Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
TEXAS MEDICAL LIABILITY TRUST CASH BALANCE PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/2010

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)
TEXAS MEDICAL LIABILITY TRUST

901 S. MO PAC EXPRESSWAY
BLDG V, #500
AUSTIN, TX 78746

2b Employer Identification Number (EIN) 74-2002140

2c Plan Sponsor's telephone number 512-425-5806

2d Business code (see instructions) 524150

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.	09/29/2026	BRETT LAROCK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	172
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	118
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	111
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	49
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	162
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	162
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	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:

1A 1C 1I

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)** [X] 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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
TEXAS MEDICAL LIABILITY TRUST CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TEXAS MEDICAL LIABILITY TRUST

D Employer Identification Number (EIN)
74-2002140

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	6804665
b Actuarial value	**2b**	6804665

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	2	53304	53304
b For terminated vested participants	52	987335	987335
c For active participants	118	5854548	5854548
d Total	172	6895187	6895187

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.29 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	52672
c Target normal cost	**6c**	52672

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

09/02/2026
Date

JASON CONKEY, EA, MAAA
Type or print name of actuary

26-08458
Most recent enrollment number

SCHWAB RETIREMENT PLAN SERVICES
Firm name

737-900-3705
Telephone number (including area code)

4150 KINROSS LAKES PARKWAY
RICHFIELD, OH 44286
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	340698
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	135000
9	Amount remaining (line 7 minus line 8)	0	205698
10	Interest on line 9 using prior year's actual return of 5.07 %	0	10429
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		461845
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.03 %		16440
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		6845
c	Total available at beginning of current plan year to add to prefunding balance		485130
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	216127

Part III Funding Percentages

14	Funding target attainment percentage	14	95.55 %
15	Adjusted funding target attainment percentage	15	95.55 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	88.76 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 5.01 %	2nd segment: 5.26 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	1
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	52672
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	306649	35101
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	87773

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	87773	87773

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
TEXAS MEDICAL LIABILITY TRUST CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
TEXAS MEDICAL LIABILITY TRUST

D Employer Identification Number (EIN)
74-2002140

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

CHARLES SCHWAB & CO INC AND AFFIL

94-1737782

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

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

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

SCHWAB RETIREMENT PLAN SERVICES,INC

34-1479833

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 50 64	NONE	31040	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SAGE ADVISORY SERVICES LTD CO

74-2798841

(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?
26 50	NONE	14922	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MMA SECURITIES LLC

22-3570392

(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?
28 50	NONE	12000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
TEXAS MEDICAL LIABILITY TRUST CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
TEXAS MEDICAL LIABILITY TRUST

D Employer Identification Number (EIN)
74-2002140

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	63969	95162
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	500000	
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6255621	6781633
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	6819590	6876795
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 through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	6819590	6876795

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
(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)	241564	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		241564
(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)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		558032
c Other income	2c		612
d Total income. Add all **income** amounts in column (b) and enter total	2d		800208
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	663897	
(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)		663897
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	26922	
(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)	52184	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		79106
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		743003
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		57205
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: CALHOUN, THOMSON & MATZA, LLP **(2)** EIN: 74-2859143

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 588386.

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
TEXAS MEDICAL LIABILITY TRUST CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
TEXAS MEDICAL LIABILITY TRUST

D Employer Identification Number (EIN)
74-2002140

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): 82-3967259

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** 10

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**

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_____.

Texas Medical Liability Trust
Cash Balance Plan

Financial Statements and Supplemental Schedules

December 31, 2025 and 2024

Calhoun, Thomson+Matza LLP
Certified Public Accountants

Texas Medical Liability Trust
Cash Balance Plan

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Calhoun, Thomson+Matza LLP
Certified Public Accountants

Austin, Texas
512.439.8400
www.ctmllp.com

Independent Auditors' Report

Plan Sponsor and Administrator
Texas Medical Liability Trust Cash Balance Plan
Austin, Texas

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

We have performed audits of the financial statements of Texas Medical Liability Trust Cash Balance Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years ended December 31, 2025 and 2024, 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 ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA ("ERISA Section 103(a)(3)(C) audit"). 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 ("qualified institution"), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Opinion

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

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, 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 within one year after the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4j – Schedule of Reportable Transactions, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Cash, Thurman & Mutza, LLP

September 25, 2026

Texas Medical Liability Trust
Cash Balance Plan

Statements of Net Assets Available for Benefits

December 31,		**2025**		2024
Assets				
Investments:				
Investments, at fair value	**$**	**6,781,633**	$	6,255,621
Total investments		**6,781,633**		6,255,621
Receivables:				
Employer contributions		**-**		500,000
Total receivables		**-**		500,000
Cash – noninterest bearing		**95,162**		63,969
Net assets available for benefits	**$**	**6,876,795**	$	6,819,590

See accompanying notes to financial statements.

Texas Medical Liability Trust
Cash Balance Plan

Statements of Changes in Net Assets Available for Benefits

Years ended December 31,	**2025**	2024
Additions:		
Investment income:		
Net appreciation in fair value of investments	**$ 558,032**	$ 88,887
Interest and dividends	**242,176**	205,401
Total investment income	**800,208**	294,288
Contributions:		
Employer contributions	**-**	500,000
Total contributions	**-**	500,000
Total additions	**800,208**	794,288
Deductions:		
Benefit payments	**663,897**	168,857
Pension Benefit Guarantee Corporation premium	**21,144**	36,921
Administrative expenses	**31,040**	31,528
Investment advisory fees	**26,922**	23,883
Total deductions	**743,003**	261,189
Net increase	**57,205**	533,099
Net assets available for benefits:		
Beginning of year	**6,819,590**	6,286,491
End of year	**$ 6,876,795**	$ 6,819,590

See accompanying notes to financial statements.

Texas Medical Liability Trust
Cash Balance Plan

Statements of Accumulated Plan Benefits

December 31,		**2025**		2024
Actuarial present value of accumulated benefits:				
Vested benefits:				
Participants currently receiving payments	**$**	**51,916**	$	53,304
Other participants		**6,608,482**		6,805,422
Total vested benefits		**6,660,398**		6,858,726
Nonvested benefits		**-**		-
Total actuarial present value of accumulated benefits	**$**	**6,660,398**	$	6,858,726

See accompanying notes to financial statements.

Texas Medical Liability Trust
Cash Balance Plan

Statements of Changes in Accumulated Plan Benefits

Years ended December 31,	**2025**	2024
Actuarial present value of accumulated plan benefits at beginning of year:	**$ 6,858,726**	$ 6,679,273
Increase (decrease) during year attributable to:		
Changes in actuarial assumptions	**79,000**	20,784
Benefits accumulated	**41,955**	(4,195)
Interest adjustment	**344,614**	331,721
Benefits paid	**(663,897)**	(168,857)
Net (decrease) increase	**(198,328)**	179,453
Actuarial present value of accumulated plan benefits at end of year	**$ 6,660,398**	$ 6,858,726

See accompanying notes to financial statements.

Texas Medical Liability Trust
Cash Balance Plan

Notes to Financial Statements

1. Description of the Plan

The following description of the Texas Medical Liability Trust Cash Balance Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a cash balance defined benefit plan formed January 1, 2010, covering eligible employees of Texas Medical Liability Trust (the "Company"), meeting participation requirements described below. The Plan is subject to the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan includes all employees of the Company (except leased employees and interns). Each eligible employee shall become a participant on the first day of the month coincident with or next following the completion of 90 days of service and the attainment of age 18.

The Plan was amended to cease or "freeze" all participation in the Plan and all benefit accruals under the Plan effective December 31, 2020 as follows:

- No employee may become a participant in the Plan after December 31, 2020.
- For Plan Years beginning on or after January 1, 2021, the hypothetical allocation for each and every participant is 0%.
- The Plan will not accept any rollover contributions on or after January 1, 2021.

The amendment freezing the Plan will not result in the loss of any benefits accrued through December 31, 2020. The Plan benefits accrued as of December 31, 2020 will continue to be held in the Plan trust on behalf of the participants in the Plan and will be paid in accordance with the terms of the Plan. The hypothetical interest credit will continue to apply to a Plan participant's hypothetical account for periods after December 31, 2020 in accordance with the terms of the Plan.

Participant's Account

Under the Plan provisions, amounts are credited by the Company to the participants' hypothetical accounts. The accounts are allocated compensation credits and interest credits at the end of the year. The compensation credits are allocated based on a percentage of the participants' compensation as defined in the Plan document for that particular year. In 2025 and 2024, the compensation credit was 0% for all eligible employees.

Participants' hypothetical accounts also receive interest credits and shall be credited as of the last day of each month. The interest credit will be determined by multiplying the participant's hypothetical account as of the beginning of the Plan year, minus any distributions made during the Plan Year month, by $1/12^{th}$ of the applicable interest rate as defined by the Plan document. For the years ended December 31, 2025 and 2024, the interest rate was 4.58% and 4.15%, respectively.

Vesting
A participant is 100% vested in his or her accrued benefit upon completion of 3 years of service pursuant to the following table.

Years of service	Percentage
1	0%
2	50%
3	100%

Retirements Benefits
A participant's retirement benefit under the Plan is based on the accumulated value of the participant's vested accrued benefit. The participant's account consists of employer contributions and employee rollovers. If a participant dies prior to the commencement of benefits, their beneficiary will receive an amount equal to the actuarial equivalent present value of the participant's accrued benefit as of the date of death. If a participant becomes disabled, the amount of such disability retirement benefit will be equal to the vested portion of his or her accrued benefit as of the date of disability.

Administrative Expenses
All reasonable expenses of administration including, but not limited to, those involved in retaining necessary professional assistance may be paid from the assets of the Plan. The Company may, in its discretion, pay such expenses. The Plan is required to disclose service provider fees paid directly from Plan assets. Service provider fees paid by Plan assets totaled $57,962 and $55,411 for Plan years ended December 31, 2025 and 2024, respectively.

2. Summary of Significant Accounting Policies
The following is a summarized list of the significant accounting policies of the Plan.

Basis of Presentation
The financial statements of the Plan are prepared using the accrual method of accounting.

Initial Plan Year
The Plan became effective January 1, 2010.

Use of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Payments of Benefits
Benefit payments to participants are recorded when paid.

Investment Valuation and Income Recognition
The Plan's investments are held and maintained by the investment trustee in a common trust which is regulated, supervised and subject to periodic examination by Federal agencies. Investments in trust common funds are valued at the net asset value per share computed for each fund. In the computation of net asset values, securities held by the various funds are valued at prices which equal or approximate market value.

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.

Actuarial Present Value of Accumulated Plan Benefits
Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during the said determined period. Benefits payable under all circumstances such as retirement, death, disability and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of December 31, 2025 and 2024 were (a) life expectancy (the RP Mortality Table), (b) retirement age assumptions (the assumed average retirement age is 62) and (c) investment return. The 2025 and 2024 valuations included assumed average rates of return of 5.28%. The 2025 and 2024 valuation interest crediting rate was 4.80% and 4.58%, respectively. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2026 and 2025. Had the valuation been performed as of December 31, there would be no material differences.

The Internal Revenue Service ("IRS") 2026 Optional Small Plan Combined Static Mortality Table was used for the valuation as of January 1, 2026. The IRS 2025 Optional Small Plan Combined Static Mortality Table was used for the valuation as of January 1, 2025. Changes in actuarial assumptions were $79,000 and $20,784 for the years ended December 31, 2025 and 2024, respectively, and are included in the statements of changes in accumulated plan benefits.

Funding Policy
The Company will contribute to the Plan amounts estimated by the actuary to be sufficient, based upon an actuarially sound basis as required by ERISA, to provide benefits under the Plan. Unless otherwise provided, all contributions to this Plan will be conditioned on their being deductible for Federal income taxes purposes by the Company. With the exception of rollover contributions, employees shall not make any contributions under this Plan.

The minimum required contribution for the 2025 and 2024 Plan years was $87,773 and $133,501, respectively. The Company had a prefunding balance in excess of the minimum required contribution noted above for the minimum required contribution for the Plan years ended December 31, 2025 and 2024 and elected to apply the prefunded balance to satisfy the minimum required contributions. The actuarial cost method is mandated by the Pension Protection Act of 2006 and is a variation of the Unit Credit Actuarial Cost Method. The Company elected to make contributions of $0 and $500,000 for the years ended December 31, 2025 and 2024, respectively.

Pension Benefit Guarantee Corporation
The Pension Benefit Guarantee Corporation ("PBGC") requires a premium be paid for each Plan year. The Company paid premiums for the Plan years ended December 31, 2025 and 2024 were $21,144 and $36,921, respectively.

3. Information Certified by the Plan's Trustee
The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Charles Schwab Trust Bank has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate.

December 31,		**2025**		2024
Investments, at fair value	**$**	**6,781,633**	$	6,255,621
Cash – noninterest bearing		**95,162**		63,969

Years ended December 31,		**2025**		2024
Net appreciation in fair value of investments	**$**	**558,032**	$	88,887
Interest and dividends		**242,176**		205,401

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

4. Plan Revision, Amendment and Termination

The Company may revise and / or amend the Plan as deemed necessary.

The Company reserves the right to completely or partially terminate the Plan. Upon termination of the Plan or partial termination with respect to a group of participants, the rights of all participants to any accrued benefits to the date of such termination, to the extent then funded, shall be nonforfeitable. Upon termination, such accrued benefits of participants or their beneficiaries shall be deemed to have been funded in accordance with Section 4044 of ERISA. Participants should refer to the plan document for the specifics on the termination of the Plan.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. The PBGC will pay those benefits which it guarantees if the Plan is terminated and Plan assets are not adequate to pay all benefits vested prior to termination. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. In this case, some participants may receive a smaller benefit than if the Plan had continued.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC. As of December 31, 2025 and 2024, the Plan had sufficient assets to pay all vested benefits.

5. Tax Status

The Internal Revenue Service has issued a favorable determination letter for the Plan and related trust dated November 30, 2016. The Plan Administrator and tax counsel believe the Plan is currently designed and operated in accordance with applicable sections of the Internal Revenue Code ("IRC").

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has 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 disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2022.

6. Fair Value Measurements

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

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

Level 2
Inputs to the valuation methodology include:

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

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

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

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

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

Exchange traded funds: Valued at the closing price reported on the active market on which the individual securities are traded. Values are provided by a pricing service.

Cash - noninterest bearing - The carrying amounts reported are at cost, which approximates their fair values.

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

December 31, 2025	**Level 1**	**Level 2**	**Level 3**	**Total**
Exchange traded funds	**$ 6,781,633**	**$ -**	**$ -**	**$ 6,781,633**
Cash – noninterest bearing	**95,162**	**-**	**-**	**95,162**
	$ 6,876,795	**$ -**	**$ -**	**$ 6,876,795**

December 31, 2024	Level 1	Level 2	Level 3	Total
Exchange traded funds	$ 6,255,621	$ -	$ -	$ 6,255,621
Cash – noninterest bearing	63,969	-	-	63,969
	$ 6,319,590	$ -	$ -	$ 6,319,590

7. Risks and Uncertainties

The Plan invests in a variety of investment securities. Investment securities in general are exposed to various risks, such as interest rate, credit and overall volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

8. Subsequent Events

The Plan has evaluated subsequent events occurring after December 31, 2025, the date of the most recent statement of net assets available for benefits, through September 25, 2026, the date the financial statements were available to be issued. The Plan does not believe any subsequent events have occurred that would require further disclosure or adjustment to the financial statements.

Supplemental Schedules

Texas Medical Liability Trust
Cash Balance Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025

Employer Identification Number: 74-2002140
Plan Number: 003

(a) Party in Interest	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Cash	Cash	$ 95,162	$ 95,162
	Exchange traded funds:			
	Franklin	Franklin FTSE Canada ETF	62,637	66,653
	iShares	iShares Broad USD High Yield Corporate Bond ETF	190,967	199,016
	iShares	iShares Core MSCI EAFE ETF	265,437	321,430
	iShares	iShares Core MSCI Emerging Markets ETF	130,366	173,831
	iShares	iShares Core S&P Small-Cap ETF	230,386	239,759
	iShares	iShares Core S&P 500 ETF	476,577	558,911
	iShares	iShares 5-10 Year Investment Grade Corporate Bond ETF	437,740	435,728
	iShares	iShares JPMorgan USD Emerging Markets Bond ETF	109,369	120,831
	iShares	iShares 10+ Year Investment Grade Corporate Bond ETF	127,499	119,516
	iShares	iShares MBS ETF	869,061	832,699
	iShares	iShares MSCI Emerging Markets Asia ETF	73,450	88,003
	iShares	iShares MSCI USA Value Factor ETF	100,100	124,561
	iShares	iShares 1-5 Year Investment Grade Corporate Bond ETF	153,877	155,732
	iShares	iShares 20+ Year Treasury Bond ETF	590,998	466,480
	iShares	iShares 7-10 Year Treasury Bond ETF	119,359	118,277
	iShares	iShares US Healthcare Providers ETF	137,340	143,107
	Janus	Janus Henderson Mortgage-Backed Securities ETF	812,132	832,929
	Janus	Janus Henderson Securitized Income ETF	280,292	277,480
	JPMorgan	JPMorgan U.S. Quality Factor ETF	118,047	148,094
	SPDR	State Street SPDR S&P Bank ETF	144,403	154,456
	SPDR	State Street SPDR Portfolio Devt World ex-US ETF	225,602	266,016
	SPDR	State Street PDR S&P Retail ETF	91,595	92,113
	SPDR	State Street SPDR Portfolio S&P 500 Growth ETF	456,533	531,900
	SPDR	SPDR Wells Fargo Preferred Stock ETF	335,177	314,111
		Total	$ 6,634,106	$ 6,876,795

See auditors' report and notes to financial statements.

The above information has been certified by the trustees as being complete and accurate.

Texas Medical Liability Trust
Cash Balance Plan
Schedule H, Line 4j – Schedule of Reportable Transactions
December 31, 2025

Employer Identification Number: 74-2002140
Plan Number: 003

(a) Identify of Party Involved	(b) Description of Transaction	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Value of Asset on Transaction Date	(i) Net Gain (Loss)
iShares Core S&P 500 ETF	5 Purchases	$ 305,829	$ -	$ -	$ -	$ 305,829	$ 305,829	$ -
iShares Core S&P 500 ETF	7 Sales	-	316,156	-	7	292,157	316,156	23,999
iShares MBS ETF	3 Purchases	138,247	-	-	-	138,247	138,247	-
iShares MBS ETF	8 Sales	-	919,824	-	5	985,067	919,824	(65,243)
iShares Core MSCI EAFE ETF	4 Purchases	205,786	-	-	-	205,786	205,786	-
iShares Core MSCI EAFE ETF	8 Sales	-	304,258	-	2	266,010	304,258	38,248
iShares Expanded Tech-Software Sector ETF	3 Purchases	199,444	-	-	-	199,444	199,444	-
iShares Expanded Tech-Software Sector ETF	3 Sales	-	247,974	-	1	199,444	247,974	48,530
iShares MSCI USA Quality Factor ETF	4 Purchases	55,404	-	-	-	55,404	55,404	-
iShares MSCI USA Quality Factor ETF	5 Sales	-	390,961	-	4	329,774	390,961	61,187
Janus Henderson Mortgage-Backed Securities ETF	4 Purchases	646,679	-	-	-	646,679	646,679	-
Janus Henderson Mortgage-Backed Securities ETF	5 Sales	-	62,166	-	1	60,638	62,166	1,528
State Street SPDR S&P Bank ETF	3 Purchases	272,618	-	-	-	272,618	272,618	-
State Street SPDR S&P Bank ETF	3 Sales	-	150,282	-	-	128,214	150,282	22,068
State Street SPDR Portfolio S&P 500 Growth ETF	3 Purchases	516,349	-	-	-	516,349	516,349	-
State Street SPDR Portfolio S&P 500 Growth ETF	4 Sales	-	67,337	-	-	59,816	67,337	7,521

See auditors' report and notes to financial statements.

The above information has been certified by the trustees as being complete and accurate.

Schedule SB, line 26a – Schedule of Active Participant Data

	under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	over 40	Total[1]
under 25	-	-	-	-	-	-	-	-	-	-	0
25 to 29	-	-	2	-	-	-	-	-	-	-	2
30 to 34	-	-	3	-	-	-	-	-	-	-	3
35 to 39	-	-	2	3	-	-	-	-	-	-	5
40 to 44	-	-	8	3	3	1	2	-	-	-	17
45 to 49	-	-	5	7	7	2	-	-	-	-	21
50 to 54	-	-	2	3	3	2	3	1	-	-	14
55 to 59	-	-	3	3	2	10	6	5	1	-	30
60 to 64	-	-	1	1	2	1	7	3	-	-	15
65 to 69	-	-	-	2	3	-	-	2	-	-	7
over 70	-	-	1	-	-	1	2	-	-	-	4
Total	0	0	27	22	20	17	20	11	1	0	118

[1] There are four active participants as of 1/1/2024 & 1/1/2025 who met the requirements needed to enter the plan but did not earn any benefits due to the timing of the plan freeze. These participants have not been included in these counts.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

A summary of the actuarial methods and assumptions used in the valuation are presented below:

Data Methods

Census data

Was as collected from information presented by the Plan Sponsor and trustee as of January 1, 2025.

Data elements

Accrued benefit amounts determined from database based on hypothetical account balances provided by the Plan Sponsor.

Actuarial Methods

Actuarial cost method

The Funding Targets used in this report were developed using the unit credit actuarial cost method as defined by PPA 2006.

Discount rate method

The discount rates used to develop the Funding Target and Funding Target Normal cost in this report are equal to the rates published by the IRS for December 2024 as elected by the Plan Sponsor.

Asset valuation method

The market value of assets represents the fair value of assets plus receivable contributions (if any) discounted to the valuation date using the prior year's effective interest rate as defined by PPA 2006.

- The Actuarial Value of Assets is equal to the Market Value of Assets.

Demographic Assumptions

Mortality tables

The mortality tables published under Section 430(h)(3)(A) of the Internal Revenue Code for small plans using static tables with combined mortality rates for annuitants and non-annuitants for the 2025 Plan Year.

Retirement rates

Active and Terminated Vested participants are assumed to retire at the later of their Normal Retirement age or their current age as of the valuation date.

Pre-Retirement Death Benefit

The surviving spouse of a deceased participant is assumed to receive an amount equal to the amount the participant had in their hypothetical account balance upon their death.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Termination rates
The Crocker-Sarason-Straight T1 turnover tables were used. Sample rates are listed below.

Age	Withdrawal Rate
20	5.4%
30	3.4%
40	0.9%
50	0.0%

Disability rates
None.

Form of Payment

Single sum distribution, equal to the participant's hypothetical cash balance amount.

Economic Assumptions

Interest Crediting Rate

4.58%

Salary Improvement Scale

N/A.

Administrative Expenses

For 2025, an administrative expense assumption of $52,672 per year was included in the normal cost.

Discount rate used in Funding Target and Funding Target Normal Cost

The assumed discount rates on benefits paid in the future are based on the 2025 PPA segment rates, reflecting ARPA. Previously, the 2024 PPA segment rates reflecting ARPA were used.

Segment	Rate	Applicable to benefit payments made:
1	5.01%	During first 5 years starting from the valuation date.
2	5.26%	During years 6-20 starting from the valuation date.
3	5.50%	During years 21 and beyond starting from the valuation date.

Texas Medical Liability Trust
Cash Balance Plan
Schedule H, Line 4j – Schedule of Reportable Transactions
December 31, 2025

Employer Identification Number: 74-2002140
Plan Number: 003

(a) Identify of Party Involved	(b) Description of Transaction	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Value of Asset on Transaction Date	(i) Net Gain (Loss)
iShares Core S&P 500 ETF	5 Purchases	$ 305,829	$ -	$ -	$ -	$ 305,829	$ 305,829	$ -
iShares Core S&P 500 ETF	7 Sales	-	316,156	-	7	292,157	316,156	23,999
iShares MBS ETF	3 Purchases	138,247	-	-	-	138,247	138,247	-
iShares MBS ETF	8 Sales	-	919,824	-	5	985,067	919,824	(65,243)
iShares Core MSCI EAFE ETF	4 Purchases	205,786	-	-	-	205,786	205,786	-
iShares Core MSCI EAFE ETF	8 Sales	-	304,258	-	2	266,010	304,258	38,248
iShares Expanded Tech-Software Sector ETF	3 Purchases	199,444	-	-	-	199,444	199,444	-
iShares Expanded Tech-Software Sector ETF	3 Sales	-	247,974	-	1	199,444	247,974	48,530
iShares MSCI USA Quality Factor ETF	4 Purchases	55,404	-	-	-	55,404	55,404	-
iShares MSCI USA Quality Factor ETF	5 Sales	-	390,961	-	4	329,774	390,961	61,187
Janus Henderson Mortgage-Backed Securities ETF	4 Purchases	646,679	-	-	-	646,679	646,679	-
Janus Henderson Mortgage-Backed Securities ETF	5 Sales	-	62,166	-	1	60,638	62,166	1,528
State Street SPDR S&P Bank ETF	3 Purchases	272,618	-	-	-	272,618	272,618	-
State Street SPDR S&P Bank ETF	3 Sales	-	150,282	-	-	128,214	150,282	22,068
State Street SPDR Portfolio S&P 500 Growth ETF	3 Purchases	516,349	-	-	-	516,349	516,349	-
State Street SPDR Portfolio S&P 500 Growth ETF	4 Sales	-	67,337	-	-	59,816	67,337	7,521

See auditors' report and notes to financial statements.

The above information has been certified by the trustees as being complete and accurate.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
TEXAS MEDICAL LIABILITY TRUST CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TEXAS MEDICAL LIABILITY TRUST

D Employer Identification Number (EIN)
74-2002140

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	6804665
b Actuarial value	**2b**	6804665

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	2	53304	53304
b For terminated vested participants	52	987335	987335
c For active participants	118	5854548	5854548
d Total	172	6895187	6895187

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.29 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	52672
c Target normal cost	**6c**	52672

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

JC

Signature of actuary

09/02/2026

Date

JASON CONKEY, EA, MAAA

Type or print name of actuary

26-08458

Most recent enrollment number

SCHWAB RETIREMENT PLAN SERVICES

Firm name

(737) 900-3705

Telephone number (including area code)

4150 KINROSS LAKES PARKWAY

RICHFIELD. OH 44286

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	340698
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	135000
9	Amount remaining (line 7 minus line 8)	0	205698
10	Interest on line 9 using prior year's actual return of 5.07 %	0	10429
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		461845
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.03 %		16440
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		6845
	c Total available at beginning of current plan year to add to prefunding balance		485130
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	216127

Part III Funding Percentages

14	Funding target attainment percentage	14	95.55 %
15	Adjusted funding target attainment percentage	15	95.55 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	88.76 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.01 %	5.26 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	1
22 Weighted average retirement age	22	62

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	31a	52672
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	306649	35101
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	87773

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	87773	87773

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

Schedule SB, line 22 – Description of Weighted Average Retirement Age

Active and Terminated Vested participants are assumed to retire at the later of their Normal Retirement age or their current age as of the valuation date.

Schedule SB, line 24 – Change in Actuarial Assumptions

The administrative expense assumption was changed to $52,672, based on the anticipated administrative expense to be paid during 2025.

Texas Medical Liability Trust Cash Balance Plan

EIN/ PN 74 - 2002140/ 003

Schedule SB, line 26a – Schedule of Active Participant Data

	under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	over 40	Total[1]
under 25	-	-	-	-	-	-	-	-	-	-	0
25 to 29	-	-	2	-	-	-	-	-	-	-	2
30 to 34	-	-	3	-	-	-	-	-	-	-	3
35 to 39	-	-	2	3	-	-	-	-	-	-	5
40 to 44	-	-	8	3	3	1	2	-	-	-	17
45 to 49	-	-	5	7	7	2	-	-	-	-	21
50 to 54	-	-	2	3	3	2	3	1	-	-	14
55 to 59	-	-	3	3	2	10	6	5	1	-	30
60 to 64	-	-	1	1	2	1	7	3	-	-	15
65 to 69	-	-	-	2	3	-	-	2	-	-	7
over 70	-	-	1	-	-	1	2	-	-	-	4
Total	0	0	27	22	20	17	20	11	1	0	118

[1] There are four active participants as of 1/1/2024 & 1/1/2025 who met the requirements needed to enter the plan but did not earn any benefits due to the timing of the plan freeze. These participants have not been included in these counts.

Schedule SB, line 32 – Schedule of Amortization Bases

The balance outstanding for each installment is based on the present value using the 3-segment rates (5.01% for the first five years and 5.26% for the next ten years).

Date Established	Annual Installment	Years Remaining	Balance Outstanding
1/1/2011	N/A	1	N/A
1/1/2012	N/A	2	N/A
1/1/2013	N/A	3	N/A
1/1/2014	N/A	4	N/A
1/1/2015	N/A	5	N/A
1/1/2016	N/A	6	N/A
1/1/2017	N/A	7	N/A
1/1/2018	N/A	8	N/A
1/1/2019	N/A	9	N/A
1/1/2020	N/A	10	N/A
1/1/2021	N/A	11	N/A
1/1/2022	0	12	0
1/1/2023	70,134	13	684,171
1/1/2024	1,400	14	14,376
Total for bases existing prior to the valuation date	71,534		698,547
1/1/2025	(36,433)	15	(391,898)
Total for all bases	35,101		306,649

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

A summary of the actuarial methods and assumptions used in the valuation are presented below:

Data Methods

Census data

Was as collected from information presented by the Plan Sponsor and trustee as of January 1, 2025.

Data elements

Accrued benefit amounts determined from database based on hypothetical account balances provided by the Plan Sponsor.

Actuarial Methods

Actuarial cost method

The Funding Targets used in this report were developed using the unit credit actuarial cost method as defined by PPA 2006.

Discount rate method

The discount rates used to develop the Funding Target and Funding Target Normal cost in this report are equal to the rates published by the IRS for December 2024 as elected by the Plan Sponsor.

Asset valuation method

The market value of assets represents the fair value of assets plus receivable contributions (if any) discounted to the valuation date using the prior year's effective interest rate as defined by PPA 2006.

- The Actuarial Value of Assets is equal to the Market Value of Assets.

Demographic Assumptions

Mortality tables

The mortality tables published under Section 430(h)(3)(A) of the Internal Revenue Code for small plans using static tables with combined mortality rates for annuitants and non-annuitants for the 2025 Plan Year.

Retirement rates

Active and Terminated Vested participants are assumed to retire at the later of their Normal Retirement age or their current age as of the valuation date.

Pre-Retirement Death Benefit

The surviving spouse of a deceased participant is assumed to receive an amount equal to the amount the participant had in their hypothetical account balance upon their death.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Termination rates
The Crocker-Sarason-Straight T1 turnover tables were used. Sample rates are listed below.

Age	Withdrawal Rate
20	5.4%
30	3.4%
40	0.9%
50	0.0%

Disability rates
None.

Form of Payment
Single sum distribution, equal to the participant's hypothetical cash balance amount.

Economic Assumptions

Interest Crediting Rate
4.58%

Salary Improvement Scale
N/A.

Administrative Expenses
For 2025, an administrative expense assumption of $52,672 per year was included in the normal cost.

Discount rate used in Funding Target and Funding Target Normal Cost
The assumed discount rates on benefits paid in the future are based on the 2025 PPA segment rates, reflecting ARPA. Previously, the 2024 PPA segment rates reflecting ARPA were used.

Segment	Rate	Applicable to benefit payments made:
1	5.01%	During first 5 years starting from the valuation date.
2	5.26%	During years 6-20 starting from the valuation date.
3	5.50%	During years 21 and beyond starting from the valuation date.

charles SCHWAB

Schedule SB, Part V - Summary of Plan Provisions

A summary of the major plan provisions used in the valuation is presented below:

Definitions

Effective Date – January 1, 2010.

Plan Year – The calendar year.

Accumulated Benefit – The Participant's Hypothetical Account payable as a single lump sum.

Hypothetical Account – Account established for the participant to receive Hypothetical Allocations and Interest Credits.

Hypothetical Allocations – The allocation determined as a percentage of annual pay specified for one of the named allocation groups, A, B, C, D, E, F, or G. Effective 1/1/2021, all allocation groups have been amended to provide a benefit of 0.0% of compensation.

Interest Credits – The interest credited to the Participant's Hypothetical Account, based on the yield of the 30-year treasury for the month preceding the valuation date.

Year of Credited Service – Each 12-month period of employment with the Company with 1,000 or more Hours of Service.

Eligibility – Other than leased employees or interns, all employees of the Company over age 18 with 90 days of service would be eligible. Effective 1/1/2021, no new employees will be considered eligible for the plan.

Participation Date – 1st of the month coincident of following satisfaction of the eligibility requirements.

Vesting Service – Each 12-month period of employment with the Company with 1,000 or more Hours of Service.

Compensation – Base Pay. See the Plan Document for detailed description.

Normal Retirement Date (NRD) – The date a participant reaches their Normal Retirement Age, age 62.

Early Retirement Date (ERD) – None.

Eligibility for Benefits

Normal Retirement – Retirement on NRD.

Early Retirement – None.

Schedule SB, Part V - Summary of Plan Provisions (continued)

Deferred Retirement - Retirement after NRD.

Other Termination – Termination for reasons other than death or retirement after completing at least two years of Vesting Service.

Preretirement Spouse Benefit – Death before retirement, whether in service or not.

Benefits Paid Upon the Following Events

Normal Retirement – Accumulated Benefit determined as of NRD.

Early Retirement – None.

Late Retirement – The greater of the Accumulated Benefit determined as of actual retirement date or the actuarial equivalent of the Normal Retirement benefit.

Deferred Vested Retirement – Accumulated Benefit determined as of termination date and payable upon the later of election or NRD.

Death – The named beneficiary is entitled to Accumulated benefit determined as of the date of death or they may elect any of the other optional forms provided by plan.

Forms of Benefit

Normal Form of Payment – The normal form of payment is the life annuity derived from the accumulated benefit for single participants or the 50% Joint & Survivor annuity derived from the accumulated benefit for married benefits.

Optional Form of Payments – Optional forms are a 75% joint and survivor annuity, or a single sum distribution that is equal to the participant's Accumulated Benefit.

Benefit Limitations

Maximum on Benefits and Pay - All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.

Schedule SB, line 22 – Description of Weighted Average Retirement Age

Active and Terminated Vested participants are assumed to retire at the later of their Normal Retirement age or their current age as of the valuation date.

Schedule SB, Part V - Summary of Plan Provisions

A summary of the major plan provisions used in the valuation is presented below:

Definitions

Effective Date – January 1, 2010.

Plan Year – The calendar year.

Accumulated Benefit – The Participant's Hypothetical Account payable as a single lump sum.

Hypothetical Account – Account established for the participant to receive Hypothetical Allocations and Interest Credits.

Hypothetical Allocations – The allocation determined as a percentage of annual pay specified for one of the named allocation groups, A, B, C, D, E, F, or G. Effective 1/1/2021, all allocation groups have been amended to provide a benefit of 0.0% of compensation.

Interest Credits – The interest credited to the Participant's Hypothetical Account, based on the yield of the 30-year treasury for the month preceding the valuation date.

Year of Credited Service – Each 12-month period of employment with the Company with 1,000 or more Hours of Service.

Eligibility – Other than leased employees or interns, all employees of the Company over age 18 with 90 days of service would be eligible. Effective 1/1/2021, no new employees will be considered eligible for the plan.

Participation Date – 1st of the month coincident of following satisfaction of the eligibility requirements.

Vesting Service – Each 12-month period of employment with the Company with 1,000 or more Hours of Service.

Compensation – Base Pay. See the Plan Document for detailed description.

Normal Retirement Date (NRD) – The date a participant reaches their Normal Retirement Age, age 62.

Early Retirement Date (ERD) – None.

Eligibility for Benefits

Normal Retirement – Retirement on NRD.

Early Retirement – None.

Schedule SB, Part V - Summary of Plan Provisions (continued)

Deferred Retirement - Retirement after NRD.

Other Termination – Termination for reasons other than death or retirement after completing at least two years of Vesting Service.

Preretirement Spouse Benefit – Death before retirement, whether in service or not.

Benefits Paid Upon the Following Events

Normal Retirement – Accumulated Benefit determined as of NRD.

Early Retirement – None.

Late Retirement – The greater of the Accumulated Benefit determined as of actual retirement date or the actuarial equivalent of the Normal Retirement benefit.

Deferred Vested Retirement – Accumulated Benefit determined as of termination date and payable upon the later of election or NRD.

Death – The named beneficiary is entitled to Accumulated benefit determined as of the date of death or they may elect any of the other optional forms provided by plan.

Forms of Benefit

Normal Form of Payment – The normal form of payment is the life annuity derived from the accumulated benefit for single participants or the 50% Joint & Survivor annuity derived from the accumulated benefit for married benefits.

Optional Form of Payments – Optional forms are a 75% joint and survivor annuity, or a single sum distribution that is equal to the participant's Accumulated Benefit.

Benefit Limitations

Maximum on Benefits and Pay - All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.

Texas Medical Liability Trust
Cash Balance Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025

Employer Identification Number: 74-2002140
Plan Number: 003

(a) Party in Interest	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Cash	Cash	$ 95,162	$ 95,162
	Exchange traded funds:			
	Franklin	Franklin FTSE Canada ETF	62,637	66,653
	iShares	iShares Broad USD High Yield Corporate Bond ETF	190,967	199,016
	iShares	iShares Core MSCI EAFE ETF	265,437	321,430
	iShares	iShares Core MSCI Emerging Markets ETF	130,366	173,831
	iShares	iShares Core S&P Small-Cap ETF	230,386	239,759
	iShares	iShares Core S&P 500 ETF	476,577	558,911
	iShares	iShares 5-10 Year Investment Grade Corporate Bond ETF	437,740	435,728
	iShares	iShares JPMorgan USD Emerging Markets Bond ETF	109,369	120,831
	iShares	iShares 10+ Year Investment Grade Corporate Bond ETF	127,499	119,516
	iShares	iShares MBS ETF	869,061	832,699
	iShares	iShares MSCI Emerging Markets Asia ETF	73,450	88,003
	iShares	iShares MSCI USA Value Factor ETF	100,100	124,561
	iShares	iShares 1-5 Year Investment Grade Corporate Bond ETF	153,877	155,732
	iShares	iShares 20+ Year Treasury Bond ETF	590,998	466,480
	iShares	iShares 7-10 Year Treasury Bond ETF	119,359	118,277
	iShares	iShares US Healthcare Providers ETF	137,340	143,107
	Janus	Janus Henderson Mortgage-Backed Securities ETF	812,132	832,929
	Janus	Janus Henderson Securitized Income ETF	280,292	277,480
	JPMorgan	JPMorgan U.S. Quality Factor ETF	118,047	148,094
	SPDR	State Street SPDR S&P Bank ETF	144,403	154,456
	SPDR	State Street SPDR Portfolio Devt World ex-US ETF	225,602	266,016
	SPDR	State Street PDR S&P Retail ETF	91,595	92,113
	SPDR	State Street SPDR Portfolio S&P 500 Growth ETF	456,533	531,900
	SPDR	SPDR Wells Fargo Preferred Stock ETF	335,177	314,111
		Total	$ 6,634,106	$ 6,876,795

See auditors' report and notes to financial statements.

The above information has been certified by the trustees as being complete and accurate.

Schedule SB, line 32 – Schedule of Amortization Bases

The balance outstanding for each installment is based on the present value using the 3-segment rates (5.01% for the first five years and 5.26% for the next ten years).

Date Established	Annual Installment	Years Remaining	Balance Outstanding
1/1/2011	N/A	1	N/A
1/1/2012	N/A	2	N/A
1/1/2013	N/A	3	N/A
1/1/2014	N/A	4	N/A
1/1/2015	N/A	5	N/A
1/1/2016	N/A	6	N/A
1/1/2017	N/A	7	N/A
1/1/2018	N/A	8	N/A
1/1/2019	N/A	9	N/A
1/1/2020	N/A	10	N/A
1/1/2021	N/A	11	N/A
1/1/2022	0	12	0
1/1/2023	70,134	13	684,171
1/1/2024	1,400	14	14,376
Total for bases existing prior to the valuation date	71,534		698,547
1/1/2025	(36,433)	15	(391,898)
Total for all bases	35,101		306,649

Schedule SB, line 24 – Change in Actuarial Assumptions

The administrative expense assumption was changed to $52,672, based on the anticipated administrative expense to be paid during 2025.