Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SAMBA BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 10/21/1948

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)
SPECIAL AGENTS MUTUAL BENEFIT ASSOCIATION

11301 OLD GEORGETOWN ROAD
ROCKVILLE, MD 20852

2b Employer Identification Number (EIN)
52-1074154

2c Plan Sponsor's telephone number
301-984-4109

2d Business code (see instructions)
524290

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.	07/27/2026	PAMELA LYNCH
	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**	108563
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)**	108563
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	109573
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**	109573
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 4B 4D 4E 4F 4G 4H 4L

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 5
- **(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 01/01/2025 and ending 12/31/2025

A Name of plan
SAMBA BENEFIT PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
SPECIAL AGENTS MUTUAL BENEFIT ASSOCIATION

D Employer Identification Number (EIN)
52-1074154

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
AETNA LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	0810065	4039	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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	(c) Amount	**(d)** Purpose	

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	1482253
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 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 01/01/2025 and ending 12/31/2025

A Name of plan
SAMBA BENEFIT PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
SPECIAL AGENTS MUTUAL BENEFIT ASSOCIATION

D Employer Identification Number (EIN)
52-1074154

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
ARAG SERVICES LLC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
20-4632340	34738	12581-0001-005	216	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	2224

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

SAMBA

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	2224	ADMINISTRATION	0

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	22239
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 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.**

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OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
SAMBA BENEFIT PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
SPECIAL AGENTS MUTUAL BENEFIT ASSOCIATION

D Employer Identification Number (EIN)
52-1074154

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
ARAG SERVICES, LLC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
20-4632340	34738	12581-0001-006	106	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	4046

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

SAMBA

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	4046	ADMINISTRATION	0

(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	

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	7637
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 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 01/01/2025 and ending 12/31/2025

A Name of plan
SAMBA BENEFIT PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
SPECIAL AGENTS MUTUAL BENEFIT ASSOCIATION

D Employer Identification Number (EIN)
52-1074154

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
PRUDENTIAL INSURANCE COMPANY OF AMERICA

(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
22-1211670	68241	72117-1	109	10/01/2024	09/30/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	18179
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 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 01/01/2025 and ending 12/31/2025

A Name of plan
SAMBA BENEFIT PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
SPECIAL AGENTS MUTUAL BENEFIT ASSOCIATION

D Employer Identification Number (EIN)
52-1074154

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
PRUDENTIAL INSURANCE COMPANY OF AMERICA

(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
22-1211670	68241	72117-2	84678	09/01/2024	09/30/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**	12074880		
(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)**	12074880
b Benefit charges (1) Claims paid	**9b(1)**	6844241		
(2) Increase (decrease) in claim reserves	**9b(2)**	873958		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	7718199
(4) Claims charged			**9b(4)**	7718199
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)**	1186690		
(E) Taxes	**9c(1)(E)**	306581		
(F) Charges for risks or other contingencies	**9c(1)(F)**	49507		
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	1542778
(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)**	873958
(3) Other reserves			**9d(3)**	2813903
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**	
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 01/01/2025 and ending 12/31/2025

A Name of plan
SAMBA BENEFIT PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
SPECIAL AGENTS MUTUAL BENEFIT ASSOCIATION

D Employer Identification Number (EIN)
52-1074154

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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)

SAMBA BENEFIT PLAN

52-1074154

(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?
30 50	EMPLOYEE	2154770	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AETNA LIFE INSURANCE COMPANY

06-6033492

(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	CONTRACT ADMINISTRATOR	788199	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WITHUMSMITH+BROWN PC

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 16 50	NONE	718793	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)

RAM TECHNOLOGIES INC.

23-2221740

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50 99	NONE	585166	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PNC INSTITUTIONAL INVESTMENTS

25-1211909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	477818	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

COUNTERPOINT SOFTWARE INC

51-0300805

(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 49 50	NONE	356518	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)

ZELIS PAYMENTS HOLDINGS LLC

84-3069529

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	268078	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HOUSE OF PRINTING INC

52-0942907

(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?
36 49 50	NONE	249991	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OPTUMINSIGHT, INC.

41-1858498

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	178127	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

HUBBARD RADIO WASHINGTON DC,LLC

27-4939278

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50 99	NONE	153000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CAROUSEL INDUSTRIES OF NORTH AMERIC

06-1502254

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	97866	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EYEMED VISION CARE

80-0773195

(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 50	NONE	85973	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)

MAINLINE INFORMATION SYSTEMS

1700 SUMMIT LAKE DRIVE
TALLAHASSEE, FL 32317

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	75163	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HYLAND SOFTWARE, INC

64-1699247

(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?
15 49 50	NONE	69107	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARY LIVINGSTON

1406 KNIGHTS BRIDGE TURN
CROFTON, MD 21114

(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 50	NONE	67500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ZIXCORP SYSTEMS INC

PO BOX 650823
DALLAS, TX 75265

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	61448	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAMELA CUMMINGS

12 CARRIAGE WALK CT.
GAITHERSBURG, MD 20879

(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 50	NONE	59388	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CIGNA

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	NONE	47779	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LYNN CHANG

114 BECKWITH STREET
GAITHERSBURG, MD 20878

(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 50	NONE	46604	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILLIAM P O'HANLON

52-1074154

(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 20 49 50	PRESIDENT SAMBA BOD	46000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ZAYO NETWORK SERVICES LLC

26-1398293

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	42782	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)

HARBORVAULT DATA SOLUTIONS

86-1948309

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	37506	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ENGHOUSE INTERACTIVE INC

86-0486871

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	37354	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHN MARTUCCI

405 NAUTICAL LANE
OCEAN CITY, MD 21842

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 16 50	NONE	36238	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

AUDIO EYE INC

20-2939845

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	35990	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DATABANK HOLDINGS

83-0409949

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	35265	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CRAYON SOFTWARE EXPERTS LLC

47-2237420

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	29143	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)

JOSEPH R DAVIS

5321 PALMETTO POINT DRIVE
PALMETTO, FL 34221

(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 50	NONE	25000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ERMER & SUTER, PLLC

26-1616418

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	DAVID ERMER-SECRETARY BOD	24800	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PROMOSANDLOGOS.COM INC

20-1951023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50 99	NONE	24779	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)

NTIRETY, INC

26-4826233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	21431	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

IBM CORPORATION

3039 E CORNWALLIS ROAD
RESEARCH TRIANGLE PARK, NC 27709

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	20677	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

P.A. LUNDY & ASSOCIATES LLC

8825 STANFORD BOULEVARD
SUITE 145
COLUMBIA, MD 21045

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 49 50	NONE	20627	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)

FINTHRIVE INC

47-4470095

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	14054	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KATHRYN DIEM

52-1074154

(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?
20 49 50	TRUSTEE	12039	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MICRO CENTER

31-1555151

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	10758	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)

CARANGI & ASSOCIATES INC

20530 ROUTE 19
SUITE 4
CRANBERRY TOWNSHIP, PA 16066

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	10300	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ANGELA ZENTZ

52-1074154

(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?
20 49 50	TRUSTEE	10294	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AMAZON WEB SERVICES INC

20-4938068

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	9173	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)

CHARLENE BUCK THORNTON

52-1074154

(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?
20 49 50	TRUSTEE	9165	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KNOWBE4, INC.

36-4827930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	9104	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DAVID R LOESCH

52-1074154

(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?
20 49 50	TRUSTEE	9000	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)

NANCY L SAVAGE

52-1074154

(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?
20 49 50	TRUSTEE	9000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NINJAONE LLC

46-3725915

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	8014	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SMA TECHNOLOGIES

76-0231315

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	6335	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)

MHC SOFTWARE HOLDINGS, INC

84-2954086

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	5082	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PROGRESS SOFTWARE CORPORATION

04-2746201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	5000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VW BROWN INSURANCE SERVICE LLC

26-0274369

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	158114	Yes [ ] No [X]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H
(Form 5500)

Department of the Treasury
Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
SAMBA BENEFIT PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
SPECIAL AGENTS MUTUAL BENEFIT ASSOCIATION

D Employer Identification Number (EIN)
52-1074154

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	10920458	7175709
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	561735	571806
(3) Other	1b(3)	5979597	9337385
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	19558330	21814100
(2) U.S. Government securities	1c(2)	51440088	55276787
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	53837168	55250893
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	25300553	0
(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)	30994451	71966754
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	75707	76739

		(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	2067322	1489988
1f Total assets (add all amounts in lines 1a through 1e)	1f	200735409	222960161
Liabilities			
1g Benefit claims payable	1g	2929160	2810562
1h Operating payables	1h	5679568	6304887
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	8608728	9115449
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	192126681	213844712

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	24180670	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		24180670
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	976630	
(B) U.S. Government securities	2b(1)(B)	1924256	
(C) Corporate debt instruments	2b(1)(C)	2268905	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	182290	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5352081
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	113261	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1131857	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1245118
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	108842175	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	95576683	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		13265492
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-2453152	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-2453152

		(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		10367622
d Total income. Add all **income** amounts in column (b) and enter total	2d		51957831
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12364057	
(2) To insurance carriers for the provision of benefits	2e(2)	13054030	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		25418087
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)	2279093	
(2) Contract administrator fees	2i(2)	133764	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	87100	
(5) Investment advisory and investment management fees	2i(5)	477818	
(6) Bank or trust company trustee/custodial fees	2i(6)	724678	
(7) Actuarial fees	2i(7)	77970	
(8) Legal fees	2i(8)	51513	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	989777	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		4821713
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		30239800
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		21718031
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: WITHUMSMITH+BROWN, P.C. **(2)** EIN: 22-2027092

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		5000000
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**			
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 _____.

Special Agents Mutual Benefit Association
EIN 52-1074154
Plan No. 501
Plan Year Ended DECEMBER 31, 2025

Form 5500, Schedule H, Part III
Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion

Special Agents Mutual Benefit Association
EIN 52-1074154
Plan No. 501
Plan Year Ended DECEMBER 31, 2025

Form 5500, Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

SPECIAL AGENTS MUTUAL BENEFIT ASSOCIATION BENEFIT PLAN
Financial Statements
December 31, 2025 and 2024
With Independent Auditor's Reports

withum
ADVISORY TAX AUDIT

Special Agents Mutual Benefit Association Benefit Plan
Table of Contents
December 31, 2025 and 2024

Independent Auditor's Report 1-2

Financial Statements

Statements of Net Assets Available for Benefits and of Benefit Obligations 3

Statements of Changes in Net Assets Available for Benefits and of Benefit Obligations 4

Notes to Financial Statements 5-19

Supplementary Information

Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974 20

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) 21-32

Schedule H, Line 4j - Schedule of Reportable Transactions 33

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ADVISORY TAX AUDIT

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
Special Agents Mutual Benefit Association Benefit Plan:

Opinion

We have audited the financial statements of the Special Agents Mutual Benefit Association Benefit Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974, which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and of benefit obligations of the Special Agents Mutual Benefit Association Benefit Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits and of benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("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 Special Agents Mutual Benefit Association Benefit 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.

Responsibilities of Management for the Financial Statements

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

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

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the Special Agents Mutual Benefit Association Benefit 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.

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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 Special Agents Mutual Benefit Association Benefit 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 Special Agents Mutual Benefit Association Benefit 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.

Withum Smith + Brown, PC

April 28, 2026

Special Agents Mutual Benefit Association Benefit Plan
Statements of Net Assets Available for Benefits and of Benefit Obligations
December 31, 2025 and 2024

	2025	2024
Assets		
Investments - at fair value	$ 204,385,273	$ 181,206,297
Receivables		
Premiums	571,806	561,735
Accrued investment income	1,064,191	989,856
Due from Health Plan	-	411,604
Other	694,253	580,270
Total receivables	2,330,250	2,543,465
Other assets		
Cash	7,175,709	10,920,458
Prepaid expenses	915,524	926,640
Fixed assets - net	1,489,988	2,067,322
Funds in excess of premium stabilization reserve	4,090,958	1,898,909
Provision for other postretirement benefits	2,572,459	1,172,318
Total other assets	16,244,638	16,985,647
Total assets	222,960,161	200,735,409
Liabilities		
Accounts payable and accrued expenses	1,065,806	1,039,650
Accrued pension liability	644,460	500,919
Due to Health Plan	363,457	-
Unearned Premiums	3,263,211	3,219,506
Total liabilities	5,336,934	4,760,075
Net assets available for benefits		
Board designated	20,000,000	20,000,000
Undesignated	197,623,227	175,975,334
Total net assets available for benefits	217,623,227	195,975,334
Benefit obligations		
Reserve for unpaid claims	2,810,562	2,929,160
Group insurance premiums payable	967,953	919,493
Total benefit obligations	3,778,515	3,848,653
Excess of net assets available for benefits over total benefit obligations	$ 213,844,712	$ 192,126,681

The Notes to Financial Statements are an integral part of these statements.

Special Agents Mutual Benefit Association Benefit Plan
Statements of Changes in Net Assets Available for Benefits and of Benefit Obligations
Years Ended December 31, 2025 and 2024

	2025	2024
Additions to net assets		
Net premiums	$ 24,180,670	$ 23,915,065
Administrative fees	4,279,771	4,154,540
Interest and dividends	6,597,199	5,882,611
Net appreciation in fair value of investments	10,812,340	8,932,637
Experience rating adjustments	4,147,643	1,592,487
Service charge	1,875,141	1,580,868
Rental income	52,738	64,858
Miscellaneous income	12,329	130,536
Total additions	51,957,831	46,253,602
Deductions from net assets		
Benefits		
Health, life and other benefits paid	12,482,655	12,537,246
Group insurance premiums paid	12,961,865	12,734,707
Total benefits	25,444,520	25,271,953
Administrative expenses	5,734,201	4,775,714
Net period pension and postretirement costs - service costs	195,218	181,933
Total deductions	31,373,939	30,229,600
Increase (decrease) in net assets available for benefits before postretirement benefit adjustments	20,583,892	16,024,002
Other components of net periodic pension and postretirement benefit costs	(22,310)	(21,397)
Employee pension and other postretirement-related changes other than periodic pension and postretirement benefit costs	1,130,016	1,242,682
Net change in net assets available for benefits	21,691,598	17,245,287
Changes in benefit obligations		
Health, life and other benefits cost	12,364,057	12,165,449
Group insurance premiums cost	13,054,030	12,602,644
Health, life and other benefits paid	(12,482,655)	(12,537,246)
Group insurance premiums paid	(12,961,865)	(12,734,707)
(Increase) decrease in benefit obligations	(26,433)	(503,860)
Change in excess of net assets available for benefits over total benefit obligations	21,718,031	17,749,147
Excess of net assets available for benefits over total benefit obligations		
Beginning of year	192,126,681	174,377,534
End of year	$ 213,844,712	$ 192,126,681

The Notes to Financial Statements are an integral part of these statements.

1. PLAN DESCRIPTION AND FUNDING

The following description of the Special Agents Mutual Benefit Association Benefit Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a complete description of the Plan's provisions.

The Plan is sponsored by the Special Agents Mutual Benefit Association ("SAMBA"), a not-for-profit corporation organized to provide insurance benefits for its members, principally United States federal government employees. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan provides term life, accidental death, and dismemberment, disability income, personal accident, dental, vision and other insurance products. Some benefits are provided through group insurance contracts. SAMBA also provides health, term life, accidental death, disability, personal accident, dental and vision insurance coverage to its staff either through self-insurance or separate group insurance contracts.

The Plan is funded primarily by premiums charged to participants. Premiums are established by management in amounts deemed sufficient to meet current and future obligations and maintain the Plan on a sound financial basis.

Although it has not expressed any intention to do so, the Sponsor has the right under the Plan to modify the benefits provided or to terminate the Plan subject to provisions set forth in 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 SAMBA or be used for purposes other than for the exclusive benefit of the Plan's participants.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("GAAP").

SAMBA also operates the Special Agents Mutual Benefit Association Health Plan (the "Health Plan") under a contract with the United States Office of Personnel Management ("OPM"). In accordance with the contract with OPM, the assets and liabilities of the Health Plan cannot be comingled with those of other plans, and the accounts of the Health Plan are not included in these financial statements.

Estimates

Preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and benefit obligations and changes therein, and the disclosure of contingencies at the date of the financial statements. Actual results may 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. The Plan's management determines the Plan's valuation policies utilizing information provided by its investment advisors and custodians. See Note 4 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Allowance for Credit Losses
An allowance for credit losses may be provided based on management's evaluation of the collectability of individual amounts. Management of the Plan evaluates all receivables periodically for potential uncollectible amounts based on the likelihood of collection. As of December 31, 2025, and 2024, there was no allowance for credit losses established.

Fixed Assets
The costs of fixed assets are capitalized and depreciated or amortized using the straight-line method over estimated useful lives of 3 to 5 years for computer systems and website, 3 to 10 years for furniture and equipment, 25 years for the office building, and 3 to 15 years for building improvements. Fixed assets are presented net of accumulated depreciation and amortization as of December 31, 2025 and 2024, respectively.

Reserve for Unpaid Claims
The reserve for unpaid claims includes reported amounts, plus a supplemental provision for incurred but not reported claims, calculated based upon loss projections utilizing certain actuarial assumptions and studies of the historical loss experience. To establish the reserve for long-term disability coverage, a discount rate of 4.00% was used for both years ended December 31, 2025 and 2024. Management believes that the aggregate liability for unpaid claims at year-end represents the best estimate of the amount necessary to cover the ultimate cost of claims based upon an analysis prepared by a consulting actuary. However, projections of future claims payable are inherently uncertain due to variability in both the number and severity of claims. Thus, actual claim experience may not conform to the assumptions used in determining the estimated amounts for such liability at the dates of the statements of net assets available for benefits and of benefit obligations. Accordingly, the ultimate liability could be in excess of or less than the amount indicated in the financial statements. As adjustments to these estimates become necessary, such adjustments are reflected in current operations.

Net Assets Available for Benefits
In accordance with an agreement with OPM, SAMBA's Board of Directors designated $20,000,000 of the Plan’s net assets to be used only to pay the Health Plan’s claims and administrative expenses in the event that the Health Plan is underfunded, and claims run-off exceeds estimated claims reserves, the special reserve and the Health Plan’s contingency reserve. The Plan may not use these designated funds for any other purpose.

Net Premiums
Premium revenue, net of premiums ceded to reinsurers, is recognized as earned on a pro-rata basis over the terms of the underlying policies.

Premiums Receivable
Premium receivables represent the amount of revenue earned as of year-end but not yet received by the Plan.

Administrative Fees
Administrative fees are generally earned as related premiums are remitted to the issuing carriers. For premiums billed on a quarterly or annual basis but remitted ratably to the carrier throughout the policy period, administrative fees are recognized when collected. Policies are generally billed 35 days in advance of effective dates.

Experience Rating Adjustments
Experience rating adjustments reflect underwriting gains and losses on the various plans.

Pension and Postretirement Benefits for Employees
Pension and postretirement benefit costs are recognized during employees' periods of service, rather than when contributions are made. Current period expense and the related liabilities are computed with the assistance of independent actuaries.

Subsequent Events
In preparing these financial statements, management has evaluated events and transactions that occurred after December 31, 2025 for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through April 28, 2026, the date that the financial statements were available to be issued, and other than the items described below, no items have come to the attention of management that require recognition or disclosure.

On February 25, 2026, and pursuant to the Benefit Plan document and at the discretion of the Board of Directors, $10,000,000 was transferred from the Benefit Plan escrow account (totaling $20,000,000), to cover certain benefit payments from the SAMBA Health Benefit Plan High Option. It is the intent of the Health Plan to reimburse the Benefit Plan once the special contingency reserve transfer has been received by OPM.

It is expected that the Plan will transition the underwriting for the Plan's long-term disability coverage to Prudential during 2026. As a result of this expected transition, the AMEX long-term disability program previously maintained by the Plan was terminated and settled with a lump sum payout on October 30, 2025, and there is no longer a reserve reported for this program.

3. RESERVE FOR UNPAID CLAIMS

As of December 31, 2025 and 2024, the reserve for unpaid claims consisted of the following:

	2025	2024
Amounts currently payable		
Claims payable and claims incurred but not reported	$ 1,428,790	$ 1,473,542
Present value of other claims obligations		
Long-term disability benefits	1,381,772	1,455,618
	$ 2,810,562	$ 2,929,160

4. 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 market prices in active markets for identical assets or liabilities (Level 1) and lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 - Inputs are unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

Level 2 - Inputs are quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. For the years ended December 31, 2025 and 2024, there were no transfers in or out of Level 3. Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

- *Registered Investment Companies and Corporate Stock*: Shares are valued based on quoted market prices.
- *U.S. Government Securities, Corporate Debt and Other Bonds*: Shares are valued using quoted prices of identical or like assets, in markets that are not active or inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- *Interest Bearing Cash*: Shares are presented at cost, which approximates fair value.

As of December 31, 2025 and 2024, assets measured at fair value on a recurring basis are summarized by level within the fair value hierarchy as follows:

	2025			
	Level 1	Level 2	Level 3	Total Fair Value
Registered investment companies	$ 71,966,754	$ -	$ -	$ 71,966,754
U.S. government securities	-	55,241,548	-	55,241,548
Corporate debt	-	55,286,132	-	55,286,132
Other bonds	-	76,739	-	76,739
Interest bearing cash	-	21,814,100	-	21,814,100
	$ 71,966,754	$ 132,418,519	$ -	$ 204,385,273

	2024			
	Level 1	Level 2	Level 3	Total Fair Value
Registered investment companies	$ 30,994,451	$ -	$ -	$ 30,994,451
Corporate stock - common	25,300,553	-	-	25,300,553
U.S. government securities	-	51,440,088	-	51,440,088
Corporate debt	-	53,837,168	-	53,837,168
Other bonds	-	75,707	-	75,707
Interest bearing cash	-	19,558,330	-	19,558,330
	$ 56,295,004	$ 124,911,293	$ -	$ 181,206,297

5. PENSION PLAN

The Plan sponsors a noncontributory, defined benefit pension plan (the "Pension Plan") covering substantially all employees. The Pension Plan provides for payment based on salary and years of service. Annual contributions to the Pension Plan are based on amounts determined by consulting actuaries who also determine net periodic pension cost and the funded status of the Plan. The Plan's funding policy is to contribute annually at least the minimum required by ERISA.

Contributions are intended to provide for benefits that are attributed to service to date and for those expected to be earned in the future.

In accordance with GAAP, the Plan recognizes an asset or liability based on the difference between the projected benefit obligation and the fair value of the Pension Plan's assets as of the date of the Plan's statement of net assets available for benefits and of benefit obligations.

The computation of accrued pension liability as of December 31, 2025 and 2024 was as follows:

	2025	2024
Projected benefit obligation	$ (13,729,754)	$ (21,397,557)
Fair value of plan assets	13,085,294	20,896,638
Accrued pension liability	$ (644,460)	$ (500,919)

As of December 31, 2025 and 2024, the accumulated benefit obligation was $10,859,445 and $19,027,040, respectively.

The following is a summary of significant actuarial assumptions at December 31, 2025 and 2024:

	2025	2024
Settlement rate	5.61%	5.54%
Expected long-term rate of return on assets	4.00%	4.00%
Annual rate of compensation increase	3.50%	3.50%

For the years ended December 31, 2025 and 2024, the actuarial cost method was Projected Unit Credit (prorated on service). Mortality was based on the SOA RP-2014 Generational mortality based on 2006 White Collar Mortality for males and females projected with Scale MP-2021 for the years ended December 31, 2025 and 2024. The rate of retirement for unreduced retirement at an earlier age with 32 years of service or age 55 with 30 years of service. Otherwise, according to the sample rates below, specific to SAMBA's experience at December 31, 2025 and 2024:

	2025	2024
55	50%	50%
56-59	0%	0%
60	50%	50%
61	0%	0%
62	20%	20%
63-64	0%	0%
65	40%	40%
66	50%	50%
67	60%	60%
68	70%	70%
69	80%	80%
70	90%	90%
71 and above	100%	100%

The net periodic pension expense, before allocation to the Health Plan, was computed as follows:

	2025	2024
Service cost	$ 645,015	$ 606,243
Interest cost	1,016,971	1,022,636
Expected return on plan assets	(728,208)	(806,623)
Amortization of prior service cost and actuarial loss	37,093	224,639
	$ 970,871	$ 1,046,895

For the years ended December 31, 2025 and 2024, the amounts that would have been allocated to the Health Plan under GAAP for pension expense were $749,707 and $802,968, respectively.

For the years ended December 31, 2025 and 2024, actuarially computed net pension benefit costs of $221,164 and $242,984 respectively, are included on the statements of changes in net assets available for benefits and of obligations as net periodic pension benefit cost – service cost in the amount of $146,934 and $140,709 and other components of net periodic pension cost of $74,230 and $102,275, respectively.

Amounts actually allocated to the Health Plan are determined by federal government Cost Accounting Standards (“CAS”). For the years ended December 31, 2025 and 2024, the amounts determined under GAAP to be allocated to the Health Plan for pension expense exceeded the amount determined under CAS by $54,727 and $189,368, respectively. The differences in the amounts determined under GAAP and the amounts determined under CAS and charged to the Health Plan are recognized as miscellaneous expense and are included on the statement of changes in net assets available for benefits and of benefit obligations.

As of December 31, 2025 and 2024, actuarial amounts that have not yet been recognized as components of net periodic benefit cost were:

	2025	2024
Net loss	$ 1,576,597	$ 2,526,273
Prior service cost	-	246
	$ 1,576,597	$ 2,526,519

Prior service cost and net loss not yet recognized as components of net periodic benefit cost are recognized in the computation of net unfunded pension liability and, consequently, annual changes in these amounts are recognized as adjustments to net assets. Changes in these amounts, to the extent not recognized as current expense, are reflected as pension-related changes other than net periodic pension cost on the statements of changes in net assets available for benefits and of benefit obligations. For the years ended December 31, 2025 and 2024, a decrease of $949,922 and $1,186,309, respectively, was recognized for these changes.

Amounts expected to be recognized as components of net periodic benefit cost for the year ended December 31, 2026, are as follows:

Net loss	$ 24,893
Prior service cost	-
	$ 24,893

The assets of the Pension Plan are invested with the objective of being able to meet current and future benefit payment needs, while controlling pension cost volatility and future contributions. The assets are diversified among cash equivalents, mutual funds, equities, and fixed income securities. The allocation guidelines are:

Equity securities and mutual funds	0% to 40%
Cash equivalents and debt securities	60% to 100%

As of December 31, 2025 and 2024, the assets of the Pension Plan measured at fair value on a recurring basis are summarized by level within the fair value hierarchy as follows:

	2025			
	Level 1	Level 2	Level 3	Total Fair Value
Mutual funds	$ 1,683,384	$ -	$ -	$ 1,683,384
Equity securities	293,729	-	-	293,729
U.S. government securities	-	5,793,541	-	5,793,541
Corporate bonds	-	3,966,573	-	3,966,573
Cash equivalents	-	1,348,067	-	1,348,067
	$ 1,977,113	$ 11,108,181	$ -	$ 13,085,294

	2024			
	Level 1	Level 2	Level 3	Total Fair Value
Mutual funds	$ 1,286,877	$ -	$ -	$ 1,286,877
Equity securities	2,486,040	-	-	2,486,040
U.S. government securities	-	9,548,985	-	9,548,985
Corporate bonds	-	6,710,618	-	6,710,618
Cash equivalents	-	864,118	-	864,118
	$ 3,772,917	$ 17,123,721	$ -	$ 20,896,638

The asset allocation by asset category at December 31, 2025 and 2024 was as follows:

	2025	2024
Equity securities and mutual funds	15%	18%
Cash equivalents	10%	4%
Debt securities	75%	78%
	100%	100%

No Pension Plan assets are expected to be returned to the Plan during 2026.

Management expects to make contributions of $900,000 to the Pension plan for the year ending December 31, 2026.

During each of the years ended December 31, 2025 and 2024, the Plan contributed $900,000 to the Pension Plan. During the years ended December 31, 2025 and 2024, the Pension Plan paid plan benefits of $10,115,678 and $648,268, respectively.

As of December 31, 2025, expected benefit payments for each of the next five years and for the following five-year period in aggregate are as follows:

2026	$ 173,572
2027	244,258
2028	309,664
2029	447,819
2030	601,384
2031 - 2035	4,598,083
	$ 6,374,780

6. OTHER POSTRETIREMENT BENEFIT PLAN

The Plan sponsors a defined benefit postretirement plan (the "Postretirement Plan") that provides health, dental and life insurance benefits and covers substantially all employees. The Postretirement Plan is contributory with retiree contributions adjusted annually and dependent upon the retirees' years of service.

In accordance with GAAP, the Plan recognizes an asset or liability based on the difference between the accumulated benefit obligation and the fair value of the Postretirement Plan's assets as of the date of the Plan's statement of net assets available for benefits and of benefit obligations.

The computation of the accrued postretirement benefit obligation as of December 31, 2025 and 2024 was as follows:

	2025	2024
Accumulated postretirement benefit obligation		
Current retirees	$ 2,450,698	$ 2,995,474
Currently eligible active employees	3,125,699	2,738,746
Other active employees	1,825,316	1,952,349
	7,401,713	7,686,569
Plan assets at fair value	9,974,172	8,858,887
Accrued postretirement benefit obligation	$ 2,572,459	$ 1,172,318

The following is a summary of significant actuarial assumptions at December 31, 2025 and 2024:

	2025	2024
Settlement rate	5.61%	5.54%
Expected long-term rate of return on assets	4.00%	4.00%
Consumer price index rate, compounded annually	3.00%	3.00%
Health care cost trend rate, increasing to a maximum of 5.69% in 2029, then falling of 4.55% in 2075	5.36%	5.28%

For the years ended December 31, 2025 and 2024, the actuarial cost method was Projected Unit Credit (prorated on service). For the years ended December 31, 2025 and 2024, mortality for retired lives was based on the SOA RP-2014 Adjusted to 2006 White Collar Mortality for males and females with Scale MP-2021. Participants in the Plan before January 1, 1999, are expected to retire upon attainment of age 53 with 32 years of service. Otherwise, according to the sample rates below, specific to SAMBA's experience at December 31, 2025 and 2024:

	2025	2024
55	50%	50%
56-59	0%	0%
60	50%	50%
61	0%	0%
62	20%	20%
63-64	0%	0%
65	40%	40%
66	50%	50%
67	60%	60%
68	70%	70%
69	80%	80%
70	90%	90%
71 and above	100%	100%

Components of net periodic postretirement benefit cost, before allocation to the Health Plan, are as follows:

	2025	2024
Service cost	$ 211,955	$ 176,926
Interest cost	418,647	337,749
Expected return on plan assets	(354,355)	(315,058)
	$ 276,247	$ 199,617

For the years ended December 31, 2025 and 2024, income that would have been allocated to the Health Plan under GAAP for postretirement benefits were $12,329 and $130,536, respectively.

For the years ended December 31, 2025, and 2024, actuarially computed net postretirement benefits of $3,637 and $39,654, respectively, are included on the statements of changes in net assets available for benefits and of obligations as net periodic postretirement benefit cost - service cost in the amount of $48,283 and $41,224 and other components of net periodic postretirement benefit of $51,920 and $80,878, respectively.

Amounts actually allocated to the Health Plan are subject to limitations under federal government Cost Accounting Standards (“CAS”). For the years ended December 31, 2025 and 2024, the amounts determined under GAAP to be allocated to the Health Plan for postretirement benefit costs were less the amounts determined under CAS by $12,329 and $130,536, respectively. These differences charged to the Health Plan were recognized as miscellaneous income and included on the statements of changes in net assets available for benefits and of benefit obligations.

As of December 31, 2025 and 2024, actuarial amounts that have not yet been recognized as components of net periodic postretirement benefit cost were:

	2025	2024
Net gain	$ 3,374,313	$ 2,171,627

Net loss of $398,967 is expected to be recognized as a component of net periodic benefit cost for the year ended December 31, 2026.

Net gains and losses not yet recognized as a component of net periodic benefit cost are recognized in the computation of accrued postretirement benefit obligation and, consequently, the annual change in this amount is recognized as an adjustment to net assets. The change in this amount, to the extent not recognized as current expense, is reflected in postretirement-related changes other than postretirement benefit cost on the statements of changes in net assets available for benefits and of benefit obligations. As a result of these changes, increases in net assets of $1,202,686 and $56,373 were not recognized for the years ended December 31, 2025 and 2024, respectively.

The effect of a one-percentage point change in assumed health care cost trend rates for the years ended December 31, 2025 and 2024 are as follows:

	2025	2024
Effect on total service cost and interest cost components		
One-percentage point increase	$ 781,858	$ 642,109
One-percentage point decrease	$ (522,958)	$ (431,658)
Effect on year-end postretirement benefit obligation		
One-percentage point increase	$ 8,644,683	$ 8,934,099
One-percentage point decrease	$ (6,273,692)	$ (6,601,994)

The assets of the Postretirement Plan are invested with the objective of being able to meet current and future benefit payment needs, while controlling postretirement expense volatility and future contributions. The assets are diversified among cash equivalents, mutual funds, equities, and fixed income securities. The allocation guidelines are as follows:

Equity securities and mutual funds	0% to 50%
Cash equivalents and debt securities	50% to 100%

As of December 31, 2025 and 2024, the assets of the Postretirement Plan measured at fair value on a recurring basis are summarized by level within the fair value hierarchy as follows:

	2025			
	Level 1	Level 2	Level 3	Total Fair Value
Mutual funds	$ 4,619,372	-	$ -	$ 4,619,372
Equity securities	458,439	-	-	458,439
U.S. government securities	-	2,574,676	-	2,574,676
Corporate bonds	-	1,637,472	-	1,637,472
Other bonds	-	166,164	-	166,164
Cash equivalents	-	518,049	-	518,049
	$ 5,077,811	$ 4,896,361	$ -	$ 9,974,172

	2024			
	Level 1	Level 2	Level 3	Total Fair Value
Mutual funds	$ 1,501,357	$ -	$ -	$ 1,501,357
Equity securities	2,906,031	-	-	2,906,031
U.S. government securities	-	2,542,285	-	2,542,285
Corporate bonds	-	1,395,017	-	1,395,017
Other bonds	-	142,208	-	142,208
Cash equivalents	-	371,989	-	371,989
	$ 4,407,388	$ 4,451,499	$ -	$ 8,858,887

The asset allocation by asset category at December 31, 2025 and 2024 was as follows:

	2025	2024
Equity securities and mutual funds	50%	50%
Cash equivalents	5%	4%
Debt securities	45%	46%
	100%	100%

No Postretirement Plan assets are expected to be returned to the Plan during 2026.

Management does not expect to make contributions to the Postretirement Plan for the year ending December 31, 2026.

During the years ended December 31, 2025 and 2024, the Plan contributed $181,489 and $165,757, respectively, to the Postretirement Plan. During the years ended December 31, 2025 and 2024, the Postretirement Plan paid benefits of $282,285 and $257,660, respectively.

As of December 31, 2025, expected benefit payments for each of the next five years and for the following five-year period in aggregate are as follows:

2026	$ 378,898
2027	453,284
2028	516,905
2029	552,971
2030	646,841
2031 - 2035	4,241,010
	$ 6,789,909

7. FIXED ASSETS

As of December 31, 2025 and 2024, fixed assets consisted of the following:

	2025	2024
Land	$ 600,000	$ 600,000
Building	3,617,174	3,617,174
Building improvements	2,188,534	2,188,534
Computer systems and website	6,987,320	7,031,248
Furniture and equipment	640,943	625,324
	14,033,971	14,062,280
Accumulated depreciation and amortization	(12,543,983)	(11,994,958)
	$ 1,489,988	$ 2,067,322

Depreciation and amortization expense recognized by the Plan for the years ended December 31, 2025 and 2024, was $232,518 and $239,295, respectively. Additional depreciation and amortization expense for the years ended December 31, 2025 and 2024 of $415,345 and $405,010, respectively, was allocated to the Health Plan.

8. FUNDS IN EXCESS OF PREMIUM STABILIZATION RESERVE

The Plan has contracted with Voya Financial, Inc. (Voya) to provide group term life insurance programs for Plan participants. Voya informed the Plan that they were terminating their affinity programs during 2024. Effective September 1, 2024, the Plan contracted with Prudential Insurance Company of America (Prudential) to provide group term life insurance. The Plan began contributing to the Prudential group term life insurance programs as of September 30, 2025. As of December 31, 2025 and 2024, the funds in excess of the required premium stabilization reserve totaling $4,090,958 and $1,898,909, respectively, were available to the Plan. These amounts are reflected in other assets on the statements of net assets available for benefits and of benefit obligations. There were funds that remained at Voya until February 2, 2026. At which time they were transferred to Prudential.

9. RISKS AND UNCERTAINTIES

Due to various risks (e.g., interest rate, market, credit) associated with certain investment securities and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported on the statements of net assets available for benefits and of benefit obligations.

Financial instruments that potentially subject that Plan to concentrations of credit risk include cash, accounts receivable, and investments. While management of the Plan attempts to limit any financial exposure by maintaining accounts at high quality financial institutions, cash, and investment balances regularly exceed the federally insured limit of $250,000 and $500,000, respectively. Any loss incurred or lack of access to such funds could have a significant adverse impact on the Plan's financial condition results of operations and cash flows. Credit risk associated with accounts receivable is considered limited due to the historically high collection rate of receivables.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

10. 401(K) DEFINED CONTRIBUTION PLAN

The Plan sponsors a defined contribution retirement plan established in accordance with Internal Revenue Code Section 401(k) that covers substantially all employees. Employees may elect to contribute up to 85% of their salary, up to the maximum allowable amount imposed by the Internal Revenue Service. The Plan provides a 1% of salary Qualified Non-Elective Contribution. For the years ended December 31, 2025 and 2024, the Plan also provided matching contributions equal to 50% of the first 4% of the employee's annual salary contributed to the plan. Contributions to the 401(k) plan totaled $45,638 and $36,744 in 2025 and 2024, respectively, and are included in administrative expenses in the statements of changes in net assets available for benefits and of benefit obligations.

11. TAX STATUS

The Trust established under the Plan to hold the Plan's assets is qualified pursuant to Section 501(c)(9) of the Internal Revenue Code, and accordingly, the Trust is exempt from income taxes. SAMBA obtained a favorable tax determination letter from the IRS dated March 31, 1978, and a private letter ruling dated September 10, 2012, and believes that the Trust, as amended, continues to operate as designed and continues to qualify for income tax exemption.

GAAP requires management of a plan to evaluate tax positions taken and record a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or other taxing authorities. Management has evaluated tax positions taken by the Plan and concluded that as of December 31, 2025 and 2024 there are no uncertain positions taken or expected to be taken that would require recognition in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. In addition, there have been no tax-related interest or penalties for periods presented in these financial statements.

12. TRANSACTIONS WITH THE HEALTH PLAN

The Health Plan, under a contract with OPM, is operated pursuant to the Federal Employees' Health Benefits Act of 1959, as amended, and regulations issued thereunder. In accordance with federal regulations, the assets of the Health Plan may not be commingled with or otherwise used to satisfy the obligations of other plans, but certain expenses disbursed for the benefit of the Health Plan are fully reimbursable by the Health Plan.

During the years ended December 31, 2025 and 2024, in addition to pension and other postretirement benefit costs, the Plan allocated allowable expenses of $10,739,687 and $9,915,278, respectively, to the Health Plan. The Plan also received service fees of $1,875,141 and $1,580,868 and rental income of $52,738 and $64,858 from the Health Plan for the years ended December 31, 2025 and 2024, respectively. As of December 31, 2025 and 2024, the amounts due (to) from the Health Plan, reflected in the statements of net assets available for benefit obligations, were:

	2025	2024
Due (to) Health Benefit Plan	$ (743,003)	$ -

	2025	2024
Due from Heatlh Benefit Plan	$ 379,546	$ 411,604
Net due (to) from Health Benefit Plan	$ (363,457)	$ 411,604

SUPPLEMENTARY INFORMATION

withum
ADVISORY TAX AUDIT

REPORT ON SUPPLEMENTARY INFORMATION REQUIRED BY THE DEPARTMENT OF LABOR'S RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Special Agents Mutual Benefit Association Benefit Plan:

We have audited the financial statements of the Special Agents Mutual Benefit Association Benefit Plan as of and for the years ended December 31, 2025 and 2024, and our report thereon, dated April 28, 2026, contained an unmodified opinion on those financial statements.

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplemental schedules of schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2025 and schedule H, line 4j – schedule of reportable transactions for the year then ended December 31, 2025 are presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under Employee Retirement Income Security Act of 1974 ("ERISA"). Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing principles generally accepted in the United States of America.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

WithumSmith+Brown, PC

April 28, 2026

Special Agents Mutual Benefit Association Benefit Plan
Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
ID # 52-1074154, Plan # 501
December 31, 2025

(a)	(b) Identity of Issue, Borrower or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value				(d) Cost	(e) Current Value
		Description	Rate of Interest	Maturity Date	Par or Shares		
	U.S. Government Securities						
	FEDERAL HOME LN MTG ASSN POOL #QB3678	U.S. Government Securities	2.00%	9/1/2050	153,156	$ 158,408	$ 125,036
	FEDERAL HOME LOAN MTG CORP GOLD POOL #A96413	U.S. Government Securities	4.00%	1/1/2041	10,921	11,368	10,706
	FEDERAL HOME LOAN MTG CORP GOLD POOL #C04038	U.S. Government Securities	3.50%	6/1/2042	26,140	27,438	25,114
	FEDERAL HOME LOAN MTG CORP GOLD POOL #G01233	U.S. Government Securities	7.00%	4/1/2031	243	290	256
	FEDERAL HOME LOAN MTG CORP GOLD POOL #G08046	U.S. Government Securities	5.50%	3/1/2035	1,462	1,481	1,529
	FEDERAL HOME LOAN MTG CORP GOLD POOL G18671	U.S. Government Securities	3.50%	12/1/2032	30,740	32,892	30,451
	FEDERAL HOME LOAN MTG CORP GOLD POOL J35495	U.S. Government Securities	2.50%	10/1/2031	36,194	38,354	35,112
	FEDERAL HOME LOAN MTG CORP GOLD POOL V61611	U.S. Government Securities	3.00%	4/1/2032	32,606	33,541	31,871
	FEDERAL HOME LOAN MTG CORP POOL #RA3725	U.S. Government Securities	2.00%	10/1/2050	147,943	153,392	120,843
	FEDERAL HOME LOAN MTG CORP POOL QE2363	U.S. Government Securities	3.50%	5/1/2052	319,722	312,978	296,309
	FEDERAL HOME LOAN MTG CORP POOL QF2389	U.S. Government Securities	5.50%	10/1/2052	125,976	127,265	128,275
	FEDERAL HOME LOAN MTG CORP POOL RA2729	U.S. Government Securities	2.50%	6/1/2050	116,446	121,532	100,505
	FEDERAL HOME LOAN MTG CORP POOL RA4206	U.S. Government Securities	2.50%	12/1/2050	344,921	288,480	292,048
	FEDERAL HOME LOAN MTG CORP POOL RA6132	U.S. Government Securities	2.50%	10/1/2051	245,764	252,176	209,292
	FEDERAL HOME LOAN MTG CORP POOL RA6815	U.S. Government Securities	2.50%	2/1/2052	385,020	321,079	331,287
	FEDERAL HOME LOAN MTG CORP POOL RA7668	U.S. Government Securities	4.00%	7/1/2052	317,883	294,191	303,423
	FEDERAL HOME LOAN MTG CORP POOL SB8508	U.S. Government Securities	2.00%	2/1/2036	271,075	247,356	251,606
	FEDERAL HOME LOAN MTG CORP POOL SD1900	U.S. Government Securities	3.50%	6/1/2052	181,889	172,481	168,569
	FEDERAL HOME LOAN MTG CORP POOL SD8186	U.S. Government Securities	3.50%	11/1/2051	166,799	162,420	155,345
	FEDERAL HOME LOAN MTG CORP POOL SD8222	U.S. Government Securities	4.00%	6/1/2052	312,320	309,075	298,066
	FEDERAL HOME LOAN MTG CORP POOL SD8258	U.S. Government Securities	5.00%	10/1/2052	249,529	243,388	249,901
	FEDERAL HOME LOAN MTG CORP POOL SD8268	U.S. Government Securities	5.50%	11/1/2052	110,474	109,606	112,591
	FEDERAL HOME LOAN MTG CORP SERIES 4774 CLASS LP	U.S. Government Securities	3.50%	9/15/2046	35,927	36,438	35,239
	FEDERAL NATL MTG ASSN POOL # AB2275	U.S. Government Securities	4.50%	2/1/2041	33,616	34,204	33,827
	FEDERAL NATL MTG ASSN POOL #254008	U.S. Government Securities	7.00%	10/1/2031	530	673	557
	FEDERAL NATL MTG ASSN POOL #721710	U.S. Government Securities	4.50%	8/1/2033	2,188	1,996	2,191
	FEDERAL NATL MTG ASSN POOL #866049	U.S. Government Securities	5.50%	3/1/2036	1,665	1,622	1,717
	FEDERAL NATL MTG ASSN POOL #881089	U.S. Government Securities	6.00%	4/1/2036	5,627	5,549	5,773
	FEDERAL NATL MTG ASSN POOL #AA0916	U.S. Government Securities	5.00%	8/1/2037	9,748	10,706	9,994
	FEDERAL NATL MTG ASSN POOL #AB2077	U.S. Government Securities	0	51,502	20,402	20,142	19,913
	FEDERAL NATL MTG ASSN POOL #AB2333	U.S. Government Securities	0	51,533	9,777	9,603	9,568
	FEDERAL NATL MTG ASSN POOL #AB4525	U.S. Government Securities	0	51,898	13,361	14,237	13,067

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

Special Agents Mutual Benefit Association Benefit Plan
Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
ID # 52-1074154, Plan # 501
December 31, 2025

(a)	(b) Identity of Issue, Borrower or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value				(d) Cost	(e) Current Value
		Description	Rate of Interest	Maturity Date	Par or Shares		
	FEDERAL NATL MTG ASSN POOL BV7928	U.S. Government Securities	4.50%	8/1/2052	263,603	$ 257,632	$ 258,441
	FEDERAL NATL MTG ASSN POOL CA0549	U.S. Government Securities	4.00%	10/1/2047	24,824	25,999	23,999
	FEDERAL NATL MTG ASSN POOL CA4860	U.S. Government Securities	3.00%	12/1/2049	90,467	92,220	81,413
	FEDERAL NATL MTG ASSN POOL CA4881	U.S. Government Securities	2.50%	12/1/2034	79,105	83,060	75,605
	FEDERAL NATL MTG ASSN POOL CA5385	U.S. Government Securities	4.50%	3/1/2050	24,490	26,736	24,152
	FEDERAL NATL MTG ASSN POOL CA6638	U.S. Government Securities	2.50%	8/1/2050	117,930	124,232	101,097
	FEDERAL NATL MTG ASSN POOL CA6943	U.S. Government Securities	2.00%	9/1/2050	100,326	104,017	82,383
	FEDERAL NATL MTG ASSN POOL CA7734	U.S. Government Securities	2.50%	11/1/2050	187,753	186,224	159,883
	FEDERAL NATL MTG ASSN POOL CB3013	U.S. Government Securities	2.00%	3/1/2052	132,037	116,956	108,091
	FEDERAL NATL MTG ASSN POOL CB3233	U.S. Government Securities	3.00%	4/1/2052	465,966	433,418	417,501
	FEDERAL NATL MTG ASSN POOL CB3771	U.S. Government Securities	3.50%	6/1/2052	411,601	370,376	381,801
	FEDERAL NATL MTG ASSN POOL CB4847	U.S. Government Securities	5.50%	10/1/2052	275,900	277,536	281,247
	FEDERAL NATL MTG ASSN POOL FM1000	U.S. Government Securities	3.00%	4/1/2047	72,830	74,560	66,075
	FEDERAL NATL MTG ASSN POOL FM1221	U.S. Government Securities	3.50%	7/1/2049	32,997	34,167	30,955
	FEDERAL NATL MTG ASSN POOL FM2875	U.S. Government Securities	5.00%	3/1/2027	156	164	158
	FEDERAL NATL MTG ASSN POOL FM3522	U.S. Government Securities	3.00%	2/1/2035	59,535	63,339	58,362
	FEDERAL NATL MTG ASSN POOL FM4138	U.S. Government Securities	2.50%	9/1/2050	68,695	72,506	59,461
	FEDERAL NATL MTG ASSN POOL FM5299	U.S. Government Securities	3.50%	11/1/2050	302,225	280,502	280,295
	FEDERAL NATL MTG ASSN POOL FM5328	U.S. Government Securities	1.50%	1/1/2031	78,597	80,642	74,747
	FEDERAL NATL MTG ASSN POOL FM7599	U.S. Government Securities	3.50%	1/1/2051	288,026	264,070	268,521
	FEDERAL NATL MTG ASSN POOL FM8248	U.S. Government Securities	2.50%	8/1/2051	201,256	210,658	174,332
	FEDERAL NATL MTG ASSN POOL FS0630	U.S. Government Securities	3.00%	2/1/2052	256,447	230,962	229,556
	FEDERAL NATL MTG ASSN POOL FS0893	U.S. Government Securities	3.00%	2/1/2052	372,173	367,928	329,939
	FEDERAL NATL MTG ASSN POOL FS1552	U.S. Government Securities	2.50%	11/1/2051	277,620	236,085	236,984
	FEDERAL NATL MTG ASSN POOL FS3642	U.S. Government Securities	5.00%	11/1/2052	181,281	178,229	181,542
	FEDERAL NATL MTG ASSN POOL FS4157	U.S. Government Securities	4.00%	5/1/2049	196,817	189,744	190,046
	FEDERAL NATL MTG ASSN POOL FS4214	U.S. Government Securities	4.00%	7/1/2052	127,854	121,821	123,379
	FEDERAL NATL MTG ASSN POOL FS9203	U.S. Government Securities	6.00%	9/1/2054	320,207	322,133	329,089
	FEDERAL NATL MTG ASSN POOL MA1236	U.S. Government Securities	3.50%	11/1/2042	25,316	26,289	24,146
	FEDERAL NATL MTG ASSN POOL MA1525	U.S. Government Securities	3.50%	8/1/2043	35,562	37,145	33,892
	FEDERAL NATL MTG ASSN POOL MA3664	U.S. Government Securities	4.00%	5/1/2049	164,568	159,406	158,705
	FEDERAL NATL MTG ASSN POOL MA4157	U.S. Government Securities	1.50%	10/1/2050	120,015	120,784	92,604
	FEDERAL NATL MTG ASSN POOL MA4261	U.S. Government Securities	2.00%	2/1/2036	123,363	129,068	114,271

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

Special Agents Mutual Benefit Association Benefit Plan
Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
ID # 52-1074154, Plan # 501
December 31, 2025

		(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					
(a)	(b) Identity of Issue, Borrower or Similar Party	Description	Rate of Interest	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
	FEDERAL NATL MTG ASSN POOL MA4306	U.S. Government Securities	2.50%	3/1/2051	256,477	$ 221,692	$ 218,819
	FEDERAL NATL MTG ASSN POOL MA4398	U.S. Government Securities	2.00%	8/1/2051	411,610	335,421	334,668
	FEDERAL NATL MTG ASSN POOL MA4565	U.S. Government Securities	3.50%	3/1/2052	225,554	221,613	209,294
	FEDERAL NATL MTG ASSN POOL MA4656	U.S. Government Securities	4.50%	7/1/2052	472,707	464,747	463,405
	FEDERAL NATL MTG ASSN POOL MA4785	U.S. Government Securities	5.00%	10/1/2052	274,090	269,350	274,936
	FEDERAL NATL MTG ASSN POOL MA4978	U.S. Government Securities	5.00%	4/1/2053	380,313	369,248	380,781
	FEDERAL NATL MTG ASSN POOL MA5138	U.S. Government Securities	5.50%	9/1/2053	360,937	359,712	366,882
	FEDERAL NATL MTG ASSN POOL MA5191	U.S. Government Securities	6.00%	11/1/2053	69,315	69,932	71,304
	GOVT NATL MTG ASSN II POOL #2414	U.S. Government Securities	8.00%	4/20/2027	91	119	91
	GOVT NATL MTG ASSN II POOL MA7650	U.S. Government Securities	3.00%	10/20/2051	215,804	225,718	194,159
	USA TREASURY NOTE	U.S. Government Securities	2.88%	8/15/2028	1,345,000	1,301,778	1,323,413
	USA TREASURY NOTES	U.S. Government Securities	4.38%	11/15/2039	675,000	674,045	665,901
	USA TREASURY NOTES	U.S. Government Securities	2.50%	2/15/2045	765,000	596,287	541,773
	USA TREASURY NOTES	U.S. Government Securities	2.00%	2/15/2050	1,185,000	805,958	694,611
	USA TREASURY NOTES	U.S. Government Securities	1.25%	5/15/2050	1,430,000	703,233	684,498
	USA TREASURY NOTES	U.S. Government Securities	1.88%	11/15/2051	2,975,000	1,779,296	1,644,372
	USA TREASURY NOTES	U.S. Government Securities	1.13%	2/15/2031	2,075,000	1,778,991	1,826,892
	USA TREASURY NOTES	U.S. Government Securities	1.25%	11/30/2026	1,855,000	1,788,161	1,817,028
	USA TREASURY NOTES	U.S. Government Securities	1.25%	11/30/2026	905,000	872,705	886,475
	USA TREASURY NOTES	U.S. Government Securities	1.88%	2/15/2032	570,000	508,736	508,349
	USA TREASURY NOTES	U.S. Government Securities	2.88%	5/15/2032	455,000	426,285	429,015
	USA TREASURY NOTES	U.S. Government Securities	4.50%	11/15/2033	1,435,000	1,475,538	1,481,695
	USA TREASURY NOTES	U.S. Government Securities	3.50%	9/30/2026	905,000	896,304	904,339
	USA TREASURY NOTES	U.S. Government Securities	3.50%	9/30/2026	690,000	683,356	689,496
	USA TREASURY NOTES	U.S. Government Securities	4.13%	10/31/2026	1,555,000	1,557,794	1,561,640
	USA TREASURY NOTES	U.S. Government Securities	4.13%	10/31/2026	800,000	801,567	803,416
	USA TREASURY NOTES	U.S. Government Securities	4.13%	1/31/2027	1,580,000	1,585,811	1,589,812
	USA TREASURY NOTES	U.S. Government Securities	4.13%	1/31/2027	820,000	823,632	825,092
	USA TREASURY NOTES	U.S. Government Securities	4.63%	2/15/2035	2,490,000	2,573,034	2,584,645
	USA TREASURY NOTES	U.S. Government Securities	4.13%	2/28/2027	2,185,000	2,197,035	2,199,683
	USA TREASURY NOTES	U.S. Government Securities	4.13%	2/28/2027	825,000	829,544	830,544
	USA TREASURY NOTES	U.S. Government Securities	3.88%	3/31/2027	2,095,000	2,101,172	2,104,092
	USA TREASURY NOTES	U.S. Government Securities	3.88%	3/31/2027	1,020,000	1,022,996	1,024,427

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Special Agents Mutual Benefit Association Benefit Plan
Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
ID # 52-1074154, Plan # 501
December 31, 2025

		(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					
(a)	(b) Identity of Issue, Borrower or Similar Party	Description	Rate of Interest	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
	USA TREASURY NOTES	U.S. Government Securities	3.75%	4/30/2027	1,450,000	$ 1,452,549	$ 1,454,539
	USA TREASURY NOTES	U.S. Government Securities	3.75%	4/30/2027	670,000	671,178	672,097
	USA TREASURY NOTES	U.S. Government Securities	3.88%	5/31/2027	2,390,000	2,401,483	2,402,237
	USA TREASURY NOTES	U.S. Government Securities	3.88%	5/31/2027	1,140,000	1,145,477	1,145,837
	USA TREASURY NOTES	U.S. Government Securities	3.75%	6/30/2027	1,730,000	1,736,960	1,736,695
	USA TREASURY NOTES	U.S. Government Securities	3.75%	6/30/2027	850,000	853,420	853,290
	USA TREASURY NOTES	U.S. Government Securities	3.88%	7/31/2027	1,725,000	1,735,579	1,735,040
	USA TREASURY NOTES	U.S. Government Securities	3.88%	7/31/2027	850,000	855,213	854,947
	USA TREASURY NOTES	U.S. Government Securities	2.38%	5/15/2027	200,000	191,476	196,984
	USA TREASURY NOTES	U.S. Government Securities	0.63%	5/15/2030	1,690,000	1,415,205	1,483,043
	USA TREASURY NOTES	U.S. Government Securities	2.88%	5/15/2028	985,000	955,048	970,954
	USA TREASURY NTS	U.S. Government Securities	2.38%	5/15/2029	1,255,000	1,176,006	1,206,657
						55,843,573	55,276,787
	Corporate Debt Instrument						
	AGCO CORP CALL 02/21/2027 UNSC	Corporate Bonds	5.45%	3/21/2027	240,000	242,983	243,238
	ALLSTATE CORP CALL 09/15/2030 UNSC	Corporate Bonds	1.45%	12/15/2030	140,000	106,963	122,058
	ALPHABET INC CALL 05/15/2055 UNSC	Corporate Bonds	5.45%	11/15/2055	105,000	104,307	103,002
	ALPHABET INC CALL 11/15/2054 UNSC	Corporate Bonds	5.25%	5/15/2055	55,000	54,527	52,678
	AMAZON.COM INC CALL 05/20/2055 UNSC	Corporate Bonds	5.45%	11/20/2055	130,000	129,372	126,883
	AMAZON.COM INC CALL 10/13/2051 UNSC	Corporate Bonds	3.95%	4/13/2052	195,000	183,743	152,186
	AMERICAN EXPRESS CO CALL 02/16/2027 UNSC	Corporate Bonds	VAR%	2/16/2028	400,000	404,856	404,648
	AMERICAN EXPRESS CO CALL 02/16/2027 UNSC	Corporate Bonds	VAR%	2/16/2028	205,000	207,489	207,382
	AMERICAN EXPRESS CREDIT ACCOUN SERIES 2024 3 CLASS A	Corporate Bonds	5.06%	7/16/2029	465,000	470,340	471,361
	AMERICAN EXPRESS CREDIT ACCOUN SERIES 2024 3 CLASS A	Corporate Bonds	5.06%	7/16/2029	230,000	232,641	233,146
	AMERICAN HONDA FINANCE UNSC	Corporate Bonds	4.55%	7/9/2027	430,000	429,974	434,003
	AMERICAN HONDA FINANCE UNSC	Corporate Bonds	4.55%	7/9/2027	210,000	209,987	211,955
	AMERICAN TOWER CORP CALL 03/15/2026 UNSC	Corporate Bonds	1.60%	4/15/2026	420,000	398,293	417,148
	AMERICAN TOWER CORP CALL 03/15/2026 UNSC	Corporate Bonds	1.60%	4/15/2026	205,000	193,318	203,608
	AMERICAN TOWER CORP CALL 07/15/2026 @ 100.000 UNSC	Corporate Bonds	3.38%	10/15/2026	210,000	198,386	208,881
	AMERICAN WATER CAPITAL C CALL 03/01/2055 UNSC	Corporate Bonds	5.70%	9/1/2055	70,000	70,090	70,092
	AMPHENOL CORP UNSC	Corporate Bonds	3.80%	11/15/2027	415,000	414,766	414,444

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Special Agents Mutual Benefit Association Benefit Plan
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ID # 52-1074154, Plan # 501
December 31, 2025

		(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					
(a)	(b) Identity of Issue, Borrower or Similar Party	Description	Rate of Interest	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
	AMPHENOL CORP UNSC	Corporate Bonds	3.80%	11/15/2027	210,000	$ 209,882	$ 209,719
	APPLE INC CALL 08/08/2040 UNSC	Corporate Bonds	2.38%	2/8/2041	105,000	73,060	75,733
	AT&T INC CALL 03/25/2023 UNSC	Corporate Bonds	1.70%	3/25/2026	430,000	403,275	427,824
	AT&T INC CALL 03/25/2023 UNSC	Corporate Bonds	1.70%	3/25/2026	230,000	215,224	228,836
	AT&T INC CALL 05/01/2054 UNSC	Corporate Bonds	5.70%	11/1/2054	170,000	169,123	163,059
	AT&T INC CALL 11/15/2034 @ 100.000 UNSC	Corporate Bonds	4.50%	5/15/2035	65,000	61,845	62,438
	BANCO SANTANDER SA SER* SEDOL BS6VKN5 ISIN US05964HBF10	Corporate Bonds	5.37%	7/15/2028	200,000	200,158	203,854
	BANK OF AMERICA CORP CALL 03/08/2032 SUB	Corporate Bonds	VAR%	3/8/2037	200,000	192,688	188,348
	BANK OF AMERICA CORP CALL 04/25/2028 UNSC	Corporate Bonds	VAR%	4/25/2029	255,000	256,612	261,531
	BANK OF AMERICA CORP CALL 09/15/2028 UNSC	Corporate Bonds	VAR%	9/15/2029	230,000	240,233	239,908
	BANK OF AMERICA CORP SER MTN CALL 06/14/2028 @ 100	Corporate Bonds	VAR%	6/14/2029	105,000	95,189	100,160
	BANK OF AMERICA CORPORATION SR UNSEC CALL 07/22/2026 @ 100	Corporate Bonds	VAR%	7/22/2027	625,000	594,263	617,025
	BANK OF AMERICA CORPORATION SR UNSEC CALL 07/22/2026 @ 100	Corporate Bonds	VAR%	7/22/2027	295,000	280,492	291,236
	BANK OF AMERICA CREDIT CARD TR SERIES 2024 A1 CLASS A	Corporate Bonds	4.93%	5/15/2029	455,000	463,336	462,125
	BANK OF AMERICA CREDIT CARD TR SERIES 2024 A1 CLASS A	Corporate Bonds	4.93%	5/15/2029	225,000	229,122	228,524
	BANK OF MONTREAL SER F2F SEDOL BTFJ446 ISIN US06368L8K50	Corporate Bonds	VAR%	9/10/2027	395,000	393,108	396,477
	BANK OF MONTREAL SER F2F SEDOL BTFJ446 ISIN US06368L8K50	Corporate Bonds	VAR%	9/10/2027	205,000	204,018	205,767
	BANK OF NOVA SCOTIA CALL 09/08/2027 UNSC	Corporate Bonds	VAR%	9/8/2028	410,000	408,282	412,099
	BANK OF NOVA SCOTIA CALL 09/08/2027 UNSC	Corporate Bonds	VAR%	9/8/2028	210,000	209,120	211,075
	BANK OF NOVA SCOTIA SEDOL BTCCGN1 ISIN US06418GAP28	Corporate Bonds	VAR%	2/14/2029	255,000	255,017	259,899
	BANK OF NY MELLON CORP CALL 06/09/2027 UNSC	Corporate Bonds	VAR%	6/9/2028	230,000	230,000	231,737
	BANK OF NY MELLON CORP CALL 06/09/2027 UNSC	Corporate Bonds	VAR%	6/9/2028	190,000	190,120	191,435
	BARCLAYS PLC SEDOL 2NYWLP3 ISIN US06738EDD40	Corporate Bonds	VAR%	11/11/2029	200,000	199,916	201,104
	BERKSHIRE HATHAWAY FIN CALL 02/15/2048 COGT	Corporate Bonds	4.20%	8/15/2048	115,000	112,697	95,972
	BMW VEHICLE OWNER TRUST SERIES 2024 A CLASS A3	Corporate Bonds	5.51%	2/26/2029	118,274	118,256	119,352
	BMW VEHICLE OWNER TRUST SERIES 2024 A CLASS A3	Corporate Bonds	5.51%	2/26/2029	384,389	393,338	387,895
	BMW VEHICLE OWNER TRUST SERIES 2024 A CLASS A3	Corporate Bonds	5.51%	2/26/2029	197,123	201,712	198,920
	BROADCOM INC CALL 03/15/2028 UNSC	Corporate Bonds	4.80%	4/15/2028	400,000	408,740	407,168
	BROADCOM INC CALL 03/15/2028 UNSC	Corporate Bonds	4.80%	4/15/2028	200,000	204,370	203,584
	BROADCOM INC CALL 05/15/2032 UNSC	Corporate Bonds	4.90%	7/15/2032	170,000	169,657	173,570
	BURLINGTN NORTH SANTA FE CALL 03/01/2044 @ 100.000 UNSC	Corporate Bonds	4.55%	9/1/2044	175,000	167,230	155,416
	BURLINGTN NORTH SANTA FE CALL 09/15/2055 UNSC	Corporate Bonds	5.55%	3/15/2056	90,000	89,382	88,717
	CANADIAN IMPERIAL BANK CALL 09/08/2027 UNSC	Corporate Bonds	VAR%	9/8/2028	315,000	315,000	316,203

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ID # 52-1074154, Plan # 501
December 31, 2025

(a)	(b) Identity of Issue, Borrower or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value				(d) Cost	(e) Current Value
		Description	Rate of Interest	Maturity Date	Par or Shares		
	CANADIAN IMPERIAL BANK CALL 09/08/2027 UNSC	Corporate Bonds	VAR%	9/8/2028	155,000	$ 155,000	$ 155,592
	CAPITAL ONE FINANCIAL CO CALL 05/10/2027 UNSC	Corporate Bonds	VAR%	5/10/2028	310,000	312,973	313,652
	CAPITAL ONE FINANCIAL CO CALL 05/10/2027 UNSC	Corporate Bonds	VAR%	5/10/2028	150,000	151,427	151,767
	CAPITAL ONE FINANCIAL CO CALL 09/11/2030 UNSC	Corporate Bonds	VAR%	9/11/2031	150,000	150,000	149,780
	CAPITAL ONE MULTI-ASSET EXECUT SERIES 2023 A1 CLASS A	Corporate Bonds	4.42%	5/15/2028	400,000	399,719	400,764
	CAPITAL ONE MULTI-ASSET EXECUT SERIES 2023 A1 CLASS A	Corporate Bonds	4.42%	5/15/2028	195,000	194,863	195,372
	CAPITAL ONE PRIME AUTO RECEIVA SERIES 2022 2 CLASS A3	Corporate Bonds	4.14%	5/17/2027	47,596	46,147	47,578
	CAPITAL ONE PRIME AUTO RECEIVA SERIES 2022 2 CLASS A3	Corporate Bonds	4.14%	5/17/2027	29,661	28,762	29,650
	CAPITAL ONE PRIME AUTO RECEIVA SERIES 2023 1 CLASS A3	Corporate Bonds	4.87%	2/15/2028	108,148	107,366	108,547
	CAPITAL ONE PRIME AUTO RECEIVA SERIES 2023 1 CLASS A3	Corporate Bonds	4.87%	2/15/2028	66,090	65,613	66,334
	CATERPILLAR FINL SERVICE UNSC	Corporate Bonds	4.35%	5/15/2026	175,000	174,111	175,313
	CDW LLC/CDW FINANCE CALL 10/01/2022 COGT	Corporate Bonds	4.25%	4/1/2028	155,000	151,466	154,496
	CHARLES SCHWAB CORP CALL 02/11/2026 UNSC	Corporate Bonds	0.90%	3/11/2026	435,000	401,239	432,525
	CHARLES SCHWAB CORP CALL 02/11/2026 UNSC	Corporate Bonds	0.90%	3/11/2026	235,000	216,196	233,663
	CHASE ISSUANCE TRUST SERIES 2024 A1 CLASS A	Corporate Bonds	4.60%	1/16/2029	400,000	401,875	403,580
	CHASE ISSUANCE TRUST SERIES 2024 A1 CLASS A	Corporate Bonds	4.60%	1/16/2029	205,000	205,961	206,835
	CHENIERE CORPUS CHRISTI HLDGS LLC	Corporate Bonds	5.13%	6/30/2027	405,000	408,180	408,916
	CHENIERE CORPUS CHRISTI HLDGS LLC	Corporate Bonds	5.13%	6/30/2027	210,000	211,649	212,031
	CHENIERE ENERGY PARTNERS CALL 10/01/2024 COGT	Corporate Bonds	4.50%	10/1/2029	200,000	196,484	200,420
	CIGNA GROUP/THE CALL 08/15/2030 UNSC	Corporate Bonds	4.50%	9/15/2030	125,000	125,115	125,859
	CITIGROUP INC CALL 02/13/2029 UNSC	Corporate Bonds	VAR%	2/13/2030	105,000	105,552	107,746
	CITIGROUP INC CALL 05/07/2027 UNSC	Corporate Bonds	VAR%	5/7/2028	245,000	244,559	246,989
	CITIGROUP INC CALL 05/25/2033 SUB	Corporate Bonds	VAR%	5/25/2034	65,000	64,675	69,029
	CITIGROUP INC CALL 09/11/2030 UNSC	Corporate Bonds	VAR%	9/11/2031	170,000	170,347	170,527
	CITIGROUP INC SR UNSEC	Corporate Bonds	VAR%	1/10/2028	510,000	502,360	509,026
	CITIGROUP INC SR UNSEC	Corporate Bonds	VAR%	1/10/2028	240,000	236,405	239,542
	CNH EQUIPMENT TRUST SERIES 2022 A CLASS A3	Corporate Bonds	2.83%	7/15/2027	75,609	73,754	75,532
	CNH EQUIPMENT TRUST SERIES 2022 A CLASS A3	Corporate Bonds	2.83%	7/15/2027	46,529	45,387	46,482
	CNH INDUSTRIAL CAP LLC CALL 02/21/2028 COGT	Corporate Bonds	4.75%	3/21/2028	235,000	233,444	237,674
	CNH INDUSTRIAL CAP LLC CALL 12/15/2025 COGT	Corporate Bonds	1.88%	1/15/2026	195,000	182,672	194,840
	COCA-COLA CONSOLIDATED CALL 05/01/2029 UNSC	Corporate Bonds	5.25%	6/1/2029	145,000	145,827	150,033
	COMCAST CORP CALL 11/15/2063 COGT	Corporate Bonds	5.50%	5/15/2064	180,000	178,618	160,947
	CONOCOPHILLIPS NOTES	Corporate Bonds	6.50%	2/1/2039	215,000	247,223	241,647

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ID # 52-1074154, Plan # 501
December 31, 2025

(a)	(b) Identity of Issue, Borrower or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value				(d) Cost	(e) Current Value
		Description	Rate of Interest	Maturity Date	Par or Shares		
	DELTA AIR LINES INC CALL 06/10/2028 UNSC	Corporate Bonds	4.95%	7/10/2028	245,000	$ 248,973	$ 249,405
	DOMINION ENERGY INC CALL 04/15/2028 UNSC	Corporate Bonds	4.60%	5/15/2028	240,000	239,916	242,801
	DOW CHEMICAL CO/THE CALL 12/15/2030 UNSC	Corporate Bonds	4.80%	1/15/2031	190,000	189,803	188,923
	DTE ENERGY CO CALL 03/01/2030 UNSC	Corporate Bonds	5.20%	4/1/2030	165,000	164,887	170,244
	DTE ENERGY CO CALL 05/01/2028 UNSC	Corporate Bonds	4.88%	6/1/2028	155,000	157,325	157,685
	DTE ENERGY CO CALL 07/01/2026 @ 100.000 UNSC	Corporate Bonds	2.85%	10/1/2026	410,000	393,868	406,441
	DTE ENERGY CO CALL 07/01/2026 @ 100.000 UNSC	Corporate Bonds	2.85%	10/1/2026	210,000	201,263	208,177
	DUKE ENERGY CAROLINAS 1ST MTG CALL 03/30/42 @100	Corporate Bonds	4.00%	9/30/2042	95,000	85,255	79,685
	DUKE ENERGY PROGRESS INC CALL 06/01/2044 @ 100.000 MORT	Corporate Bonds	4.15%	12/1/2044	30,000	29,897	24,988
	DUKE ENERGY PROGRESS LLC MORT	Corporate Bonds	4.35%	3/6/2027	185,000	184,895	186,215
	DUKE ENERGY PROGRESS LLC MORT	Corporate Bonds	4.35%	3/6/2027	95,000	94,946	95,624
	EBAY INC CALL 02/06/2029 UNSC	Corporate Bonds	4.25%	3/6/2029	125,000	124,971	125,360
	ELI LILLY & CO CALL 04/15/2055 UNSC	Corporate Bonds	5.55%	10/15/2055	30,000	29,813	30,198
	ENBRIDGE INC SEDOL BSPVH57 ISIN US29250NCP87	Corporate Bonds	5.20%	11/20/2035	85,000	85,046	85,680
	ENBRIDGE INC SEDOL ISIN US29250NAR61	Corporate Bonds	3.70%	7/15/2027	410,000	400,308	407,839
	ENBRIDGE INC SEDOL ISIN US29250NAR61	Corporate Bonds	3.70%	7/15/2027	210,000	205,036	208,893
	ENERGY TRANSFER LP CALL 01/15/2028 UNSC	Corporate Bonds	5.55%	2/15/2028	105,000	107,960	107,795
	ENERGY TRANSFER OPERATNG COGT	Corporate Bonds	5.50%	6/1/2027	95,000	96,791	96,534
	ENERGY TRANSFER OPERATNG COGT	Corporate Bonds	5.50%	6/1/2027	40,000	40,754	40,646
	ENERGY TRANSFER PARTNERS CALL 10/15/2025 @ 100.000 UNSC	Corporate Bonds	4.75%	1/15/2026	200,000	197,914	200,036
	ENERGY TRANSFER PARTNERS CALL 10/15/2025 @ 100.000 UNSC	Corporate Bonds	4.75%	1/15/2026	105,000	103,803	105,019
	ENERGY TRANSFER PARTNERS SR UNSEC CALL 8/1/41 @ 100	Corporate Bonds	6.50%	2/1/2042	105,000	123,009	110,574
	EOG RESOURCES INC CALL 12/15/2030 UNSC	Corporate Bonds	4.40%	1/15/2031	130,000	130,036	130,506
	FISERV INC CALL 05/01/2026 UNSC	Corporate Bonds	3.20%	7/1/2026	380,000	369,713	378,355
	FISERV INC CALL 05/01/2026 UNSC	Corporate Bonds	3.20%	7/1/2026	210,000	204,315	209,091
	FLORIDA POWER & LIGHT 1ST MORTGAGE CALL 08/02/41 @100	Corporate Bonds	4.13%	2/1/2042	40,000	34,627	34,749
	FLORIDA POWER & LIGHT CO CALL 09/15/2064 MORT	Corporate Bonds	5.80%	3/15/2065	45,000	44,879	45,713
	FLORIDA POWER & LIGHT CO CALL 10/01/2052 MORT	Corporate Bonds	5.30%	4/1/2053	90,000	88,992	86,187
	FORD CREDIT AUTO OWNER TRUST SERIES 2023 C CLASS A3	Corporate Bonds	5.53%	9/15/2028	328,557	333,168	331,912
	FORD CREDIT AUTO OWNER TRUST SERIES 2023 C CLASS A3	Corporate Bonds	5.53%	9/15/2028	151,642	153,650	153,190
	FORD CREDIT AUTO OWNER TRUST SERIES 2024 C CLASS A3	Corporate Bonds	4.76%	7/15/2029	305,000	303,032	305,939
	FORD CREDIT AUTO OWNER TRUST SERIES 2024 C CLASS A3	Corporate Bonds	4.76%	7/15/2029	130,000	129,142	130,400
	FOX CORP SER WI CALL 10/25/2028	Corporate Bonds	4.71%	1/25/2029	260,000	263,754	263,325

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	GENERAL MOTORS FINL CO COGT	Corporate Bonds	4.35%	1/17/2027	205,000	$ 205,295	$ 205,424
	GENERAL MOTORS FINL CO COGT	Corporate Bonds	4.35%	1/17/2027	100,000	100,144	100,207
	GENERAL MOTORS FINL CO UNSC	Corporate Bonds	5.00%	7/15/2027	250,000	250,067	253,235
	GEORGIA POWER CO CALL 12/15/2034 UNSC	Corporate Bonds	5.20%	3/15/2035	145,000	145,199	148,822
	GLOBAL PAYMENTS INC CALL 06/15/2029 UNSC	Corporate Bonds	5.30%	8/15/2029	245,000	246,643	250,593
	GM FINANCIAL SECURITIZED TERM SERIES 2022 3 CLASS A3	Corporate Bonds	3.64%	4/16/2027	1,073	1,050	1,073
	GM FINANCIAL SECURITIZED TERM SERIES 2022 3 CLASS A3	Corporate Bonds	3.64%	4/16/2027	647	633	647
	GM FINANCIAL SECURITIZED TERM SERIES 2024 1 CLASS A3	Corporate Bonds	5.25%	12/18/2028	207,244	208,799	208,508
	GM FINANCIAL SECURITIZED TERM SERIES 2024 1 CLASS A3	Corporate Bonds	5.25%	12/18/2028	107,767	108,575	108,424
	GOLDMAN SACHS GROUP INC CALL 04/23/2027 UNSC	Corporate Bonds	VAR%	4/23/2028	195,000	195,059	197,227
	GOLDMAN SACHS GROUP INC CALL 10/21/2028 UNSC	Corporate Bonds	VAR%	10/21/2029	355,000	355,121	354,922
	GOLDMAN SACHS GROUP INC SR UNSEC CALL 09/10/2026 @ 100	Corporate Bonds	VAR%	9/10/2027	525,000	497,784	515,802
	GOLDMAN SACHS GROUP INC SR UNSEC CALL 09/10/2026 @ 100	Corporate Bonds	VAR%	9/10/2027	245,000	232,299	240,708
	HCA INC CALL 03/15/2029 SECR	Corporate Bonds	4.13%	6/15/2029	215,000	209,093	214,271
	HF SINCLAIR CORP SER WI CALL 09/16/2024	Corporate Bonds	5.00%	2/1/2028	230,000	228,242	230,041
	HOME DEPOT INC CALL 10/15/2049 UNSC	Corporate Bonds	3.35%	4/15/2050	75,000	84,632	52,907
	HONDA AUTO RECEIVABLES OWNER SERIES 2023 1 CLASS A3	Corporate Bonds	4.53%	4/21/2027	116,569	116,848	116,836
	HONDA AUTO RECEIVABLES OWNER SERIES 2023 1 CLASS A3	Corporate Bonds	4.53%	4/21/2027	60,616	60,763	60,755
	HONDA AUTO RECEIVABLES OWNER T SERIES 2024 2 CLASS A3	Corporate Bonds	5.27%	11/20/2028	291,100	291,064	294,619
	HONDA AUTO RECEIVABLES OWNER T SERIES 2025 4 CLASS A3	Corporate Bonds	3.98%	6/17/2030	240,000	239,953	241,272
	HONDA MOTOR CO LTD SEDOL 2NS7QG0 ISIN US438127AE20	Corporate Bonds	4.69%	7/8/2030	260,000	260,273	263,245
	HOST HOTELS & RESORTS LP SER H CALL 09/15/2029	Corporate Bonds	3.38%	12/15/2029	115,000	109,688	110,321
	HP ENTERPRISE CO UNSC	Corporate Bonds	4.45%	9/25/2026	395,000	395,924	396,134
	HP ENTERPRISE CO UNSC	Corporate Bonds	4.45%	9/25/2026	205,000	205,480	205,588
	HSBC HOLDINGS PLC SEDOL BQH6228 ISIN US404280DZ92	Corporate Bonds	VAR%	8/14/2027	355,000	362,515	358,731
	HSBC HOLDINGS PLC SEDOL BQH6228 ISIN US404280DZ92	Corporate Bonds	VAR%	8/14/2027	215,000	219,552	217,260
	HSBC HOLDINGS PLC SEDOL BT6NWP4 ISIN US404280EM70	Corporate Bonds	VAR%	11/19/2028	200,000	200,000	203,704
	HYUNDAI AUTO RECEIVABLES TRUST SERIES 2022 C CLASS A3	Corporate Bonds	5.39%	6/15/2027	71,083	71,259	71,240
	HYUNDAI AUTO RECEIVABLES TRUST SERIES 2022 C CLASS A3	Corporate Bonds	5.39%	6/15/2027	42,774	42,881	42,868
	HYUNDAI AUTO RECEIVABLES TRUST SERIES 2023 C CLASS A3	Corporate Bonds	5.54%	10/16/2028	221,866	223,903	224,100
	HYUNDAI AUTO RECEIVABLES TRUST SERIES 2023 C CLASS A3	Corporate Bonds	5.54%	10/16/2028	97,310	97,838	98,289
	HYUNDAI AUTO RECEIVABLES TRUST SERIES 2025 A CLASS A3	Corporate Bonds	4.79%	10/15/2029	330,000	332,329	332,442
	HYUNDAI AUTO RECEIVABLES TRUST SERIES 2025 A CLASS A3	Corporate Bonds	4.79%	10/15/2029	155,000	156,094	156,147

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Special Agents Mutual Benefit Association Benefit Plan
Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
ID # 52-1074154, Plan # 501
December 31, 2025

(a)	(b) Identity of Issue, Borrower or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value: Description	Rate of Interest	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
	INTEL CORP CALL 08/21/2053 UNSC	Corporate Bonds	5.60%	2/21/2054	60,000	$ 59,240	$ 55,392
	JOHN DEERE OWNER TRUST SERIES 2022 B CLASS A3	Corporate Bonds	3.74%	2/16/2027	29,803	29,098	29,792
	JOHN DEERE OWNER TRUST SERIES 2022 B CLASS A3	Corporate Bonds	3.74%	2/16/2027	17,994	17,563	17,988
	JOHN DEERE OWNER TRUST SERIES 2024 B CLASS A3	Corporate Bonds	5.73%	3/15/2029	220,000	222,004	223,135
	JOHN DEERE OWNER TRUST SERIES 2024 B CLASS A3	Corporate Bonds	5.73%	3/15/2029	490,000	497,867	496,983
	JOHN DEERE OWNER TRUST SERIES 2024 B CLASS A3	Corporate Bonds	5.73%	3/15/2029	240,000	243,853	243,420
	JOHNSON & JOHNSON CALL 09/01/2035 @ 100.000 UNSC	Corporate Bonds	3.55%	3/1/2036	175,000	168,845	160,967
	JP MORGAN CHASE & CO SR UNSEC CALL 04/22/30 @ 100	Corporate Bonds	VAR%	4/22/2031	260,000	229,193	242,198
	JPMORGAN CHASE & CO CALL 04/22/2029 UNSC	Corporate Bonds	VAR%	4/22/2030	140,000	141,088	146,052
	JPMORGAN CHASE & CO CALL 07/22/2027 UNSC	Corporate Bonds	VAR%	7/22/2028	155,000	155,507	157,310
	JPMORGAN CHASE & CO CALL 07/22/2034 UNSC	Corporate Bonds	VAR%	7/22/2035	95,000	95,943	98,010
	JPMORGAN CHASE & CO CALL 10/22/2026 UNSC	Corporate Bonds	VAR%	10/22/2027	400,000	408,246	406,288
	JPMORGAN CHASE & CO CALL 10/22/2026 UNSC	Corporate Bonds	VAR%	10/22/2027	210,000	214,051	213,301
	KEURIG DR PEPPER INC UNSC	Corporate Bonds	VAR%	11/15/2026	230,000	230,000	230,062
	KEURIG DR PEPPER INC UNSC	Corporate Bonds	VAR%	11/15/2026	120,000	120,000	120,032
	KINDER MORGAN ENER PART SR UNSEC	Corporate Bonds	6.95%	1/15/2038	170,000	194,469	190,953
	KROGER CO CALL 10/15/2030 UNSC	Corporate Bonds	1.70%	1/15/2031	240,000	186,948	211,464
	LENNAR CORP CALL 12/15/2026 COGT	Corporate Bonds	5.00%	6/15/2027	230,000	230,707	231,808
	LLOYDS BANKING GROUP PLC SER . SEDOL BTDP189 ISIN US539439BD02	Corporate Bonds	VAR%	6/13/2029	200,000	200,454	203,258
	LOUISVILLE GAS & ELEC SER . CALL 02/15/2055	Corporate Bonds	5.85%	8/15/2055	70,000	69,980	70,510
	LOWE'S COS INC UNSC	Corporate Bonds	3.95%	10/15/2027	415,000	414,909	415,208
	LOWE'S COS INC UNSC	Corporate Bonds	3.95%	10/15/2027	205,000	204,955	205,103
	LOWE'S COS INC UNSC	Corporate Bonds	4.00%	10/15/2028	195,000	194,783	195,351
	LYB INT FINANCE III CALL 12/15/2030 COGT	Corporate Bonds	5.13%	1/15/2031	170,000	170,379	170,631
	MARRIOTT INTERNATIONAL CALL 03/15/2030 UNSC	Corporate Bonds	4.63%	6/15/2030	160,000	170,101	162,389
	MARRIOTT INTERNATIONAL CALL 09/15/2027 UNSC	Corporate Bonds	5.00%	10/15/2027	400,000	404,884	406,764
	MARRIOTT INTERNATIONAL CALL 09/15/2027 UNSC	Corporate Bonds	5.00%	10/15/2027	205,000	207,504	208,467
	MERCK & CO INC CALL 03/15/2055 COGT	Corporate Bonds	5.70%	9/15/2055	120,000	119,639	121,207
	MICROCHIP TECHNOLOGY INC UNSC	Corporate Bonds	4.90%	3/15/2028	195,000	195,170	197,679
	MICROSOFT CORP CALL 02/08/2036 @ 100.000 UNSC	Corporate Bonds	3.45%	8/8/2036	40,000	40,253	36,528
	MORGAN STANLEY CALL 02/01/2028 UNSC	Corporate Bonds	VAR%	2/1/2029	305,000	302,646	311,353
	MORGAN STANLEY CALL 10/18/2027 UNSC	Corporate Bonds	VAR%	10/18/2028	110,000	114,080	114,270
	MORGAN STANLEY SR UNSEC CALL 04/04/2027 @ 100	Corporate Bonds	VAR%	5/4/2027	445,000	414,489	441,129

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Special Agents Mutual Benefit Association Benefit Plan
Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
ID # 52-1074154, Plan # 501
December 31, 2025

(a)	(b) Identity of Issue, Borrower or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value				(d) Cost	(e) Current Value
		Description	Rate of Interest	Maturity Date	Par or Shares		
	MORGAN STANLEY SR UNSEC CALL 04/04/2027 @ 100	Corporate Bonds	VAR%	5/4/2027	210,000	$ 195,220	$ 208,173
	MORGAN STANLEY SUB CALL 09/16/2031 @ 100	Corporate Bonds	VAR%	9/16/2036	190,000	173,375	167,069
	MPLX LP CALL 01/15/2031 UNSC	Corporate Bonds	4.80%	2/15/2031	190,000	190,226	191,995
	MPLX LP CALL 02/01/2026 UNSC	Corporate Bonds	1.75%	3/1/2026	415,000	401,580	413,365
	MPLX LP CALL 02/01/2026 UNSC	Corporate Bonds	1.75%	3/1/2026	215,000	208,070	214,153
	MPLX LP CALL 03/15/2055 UNSC	Corporate Bonds	6.20%	9/15/2055	70,000	68,914	69,405
	NATIONAL RETAIL PROP INC CALL 09/15/2026 UNSC	Corporate Bonds	3.60%	12/15/2026	210,000	209,015	209,124
	NATIONAL RETAIL PROP INC CALL 09/15/2026 UNSC	Corporate Bonds	3.60%	12/15/2026	100,000	99,531	99,583
	NATIONAL RURAL UTIL COOP SER D CALL 07/25/2028	Corporate Bonds	4.15%	8/25/2028	250,000	249,821	251,308
	NEXTERA ENERGY CAPITAL CALL 02/01/2027 COGT	Corporate Bonds	3.55%	5/1/2027	410,000	401,792	407,556
	NEXTERA ENERGY CAPITAL CALL 02/01/2027 COGT	Corporate Bonds	3.55%	5/1/2027	210,000	205,796	208,748
	NISOURCE INC CALL 04/15/2035 UNSC	Corporate Bonds	5.35%	7/15/2035	140,000	143,150	143,135
	NISSAN AUTO RECEIVABLES OWNER SERIES 2024 B CLASS A3	Corporate Bonds	4.34%	3/15/2029	475,000	475,186	477,489
	NISSAN AUTO RECEIVABLES OWNER SERIES 2024 B CLASS A3	Corporate Bonds	4.34%	3/15/2029	245,000	245,096	246,284
	NNN REIT INC CALL 01/15/2031 UNSC	Corporate Bonds	4.60%	2/15/2031	260,000	257,935	261,797
	NNN REIT INC CALL 07/15/2027 UNSC	Corporate Bonds	3.50%	10/15/2027	60,000	59,374	59,471
	NNN REIT INC CALL 07/15/2027 UNSC	Corporate Bonds	3.50%	10/15/2027	35,000	34,635	34,692
	NOVARTIS CAPITAL CORP CALL 09/05/2032 COGT	Corporate Bonds	4.30%	11/5/2032	275,000	273,375	273,691
	ORACLE CORP CALL 04/15/2026 @ 100.000 UNSC	Corporate Bonds	2.65%	7/15/2026	415,000	405,314	411,585
	ORACLE CORP CALL 04/15/2026 @ 100.000 UNSC	Corporate Bonds	2.65%	7/15/2026	215,000	209,982	213,231
	ORACLE CORP CALL 07/26/2032 UNSC	Corporate Bonds	4.80%	9/26/2032	175,000	175,672	168,949
	ORACLE CORP CALL 09/25/2050 UNSC	Corporate Bonds	3.95%	3/25/2051	105,000	99,750	69,086
	ORACLE CORP CALL 10/01/2039 UNSC	Corporate Bonds	3.60%	4/1/2040	35,000	34,906	25,957
	PEPSICO INC CALL 11/07/2034 UNSC	Corporate Bonds	5.00%	2/7/2035	230,000	230,131	236,928
	PFIZER INC UNSC	Corporate Bonds	3.88%	11/15/2027	145,000	144,984	145,476
	PFIZER INC UNSC	Corporate Bonds	3.88%	11/15/2027	70,000	69,992	70,230
	PUBLIC SERVICE COLORADO CALL 12/15/2046 MORT	Corporate Bonds	3.80%	6/15/2047	40,000	39,837	30,566
	PULTEGROUP INC CALL 12/01/2025 @ 100.000 UNSC	Corporate Bonds	5.50%	3/1/2026	390,000	390,038	390,242
	PULTEGROUP INC CALL 12/01/2025 @ 100.000 UNSC	Corporate Bonds	5.50%	3/1/2026	215,000	214,551	215,133
	REALTY INCOME CORP CALL 01/15/2026 UNSC	Corporate Bonds	3.20%	1/15/2027	165,000	162,126	163,662
	REALTY INCOME CORP CALL 01/15/2026 UNSC	Corporate Bonds	3.20%	1/15/2027	120,000	118,655	119,027
	REALTY INCOME CORP CALL 01/15/2026 UNSC	Corporate Bonds	3.20%	1/15/2027	60,000	59,327	59,513
	REALTY INCOME CORP CALL 03/01/2026 UNSC	Corporate Bonds	4.88%	6/1/2026	410,000	411,029	411,017

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Special Agents Mutual Benefit Association Benefit Plan
Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
ID # 52-1074154, Plan # 501
December 31, 2025

(a)	(b) Identity of Issue, Borrower or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value				(d) Cost	(e) Current Value
		Description	Rate of Interest	Maturity Date	Par or Shares		
	REALTY INCOME CORP CALL 03/01/2026 UNSC	Corporate Bonds	4.88%	6/1/2026	210,000	$ 210,527	$ 210,521
	RIO TINTO FIN USA PLC SEDOL BV6KMB5 ISIN US76720AAV89	Corporate Bonds	5.75%	3/14/2055	100,000	98,859	101,966
	RIO TINTO FIN USA PLC SEDOL ISIN US76720AAQ94	Corporate Bonds	4.38%	3/12/2027	225,000	224,694	226,494
	RIO TINTO FIN USA PLC SEDOL ISIN US76720AAQ94	Corporate Bonds	4.38%	3/12/2027	115,000	114,844	115,764
	ROYAL BANK OF CANADA SER GMTN CALL 07/23/2026	Corporate Bonds	VAR%	7/23/2027	485,000	486,395	487,668
	ROYAL BANK OF CANADA SER GMTN CALL 07/23/2026	Corporate Bonds	VAR%	7/23/2027	150,000	149,988	150,825
	ROYAL BANK OF CANADA SER GMTN SEDOL BSB6MG2 ISIN US78017DAA63	Corporate Bonds	VAR%	1/24/2029	485,000	488,754	493,987
	SOUTHERN CO CALL 04/01/2026 @ 100.000 UNSC	Corporate Bonds	3.25%	7/1/2026	420,000	413,847	418,551
	SOUTHERN CO CALL 04/01/2026 @ 100.000 UNSC	Corporate Bonds	3.25%	7/1/2026	215,000	211,850	214,258
	TAKE-TWO INTERACTIVE SOF CALL 02/28/2028 UNSC	Corporate Bonds	4.95%	3/28/2028	160,000	160,556	163,099
	T-MOBILE USA INC CALL 04/15/2023 COGT	Corporate Bonds	2.63%	4/15/2026	425,000	403,567	423,313
	T-MOBILE USA INC CALL 04/15/2023 COGT	Corporate Bonds	2.63%	4/15/2026	225,000	213,152	224,107
	T-MOBILE USA INC CALL 04/15/2024 COGT	Corporate Bonds	3.38%	4/15/2029	250,000	238,083	243,655
	TORONTO-DOMINION BANK SER MTN SEDOL ISIN US89115A2H42	Corporate Bonds	4.69%	9/15/2027	400,000	405,604	405,208
	TORONTO-DOMINION BANK SER MTN SEDOL ISIN US89115A2H42	Corporate Bonds	4.69%	9/15/2027	195,000	197,732	197,539
	TORONTO-DOMINION BANK SUB CALL 09/15/26 @ 100.00	Corporate Bonds	VAR%	9/15/2031	260,000	254,249	258,521
	TOYOTA AUTO RECEIVABLES OWNER SERIES 2022 D CLASS A3	Corporate Bonds	5.30%	9/15/2027	91,642	91,581	92,014
	TOYOTA AUTO RECEIVABLES OWNER SERIES 2022 D CLASS A3	Corporate Bonds	5.30%	9/15/2027	56,004	55,966	56,231
	TOYOTA AUTO RECEIVABLES OWNER SERIES 2024 B CLASS A3	Corporate Bonds	5.33%	1/16/2029	238,562	238,528	241,046
	TOYOTA AUTO RECEIVABLES OWNER SERIES 2024 D CLASS A3	Corporate Bonds	4.40%	6/15/2029	460,000	463,450	463,197
	TOYOTA AUTO RECEIVABLES OWNER SERIES 2024 D CLASS A3	Corporate Bonds	4.40%	6/15/2029	210,000	211,575	211,460
	TOYOTA MOTOR CREDIT CORP UNSC	Corporate Bonds	4.80%	1/5/2026	400,000	399,866	400,036
	TOYOTA MOTOR CREDIT CORP UNSC	Corporate Bonds	4.80%	1/5/2026	120,000	119,908	120,011
	UNION PACIFIC CORP SER MTN CALL 02/15/2039	Corporate Bonds	3.55%	8/15/2039	45,000	51,114	38,438
	US BANCORP CALL 07/22/2027 UNSC	Corporate Bonds	VAR%	7/22/2028	405,000	404,421	408,357
	US BANCORP CALL 07/22/2027 UNSC	Corporate Bonds	VAR%	7/22/2028	205,000	204,707	206,699
	US BANCORP CALL 10/26/2026 UNSC	Corporate Bonds	VAR%	10/26/2027	140,000	145,569	143,060
	VALERO ENERGY CORP BDS	Corporate Bonds	6.63%	6/15/2037	110,000	135,997	121,124
	VERIZON COMMUNICATIONS CALL 05/30/2055 UNSC	Corporate Bonds	5.88%	11/30/2055	110,000	110,460	108,680
	VERIZON COMMUNICATIONS CALL 12/15/2031 UNSC	Corporate Bonds	2.36%	3/15/2032	275,000	223,600	242,344
	VERIZON MASTER TRUST SERIES 2023 4 CLASS A1A	Corporate Bonds	5.16%	6/20/2029	300,000	300,322	301,749
	VERIZON MASTER TRUST SERIES 2023 4 CLASS A1A	Corporate Bonds	5.16%	6/20/2029	165,000	164,890	165,962
	VERIZON MASTER TRUST SERIES 2024-3 CLASS A1A	Corporate Bonds	5.34%	4/22/2030	325,000	324,928	331,334

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Special Agents Mutual Benefit Association Benefit Plan
Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
ID # 52-1074154, Plan # 501
December 31, 2025

(a)	(b) Identity of Issue, Borrower or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value: Description	Rate of Interest	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
	VIRGINIA POWER FUEL SEC SER A-2 SECR	Corporate Bonds	4.88%	5/1/2033	105,000	$ 104,996	$ 107,386
	VMWARE INC CALL 05/21/2027 UNSC	Corporate Bonds	3.90%	8/21/2027	35,000	35,007	35,013
	WEC ENERGY GROUP INC CALL 08/15/2027 UNSC	Corporate Bonds	1.38%	10/15/2027	440,000	408,197	420,565
	WEC ENERGY GROUP INC CALL 08/15/2027 UNSC	Corporate Bonds	1.38%	10/15/2027	225,000	208,737	215,062
	WELLS FARGO & CO MEDIUM TERM CALL 06/17/2026	Corporate Bonds	VAR%	6/17/2027	425,000	407,246	423,296
	WELLS FARGO & CO MEDIUM TERM CALL 06/17/2026	Corporate Bonds	VAR%	6/17/2027	200,000	191,304	199,198
	WELLS FARGO & COMPANY CALL 04/24/2033 UNSC	Corporate Bonds	VAR%	4/24/2034	255,000	258,764	265,310
	WELLS FARGO & COMPANY CALL 07/25/2028 UNSC	Corporate Bonds	VAR%	7/25/2029	360,000	367,195	372,917
	WESTPAC BKG CORP SEDOL BDBGH51 ISIN US961214DF70	Corporate Bonds	VAR%	11/23/2031	380,000	386,702	379,730
	WILLIAMS COMPANIES INC UNSC	Corporate Bonds	5.40%	3/2/2026	305,000	307,411	305,665
	WILLIAMS COMPANIES INC UNSC	Corporate Bonds	5.40%	3/2/2026	155,000	156,224	155,338
	XCEL ENERGY INC CALL 02/15/2033 UNSC	Corporate Bonds	5.45%	8/15/2033	185,000	192,694	190,951
						54,829,502	55,250,893
	Interest Bearing Cash						
	FIDELITY GOVERNMENT PORT-INS FD# 2642	Prime MM	N/A	N/A	20,862,748	20,862,748	20,862,748
	FIDELITY GOVERNMENT PORT-INS FD# 2642	Prime MM	N/A	N/A	309,591	309,591	309,591
	FIDELITY GOVERNMENT PORT-INS FD# 2642	Prime MM	N/A	N/A	427,352	427,352	427,352
	FIDELITY GOVERNMENT PORT-INS FD# 2642	Prime MM	N/A	N/A	214,409	214,409	214,409
						21,814,100	21,814,100
	Registered Investment Companies						
	AVANTIS US LARGE CAP VALUE ETF	Mutual Fund	N/A	N/A	56,682	3,797,496	4,294,795
	FIDELITY 500 INDEX FD-AI	Mutual Fund	N/A	N/A	206,499	37,151,694	49,088,865
	ISHARES CORE DIVIDEND GROWTH ETF	Mutual Fund	N/A	N/A	60,492	2,996,987	4,199,355
	ISHARES CORE MSCI EAFE ETF ETF	Mutual Fund	N/A	N/A	29,452	1,679,044	2,634,776
	VANGUARD BD INDEX FD INC TOTAL BD MKT PORTFOLIO INSTL FD #222	Mutual Fund	N/A	N/A	1,202,555	13,721,887	11,748,963
						59,347,108	71,966,754
	Other Bonds						
	TEXAS ST TRANSN COMMN TAX FIRST TIER SER B	Municipal Bond	5.178%	4/1/2030	75,000	81,159	76,739
						81,159	76,739
						$ 191,915,442	$ 204,385,273

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Special Agents Mutual Benefit Association Benefit Plan
Form 5500 Schedule H, Line 4j - Reportable Transactions
ID # 52-1074154, Plan # 501
Year Ended December 31, 2025

(a) Identity of Party Involved (b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Assets	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Single transactions:					
Fidelity Government PORT-INS FD #2642	N/A	$ 25,000,000	$ 25,000,000	$ 25,000,000	$ -
Fidelity Government PORT-INS FD #2642	N/A	$ 26,275,617	$ 26,275,617	$ 26,275,617	$ -
Fidelity Government PORT-INS FD #2642	25,738,156.47	N/A	$ 25,738,156	$ 25,738,156	$ -
Fidelity Government PORT-INS FD #2642	26,276,579.26	N/A	$ 26,276,579	$ 26,276,579	$ -
Fidelity 500 INDEX FD-AI	25,000,000.00	N/A	$ 25,000,000	$ 25,000,000	$ -
Series of transactions:					
Fidelity 500 INDEX FD-AI	27,465,559	N/A	27,465,559	27,465,559	N/A
Fidelity Government PORT-INS FD #2642	$ 92,483,124	N/A	$ 92,483,124	$ 92,483,124	N/A
Fidelity Government PORT-INS FD #2642	N/A	$ 90,227,354	$ 90,227,354	$ 90,227,354	$ -

(e) = Lease rental is not applicable.

(f) = Expense incurred with transaction is not applicable.

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

Special Agents Mutual Benefit Association
EIN 52-1074154
Plan No. 501
Plan Year Ended DECEMBER 31, 2025

Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year)

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SAMBA Benefit Plan

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 10/21/1948

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)
Special Agents Mutual Benefit Association

11301 Old Georgetown Road

Rockville MD 20852

2b Employer Identification Number (EIN) 52-1074154

2c Plan Sponsor's telephone number (301) 984-4109

2d Business code (see instructions) 524290

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	Pamela Lynch	7/28/26	PAMELA LYNCH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	108,563
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)**	108,563
a(2) Total number of active participants at the end of the plan year	**6a(2)**	109,573
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**	109,573
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 4B 4D 4E 4F 4G 4H 4L

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	☒ Insurance	(1)	☒ Insurance
(2)	☐ Code section 412(e)(3) insurance contracts	(2)	☐ Code section 412(e)(3) insurance contracts
(3)	☒ Trust	(3)	☒ Trust
(4)	☐ General assets of the sponsor	(4)	☐ General assets of the sponsor

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

a Pension Schedules

(1) ☐ **R** (Retirement Plan Information)

(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) ☐ **DCG** (Individual Plan Information) – Number Attached _____

(5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) ☒ **H** (Financial Information)

(2) ☐ **I** (Financial Information – Small Plan)

(3) ☒ **A** (Insurance Information) – Number Attached 5

(4) ☒ **C** (Service Provider Information)

(5) ☐ **D** (DFE/Participating Plan Information)

(6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____