

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan UNIVERSITY OF MIAMI SUPPLEMENTAL RETIREMENT ANNUITY PROGRAM
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 01/01/1975
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) UNIVERSITY OF MIAMI 6200 SAN AMARO DRIVE, SUITE 200.01 CORAL GABLES, FL 33146
2b	Employer Identification Number (EIN) 59-0624458
2c	Plan Sponsor's telephone number 305-284-3004
2d	Business code (see instructions) 611000

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.	09/24/2026	CRISTINA ELGARRESTA
	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 3708
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 1738 6a(2) 1375 6b 537 6c 1496 6d 3408 6e 36 6f 3444 6g(1) 3621 6g(2) 3444 6h 0
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:

2F 2G 2L 2M 2R

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 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 _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan UNIVERSITY OF MIAMI SUPPLEMENTAL RETIREMENT ANNUITY PROGRAM	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 UNIVERSITY OF MIAMI	D Employer Identification Number (EIN) 59-0624458	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier METROPOLITAN LIFE					
(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
13-5581829	65978	456632-01	4	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 534375**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 ▶ **GROUP ANNUITY CONTRACT****b** Balance at the end of the previous year **7b** 548388**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 18912
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 18912**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 567300**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 32853
(2) Administration charge made by carrier **7e(2)** 72
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 32925**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 534375

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan UNIVERSITY OF MIAMI SUPPLEMENTAL RETIREMENT ANNUITY PROGRAM	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 UNIVERSITY OF MIAMI	D Employer Identification Number (EIN) 59-0624458	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier THE LINCOLN NATIONAL LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	191606+030	250	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 29260	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid OSAIC FA INC 18700 N HAYDEN RD SCOTTSDALE, AZ 85255

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
27100			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid OSAIC WEALTH INC 18700 N HAYDEN RD SCOTTSDALE, AZ 85255

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2160			4

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	22482491
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5 Current value of plan's interest under this contract in separate accounts at year end	5	
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6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

b Balance at the end of the previous year	7b	23267840
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c Additions: (1) Contributions deposited during the year	7c(1)	2185233	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	1011931	
(4) Transferred from separate account	7c(4)	46405	
(5) Other (specify below)	7c(5)	69253	

▶ OTHER ADDITIONS

(6) Total additions	7c(6)	3312822
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d Total of balance and additions (add lines 7b and 7c(6))	7d	26580662
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4040307	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)	27157	
(4) Other (specify below)	7e(4)	30707	

▶ OTHER DEDUCTIONS

(5) Total deductions	7e(5)	4098171
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	22482491
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan UNIVERSITY OF MIAMI SUPPLEMENTAL RETIREMENT ANNUITY PROGRAM	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 UNIVERSITY OF MIAMI	D Employer Identification Number (EIN) 59-0624458	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(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
13-1624203	69345	102146	1275	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
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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

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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	115240614
5 Current value of plan's interest under this contract in separate accounts at year end	5	195948500

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**

118508813

c Additions: (1) Contributions deposited during the year**7c(1)**

1675819

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

4327510

(4) Transferred from separate account

7c(4)

12879611

(5) Other (specify below)

7c(5)

309162

▶ OTHER ADDITIONS

(6) Total additions

7c(6)

19192102

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

137700915

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

10848157

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account

7e(3)

10751681

(4) Other (specify below)

7e(4)

860463

▶ OTHER DEDUCTIONS

(5) Total deductions

7e(5)

22460301

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

115240614

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan UNIVERSITY OF MIAMI SUPPLEMENTAL RETIREMENT ANNUITY PROGRAM	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 UNIVERSITY OF MIAMI	D Employer Identification Number (EIN) 59-0624458	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier BRIGHTHOUSE LIFE INSURANCE COMPANY					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0566090	87726	14110	6	01/01/2025	12/31/2025

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid			

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

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

(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	108628
5 Current value of plan's interest under this contract in separate accounts at year end	5	134328

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 ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year**7b**

159968

c Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

5085

(4) Transferred from separate account

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions

7c(6)

5085

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

165053

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

56425

(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)

56425

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

108628

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan UNIVERSITY OF MIAMI SUPPLEMENTAL RETIREMENT ANNUITY PROGRAM	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 UNIVERSITY OF MIAMI	D Employer Identification Number (EIN) 59-0624458	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
VARIABLE ANNUITY LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	2177	511	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 5339	(b) Total amount of fees paid 0
--	------------------------------------

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
JUAN RESTREPO
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4565			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
WILLIAM J DONOVAN
2929 ALEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
253			3

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

CANDIDA R LANGSDALE

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
102			3

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

ALEXANDER HARRIEHAUSEN

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
89			3

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

CHRISTIAN D MARTINEZ

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
70			3

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

JOSEPH A OKRASKI

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
51			3

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

ARMANDO VAZQUEZ

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
39			3

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

BARTLEY S CASEY

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
31			3

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

KEITH A EASON

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
27			3

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

ANDREW COUGHLIN

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
21			3

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

STEPHEN D MINK

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18			3

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

DANIEL CONTRERAS

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18			3

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

MICHAEL H BEUTTEL

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16			3

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

CARNELL A FREEMAN

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15			3

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

ANA TEPER

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12			3

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

RICHARD C LAMBERT

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12			3

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

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

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	6356246
5 Current value of plan's interest under this contract in separate accounts at year end	5	11808854

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	7142456
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)	231573	
	7c(4)	370869	
	7c(5)		

▶

(6) Total additions	7c(6)	602442
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d Total of balance and additions (add lines 7b and 7c(6))	7d	7744898
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1361930	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)	26722	

▶ OTHER DEDUCTIONS

(5) Total deductions	7e(5)	1388652
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	6356246
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan UNIVERSITY OF MIAMI SUPPLEMENTAL RETIREMENT ANNUITY PROGRAM	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 UNIVERSITY OF MIAMI	D Employer Identification Number (EIN) 59-0624458	

Part I	Service Provider Information (see instructions)
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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
FIDELITY INVESTMENTS INST OPS CO
04-2647786
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
LINCOLN NATIONAL CORPORATION
35-1140070
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TIAA
13-1624203
(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)

FIDELITY INVESTMENTS INST OPS CO IN

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 65 37 71 64	RECORDKEEPER	131411	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	55013	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TIAA

13-1624203

(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 15 51 19	RECORDKEEPER	1408	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INST OPS CO	60	0

(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.
SS&C GIDS, INC 2000 CROWN COLONY DRIVE QUINCY, MA 02169	DODGE & COX INTL STK I - 10%

(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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan UNIVERSITY OF MIAMI SUPPLEMENTAL RETIREMENT ANNUITY PROGRAM	B Three-digit plan number (PN) ▶	002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 UNIVERSITY OF MIAMI	D Employer Identification Number (EIN) 59-0624458	

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	TIAA REAL ESTATE ACCOUNT
---	--------------------------

b Name of sponsor of entity listed in (a):	TIAA-CREF
--	-----------

c EIN-PN 13-1624203-004	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12995591
-------------------------	-----------------	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury 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 UNIVERSITY OF MIAMI SUPPLEMENTAL RETIREMENT ANNUITY PROGRAM	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 UNIVERSITY OF MIAMI	D Employer Identification Number (EIN) 59-0624458

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)	187355	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1849321	2053310
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	13488034	12995591
(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)	644606921	700141729
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	149627465	144684355
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	809759096	859874985

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	809759096	859874985
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	17181077	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	3523617	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		20704694
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	157704	
(F) Other	2b(1)(F)	5571014	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5728718
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	10877723	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		10877723
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		513280
(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)		88940859
c Other income	2c		574930
d Total income. Add all income amounts in column (b) and enter total	2d		127340204

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	77030420	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		77030420
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		9888
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	1510	
(3) Recordkeeping fees	2i(3)	25836	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	156661	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		184007
j Total expenses. Add all expense amounts in column (b) and enter total	2j		77224315

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		50115889
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **KPMG LLP**

(2) EIN: **13-5565207**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 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 UNIVERSITY OF MIAMI SUPPLEMENTAL RETIREMENT ANNUITY PROGRAM		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 UNIVERSITY OF MIAMI		D Employer Identification Number (EIN) 59-0624458
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-2647786 35-1140070		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

- 21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number_____.



**UNIVERSITY OF MIAMI SUPPLEMENTAL RETIREMENT
ANNUITY PROGRAM**

Financial Statements and Supplemental Schedule

December 31, 2025 and 2024

(With Independent Auditors' Report Thereon)

**UNIVERSITY OF MIAMI SUPPLEMENTAL RETIREMENT
ANNUITY PROGRAM**

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Note: Supplemental schedules, other than the one listed above, are omitted because of the absence of conditions under which they are required by Department of Labor Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974.



KPMG LLP
Suite 800
500 W 5th St
Winston-Salem, NC 27101

Independent Auditors' Report

To the Benefits Administration Office and the Audit and Compliance Committee of the Board of Trustees of the University of Miami
University of Miami Supplemental Retirement Annuity Program:

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

We were engaged to perform audits of the financial statements of University of Miami Supplemental Retirement Annuity Program (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Further, as described in Note 3 to the financial statements, the Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial



accounts and the related income and distributions are not determinable. U.S. generally accepted accounting principles require that these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditors' report. However, because of the matters described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of the Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit.

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 is presented for purposes 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 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. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on this supplemental schedule.

KPMG LLP

Winston-Salem, North Carolina
August 21, 2026

**UNIVERSITY OF MIAMI SUPPLEMENTAL RETIREMENT
ANNUITY PROGRAM**

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets:		
Investments, at fair value	\$ 737,466,167	683,381,789
Investments, at contract value	<u>120,355,508</u>	<u>124,340,631</u>
	<u>857,821,675</u>	<u>807,722,420</u>
Contributions receivable	—	187,355
Notes receivable from participants	<u>2,241,534</u>	<u>2,027,657</u>
Total receivables	<u>2,241,534</u>	<u>2,215,012</u>
Net assets available for benefits	<u><u>\$ 860,063,209</u></u>	<u><u>809,937,432</u></u>

See accompanying notes to financial statements.

**UNIVERSITY OF MIAMI SUPPLEMENTAL RETIREMENT
ANNUITY PROGRAM**

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2025

Investment results:

Net appreciation in fair value of investments	\$ 89,454,139
Interest and dividend income	<u>16,448,737</u>

Total investment results	<u>105,902,876</u>
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Interest income on notes receivable from participants	157,704
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Other income	574,930
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Contributions:

Participants	17,181,077
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Rollovers	<u>3,523,617</u>
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Total contributions	<u>20,704,694</u>
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Deductions:

Retirement and death benefits	76,897,466
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Administrative expenses	184,007
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Rollovers out of the plan	<u>132,954</u>
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Total deductions	<u>77,214,427</u>
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Net increase in net assets available for benefits	50,125,777
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Net assets available for benefits:

Beginning of year	<u>809,937,432</u>
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End of year	<u><u>\$ 860,063,209</u></u>
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See accompanying notes to financial statements.

UNIVERSITY OF MIAMI SUPPLEMENTAL RETIREMENT ANNUITY PROGRAM

Notes to Financial Statements

December 31, 2025 and 2024

(1) Plan Description

The following description of the University of Miami Supplemental Retirement Annuity Program (the Plan) is provided for general information purposes only. More detailed information may be found in the Summary Plan Description, which is distributed to all participants, or in the Plan document which is available to all participants upon request.

(a) General

The Plan is a voluntary tax-sheltered annuity plan covering employees of the University of Miami (the University) that are enrolled in the Defined Contribution Retirement Plan for Faculty of the University of Miami or the Retirement Plan for Employees of the University of Miami, except for individuals who are eligible to participate in the University of Miami Retirement Savings Plan II, leased employees, non-resident aliens, individuals who work less than 20 hours per week, or students performing services as described in the Plan document. Eligible employees can begin contributing the first day of any payroll period. The Plan was established on January 1, 1975, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

(b) Administration of the Plan

The Vice President and Chief Financial Officer of the University, together with HR-Total Rewards, administer the Plan. The Retirement Plans Committee is responsible for monitoring the investment of Plan assets. Fidelity Management Trust Company (Fidelity), The Lincoln National Life Insurance Company (Lincoln), Empower Institutional (Great West), Brighthouse Financial – Met Life Insurance Company USA (MetLife), The Teachers Insurance and Annuity Association of America College Retirement Equity Fund (TIAA-CREF) and The Variable Annuity Life Insurance Company (VALIC) serve as custodians of the Plan.

(c) Contributions

Participants may make a pre-tax contribution in any percentage of compensation or fixed dollar amount per payroll period, subject to certain limitations as described in the Plan document. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Contributions are subject to limitations as described in the Plan document. The University does not make contributions to this Plan.

(d) Participant Accounts

Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contribution and allocations of investment fund earnings, and charged with withdrawals and allocations of investment fund losses and administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(e) Vesting

Participants are immediately vested in their accounts plus actual earnings thereon.

**UNIVERSITY OF MIAMI SUPPLEMENTAL RETIREMENT
ANNUITY PROGRAM**

Notes to Financial Statements

December 31, 2025 and 2024

(f) Investment Options

Upon enrollment in the Plan, a participant may direct contributions to a variety of investment options offered by the custodians including mutual funds, a pooled separate account, registered investment companies, variable annuities and guaranteed investment contracts. A participant may direct contributions in a variety of mutual fund options offered by Fidelity or a variety of variable annuities offered by TIAA-CREF. In addition to the mutual fund options, participants can elect to invest in Fidelity's BrokerageLink consisting of investments purchased through a self-directed brokerage window administered by Fidelity. Through the Fidelity BrokerageLink, participants have access to additional mutual funds including Fidelity and non-Fidelity funds not available to other participants who have not selected the BrokerageLink option. Participants may change their investment options at any time. New contributions are no longer allowed to be directed to investments offered by Great West, MetLife, VALIC or Lincoln; however, participants with existing balances with these custodians are allowed to transfer among MetLife, Great West, VALIC or Lincoln investment options.

(g) Notes Receivable From Participants

Each participant may borrow from their fund account up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. Loan terms are usually a maximum of five years except for the purchase or construction of a participant's primary residence, which may be more than five years. The loans are secured by the balance in the participant's account. Interest rates are fixed at the date of each loan and are commensurate with local prevailing rates as determined by the Plan Administrator at the date of the loan, ranging from 4.25% to 9.50% maturing through 2039. Principal and interest are paid ratably through automatic debits as set up by the participant through payroll deductions.

(h) Policy Loans

Loans issued by TIAA-CREF, Lincoln and VALIC are policy loans issued directly from TIAA-CREF, Lincoln and VALIC. Participants are no longer able to obtain new policy loans from either Lincoln or VALIC. The minimum TIAA-CREF loan is \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of the participant's account balance. Loan terms are usually a maximum of five years except for the purchase or construction of a primary residence, which may be more than five years. To obtain a policy loan, a participant must transfer 110% of the requested loan amount into the provider's designated annuity investment to serve as collateral. As of December 31, 2025 and 2024, participants had \$292,504 and \$360,482 of policy loans outstanding, respectively. Policy loans are not assets of the Plan. Appropriate collateral was maintained in guaranteed investment contracts by each provider to guarantee outstanding policy loan balances.

(i) Payment of Benefits

Participants may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in their contribution account, or any other form of payment offered by the custodians upon termination of employment or termination due to death, disability, or retirement.

(2) Significant Accounting Policies

(a) Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting.

**UNIVERSITY OF MIAMI SUPPLEMENTAL RETIREMENT
ANNUITY PROGRAM**

Notes to Financial Statements

December 31, 2025 and 2024

(b) Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and disclosure of contingent net assets available for benefits. Actual results could differ from those estimates.

(c) Investment Valuation and Income Recognition

Investments are reported at fair value, except for fully benefit responsive investment contracts, which are reported at contract value (Note 5). 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 Retirement Plans Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and custodians. See Note 4 for discussion of fair value measurements.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit responsive investment contracts. Contract value is the relevant measurement attribute for fully benefit responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

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.

(d) Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued, but unpaid, interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed as incurred. No allowance for credit losses has been recorded as of December 31, 2025 and 2024.

(e) Contributions

Contributions from Plan participants are recorded in the year in which the participant contributions are withheld from amounts paid. All contributions are participant directed.

(f) Payment of Benefits

Benefits are recorded when paid.

(g) Transfer of Assets to/from the Plan

Participants or beneficiaries who are current or former employees of the University are permitted to transfer their account assets to or from another 403(b) plan sponsored by the University as long as the benefit immediately before the transfer is at least equal to the benefit immediately after the transfer.

**UNIVERSITY OF MIAMI SUPPLEMENTAL RETIREMENT
ANNUITY PROGRAM**

Notes to Financial Statements

December 31, 2025 and 2024

(h) Administrative Expenses

Investment management service fees are paid directly from the Plan's assets. Other administrative expenses are paid directly by the University and include audit and legal fees.

(3) Information Certified or Provided by Custodians

The Plan was historically viewed as an amalgamation of individual annuity and custodial accounts and the Plan Administrator and its custodians did not maintain financial information at a Plan level. Because historical records were not maintained or are not available at a Plan level, the Plan may have excluded from the accompanying statements of net assets available for benefits certain annuity and custodial accounts, and related activity, issued to current and former employees prior to January 1, 2009. The Plan Administrator has, in good faith, included all known contracts, because of the possibility of certain incomplete records, there is uncertainty that all contracts have been included. However, the Plan Administrator believes that excluded annuities or custodial accounts, if any, would meet the conditions of the Department of Labor's Field Assistance Bulletin No. 2009-02.

The following is a summary of the Plan's investment information as of December 31, 2025 and 2024, and for the year ended December 31, 2025, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information certified or provided by the custodians of the Plan as defined in Note 1, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodians that the information provided to the Plan Administrator by the custodians related to the following assets is complete and accurate. Accordingly, as permitted by ERISA section 103(a)(3)(C) pursuant to 29 Code of Federal Regulations (CFR) 2520. 103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to this information as of December 31, 2025 and 2024, and for the year ended December 31, 2025, except for comparing such certified information to information included in the Plan's financial statements and supplemental schedule.

**UNIVERSITY OF MIAMI SUPPLEMENTAL RETIREMENT
ANNUITY PROGRAM**

Notes to Financial Statements

December 31, 2025 and 2024

The following table presents the assets in the Plan that were certified by the custodians as of December 31, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
Investments, at fair value:		
Mutual funds	\$ 348,256,949	312,586,591
Self-directed investments	160,578,391	149,454,760
Pooled separate account	12,995,591	13,488,034
Registered investment companies	191,172,061	182,449,879
Variable annuities	134,328	115,690
Non-fully benefit-responsive guaranteed investment contracts	<u>24,328,847</u>	<u>25,286,835</u>
Investments, at fair value	<u>\$ 737,466,167</u>	<u>683,381,789</u>
Investments, at contract value:		
Fully benefit-responsive contracts	\$ 120,355,508	124,340,631
Notes receivable from participants	\$ 2,241,534	2,027,657

Contract value approximated fair value as of December 31, 2025 and 2024 for the MetLife, Great West, TIAA-CREF non-fully benefit-responsive guaranteed investment contracts.

The custodians have also certified to the completeness and accuracy of investment results, interest and other income for the year ended December 31, 2025:

	<u>2025</u>
Statement of changes in net assets available for benefits:	
Investment results:	
Net appreciation in fair value of investments	\$ 89,454,139
Interest and dividends	<u>16,448,737</u>
Total investments results	<u>\$ 105,902,876</u>
Interest income on notes receivable from participants	\$ 157,704
Other income	574,930

(4) Fair Value Measurements

The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

**UNIVERSITY OF MIAMI SUPPLEMENTAL RETIREMENT
ANNUITY PROGRAM**

Notes to Financial Statements

December 31, 2025 and 2024

The following describes the hierarchy of inputs used to measure fair value and the primary valuation methodologies used by the Plan for investments measured at fair value:

- Level 1 – Inputs to the valuation methodologies include unadjusted quoted or published prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 – Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability; and
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value:

Mutual funds and self-directed investments: Value is readily determinable based on quoted prices for the number of shares held by the Plan at year-end.

Pooled separate account: Value is readily determinable based on amounts reported by the insurance company for the number of shares held by the Plan at year-end. The shares are not publicly traded on a national exchange and have certain restrictions impacting participants' ability to transact.

Registered investment companies: Valued at the net asset value (NAV) of accumulation units held by the Plan at year end as reported by the insurance company. The funds have an established NAV, however they are not publicly traded on a national exchange and have certain restrictions impacting participants' ability to transact.

Variable annuities: Valued at the NAV of accumulation units held by the Plan at year end. NAV, calculated daily, is applied to daily purchase and sale transactions in addition to being used to value ending market values. Accumulation units are valued using market quotations or independent pricing services to value securities and other instruments.

Guaranteed investment contracts: Non fully-benefit responsive guaranteed investment contracts are valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

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There have been no changes in the methodologies used as of December 31, 2025 and 2024.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments measured at fair value as of December 31, 2025 and 2024:

Investments at fair value as of December 31, 2025				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 348,256,949	—	—	348,256,949
Self-directed investments	160,578,391	—	—	160,578,391
Non-fully benefit-responsive				
guaranteed investment contracts	—	643,002	23,685,845	24,328,847
Variable annuities	—	134,328	—	134,328
Pooled separate account ⁽¹⁾	—	12,995,591	—	12,995,591
Registered investment companies ⁽²⁾	8,219,152	182,952,909	—	191,172,061
Total investments, at fair value	\$ 517,054,492	196,725,830	23,685,845	737,466,167

Investments at fair value as of December 31, 2024				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 312,586,591	—	—	312,586,591
Self-directed investments	149,454,760	—	—	149,454,760
Non-fully benefit-responsive				
guaranteed investment contracts	—	708,356	24,578,479	25,286,835
Variable annuities	—	115,690	—	115,690
Pooled separate account ⁽¹⁾	—	13,488,034	—	13,488,034
Registered investment companies ⁽²⁾	7,681,874	174,768,005	—	182,449,879
Total investments, at fair value	\$ 469,723,225	189,080,085	24,578,479	683,381,789

- (1) This category includes investments in a pooled separate account investing in real estate and real estate related investments. Although the underlying assets of the pooled separate account cannot be quickly sold and converted to liquid assets, the TIAA general account provides a liquidity guarantee to meet participant redemption, transfer or cash withdrawal request varying from one to three days. Redemptions out of this investment are limited to once per quarter. Internal transfers to the TIAA Real Estate Account will be prohibited if the transfer causes the value of participant's total accumulation in the account to exceed \$150,000. The purpose of this limitation is to ensure more predictable account inflows and outflows, which is expected to facilitate efficient portfolio management over the long term.

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- (2) Participants will be locked out of an account for 90 days if purchase, sale and repurchase within that variable annuity is made within a 60 day period. Trade settlement terms are 1-3 days.

Quantitative Information about Significant Unobservable Inputs Used in the Level 3 Fair Value Measurement

The purchases and issues of Level 3 assets were \$5,430,625 and \$7,070,312, respectively for the year ended December 31, 2025. The change in net unrealized gains related to Level 3 assets still held at December 31, 2025 was \$230,053, and is recorded in net appreciation in fair value of investments on the statement of changes in net assets available for benefits.

The following table represents the Plan's Level 3 financial instrument, the valuation technique used to measure the fair value of the financial instruments, and the significant unobservable inputs and values:

Type	Valuation techniques	Unobservable inputs	Significant unobservable input values
TIAA Traditional Annuity	Contract value	Risk-adjusted discount rate applied	RCP 3.05% to 6.00% RA 3.55% to 6.50% RC 3.80% to 6.75%

(5) Investment Contracts with Custodians

The Plan has investment contracts with five of its custodians, including TIAA-CREF, Lincoln, MetLife, Great West and VALIC. Under these contracts are sub-contracts, some of which are fully benefit responsive while others are not. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses.

For investment contracts that are fully benefit responsive, which include TIAA-CREF, VALIC and Lincoln, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon by the issuers and is generally not less than 3%. Investment contracts with MetLife, a portion of the TIAA-CREF traditional account and Great West have been determined to be non-fully benefit responsive and are recorded at fair value.

Certain events may limit the ability of the Plan to transact at contract value with the issuers. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that any events

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which would limit the Plan's ability to transact at contract value with participants are probable of occurring. The contracts do not permit the insurance companies to terminate the agreement prior to the scheduled maturity date.

Lincoln, VALIC and TIAA-CREF have indicated that contract value approximates fair value for its funds as of December 31, 2025 and 2024. These determinations are based on TIAA-CREF's, VALIC's, and Lincoln's credit rating and yield during 2025 and 2024 being comparable to similar alternative investments. In subsequent periods, if market conditions change, such as the insurance company credit rating or interest rate environment, the difference between contract value and fair value could be significant causing financial statements to become materially misstated.

(6) Plan Termination

Although it has not expressed any intent to do so, the University has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of such termination, the participant benefits will not be forfeitable.

(7) Parties-In-Interest

Section 3(14) of ERISA defines a party in interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan, or an employer whose employees are covered by the Plan. Certain Plan investments are shares of mutual funds, pooled separate accounts, registered investment companies, variable annuities and guaranteed investment contracts managed by the custodians, as defined in Note 1. The custodians are considered parties in interest. Fees paid by the Plan to the custodians for the investment management services amounted to \$184,007 and \$173,409 for the year ended December 31, 2025 and 2024, respectively.

Certain employees of the University provide administrative services for the Plan and are not reimbursed for their services from the Plan.

Certain other administrative expenses are paid by the University on behalf of the Plan. These amounts are not material to the financial statements.

(8) Tax Status

The Plan terms have been drafted in reliance on the sample language provided by the Internal Revenue Service. The Plan is required to operate in conformity with the Internal Revenue Code (Code) to maintain the exclusion from tax for Plan participants. The Plan Administrator believes the Plan is currently designed and operated in compliance with the applicable requirements of the Code. Therefore, no provision for income tax has been included in the Plan's financial statements. The Plan Administrator intends to apply for a determination letter on the Plan when the government opens such a program.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and have concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the

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financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(9) Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits as of December 31, 2025 and 2024, per the financial statements to net assets per the Form 5500 as of December 31, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 860,063,209	809,937,432
Deemed distributions	<u>(188,224)</u>	<u>(178,336)</u>
Net assets available for benefits per the Form 5500	\$ <u>859,874,985</u>	<u>809,759,096</u>

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to net income per the Form 5500 for the year ended December 31, 2025:

	<u>2025</u>
Net decrease in net assets available for benefits per the financial statement	\$ 50,125,777
Current year deemed distributions	(188,224)
Prior year deemed distributions	<u>178,336</u>
Net income per the Form 5500	\$ <u>50,115,889</u>

The following is a reconciliation of notes receivable from participants per the financial statements to participant loans per the Form 5500 as of December 31, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
Notes receivable from participants per the financial statements	\$ 2,241,534	2,027,657
Deemed distributions	<u>(188,224)</u>	<u>(178,336)</u>
Participant loans per the Form 5500	\$ <u>2,053,310</u>	<u>1,849,321</u>

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(10) Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Market values may decline for a number of reasons, including changes in prevailing market and interest rate, increases in defaults and credit rating downgrades. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

(11) Subsequent Events

The Plan Administrator has evaluated subsequent events through August 21, 2026, the date the financial statements were available to be issued.

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

December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, maturity value	(e) Current value
		Self directed equity investment:	
*	Fidelity	BrokerageLink	\$ 160,578,391
		Mutual funds:	
*	Fidelity	Vanguard Total International Stock Index Fund	8,974,866
*	Fidelity	Vanguard Value Index Fund Institutional	5,672,344
*	Fidelity	Vanguard Russel 1000 Growth Index Fund	28,065,115
*	Fidelity	Vanguard Small-Cap Index Institutional	2,146,933
*	Fidelity	Vanguard Inst Index Plus	39,687,667
*	Fidelity	Vanguard Mid-Cap Index Institutional	11,921,767
*	Fidelity	Dodge & Cox Income Fund	8,620,129
*	Fidelity	Vanguard Total Bond Market Institutional	12,173,093
*	Fidelity	Vanguard Vmmr-Fed Mkt	17,554,447
*	Fidelity	Dodge & Cox International Stock Fund	6,044,126
*	Fidelity	Vanguard Small-Cap Growth Index Fund	3,947,274
*	Fidelity	Lord Abbett Short Duration Income R6	5,803,668
*	Fidelity	Fidelity Government Money Market Fund	1,266
*	Fidelity	Fidelity Freedom Retirement Fund	6,734,192
*	Fidelity	Fidelity Freedom 2010	5,905,073
*	Fidelity	Fidelity Freedom 2015	10,536,087
*	Fidelity	Fidelity Freedom 2020	21,827,385
*	Fidelity	Fidelity Freedom 2025	41,623,663
*	Fidelity	Fidelity Freedom 2030	46,648,382
*	Fidelity	Fidelity Freedom 2035	33,402,831
*	Fidelity	Fidelity Freedom 2040	13,416,456
*	Fidelity	Fidelity Freedom 2045	4,107,823
*	Fidelity	Fidelity Freedom 2050	1,348,821
*	Fidelity	Fidelity Freedom 2055	73,994
*	Fidelity	Fidelity Freedom 2060	210,690
		Guaranteed investment contract – fully benefit-responsive:	
*	Lincoln	Lincoln National Life Fixed Account	22,444,494
		Registered investment companies:	
*	Lincoln	Lincoln National Life Alliance Bernstein VPS Growth	173,983
*	Lincoln	Lincoln National Life Alliance Bernstein VPS Sustainable Global	26,568
*	Lincoln	Lincoln National Life American Funds Global Growth	153,209
*	Lincoln	Lincoln National Life American Funds Growth Fund	644,382
*	Lincoln	Lincoln National Life American Funds Growth Income	197,893
*	Lincoln	Lincoln National Life American Funds International	72,217
*	Lincoln	Lincoln National Life DWS Alternative Asset Allocation VIP	52
*	Lincoln	Lincoln National Life Fidelity Asset Manager	164,465
*	Lincoln	Lincoln National Life Fidelity Contrafund Portfolio	742,029
*	Lincoln	Lincoln National Life Fidelity Growth Portfolio	1,510,604
*	Lincoln	Lincoln National Life Janus Aspen Worldwide	215,320
*	Lincoln	Lincoln National Life LVIP American Century Balanced Fund	319,512
*	Lincoln	Lincoln National Life LVIP Baron Growth Opportunities	532,840
*	Lincoln	Lincoln National Life Blackrock Global Allocation	163
*	Lincoln	Lincoln National Life LVIP BlackRock Real Estate Fund	13,887
*	Lincoln	Lincoln National Life LVIP Blended Large Cap Growth Mangemed Vol	30,659
*	Lincoln	Lincoln National Life LVIP Blended Mid Cap Managed Volatility Fund	21,227
*	Lincoln	Lincoln National Life Blackrock Inflation Protected Bond Fund	46,318
*	Lincoln	Lincoln National Life LVIP Dimentional US Core Equity	168,859
*	Lincoln	Lincoln National Life Franklin Templeton Multi-Factor Emerging Mkt	215
*	Lincoln	Lincoln National Life LVIP Global Moderate Allocation	9,840
*	Lincoln	Lincoln National Life LVIP Global Conservative Allocation	204
*	Lincoln	Lincoln National Life Lincoln VIP Global Growth Profile	403,935
*	Lincoln	Lincoln National Life LVIP JP Morgan Mid Cap Value Managed Volatility	50,910
*	Lincoln	Lincoln National Life LVIP JPMorgan Retirement Income	1,199
*	Lincoln	Lincoln National Life LVIP AM Total Bond Fund	577
*	Lincoln	Lincoln National Life LVIP Franklin Templeton Core Bond Fund	55,096
*	Lincoln	Lincoln National Life LVIP Nomura High Yield Fund	81,223
*	Lincoln	Lincoln National Life LVIP Nomura VIP Small Cap Value Fund	81,062

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

December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, maturity value	(e) Current value
*	Lincoln	Lincoln National Life LVIP Nomura VIP Small Cap Core Fund	\$ 100,349
*	Lincoln	Lincoln National Life LVIP Nomura Social Awareness Fund	108,143
*	Lincoln	Lincoln National Life LVIP Structured Moderate Allocation Fund	79
*	Lincoln	Lincoln National Life LVIP Mondrian Global Income Fund	33
*	Lincoln	Lincoln National Life LVIP Mondrian Int'l Value	23,402
*	Lincoln	Lincoln National Life LVIP SSGA Bond Index	40
*	Lincoln	Lincoln National Life LVIP SSGA Global Tactical Allocation RPM	3,606
*	Lincoln	Lincoln National Life LVIP SSGA International Index Fund	78
*	Lincoln	Lincoln National Life LVIP SSGA S&P 500 Index	1,249,814
*	Lincoln	Lincoln National Life LVIP SSGA Small-Cap Index	304,311
*	Lincoln	Lincoln National Life LVIP T. Rowe Price 2020	6,805
*	Lincoln	Lincoln National Life LVIP T. Rowe Price 2030	273,007
*	Lincoln	Lincoln National Life LVIP T. Rowe Price 2040	1,655
*	Lincoln	Lincoln National Life LVIP T. Rower Price Structured	175,928
*	Lincoln	Lincoln National Life LVIP Nomura US REIT Fund	96,312
*	Lincoln	Neuberger Berman Quality Equity Portfolio Fund	93,626
*	Lincoln	Lincoln National Life T. Rowe Price International Stock	63,516
		Registered investment companies:	
*	CREF	CREF Core Bond	4,582,710
*	CREF	CREF Global Equities	16,439,447
*	CREF	CREF Inflation Linked Bond	2,650,588
*	CREF	CREF Responsible Balances Account	6,702,458
*	CREF	CREF S&P 500 Index	15,889,696
*	CREF	CREF Growth	27,436,508
*	CREF	CREF Money Market	8,088,386
*	CREF	CREF Stock	101,163,116
		Guaranteed investment contract – fully benefit-responsive:	
*	TIAA-CREF	TIAA Traditional	91,554,769
		Guaranteed investment contract – non fully benefit-responsive:	
*	TIAA-CREF	TIAA Traditional	23,670,128
*	TIAA-CREF	Plan Loan Default Fund	15,717
		Pooled separate account:	
*	TIAA-CREF	TIAA Real Estate	12,995,591
		Mutual funds:	
*	VALIC	VALIC Aggressive Growth Lifestyle	164,928
*	VALIC	VALIC American Beacon Managed Lrg Cap Growth Fund	532
*	VALIC	VALIC Ariel Appreciation Fund	224,367
*	VALIC	VALIC Ariel Fund	265,892
*	VALIC	VALIC Asset Allocation Fund	9,882
*	VALIC	VALIC Core Bond Fund	469,330
*	VALIC	VALIC Dividend Value	2,736
*	VALIC	VALIC Emerging Economies	176,859
*	VALIC	VALIC Global Real Estate Fund	88,946
*	VALIC	VALIC Global Strategy	750
*	VALIC	VALIC Government Securities Fund	170,120
*	VALIC	VALIC Growth Fund	366,221
*	VALIC	VALIC Government Money Market Fund	69,739
*	VALIC	VALIC High Yield Bond Fund	77,720
*	VALIC	VALIC Inflation Protected Fund	78,427
*	VALIC	VALIC International Government Bond	31,097
*	VALIC	VALIC International Growth Fund	63,916
*	VALIC	VALIC International Value	285,034
*	VALIC	VALIC International Equities Fund	544,770
*	VALIC	VALIC International Opportunities	64,151
*	VALIC	VALIC Global Social Awareness Fund	359,273
*	VALIC	VALIC Large Capital Growth	124,071
*	VALIC	VALIC Mid-Cap Index Fund	1,044,898
*	VALIC	VALIC Mid-Cap Strategic Growth	343,755
*	VALIC	VALIC Mid-Cap Value Fund	202,337
*	VALIC	VALIC Moderate Growth Lifestyle	71,460

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

December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, maturity value	(e) Current value
*	VALIC	VALIC NASDAQ-100(R.) Index Fund	\$ 446,816
*	VALIC	VALIC Science & Technology Fund	1,013,534
*	VALIC	VALIC Small-Cap Growth Fund	88,549
*	VALIC	VALIC Small-Cap Index Fund	718,227
*	VALIC	VALIC Small-Cap Special Value Fund	180,749
*	VALIC	VALIC Small-Cap Value Fund	30,486
*	VALIC	VALIC Stock Index Fund	1,619,759
*	VALIC	VALIC Systematic Core Fund	109,234
*	VALIC	VALIC Blue Chip Growth Fund	46,762
*	VALIC	VALIC Systematic Value	57,430
*	VALIC	VALIC Socially Responsible Fund	125,643
*	VALIC	Vanguard Lifestrategy Growth	15,890
*	VALIC	Vanguard Lifestrategy Moderate Growth	5,444
*	VALIC	Vanguard Long-Term Treasury	30,349
*	VALIC	Vanguard Long-Term Investment-Grade Fund	36,711
*	VALIC	Vanguard Wellington Fund, Inc.	939,609
*	VALIC	Vanguard Windsor II	889,104
*	VALIC	Vanguard Capital Appreciation Fund	153,350
*	VALIC	Guaranteed investment contract – fully benefit-responsive:	
*	VALIC	VALIC Loan Collateral and Escrow Fund	252,418
*	VALIC	VALIC Short Term Fixed Account	400,605
*	VALIC	VALIC Fixed Account Plus	5,703,222
*	Met Life	Guaranteed investment contract – non-fully benefit-responsive:	
*	Met Life	MetLife T-Flex	101,488
*	Met Life	MetLife Fund 16G	7,139
*	Met Life	Variable annuities:	
*	Met Life	MetLife Stock Index Portfolio	5,497
*	Met Life	MetLife Stock Index Portfolio	128,831
*	Great West Life	Guaranteed investment contract – non-fully benefit-responsive:	
*	Great West Life	Great West Life	534,375
			<u>857,821,675</u>
Participant loans at 4.25% to 9.50% with maturity dates through 2039			<u>2,241,534</u>
Total assets			<u>\$ 860,063,209</u>

* Denotes a party in interest.

Note: Cost is omitted because it is not required for participant directed accounts.

The information in this schedule has been certified as to its completeness and accuracy by the custodians of the Plan.

See accompanying independent auditors' report.

Plan Name: UNIVERSITY OF MIAMI SUPPLEMENTAL RETIREMENT ANNUITY PROGRAM

Plan Sponsor: THE UNIVERSITY OF MIAMI

EIN / PN: 59-0624458 002

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, maturity value	(e) Current value
		Self directed equity investment:	
*	Fidelity	BrokerageLink	\$ 160,578,391
		Mutual funds:	
*	Fidelity	Vanguard Total International Stock Index Fund	8,974,866
*	Fidelity	Vanguard Value Index Fund Institutional	5,672,344
*	Fidelity	Vanguard Russel 1000 Growth Index Fund	28,065,115
*	Fidelity	Vanguard Small-Cap Index Institutional	2,146,933
*	Fidelity	Vanguard Inst Index Plus	39,687,667
*	Fidelity	Vanguard Mid-Cap Index Institutional	11,921,767
*	Fidelity	Dodge & Cox Income Fund	8,620,129
*	Fidelity	Vanguard Total Bond Market Institutional	12,173,093
*	Fidelity	Vanguard Vmmr-Fed Mkt	17,554,447
*	Fidelity	Dodge & Cox International Stock Fund	6,044,126
*	Fidelity	Vanguard Small-Cap Growth Index Fund	3,947,274
*	Fidelity	Lord Abbett Short Duration Income R6	5,803,668
*	Fidelity	Fidelity Government Money Market Fund	1,266
*	Fidelity	Fidelity Freedom Retirement Fund	6,734,192
*	Fidelity	Fidelity Freedom 2010	5,905,073
*	Fidelity	Fidelity Freedom 2015	10,536,087
*	Fidelity	Fidelity Freedom 2020	21,827,385
*	Fidelity	Fidelity Freedom 2025	41,623,663
*	Fidelity	Fidelity Freedom 2030	46,648,382
*	Fidelity	Fidelity Freedom 2035	33,402,831
*	Fidelity	Fidelity Freedom 2040	13,416,456
*	Fidelity	Fidelity Freedom 2045	4,107,823
*	Fidelity	Fidelity Freedom 2050	1,348,821
*	Fidelity	Fidelity Freedom 2055	73,994
*	Fidelity	Fidelity Freedom 2060	210,690
		Guaranteed investment contract – fully benefit-responsive:	
*	Lincoln	Lincoln National Life Fixed Account	22,444,494
		Registered investment companies:	
*	Lincoln	Lincoln National Life Alliance Bernstein VPS Growth	173,983
*	Lincoln	Lincoln National Life Alliance Bernstein VPS Sustainable Global	26,568
*	Lincoln	Lincoln National Life American Funds Global Growth	153,209
*	Lincoln	Lincoln National Life American Funds Growth Fund	644,382
*	Lincoln	Lincoln National Life American Funds Growth Income	197,893
*	Lincoln	Lincoln National Life American Funds International	72,217
*	Lincoln	Lincoln National Life DWS Alternative Asset Allocation VIP	52
*	Lincoln	Lincoln National Life Fidelity Asset Manager	164,465
*	Lincoln	Lincoln National Life Fidelity Contrafund Portfolio	742,029
*	Lincoln	Lincoln National Life Fidelity Growth Portfolio	1,510,604
*	Lincoln	Lincoln National Life Janus Aspen Worldwide	215,320
*	Lincoln	Lincoln National Life LVIP American Century Balanced Fund	319,512
*	Lincoln	Lincoln National Life LVIP Baron Growth Opportunities	532,840
*	Lincoln	Lincoln National Life Blackrock Global Allocation	163
*	Lincoln	Lincoln National Life LVIP BlackRock Real Estate Fund	13,887
*	Lincoln	Lincoln National Life LVIP Blended Large Cap Growth Mangemed Vol	30,659
*	Lincoln	Lincoln National Life LVIP Blended Mid Cap Managed Volatility Fund	21,227
*	Lincoln	Lincoln National Life Blackrock Inflation Protected Bond Fund	46,318
*	Lincoln	Lincoln National Life LVIP Dimentional US Core Equity	168,859
*	Lincoln	Lincoln National Life Franklin Templeton Multi-Factor Emerging Mkt	215
*	Lincoln	Lincoln National Life LVIP Global Moderate Allocation	9,840
*	Lincoln	Lincoln National Life LVIP Global Conservative Allocation	204
*	Lincoln	Lincoln National Life Lincoln VIP Global Growth Profile	403,935
*	Lincoln	Lincoln National Life LVIP JP Morgan Mid Cap Value Managed Volatility	50,910
*	Lincoln	Lincoln National Life LVIP JPMorgan Retirement Income	1,199
*	Lincoln	Lincoln National Life LVIP AM Total Bond Fund	577
*	Lincoln	Lincoln National Life LVIP Franklin Templeton Core Bond Fund	55,096
*	Lincoln	Lincoln National Life LVIP Nomura High Yield Fund	81,223
*	Lincoln	Lincoln National Life LVIP Nomura VIP Small Cap Value Fund	81,062

Plan Name: UNIVERSITY OF MIAMI SUPPLEMENTAL RETIREMENT ANNUITY PROGRAM

Plan Sponsor: THE UNIVERSITY OF MIAMI

EIN / PN: 59-0624458 002

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, maturity value	(e) Current value
*	Lincoln	Lincoln National Life LVIP Nomura VIP Small Cap Core Fund	\$ 100,349
*	Lincoln	Lincoln National Life LVIP Nomura Social Awareness Fund	108,143
*	Lincoln	Lincoln National Life LVIP Structured Moderate Allocation Fund	79
*	Lincoln	Lincoln National Life LVIP Mondrian Global Income Fund	33
*	Lincoln	Lincoln National Life LVIP Mondrian Int'l Value	23,402
*	Lincoln	Lincoln National Life LVIP SSGA Bond Index	40
*	Lincoln	Lincoln National Life LVIP SSGA Global Tactical Allocation RPM	3,606
*	Lincoln	Lincoln National Life LVIP SSGA International Index Fund	78
*	Lincoln	Lincoln National Life LVIP SSGA S&P 500 Index	1,249,814
*	Lincoln	Lincoln National Life LVIP SSGA Small-Cap Index	304,311
*	Lincoln	Lincoln National Life LVIP T. Rowe Price 2020	6,805
*	Lincoln	Lincoln National Life LVIP T. Rowe Price 2030	273,007
*	Lincoln	Lincoln National Life LVIP T. Rowe Price 2040	1,655
*	Lincoln	Lincoln National Life LVIP T. Rower Price Structured	175,928
*	Lincoln	Lincoln National Life LVIP Nomura US REIT Fund	96,312
*	Lincoln	Neuberger Berman Quality Equity Portfolio Fund	93,626
*	Lincoln	Lincoln National Life T. Rowe Price International Stock	63,516
		Registered investment companies:	
*	CREF	CREF Core Bond	4,582,710
*	CREF	CREF Global Equities	16,439,447
*	CREF	CREF Inflation Linked Bond	2,650,588
*	CREF	CREF Responsible Balances Account	6,702,458
*	CREF	CREF S&P 500 Index	15,889,696
*	CREF	CREF Growth	27,436,508
*	CREF	CREF Money Market	8,088,386
*	CREF	CREF Stock	101,163,116
		Guaranteed investment contract – fully benefit-responsive:	
*	TIAA-CREF	TIAA Traditional	91,554,769
		Guaranteed investment contract – non fully benefit-responsive:	
*	TIAA-CREF	TIAA Traditional	23,670,128
*	TIAA-CREF	Plan Loan Default Fund	15,717
		Pooled separate account:	
*	TIAA-CREF	TIAA Real Estate	12,995,591
		Mutual funds:	
*	VALIC	VALIC Aggressive Growth Lifestyle	164,928
*	VALIC	VALIC American Beacon Managed Lrg Cap Growth Fund	532
*	VALIC	VALIC Ariel Appreciation Fund	224,367
*	VALIC	VALIC Ariel Fund	265,892
*	VALIC	VALIC Asset Allocation Fund	9,882
*	VALIC	VALIC Core Bond Fund	469,330
*	VALIC	VALIC Dividend Value	2,736
*	VALIC	VALIC Emerging Economies	176,859
*	VALIC	VALIC Global Real Estate Fund	88,946
*	VALIC	VALIC Global Strategy	750
*	VALIC	VALIC Government Securities Fund	170,120
*	VALIC	VALIC Growth Fund	366,221
*	VALIC	VALIC Government Money Market Fund	69,739
*	VALIC	VALIC High Yield Bond Fund	77,720
*	VALIC	VALIC Inflation Protected Fund	78,427
*	VALIC	VALIC International Government Bond	31,097
*	VALIC	VALIC International Growth Fund	63,916
*	VALIC	VALIC International Value	285,034
*	VALIC	VALIC International Equities Fund	544,770
*	VALIC	VALIC International Opportunities	64,151
*	VALIC	VALIC Global Social Awareness Fund	359,273
*	VALIC	VALIC Large Capital Growth	124,071
*	VALIC	VALIC Mid-Cap Index Fund	1,044,898
*	VALIC	VALIC Mid-Cap Strategic Growth	343,755
*	VALIC	VALIC Mid-Cap Value Fund	202,337
*	VALIC	VALIC Moderate Growth Lifestyle	71,460

Plan Name: UNIVERSITY OF MIAMI SUPPLEMENTAL RETIREMENT ANNUITY PROGRAM

Plan Sponsor: THE UNIVERSITY OF MIAMI

EIN / PN: 59-0624458 002

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, maturity value	(e) Current value
*	VALIC	VALIC NASDAQ-100(R.) Index Fund	\$ 446,816
*	VALIC	VALIC Science & Technology Fund	1,013,534
*	VALIC	VALIC Small-Cap Growth Fund	88,549
*	VALIC	VALIC Small-Cap Index Fund	718,227
*	VALIC	VALIC Small-Cap Special Value Fund	180,749
*	VALIC	VALIC Small-Cap Value Fund	30,486
*	VALIC	VALIC Stock Index Fund	1,619,759
*	VALIC	VALIC Systematic Core Fund	109,234
*	VALIC	VALIC Blue Chip Growth Fund	46,762
*	VALIC	VALIC Systematic Value	57,430
*	VALIC	VALIC Socially Responsible Fund	125,643
*	VALIC	Vanguard Lifestrategy Growth	15,890
*	VALIC	Vanguard Lifestrategy Moderate Growth	5,444
*	VALIC	Vanguard Long-Term Treasury	30,349
*	VALIC	Vanguard Long-Term Investment-Grade Fund	36,711
*	VALIC	Vanguard Wellington Fund, Inc.	939,609
*	VALIC	Vanguard Windsor II	889,104
*	VALIC	Vanguard Capital Appreciation Fund	153,350
		Guaranteed investment contract – fully benefit-responsive:	
*	VALIC	VALIC Loan Collateral and Escrow Fund	252,418
*	VALIC	VALIC Short Term Fixed Account	400,605
*	VALIC	VALIC Fixed Account Plus	5,703,222
		Guaranteed investment contract – non-fully benefit-responsive:	
*	Met Life	MetLife T-Flex	101,488
*	Met Life	MetLife Fund 16G	7,139
		Variable annuities:	
*	Met Life	MetLife Stock Index Portfolio	5,497
*	Met Life	MetLife Stock Index Portfolio	128,831
		Guaranteed investment contract – non-fully benefit-responsive:	
*	Great West Life	Great West Life	534,375
			857,821,675
		Participant loans at 4.25% to 9.50% with maturity dates through 2039	2,241,534
		Total assets	\$ 860,063,209

* Denotes a party in interest.

Note: Cost is omitted because it is not required for participant directed accounts.

The information in this schedule has been certified as to its completeness and accuracy by the custodians of the Plan.

See accompanying independent auditors' report.