918	90,918	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	90,806	-	-	-	90,806	90,806	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	90,719	-	-	-	90,719	90,719	-
*Cadence Bank	Cadence Cash Account Contributions	-	88,791	-	-	88,791	88,791	-
*Cadence Bank	Cadence Cash Account Contributions	-	88,791	-	-	88,791	88,791	-
*Cadence Bank	Cadence Cash Account Contributions	-	88,791	-	-	88,791	88,791	-
*Cadence Bank	Cadence Cash Account Contributions	-	88,791	-	-	88,791	88,791	-
*Cadence Bank	Cadence Cash Account Contributions	-	88,791	-	-	88,791	88,791	-
*Cadence Bank	Cadence Cash Account Contributions	-	88,791	-	-	88,791	88,791	-
*Cadence Bank	Cadence Cash Account Contributions	-	88,791	-	-	88,791	88,791	-

Mississippi Methodist Senior Services Inc.
Employee Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 64-6026549 **Plan Number: 946**

For the year ended September 30, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Contributions	$ -	$ 88,791	$ -	$ -	$ 88,791	$ 88,791	$ -
*Cadence Bank	Cadence Cash Account Contributions	-	88,791	-	-	88,791	88,791	-
*Cadence Bank	Cadence Cash Account Contributions	-	88,791	-	-	88,791	88,791	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	87,200	-	-	-	87,200	87,200	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	85,428	-	-	-	85,428	85,428	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	82,000	-	-	-	82,000	82,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	80,803	-	-	-	80,803	80,803	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	80,350	-	-	-	80,350	80,350	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	80,000	-	-	-	80,000	80,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	79,686	-	-	-	79,686	79,686	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	75,500	-	-	-	75,500	75,500	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	75,170	-	-	-	75,170	75,170	-
*Cadence Bank	Cadence Cash Account Contributions	-	75,000	-	-	75,000	75,000	-
*Cadence Bank	Cadence Cash Account Contributions	-	75,000	-	-	75,000	75,000	-

Mississippi Methodist Senior Services Inc.
Employee Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 64-6026549 **Plan Number: 946**

For the year ended September 30, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Contributions	$ -	$ 75,000	$ -	$ -	$ 75,000	$ 75,000	$ -
*Cadence Bank	Cadence Cash Account Contributions	-	73,864	-	-	73,864	73,864	-
*Cadence Bank	Cadence Cash Account Contributions	-	73,864	-	-	73,864	73,864	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	72,207	-	-	-	72,207	72,207	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	71,107	-	-	-	71,107	71,107	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	69,781	-	-	-	69,781	69,781	-
*Cadence Bank	Cadence Cash Account Stop Loss Reimbursements Received	-	66,828	-	-	66,828	66,828	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	66,668	-	-	-	66,668	66,668	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	62,222	-	-	-	62,222	62,222	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	56,362	-	-	-	56,362	56,362	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	55,583	-	-	-	55,583	55,583	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	54,000	-	-	-	54,000	54,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	50,000	-	-	-	50,000	50,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	50,000	-	-	-	50,000	50,000	-

Mississippi Methodist Senior Services Inc.
Employee Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 64-6026549 **Plan Number: 946**

For the year ended September 30, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	$ 50,000	$ -	$ -	$ -	$ 50,000	$ 50,000	$ -
*Cadence Bank	Cadence Cash Account Contributions	-	50,000	-	-	50,000	50,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	48,425	-	-	-	48,425	48,425	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	46,349	-	-	-	46,349	46,349	-
*Cadence Bank	Cadence Cash Account Contributions		45,000	-	-	45,000	45,000	-
*Cadence Bank	Cadence Cash Account Stop Loss Reimbursements Received	-	42,061	-	-	42,061	42,061	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	42,000	-	-	-	42,000	42,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	40,000	-	-	-	40,000	40,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	42,804	-	-	-	42,804	42,804	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	39,731	-	-	-	39,731	39,731	-
*Cadence Bank	Cadence Cash Account Vista Underwriting	33,571	-	-	-	33,571	33,571	-
*Cadence Bank	Cadence Cash Account Vista Underwriting	33,448	-	-	-	33,448	33,448	-
*Cadence Bank	Cadence Cash Account Vista Underwriting	33,200	-	-	-	33,200	33,200	-
*Cadence Bank	Cadence Cash Account Vista Underwriting	33,138	-	-	-	33,138	33,138	-
*Cadence Bank	Cadence Cash Account Vista Underwriting	33,014	-	-	-	33,014	33,014	-

Mississippi Methodist Senior Services Inc.
Employee Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 64-6026549 **Plan Number: 946**

For the year ended September 30, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Vista Underwriting	$ 32,980	$ -	$ -	$ -	$ 32,980	$ 32,980	$ -
*Cadence Bank	Cadence Cash Account Vista Underwriting	32,952	-	-	-	32,952	32,952	-
*Cadence Bank	Cadence Cash Account Vista Underwriting	32,890	-	-	-	32,890	32,890	-
*Cadence Bank	Cadence Cash Account Vista Underwriting	32,457	-	-	-	32,457	32,457	-
*Cadence Bank	Cadence Cash Account Vista Underwriting	32,333	-	-	-	32,333	32,333	-
*Cadence Bank	Cadence Cash Account Vista Underwriting	32,147	-	-	-	32,147	32,147	-
*Cadence Bank	Cadence Cash Account Stop Loss Reimbursements Received	-	31,893	-	-	31,893	31,893	-
*Cadence Bank	Cadence Cash Account Vista Underwriting	32,642	-	-	-	32,642	32,642	-
*Cadence Bank	Cadence Cash Account CHLIC	29,768	-	-	-	29,768	29,768	-
*Cadence Bank	Cadence Cash Account Stop Loss Reimbursements Received	-	27,254	-	-	27,254	27,254	-
*Cadence Bank	Cadence Cash Account CHLIC	27,028	-	-	-	27,028	27,028	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	27,000	-	-	-	27,000	27,000	-
*Cadence Bank	Cadence Cash Account CHLIC	26,815	-	-	-	26,815	26,815	-
*Cadence Bank	Cadence Cash Account CHLIC	26,675	-	-	-	26,675	26,675	-

Mississippi Methodist Senior Services Inc.
Employee Benefit Plan
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EIN: 64-6026549 **Plan Number: 946**

For the year ended September 30, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account CHLIC	$ 26,616	$ -	$ -	$ -	$ 26,616	$ 26,616	$ -
*Cadence Bank	Cadence Cash Account CHLIC	26,362	-	-	-	26,362	26,362	-
*Cadence Bank	Cadence Cash Account CHLIC	26,167	-	-	-	26,167	26,167	-
*Cadence Bank	Cadence Cash Account CHLIC	25,666	-	-	-	25,666	25,666	-
*Cadence Bank	Cadence Cash Account CHLIC	25,614	-	-	-	25,614	25,614	-
*Cadence Bank	Cadence Cash Account CHLIC	25,274	-	-	-	25,274	25,274	-
*Cadence Bank	Cadence Cash Account CHLIC	25,269	-	-	-	25,269	25,269	-
*Cadence Bank	Cadence Cash Account Stop Loss Reimbursements Received	-	26,472	-	-	26,472	26,472	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	25,000	-	-	-	25,000	25,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	24,648	-	-	-	24,648	24,648	-
*Cadence Bank	Cadence Cash Account CHLIC	23,793	-	-	-	23,793	23,793	-
*Cadence Bank	Cadence Cash Account Contributions	-	22,148	-	-	22,148	22,148	-
*Cadence Bank	Cadence Cash Account Contributions	-	22,027	-	-	22,027	22,027	-
*Cadence Bank	Cadence Cash Account Contributions	-	22,005	-	-	22,005	22,005	-

Mississippi Methodist Senior Services Inc.
Employee Benefit Plan
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EIN: 64-6026549 **Plan Number: 946**

For the year ended September 30, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Contributions	$ -	$ 21,964	$ -	$ -	$ 21,964	$ 21,964	$ -
*Cadence Bank	Cadence Cash Account Contributions	-	21,891	-	-	21,891	21,891	-
*Cadence Bank	Cadence Cash Account Contributions	-	21,879	-	-	21,879	21,879	-
*Cadence Bank	Cadence Cash Account Contributions	-	21,873	-	-	21,873	21,873	-
*Cadence Bank	Cadence Cash Account Contributions	-	21,628	-	-	21,628	21,628	-
*Cadence Bank	Cadence Cash Account Contributions	-	21,566	-	-	21,566	21,566	-
*Cadence Bank	Cadence Cash Account Contributions	-	21,562	-	-	21,562	21,562	-
*Cadence Bank	Cadence Cash Account Contributions	-	21,148	-	-	21,148	21,148	-
*Cadence Bank	Cadence Cash Account Contributions	-	21,144	-	-	21,144	21,144	-
*Cadence Bank	Cadence Cash Account Contributions	-	21,123	-	-	21,123	21,123	-
*Cadence Bank	Cadence Cash Account Contributions	-	21,023	-	-	21,023	21,023	-
*Cadence Bank	Cadence Cash Account Contributions	-	20,884	-	-	20,884	20,884	-
*Cadence Bank	Cadence Cash Account Contributions	-	20,852	-	-	20,852	20,852	-
*Cadence Bank	Cadence Cash Account Contributions	-	20,849	-	-	20,849	20,849	-

Mississippi Methodist Senior Services Inc.
Employee Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 64-6026549 **Plan Number: 946**

For the year ended September 30, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Contributions	$ -	$ 20,841	$ -	$ -	$ 20,841	$ 20,841	$ -
*Cadence Bank	Cadence Cash Account Contributions	-	20,598	-	-	20,598	20,598	-
*Cadence Bank	Cadence Cash Account Contributions	-	20,575	-	-	20,575	20,575	-
*Cadence Bank	Cadence Cash Account Contributions	-	20,541	-	-	20,541	20,541	-
*Cadence Bank	Cadence Cash Account Contributions	-	20,533	-	-	20,533	20,533	-
*Cadence Bank	Cadence Cash Account Contributions	-	20,532	-	-	20,532	20,532	-
*Cadence Bank	Cadence Cash Account Contributions	-	20,508	-	-	20,508	20,508	-
*Cadence Bank	Cadence Cash Account Contributions	-	20,194	-	-	20,194	20,194	-
*Cadence Bank	Cadence Cash Account Contributions	-	19,407	-	-	19,407	19,407	-
Category (iii) - series of transactions in excess of 5% of Plan assets:								
*Cadence Bank	Cash and cash equivalents Contributions	-	8,074,709	-	-	8,074,709	8,074,709	-
*Cadence Bank	Cash and cash equivalents Claims Benefit Payments	8,083,559	-	-	-	8,083,559	8,083,559	-
*Cadence Bank	Cash and cash equivalents Prescription Rebates	-	596,013	-	-	596,013	596,013	-
*Cadence Bank	Cash and cash equivalents Stop Loss Reimbursements Received	-	442,842	-	-	442,842	442,842	-
*Cadence Bank	Cash and cash equivalents Stop Loss Premiums	422,751	-	-	-	422,751	422,751	-

Mississippi Methodist Senior Services Inc.
Employee Benefit Plan
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EIN: 64-6026549 **Plan Number: 946**

For the year ended September 30, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cash and cash equivalents Plan Admin Expense	$ 341,313	$ -	$ -	$ -	$ 341,313	$ 341,313	$ -

*Denotes a party-in-interest

**There were no category (ii) or (iv) reportable transactions for the year ended September 30, 2025

Mississippi Methodist Senior Services Inc.
Employee Benefit Plan
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EIN: 64-6026549 **Plan Number: 946**

For the 3-month period ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - single transactions in excess of 5% of Plan assets:								
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	$ 225,929	$ -	$ -	$ -	$ 225,929	$ 225,929	$ -
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	205,962	-	-	-	205,962	205,962	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	186,102	-	-	-	186,102	186,102	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	175,117	-	-	-	175,117	175,117	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	170,000	-	-	-	170,000	170,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	160,000	-	-	-	160,000	160,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	143,064	-	-	-	143,064	143,064	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	132,035	-	-	-	132,035	132,035	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	129,721	-	-	-	129,721	129,721	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	128,732	-	-	-	128,732	128,732	-
*Cadence Bank	Cadence Cash Account Prescription Rebates	-	115,132	-	-	115,132	115,132	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	114,993	-	-	-	114,993	114,993	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	114,001	-	-	-	114,001	114,001	-
*Cadence Bank	Cadence Cash Account Contributions	-	112,453	-	-	112,453	112,453	-

Mississippi Methodist Senior Services Inc.
Employee Benefit Plan
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EIN: 64-6026549 **Plan Number: 946**

For the 3-month period ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Contributions	$ -	$ 112,453	$ -	$ -	$ 112,453	$ 112,453	$ -
*Cadence Bank	Cadence Cash Account Contributions	-	112,453	-	-	112,453	112,453	-
*Cadence Bank	Cadence Cash Account Contributions	-	112,453	-	-	112,453	112,453	-
*Cadence Bank	Cadence Cash Account Contributions	-	112,453	-	-	112,453	112,453	-
*Cadence Bank	Cadence Cash Account Contributions	-	112,453	-	-	112,453	112,453	-
*Cadence Bank	Cadence Cash Account Contributions	-	112,453	-	-	112,453	112,453	-
*Cadence Bank	Cadence Cash Account Contributions	-	112,453	-	-	112,453	112,453	-
*Cadence Bank	Cadence Cash Account Contributions	-	112,453	-	-	112,453	112,453	-
*Cadence Bank	Cadence Cash Account Contributions	-	112,453	-	-	112,453	112,453	-
*Cadence Bank	Cadence Cash Account Contributions	-	112,453	-	-	112,453	112,453	-
*Cadence Bank	Cadence Cash Account Contributions	-	112,453	-	-	112,453	112,453	-
*Cadence Bank	Cadence Cash Account Contributions	-	112,453	-	-	112,453	112,453	-
*Cadence Bank	Cadence Cash Account Contributions	-	112,453	-	-	112,453	112,453	-

Mississippi Methodist Senior Services Inc.
Employee Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 64-6026549 **Plan Number: 946**

For the 3-month period ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	101,545	-	-	-	101,545	101,545	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	100,000	-	-	-	100,000	100,000	-
*Cadence Bank	Cadence Cash Account Stop Loss Reimbursements Received	$ -	$ 96,138	$ -	$ -	$ 96,138	$ 96,138	$ -
*Cadence Bank	Cadence Cash Account Stop Loss Reimbursements Received	-	70,059	-	-	70,059	70,059	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	65,000	-	-	-	65,000	65,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	60,900	-	-	-	60,900	60,900	-
*Cadence Bank	Cadence Cash Account MS Methodist Senior Services	54,244	-	-	-	54,244	54,244	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	53,188	-	-	-	53,188	53,188	-
Category (iii) - series of transactions in excess of 5% of Plan assets:								
*Cadence Bank	Cash and cash equivalents Claims Benefit Payments	2,136,290	-	-	-	2,136,290	2,136,290	-
*Cadence Bank	Cash and cash equivalents Contributions	-	1,832,699	-	-	1,832,699	1,832,699	-
*Cadence Bank	Cash and cash equivalents Stop Loss Reimbursements Received	-	202,985	-	-	202,985	202,985	-
*Cadence Bank	Cash and cash equivalents Reserve	166,700	-	-	-	166,700	166,700	-
*Cadence Bank	Cash and cash equivalents Prescription Rebates	-	115,132	-	-	115,132	115,132	-

Mississippi Methodist Senior Services Inc.
Employee Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 64-6026549 **Plan Number: 946**

For the 3-month period ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cash and cash equivalents Stop Loss Premiums	53,830	-	-	-	53,830	53,830	-
*Cadence Bank	Cash and cash equivalents Plan Admin Expense	$ 51,414	$ -	$ -	$ -	$ 51,414	$ 51,414	$ -

*Denotes a party-in-interest

**There were no category (ii) or (iv) reportable transactions for the 3-month period ended December 31, 2025

Mississippi Methodist Senior Services, Inc.
Employee Benefit Plan

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

EIN: 64-6026549 **Plan Number: 946**

December 31, 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
	Interest-Bearing Cash Account			
*	Cadence Bank		$ 72,008	$ 72,008

* A party-in-interest, as defined by ERISA.