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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
U.A. LOCAL 13 & EMPLOYERS GROUP INSURANCE FUND

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 07/22/1952

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)
UA LOCAL 13 JOINT BOARD OF TRUSTEES EMPLOYERS GROUP INSURANCE FUND

1850 MT. READ BLVD
ROCHESTER, NY 14615-3703

2b Employer Identification Number (EIN)
16-0766976

2c Plan Sponsor's telephone number
585-338-2310

2d Business code (see instructions)
238220

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	JOHN CARPENTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2026	JOHN DINEEN
	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**	916
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)**	850
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	962
b	Retired or separated participants receiving benefits	**6b**	47
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1009
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	46

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

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

4A 4B 4D 4E 4F 4H 4L

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 9
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
U.A. LOCAL 13 & EMPLOYERS GROUP INSURANCE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
UA LOCAL 13 JOINT BOARD OF TRUSTEES EMPLOYERS GROUP INSURANCE FUND

D Employer Identification Number (EIN)
16-0766976

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
EXCELLUS BLUECROSS BLUESHIELD

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
15-0329043	55107	00089831	776	05/01/2025	04/30/2026

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
20196	0

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

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

GALLAGHER BENEFIT SERVICES, INC.
100 MERIDIAN CENTRE BLVD SUITE 100
ROCHESTER, NY 14618

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
20196			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**	747830		
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	747830
b Benefit charges (1) Claims paid	**9b(1)**	527397		
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	527397
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**	59901		
(B) Administrative service or other fees	**9c(1)(B)**	104653		
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	164554
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	107707
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
U.A. LOCAL 13 & EMPLOYERS GROUP INSURANCE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
UA LOCAL 13 JOINT BOARD OF TRUSTEES EMPLOYERS GROUP INSURANCE FUND

D Employer Identification Number (EIN)
16-0766976

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

1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE AND ACCIDENT

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0838648	70815	675428G	1693	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
71743	0

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

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

GALLAGHER BENEFIT SERVICES, INC.
P.O. BOX 95287
CHICAGO, IL 60694

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
71743			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	**10a**	463927
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
U.A. LOCAL 13 & EMPLOYERS GROUP INSURANCE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
UA LOCAL 13 JOINT BOARD OF TRUSTEES EMPLOYERS GROUP INSURANCE FUND

D Employer Identification Number (EIN)
16-0766976

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
EXCELLUS BLUECROSS BLUESHIELD

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
15-0329043	55107	00501621	47	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
6950	0

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

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

GALLAGHER BENEFIT SERVICES, INC.
100 MERIDIAN CENTRE BLVD SUITE 100
ROCHESTER, NY 14618

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6950			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	287703
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
U.A. LOCAL 13 & EMPLOYERS GROUP INSURANCE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
UA LOCAL 13 JOINT BOARD OF TRUSTEES EMPLOYERS GROUP INSURANCE FUND

D Employer Identification Number (EIN)
16-0766976

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
EXCELLUS BLUECROSS BLUESHIELD

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
15-0329043	55107	00062732	737	05/01/2025	04/30/2026

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
162863	0

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

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

GALLAGHER BENEFIT SERVICES, INC.
100 MERIDIAN CENTRE BLVD SUITE 100
ROCHESTER, NY 14618

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
162863			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)	15266819		
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	15266819
b Benefit charges (1) Claims paid	9b(1)	14210533		
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	14210533
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)	488538		
(B) Administrative service or other fees	9c(1)(B)	1470259		
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	1958797
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
U.A. LOCAL 13 & EMPLOYERS GROUP INSURANCE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
UA LOCAL 13 JOINT BOARD OF TRUSTEES EMPLOYERS GROUP INSURANCE FUND

D Employer Identification Number (EIN)
16-0766976

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
EXCELLUS BLUECROSS BLUESHIELD

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
15-0329043	55107	00510978	3	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
451	0

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

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

GALLAGHER BENEFIT SERVICES, INC.
100 MERIDIAN CENTRE BLVD SUITE 100
ROCHESTER, NY 14618

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
451			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned (**(1)** + **(2)** - **(3)**)			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add **(1)** and **(2)**)			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	12556
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
U.A. LOCAL 13 & EMPLOYERS GROUP INSURANCE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
UA LOCAL 13 JOINT BOARD OF TRUSTEES EMPLOYERS GROUP INSURANCE FUND

D Employer Identification Number (EIN)
16-0766976

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0233107	0	05/01/2025	04/30/2026

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
1053	171

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

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

GALLAGHER BENEFIT SERVICES, INC.
PO BOX 3009
ARLINGTON HEIGHTS, IL 60006

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
1053	63		3

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

GALLAGHER BENEFIT SERVICES, INC.
PO BOX 95287
CHICAGO, IL 60690-7219

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	108		3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	-16
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
U.A. LOCAL 13 & EMPLOYERS GROUP INSURANCE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
UA LOCAL 13 JOINT BOARD OF TRUSTEES EMPLOYERS GROUP INSURANCE FUND

D Employer Identification Number (EIN)
16-0766976

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0233108	0	05/01/2025	04/30/2026

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
925	143

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

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

GALLAGHER BENEFIT SERVICES, INC.
PO BOX 3009
ARLINGTON HEIGHTS, IL 60006-3009

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
925	63		3

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

GALLAGHER BENEFIT SERVICES, INC.
PO BOX 95287
CHICAGO, IL 60690-7219

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	80		3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	14
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
U.A. LOCAL 13 & EMPLOYERS GROUP INSURANCE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
UA LOCAL 13 JOINT BOARD OF TRUSTEES EMPLOYERS GROUP INSURANCE FUND

D Employer Identification Number (EIN)
16-0766976

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0233109	0	05/01/2025	04/30/2026

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
1292	173

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

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

GALLAGHER BENEFIT SERVICES, INC.
PO BOX 3009
ARLINGTON HEIGHTS, IL 60006-3009

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
1292	63		3

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

GALLAGHER BENEFIT SERVICES, INC.
PO BOX 95287
CHICAGO, IL 60690-7219

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	110		4

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	39
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
U.A. LOCAL 13 & EMPLOYERS GROUP INSURANCE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
UA LOCAL 13 JOINT BOARD OF TRUSTEES EMPLOYERS GROUP INSURANCE FUND

D Employer Identification Number (EIN)
16-0766976

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0231738	0	05/01/2025	04/30/2026

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
645	129

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

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

GALLAGHER BENEFIT SERVICES, INC.
PO BOX 3009
ARLINGTON HEIGHTS, IL 60006-3009

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
645	63		3

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

GALLAGHER BENEFIT SERVICES, INC.
PO BOX 95287
CHICAGO, IL 60690-7219

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	66		3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	-37
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
U.A. LOCAL 13 & EMPLOYERS GROUP INSURANCE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
UA LOCAL 13 JOINT BOARD OF TRUSTEES EMPLOYERS GROUP INSURANCE FUND

D Employer Identification Number (EIN)
16-0766976

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

MANNING & NAPIER, INC.

16-0995763

(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?
51 28	NONE	259935	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BONADIO & CO., LLP

16-1131146

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	156898	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

N. BURDICK

16-0766976

(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?
50 30	FUND MANAGER	121651	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

MODERN ADMINSTRATION SYSTEMS, LLC

3000 SOUTH LENOLA ROAD
MAPLE SHADE, NJ 08052

(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?
50 49	NONE	99268	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASHER KELLY

25800 NORTHWESTERN HIGHWAY, ST 1100
SOUTHFIELD, MI 48075

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	91947	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LIFETIME BENEFIT SOLUTIONS

13-5581829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	85962	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

P. MARCIANO

16-0766976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	BENEFIT SPECIALIST	68064	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

D. EDIZEL

16-0766976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	ANNUITY SPECIALIST	67467	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MORGAN STANLEY SMITH BARNEY

11-3658445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 99 50 49 27 72 33 71	NONE	51975	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

U.A. LOCAL 13 BUILDING, INC.

23-7358299

(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?
50 49	RELATED PARTY/RENT	20000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PHOENIX GRAPHICS

1525 EMERSON ST
ROCHESTER, NY 14606

(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?
50 36 49	NONE	9182	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KARPUS INVESTMENT MGMT

16-1131146

(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?
50 28	NONE	5963	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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
U.A. LOCAL 13 & EMPLOYERS GROUP INSURANCE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
UA LOCAL 13 JOINT BOARD OF TRUSTEES EMPLOYERS GROUP INSURANCE FUND

D Employer Identification Number (EIN)
16-0766976

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	2625906	2667361
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1262300	1813022
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	543906	267127
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1639597	3443807
(2) U.S. Government securities	1c(2)	23480678	2510621
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	9710327	17615891
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	27947587	16717204
(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)		23115604
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		5035000

		(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	7880	
1f Total assets (add all amounts in lines 1a through 1e)	1f	67218181	73185637
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	1224925	502730
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	1224925	502730
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	65993256	72682907

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)	18309543	
(B) Participants	2a(1)(B)	14558	
(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)		18324101
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	54153	
(B) U.S. Government securities	2b(1)(B)	984414	
(C) Corporate debt instruments	2b(1)(C)	354105	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	68601	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1461273
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	8581	
(B) Common stock	2b(2)(B)	301319	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	132847	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		442747
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	73480941	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	64719012	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		8761929
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-4359314	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-4359314

		(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)		-62415
c Other income	2c		416478
d Total income. Add all **income** amounts in column (b) and enter total	2d		24984799
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1272405	
(2) To insurance carriers for the provision of benefits	2e(2)	15571393	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		16843798
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)	493497	
(2) Contract administrator fees	2i(2)	85962	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	22490	
(5) Investment advisory and investment management fees	2i(5)	333070	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	4250	
(8) Legal fees	2i(8)	91947	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	420134	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1451350
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		18295148
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6689651
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: BONADIO & CO., LLP **(2)** EIN: 16-1131146

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		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

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

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

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

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

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

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

U.A. LOCAL 13 AND EMPLOYERS GROUP INSURANCE FUND

Financial Statements and Supplemental Information
as of December 31, 2025 and 2024
Together with Independent
Auditor's Report

Bonadio & Co., LLP
Accounting, Consulting & More

Bonadio & Co., LLP
Accounting, Consulting & More

INDEPENDENT AUDITOR'S REPORT

September 29, 2026

To the Board of Directors of Trustees of the
U.A. Local 13 and Employers Group Insurance Fund:

Opinion

We have audited the accompanying financial statements of U.A. Local 13 and Employers Group Insurance Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2025 and 2024 , and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of U.A. Local 13 and Employers Group Insurance Fund as of December 31, 2025 and 2024, and the changes in its net assets available for benefits and changes in benefit obligations for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments; administering the Plan; and determining 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.

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INDEPENDENT AUDITOR'S REPORT
(Continued)

Auditor's Responsibilities for the Audit of the Financial Statements
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, we:

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

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

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

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

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

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

Supplemental Schedules Required by ERISA
Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2025 and Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

INDEPENDENT AUDITOR'S REPORT
(Continued)

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

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

Report on Supplementary Information
Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Cost of Benefits Paid and Administrative Expenses for the years ended December 31, 2025 and 2024 are presented for purposes of additional analysis and are not a required part of the financial statements. 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, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. 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 our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



U.A. LOCAL 13 AND EMPLOYERS GROUP INSURANCE FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
CASH	$ 2,667,361	$ 2,625,906
INVESTMENTS:		
Cash and cash equivalents	3,443,807	1,639,597
Mutual funds and exchange-traded & closed-end funds	23,115,604	-
Equity securities	16,717,204	27,947,587
U.S. Government securities	2,255,031	12,749,781
Mortgage-backed securities	255,590	10,730,897
Corporate bonds	17,615,891	9,034,978
Managed hedge fund	5,035,000	-
Municipal bonds	-	675,349
Total investments	68,438,127	62,778,189
RECEIVABLES:		
Employer contributions	1,601,903	1,160,925
Reciprocal contributions	211,119	101,375
Accrued investment income	217,396	202,496
Total receivables	2,030,418	1,464,796
DUE FROM AFFILIATE	3,282	12,066
PREPAID EXPENSE	46,449	74,697
DUE FROM DEPOSITORY ACCOUNT	-	254,647
FURNITURE, EQUIPMENT AND LEASEHOLD IMPROVEMENTS, net	-	7,880
Total assets	73,185,637	67,218,181
LIABILITIES		
ACCOUNTS PAYABLE	196,814	205,102
DUE TO AFFILIATES	305,916	1,019,823
Total liabilities	502,730	1,224,925
NET ASSETS AVAILABLE FOR BENEFITS	$ 72,682,907	$ 65,993,256

The accompanying notes are an integral part of these statements.

U.A. LOCAL 13 AND EMPLOYERS GROUP INSURANCE FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
ADDITIONS		
Investment income -		
Net appreciation in fair value of investments	$ 4,340,200	$ 3,079,815
Interest	1,461,273	1,252,613
Dividends	442,747	321,380
	6,244,220	4,653,808
Less: Investment management fees	(333,070)	(317,553)
Total investment income, net	5,911,150	4,336,255
Contributions -		
Employer, net	17,183,803	13,271,267
Reciprocal	1,125,740	938,602
Participant	14,558	30,295
Total contributions	18,324,101	14,240,164
Total additions	24,235,251	18,576,419
DEDUCTIONS		
Cost of benefits paid -		
Directly to and on behalf of participants	1,272,405	1,014,917
Insurance premiums and other costs	15,657,355	13,231,269
Total cost of benefits paid	16,929,760	14,246,186
Administrative expenses	615,840	559,630
Total deductions	17,545,600	14,805,816
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	6,689,651	3,770,603
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	65,993,256	62,222,653
NET ASSETS AVAILABLE FOR BENEFITS - end of year	$ 72,682,907	$ 65,993,256

The accompanying notes are an integral part of these statements.

U.A. LOCAL 13 AND EMPLOYERS GROUP INSURANCE FUND

STATEMENTS OF BENEFIT OBLIGATIONS
DECEMBER 31, 2025 AND 2024

	2025	2024
POSTEMPLOYMENT BENEFIT OBLIGATION, net of amounts currently payable:		
Accumulated eligibility	$ 23,064,542	$ 19,623,275
POSTRETIREMENT BENEFIT OBLIGATION, net of amounts currently payable:		
Retired participants	7,016,493	6,686,259
Other participants fully eligible for benefits	1,972,600	2,267,567
Other participants not yet fully eligible for benefits	11,654,944	12,456,602
	20,644,037	21,410,428
TOTAL BENEFIT OBLIGATIONS	$ 43,708,579	$ 41,033,703

The accompanying notes are an integral part of these statements.

U.A. LOCAL 13 AND EMPLOYERS GROUP INSURANCE FUND

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
POSTEMPLOYMENT BENEFIT OBLIGATION, net of amounts currently payable:		
Balance at beginning of year	$ 19,623,275	$ 18,164,343
Change in postemployment benefits attributable to -		
Benefits earned	3,944,099	1,826,291
Benefits reclassified to amounts currently payable	(502,832)	(367,359)
Balance at end of year	23,064,542	19,623,275
POSTRETIREMENT BENEFIT OBLIGATION, net of amounts currently payable:		
Balance at beginning of year	21,410,428	18,670,613
Change in postretirement benefits attributable to -		
Benefits accumulated and actuarial gains and losses	1,459,049	1,975,697
Benefits distributed during the year	(885,068)	(756,415)
Adjustment due to time value of money	866,860	662,406
Impact of assumption change	(2,207,232)	858,127
Balance at end of year	20,644,037	21,410,428
TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	$ 43,708,579	$ 41,033,703

The accompanying notes are an integral part of these statements.

1. DESCRIPTION OF THE PLAN

The following description of U.A. Local 13 and Employers Group Insurance Fund (the "Plan") provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General

The Plan is a multiemployer defined benefit welfare plan that provides health and death benefits for eligible employees covered by the collective bargaining agreements ("CBAs") between the United Association of Journeymen and Apprentices of the Plumbing and Pipe Fitting Industry of the United States and Canada Local Union No. 13 (the "Local") and the employer contractors signatory to the CBAs (collectively, the "Bargaining Parties"). The jurisdiction is Rochester, New York, and the outlying vicinity. Officers and employees of both the Local and the Plan are also eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

The Plan receives contributions from employers pursuant to CBAs with the Local and other united associations' local unions pursuant to reciprocal agreements. As a condition of participation, employers are required to contribute $11.85 for each hour a journeyman works in covered employment and between $8.89 and $5.93 for each hour an apprentice works in covered employment, based on their classification. The rates increased May 5, 2025, from $10.60 for each hour a journeyman works in covered employment and $5.30 for each hour an apprentice works in covered employment. Contributions are also received from other united associations' local unions at the above amount, or the amounts collected pursuant to their CBAs. In addition, the Plan receives contributions from participants to fund their insurance coverage during periods of low employment.

As of May 1, 2020, the Bargaining Parties approved a memorandum of understanding which allows for the election of certain contributions to the Plan be transferred to the Plan's related U.A. Local 13 Annuity Fund (the "Annuity Fund"). Effective July 1, 2020, a participant with an hour bank in the Plan between $30,000 and $59,999 as of the beginning of an eligibility quarter may elect to have the hourly contribution required to be made to the Plan on their behalf reduced by 30% and the corresponding dollar amount increased to the Annuity Fund's required contribution. Further, any participant with an hour bank in the Plan of $60,000 or greater may have their hourly contribution to the Plan reduced by 60% with the corresponding dollar amount increased to the Annuity Fund's contribution. If after electing to participate, the value of the participant's hour bank is less than $30,000 as of the beginning of an eligibility quarter, then the hourly contribution rates will revert to those of the CBA as if no election was made. The balance in the hour banks as of December 31, 2025 and 2024, is $23,689,240 and $20,922,248, respectively.

Death Benefit

Upon death, a benefit of $50,000 for a covered active participant, and $2,000 for a covered retiree, will be paid to the beneficiary named by the covered participant/retiree.

1. DESCRIPTION OF THE PLAN (Continued)

Benefits and Eligibility

The Plan provides health care, vision, and dental benefits through Excellus BlueCross BlueShield ("BCBS"). Life and accidental death and dismemberment insurance benefits are provided by the Plan through the Hartford Group. The Employee Assistance Program ("EAP") is also provided to both active and retired participants. The $2,000 death benefit available for certain retired participants is self-insured. Eligibility requirements for working participants are based on hours of service each quarter. Hour banks have been established to account for hours exceeding 360 hours per quarter for participants using single coverage or 430 hours per quarter for participants using family coverage. Participants are able to use their hour banks to continue insurance coverage during periods of unemployment or after retirement. Participants who meet certain criteria are able to use their hour banks for reimbursement of certain medical expenses not covered by BCBS. In addition, retirees have the option of receiving the cost benefit of being part of a group health insurance policy. The Plan acts as an agent for the retirees by collecting the full cost of their coverage and remitting their payments to BCBS. Former participants provided coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA") provisions also contribute to the Plan based upon the current COBRA rates. Adopted and effective March 13, 2019, the Plan was amended to allow active eligible participants that are injured on the job or away from the job to potentially qualify for Supplemental Disability coverage provided by the Hartford Group. This coverage will provide credit hours towards the participant's insurance eligibility while they are unable to work. For each week of disability, the participant will receive credit equivalent to 1/13th of the minimum hours required each work quarter for eligibility for the coverage selected. This credit shall not be given for more than 26 weeks. This coverage only provides for a participant's insurance fund benefit and in no way contributes credit towards Annuity or Pension Fund Benefits.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Estimates

The preparation of financial statements in accordance with generally accepted accounting principles requires management to make estimates and assumptions that affect certain amounts reported in the financial statements. Actual results could differ from those estimates and such differences may be significant.

Cash

Cash (excluding cash equivalents included with investments) consists of bank demand deposit accounts which, at times, may exceed federally insured limits. As of December 31, 2025 and 2024, cash balances of $2,417,361 and $2,378,310, respectively, were held in commercial banks and exceeded insured amounts by the Federal Deposit Insurance Corporation (FDIC). The Plan has not experienced any losses in these accounts and management believes the Plan is not exposed to any significant credit risk with respect to cash.

Investments

The Plan invests in various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the financial statements. The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investments (Continued)
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 in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Fair Value Measurements
Accounting Standards Codification (ASC) 820 established 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 lower priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under ASC 820 are described below:

- 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; and,

  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodology during the years ended December 31, 2025 or 2024.

Cash and cash equivalents: consist of money market funds recorded at fair value.

Mutual funds and exchange-traded & closed-ended funds, equity securities, U.S. Government securities: Valued using Level 1 inputs at the quoted closing price reported on the active market on which the individual securities are traded.

Mortgage-backed securities: Valued using the market approach and Level 2 inputs at the quoted closing price of the underlying assets of the pool or using the income approach based on yields currently available on comparable securities of issuers with similar credit ratings.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurements (Continued)

Corporate bonds and municipal bonds: Valued using the income approach and Level 2 inputs based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

Managed hedge fund: The fair value of the Corbin Pinehurst Institutional, Ltd. ("Corbin Pinehurst") investment is valued using the net asset value (NAV) as a practical expedient to estimate the fair value of the underlying investments. Corbin Pinehurst invests substantially all of its assets in Pinehurst Partners, L.P., which allocates its capital among various portfolio managers through investments in collective investment vehicles. The net profits and losses of Corbin Pinehurst is allocated proportionally on a monthly basis to the net asset value of classes of shares outstanding to the fund.

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

Employer and Reciprocal Contributions Receivable

Employer and reciprocal contributions receivable represent contributions from employers and other locals pursuant to reciprocal agreements based on hours worked but not received at year-end. Employer contributions receivable have been collected in full by the Plan subsequent to the year-end. Management monitors outstanding balances and estimates uncollectable contributions based on specific economic conditions. Upon management’s determination of uncollectable contributions, the specific balance of such account is written off through the allowance for expected credit losses for potentially uncollectible employer contributions. No allowance for uncollectible receivables was considered necessary as of December 31, 2025 or 2024.

Furniture, Equipment and Leasehold Improvements, net

Furniture, equipment, and leasehold improvements are stated at cost less depreciation and amortization. Depreciation and amortization are provided using a straight-line method over the estimated useful lives of the related assets or the remaining lease term. The Plan capitalizes additions that exceed $1,000 and have useful lives greater than one year.

Postretirement Benefits

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee services rendered as of the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to or for: (1) currently retired or terminated participants and their beneficiaries and dependents; and (2) active participants and their beneficiaries and dependents after retirement from service with the participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan’s participating employers and from Plan assets. Prior to an active participant’s full eligibility date, the total postretirement benefit obligation is estimated evenly over the participant’s working life, from the date of hire to the earliest date he or she is fully eligible for postretirement benefits.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

Significant actuarial assumptions used to determine the Plan's benefit obligation as of December 31, 2025 are as follows:

Discount rate:	5.80%
Mortality table:	The sex-distinct Blue Collar RP-2014 Healthy and Disabled Mortality Tables, adjusted backwards to 2006 with Scale MP-2014 and then adjusted with generational improvement from 2006 using Scale AA.
Turnover:	None assumed.
Retirement age and rates:	50 to 54 - 10%; 55 - 30%; 56 to 59 - 10%; 60 to 61 - 15%; 62 to 64 - 25%; 65 and over - 100%
Health care trend rate – premiums and claims:	2025 - .40% per capita claim costs, -14.70% retiree premiums, 4.30%, retiree spouse premium, 2026 - 9.10% for all; 2027 - 8.75% for all; 2028 - 8.35% for all; 2029 - 8.00% for all; 2030-2053 - Transition to Ultimate for all; 2053 and after - 4.00% for all
Marriage rates and age of spouse:	60% of eligible members were assumed to elect spousal coverage. When the spouse date of birth was not available, males were assumed to be three years older than females.

During 2025, the discount rate was updated from 5.70% to 5.80% based on the December 31, 2025 Above Median FTSE curve and updated Plan cash flows, as required by Paragraph 23 of ASC 965. The healthcare trend rates were updated based on current expectations of future healthcare trends. Medical per capita claims costs were updated based on recent experience and demographics. Administrative costs for the pre-65 medical plan were updated from 15% to 5% of assumed gross medical premium rates based on updated future expectations resulting from the medical plan becoming self-insured effective May 1, 2026.

The foregoing assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Postemployment Benefits
Plan obligations for accumulated eligibility credits (postemployment benefits) at year-end are estimated by an actuary based on all hours worked in 2025 to be used for benefit coverage in 2026 including the participants' hour bank. The hour bank portion represents hours worked in excess of the eligibility requirement. It is increased by excess hours worked at the current contribution rate and decreased by the hours needed to continue coverage at the current contribution rate for active participants and the current insurance coverage cost for retired participants. In the event of a participant's death, available hour bank benefits are transferred to a surviving spouse or minor children. The estimate for the retired participants is included in the postretirement benefit obligation.

Risks and Uncertainties
Plan contributions and the Plan's benefit obligation are prepared based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to the uncertainties inherent in this 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.

Employer Contributions, Net
Employer contributions, net, represent contributions from employers and other local unions pursuant to reciprocal agreements based on the hours worked during the year, net of any reciprocal payments in accordance with such agreements as well as any amounts transferred to the Plan's related Annuity Fund in accordance with the memorandum of understanding detailed in Note 1 for hour bank balances. Reciprocal payments to other locals for the years ended December 31, 2025 and 2024 totaled $502,028 and $455,318, respectively. Amounts transferred to the Plan's related Annuity Fund for the years ended December 31, 2025 and 2024, respectively, totaled $1,151,377 and $896,139. The reciprocal payments and annuity transfers are included in "Employer, net" in the financial statements.

Leases
The Plan leases office space from a related party. See Note 6. The Plan determines if an arrangement is a lease at inception.

Benefit Payments
Benefits are recorded as an expense when paid.

Administrative Expenses
Administrative expenses are paid by the Plan.

3. BENEFIT OBLIGATION

The Plan's net assets as of December 31, 2025 and 2024, are in excess of the benefit obligation as determined by the calculation completed by the Plan's actuary and detailed in Note 2.

The annual rate of increase in the per capita cost of covered healthcare benefits assumption as stated in Note 2 has a significant effect on the amounts reported in the financial statements. If the assumed rate increased by one percentage point in each year, it would increase the obligation as of December 31, 2025 and 2024, by $2,694,973 and $2,812,443, respectively.

4. DEPOSITS WITH INSURANCE COMPANIES

The Plan has experience-rated contracts with BCBS for medical and dental benefits. At December 31, 2025 and 2024, reserve amounts remain because the cost of the actual claims was less than the premiums remitted for these years. Although these reserves remain, they are not recorded as potential assets in the Plan's financial statements because the amount to be realized ultimately cannot be reasonably estimated as of the date of this report.

5. FAIR VALUE

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025:

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 3,443,807	$ -	$ -	$ 3,443,807
Mutual funds and exchange traded & closed-end funds	23,115,604	-	-	23,115,604
Equity securities	16,717,204	-	-	16,717,204
U.S. Government securities	2,255,031	-	-	2,255,031
Mortgage-backed securities	-	255,590	-	255,590
Corporate bonds	-	17,615,891	-	17,615,891
Total assets at fair value	$ 45,531,646	$ 17,871,481	$ -	63,403,127
Investments measured at net asset value (a)				5,035,000
Total investments				$ 68,438,127

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 1,639,597	$ -	$ -	$ 1,639,597
Equity securities	27,947,587	-	-	27,947,587
U.S. Government securities	12,749,781	-	-	12,749,781
Mortgage-backed securities	-	10,730,897	-	10,730,897
Corporate bonds	-	9,034,978	-	9,034,978
Municipal bonds	-	675,349	-	675,349
Total investments at fair value	$ 42,336,965	$ 20,441,224	$ -	$ 62,778,189

(a) Certain investments that were measured using the net asset value practical expedient have not been classified in the fair value hierarchy. The amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

5. FAIR VALUE (Continued)

The Plan has the following investment whose fair value is based on the net asset value practical expedient as of December 31, 2025:

	Fair Value	Unfunded Commitments	Redemption Frequency (if Currency Eligible)
Corbin Pinehurst Institutional Ltd.	$ 5,035,000	$ -	[1]

[1] The investment in Corbin Pinehurst Institutional Ltd. allows for redemptions quarterly with 100 days' notice and 25% investor level gate per quarter. There is no lockup.

6. RELATED PARTY TRANSACTIONS

The Plan has an agreement with the U.A. Local 13 Pension Fund (the "Pension Fund"), the Annuity Fund and other affiliates to share administrative wages, office expenses, and other related expenses. The Pension Fund, Annuity Fund, and other affiliates are related by common membership. The Plan receives reimbursement monthly from the Pension Fund, Annuity Fund, and other affiliates according to an administrative expense-sharing agreement. Total reimbursements from the Pension Fund for the years ended December 31, 2025 and 2024 were $234,225 and $260,802, respectively. Total reimbursements from the Annuity Fund for the years ended December 31, 2025 and 2024 were $153,653 and $162,478, respectively. Total reimbursements from other affiliates for the years ended December 31, 2025 and 2024 were $28,600 and $23,386, respectively. This reimbursement of expenses from affiliates is treated as a reduction of "administrative expenses" in the financial statements. As of December 31, 2025 the Plan was owed $3,282 from affiliates for the under payment of expense-sharing monthly payments. As of December 31, 2024 the Plan was owed $12,066 from the Annuity Fund for the reimbursement of Annuity Fund expenses paid by the Plan. These amounts are presented as "due from affiliate" in the financial statements.

The Plan maintains a deposit account for all related organizations' employer and reciprocal contributions. Once a month, the Plan distributes to the related benefit funds and other affiliates their share of those contributions. As of December 31, 2025 and 2024, the Plan owed $305,916 and $1,019,823, respectively, related to amounts received during the current year and allocated after year end. This balance is presented as "due to affiliates" in the financial statements. As of December 31, 2024, the Plan was owed $254,647, respectively from the depository account. The Plan is related to the Local, the Plumbing and Heating Joint Apprenticeship and Training Council of UA Local 13 (the "JATC"), and the United Association Local #13 Independent Contractors - Industry Advancement Program (the "IAP") through common membership. Total amounts collected on behalf of affiliates were as follows for the year ended December 31:

	2025	2024
Pension Fund	$ 14,770,923	$ 13,207,903
Annuity Fund	11,129,282	9,432,149
IAP	2,955,027	3,006,188
Local	2,397,797	1,994,420
JATC	1,449,879	1,245,349
	$ 32,702,908	$ 28,886,009

6. RELATED PARTY TRANSACTIONS (Continued)

The Plan also has a lease agreement with U.A. Local 13 Building, Inc. (the "Building Corporation"), an entity related through common membership, to lease office space for its building. The rent is $20,000, payable annually and is cancelable at any time, without penalty. The current lease is for a period of five years effective January 1, 2021 through December 31, 2025, and may be cancelled by either party at any time without penalty. Effective January 1, 2026 the lease was extended for an additional five-year period through December 31, 2030. Total rent paid to the Building Corporation for the years ended December 31, 2025 and 2024 was $20,000. Future minimum lease payments of $20,000 annually are to be paid under this agreement as of December 31, 2025.

7. PARTY-IN-INTEREST TRANSACTIONS

The Plan utilizes Morgan Stanley Smith Barney, LLC ("Morgan Stanley") as the custodian of its investments. Certain assets of the Plan are held in Morgan Stanley investments. Morgan Stanley also provides administrative and investment management services to the Plan during the year ended December 31, 2025. The Plan did not pay direct fees to Morgan Stanley during the year ended December 31, 2025 as fees are paid directly from an investment fund.

The Plan previously utilized Bank of America as a custodian of certain investments. This relationship was terminated during the year ended December 31, 2025. The Plan did not pay direct fees to Bank of America during the years ended December 31, 2025 or 2024 as fees were paid directly from an investment fund.

8. FURNITURE, EQUIPMENT AND LEASEHOLD IMPROVEMENTS, NET

Furniture, equipment and leasehold improvements consist of the following as of December 31:

	2025	2024
Furniture and equipment	$ 111,255	$ 119,357
Leasehold improvements	28,881	28,881
	140,136	148,238
Less: Accumulated depreciation and amortization	(140,136)	(140,358)
	$ -	$ 7,880

Depreciation and amortization expense for the years ended December 31, 2025 and 2024 was $7,880 and $5,745, respectively.

9. PARTICIPATION IN MULTIEMPLOYER PLANS

Defined Benefit Pension Plan

The Plan currently participates in one multiemployer pension plan in the United States of America, the Pension Fund. The Plan contributes to the Pension Fund based on a participation agreement covering union-represented and non-union represented employees. The Plan's share of contributions is based on a fixed rate per hour worked over the term of the CBA. The Pension Fund is managed by a Board of Trustees and put in place by the Local and employers signatory to the CBA, which shares common members with the Plan's Board of Trustees.

The risks of participating in multiemployer plans are different from single-employer plans in the following aspects: (1) assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers; (2) if a participating employer stops contributing to the Pension Fund, the unfunded obligations of the Pension Fund may be borne by the remaining participating employers; (3) if the Plan chooses to stop participating in the Pension Fund, the Plan may be required to pay the Pension Fund an amount based on the underfunded status of the Pension Fund, referred to as a withdrawal liability. If the Pension Fund were to terminate, if participants voluntarily withdrew or there was a mass withdrawal, the Plan may also be required to make additional payments to the Pension Fund for its proportionate share of underfunded liabilities.

The Pension Protection Act (PPA) requires under-funded pension plans to improve their funding ratios based on the level of their underfunding. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded. The Multiemployer Pension Reform Act of 2014 created a new zone status of "critical and declining" for those plans 1) projected to be insolvent in the current year or any of the 14 succeeding plan years; or 2) projected to be insolvent in the current year or any of the 19 succeeding plan years and a) the ratio of inactive to active participants exceeds 2 to 1, or b) the plan is less than 80% funded. Based upon the information available from plan administrators, management does not believe the multiemployer plan is underfunded.

Based upon information available, details of the multiemployer pension plan are as follows:

Pension Fund	EIN (Plan Number)	Pension Protection Act (PPA) Certified Zone Status[1]		FIP/RP Status Pending/ Implemented [2]
		2025	2024	
U.A. Local 13 Pension Fund	EIN: 16-0778864 Plan #001	Green 1/1/2025	Green 1/1/2024	No

Pension Fund	EIN (Plan Number)	Contributions for the years ended December 31, [3]		Surcharge Imposed	Expiration Date of Collective Bargaining Agreement[4]
		2025	2024		
U.A. Local 13 Pension Fund	EIN: 16-0778864 Plan #001	$ 49,787	$ 46,371	No	4/30/2028

[1] The most recent PPA zone status available is for the plan's year-end as noted in the table above. The zone status is based on information received from the plan and is certified by the plan's actuary.

[2] The "FIP/RP Status Pending/Implemented" column indicates plans for which a financial improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. As part of the "FIP" or "RP," changes to the plan such as rate increases, or benefit reductions might have occurred.

9. PARTICIPATION IN MULTIEMPLOYER PLANS (Continued)

[3] The Plan's share of contributions to the plan did not represent 5% or more of total contributions of the plan for the years ended December 31, 2025 and 2024, respectively.

[4] Lists the expiration date of the collective bargaining agreement to which the plan is subject.

The Plan currently has no intention of withdrawing from the multiemployer pension plan in which it participates.

Defined Contribution Retirement Plan
In addition to the contributions to the defined benefit pension plan described above, the Plan also contributes to the Annuity Fund, a defined contribution multiemployer plan that provides retirement benefits to the Plan's union and non-union-represented employees. The Plan contributed $27,442 and $30,703 to the Annuity Plan for the years ended December 31, 2025 and 2024, respectively.

10. PLAN TERMINATION

Although it has expressed no intent to do so, the Board of Trustees has the right to discontinue or terminate the Plan at any time.

The following is a list of priorities if the Plan is terminated:

a) To satisfy any outstanding benefit obligations and expenses incurred in the normal administration of the Plan.

b) To disburse any remaining funds in an appropriate manner as determined by the Board of Trustees.

11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Postemployment and postretirement benefit obligations are required to be reported in the "Statements of Benefit Obligation" and not in Schedule H of Form 5500. Therefore, postemployment and postretirement benefit obligations per the financial statements for the years ended December 31, 2025 and 2024, totaling $43,708,579 and $41,033,703, respectively, are not included as liabilities on Schedule H of the Form 5500.

12. INCOME TAX STATUS

The trust established under the Plan to hold the Plan's assets obtained its latest determination letter on January 8, 1954, in which the Internal Revenue Service stated that the trust, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The trust has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the trust is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

For employee benefit plans, their tax-exempt status itself is deemed to be an uncertainty since events could potentially occur to jeopardize their tax-exempt status. The Plan files the Return of Exempt Organization from Income Tax (Form 990) and the Annual Return/Report of Employee Benefit Plan (Form 5500) in the U.S. federal jurisdiction.

13. PLAN AMENDMENTS

Effective January 1, 2025 and adopted January 2, 2025, the Plan was amended to reduce the number of hours deducted from a participant's hour bank on a quarterly basis from 30 to 24 for A-Bank participants and from 60 to 36 for B and C-Bank participants.

Effective July 23, 2025 and adopted August 20, 2025, the Plan was amended to add the use of hour bank balances by surviving spouses or children after the death of the participant.

14. SUBSEQUENT EVENTS

Effective May 1, 2026, the Plan transitioned to a self-insured structure for providing its health care, vision, dental and prescription insurance benefits to participants. These benefit claims are administered by Excellus BlueCross BlueShield. The Plan also entered into a stop-loss insurance agreement to limit its exposure for the self-insured benefits for participant claims over a specific dollar amount. This insurance is provided by Excellus BlueCross BlueShield.

All other subsequent events have been evaluated through September 29, 2026, which is the date the financial statements were available to be issued.

U.A. LOCAL 13 AND EMPLOYERS GROUP INSURANCE FUND

SCHEDULES OF COSTS OF BENEFITS PAID AND ADMINISTRATIVE EXPENSES
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

SCHEDULE I

	2025	2024
COST OF BENEFITS PAID:		
Directly to and on behalf of members -		
Hour bank reimbursements	$ 1,184,202	$ 950,897
Death benefits	48,000	38,000
Self-funded medical	40,203	26,020
	1,272,405	1,014,917
Insurance premiums and other costs -		
Health insurance	14,243,078	11,940,274
Dental insurance	694,361	591,428
Life insurance, hospital, accident, critical care, and short term disability	604,972	569,694
Contract administrator fees - Lifetime Benefit Solutions	85,962	100,884
Employee assistance program	28,982	28,989
	15,657,355	13,231,269
	$ 16,929,760	$ 14,246,186
ADMINISTRATIVE EXPENSES:		
Salaries, benefits, and payroll taxes	$ 493,497	$ 488,082
Auditing and accounting services	156,898	149,615
Computer supplies and expense	109,907	79,325
Legal	91,947	97,706
Office expense	52,679	47,946
Insurance	50,747	49,708
Meetings and conferences	35,047	35,393
Rent	20,000	20,000
Depreciation and amortization	7,880	5,745
Actuarial	4,250	14,083
Bank fees	4,109	13,321
Telephone	2,719	3,517
Postage	2,638	1,855
	1,032,318	1,006,296
Less: Reimbursement of expenses from affiliates	(416,478)	(446,666)
	$ 615,840	$ 559,630

The accompanying notes are an integral part of these schedules.

U.A. LOCAL 13 AND EMPLOYERS GROUP INSURANCE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0766976, PLAN NUMBER 501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025 SCHEDULE II

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Par, or Maturity Value	(d) Cost	(e) Current Value
	CASH AND CASH EQUIVALENTS			
	CASH	Cash	$ 5,105	$ 5,105
*	MORGAN STANLEY BANK N.A.	Cash equivalents	3,189,283	3,189,283
*	MORGAN STANLEY PRIVATE BANK NA	Cash equivalents	249,419	249,419
			3,443,807	3,443,807
	MUTUAL FUND AND EXCHANGE-TRADED & CLOSED-END FUNDS			
	GLOBAL X MLP & ENERGY INFRAS (MLPX)	Exchange-traded or closed-end fund	1,359,306	1,343,766
	INVESCO S&P 500 EQUAL WEIGHT E (RSP)	Exchange-traded or closed-end fund	3,054,720	3,064,960
	ISHARES 7-10 YR TREASRY BD ETF (IEF)	Exchange-traded or closed-end fund	672,834	673,120
	ISHARES EDGE MSCI MIN VOL EAFE (EFAV)	Exchange-traded or closed-end fund	2,019,236	2,037,225
	VANGUARD FTSE EMERGING MARKETS (VWO)	Exchange-traded or closed-end fund	1,333,074	1,322,496
	VANGUARD LONG TERM BND (BLV)	Exchange-traded or closed-end fund	3,313,315	3,302,200
	VANGUARD REAL ESTATE ETF (VNQ)	Exchange-traded or closed-end fund	1,011,576	999,937
	VANGUARD RUSSELL 2000 ETF (VTWO)	Exchange-traded or closed-end fund	1,672,935	1,642,080
	VANGUARD TOTAL BOND MARKET (BND)	Exchange-traded or closed-end fund	1,221,942	1,222,155
	WESTERN ASST INFLTN LKD INM FD (WIA)	Exchange-traded or closed-end fund	659,699	661,600
	BNY MELLON GLB FIXED INC I (SDGIX)	Mutual fund	3,400,000	3,337,585
	FEDERATED HERMES GOVT OBL PRM (GOFXX)	Mutual fund	3,508,480	3,508,480
			23,227,117	23,115,604
	EQUITY SECURITIES			
	ADVANCED MICRO DEVICES (AMD)	Common stock	19,721	19,260
	AIA GROUP LTD SPON ADR (AAGIY)	Common stock	125,887	129,260
	AIR LIQUIDE ADR (AIQUY)	Common stock	131,962	131,302
	ALBEMARLE CORPORATION (ALB)	Common stock	47,621	83,025
	ALCON INC (ALC)	Common stock	187,390	185,834
	ALPHABET INC CL A (GOOGL)	Common stock	45,052	137,407
	ALPHABET INC CL C (GOOG)	Common stock	191,087	190,163
	AMADEUS IT GROUP S.A ADR (AMADY)	Common stock	156,349	162,736
	AMAZON COM INC (AMZN)	Common stock	388,286	398,395
	AMPHENOL CORP NEW CL A (APH)	Common stock	70,874	92,841
	ANALOG DEVICES INC (ADI)	Common stock	29,919	29,018
	AON PLC CL A (AON)	Common stock	186,883	192,320
	APPLE INC (AAPL)	Common stock	278,765	273,219
	APPLIED MATERIALS INC (AMAT)	Common stock	56,439	64,248
	ARES MANAGEMENT CORP - A (ARES)	Common stock	30,293	29,740
	ASML HOLDING NV NY REG NEW (ASML)	Common stock	205,996	206,483
	ASTRAZENECA PLC ADR (AZN)	Common stock	66,977	91,286
	ATLASSIAN CORPORATION CL A (TEAM)	Common stock	115,503	96,798
	AXON ENTERPRISE INC (AXON)	Common stock	33,726	34,706
	BAE SYS PLC SPON ADR (BAESY)	Common stock	140,126	137,863
	BEIERSDORF AG UNSPONS ADR (BDRFY)	Common stock	93,551	100,321
	BENTLEY SYS INC COM CL B (BSY)	Common stock	116,240	80,566
	BLACKROCK INC (BLK)	Common stock	83,938	88,838
	BROADCOM INC (AVGO)	Common stock	164,825	142,593
	CADENCE DESIGN SYSTEM (CDNS)	Common stock	134,832	119,718
	CALISA ACQUISITION CORP (ALIS)	Common stock	534,893	536,220
	CBRE GROUP INC - A (CBRE)	Common stock	76,036	89,238
	CINTAS CORP (CTAS)	Common stock	35,035	35,733
	CLEARWATER ANALYTICS HOLDINGS (CWAN)	Common stock	44,856	45,852
	COMPANHIA DE SANEMENTO BASI (SBS)	Common stock	39,475	40,211
	CROWN RESERVE ACQU CORP I CL A (CRAC)	Common stock	534,600	536,760
	DEUTSCHE BOERSE AG UNSPON ADR (DBOEY)	Common stock	32,404	40,723
	DEUTSCHE POST AG ADR (DHLGY)	Common stock	39,173	46,595
	DOORDASH INC CL A (DASH)	Common stock	46,538	47,787
	DRUGS MADE IN AMERICA ACQU II (DMII)	Common stock	533,493	534,600

(Continued)

U.A. LOCAL 13 AND EMPLOYERS GROUP INSURANCE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0766976, PLAN NUMBER 501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025 SCHEDULE II

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Par, or Maturity Value	(d) Cost	(e) Current Value
	EQUITY SECURITIES (Continued)			
	ELEVANCE HEALTH INC (ELV)	Common stock	88,452	93,597
	ELI LILLY & CO (LLY)	Common stock	78,151	84,374
	ESSILORLUXOTTICA ADR (ESLOY)	Common stock	204,925	183,693
	EXPERIAN GP LTD ADR (EXPGY)	Common stock	117,374	121,815
	FIRST AMERICAN FINL CORP (FAF)	Common stock	43,314	42,639
	GE AEROSPACE (GE)	Common stock	40,688	42,508
	GE VERNOVA INC (GEV)	Common stock	47,768	50,720
	GLOBA TERRA ACQU CORP CL A (GTERA)	Common stock	538,745	540,350
	GSK PLC ADR (GSK)	Common stock	36,310	45,166
	HALMA PLC UNSPON ADR (HALMY)	Common stock	29,448	38,927
	HARVARD AVE ACQU CORP CL A (HAVA)	Common stock	331,052	332,655
	HEICO CORP CLASS A (HEI'A)	Common stock	38,254	47,709
	HERMES INTL SCA UNSPON ADR (HESAY)	Common stock	281,823	284,857
	HILTON WORLDWIDE HLDGS INC (HLT)	Common stock	38,176	40,790
	HOWMET AEROSPACE INC (HWM)	Common stock	29,079	30,753
	ICON PLC (ICLR)	Common stock	126,313	126,825
	INTERCONTINENTAL EXCHANGE INC (ICE)	Common stock	35,403	40,976
	INTERCONTINENTAL HOTLS GRP ADR (IHG)	Common stock	99,153	105,200
	INTUIT INC (INTU)	Common stock	58,433	59,028
	INTUITIVE SURGICAL INC (ISRG)	Common stock	71,601	71,928
	KKR & CO INC CL A (KKR)	Common stock	29,882	27,536
	L OREAL CO ADR (LRLCY)	Common stock	182,785	184,708
	L3HARRIS TECHNOLOGIES INC (LHX)	Common stock	67,835	93,062
	LAFAYETTE ACQUISITION CORP (LAFA)	Common stock	268,585	269,033
	LAKE SUPERIOR ACQU CORP CL A (LKSP)	Common stock	536,215	535,680
	LAM RESEARCH CORPORATION NEW (LRCX)	Common stock	52,636	63,679
	LONDON STOCK EXCHANGE GRP ADR (LSEGY)	Common stock	233,300	247,107
	LONZA GROUP AG ZUERICH ADR (LZAGY)	Common stock	105,332	105,422
	MASTERCARD INC CL A (MA)	Common stock	473,522	572,022
	MCKESSON CORP (MCK)	Common stock	39,392	39,323
	MERCADOLIBRE INC (MELI)	Common stock	67,724	62,442
	META PLATFORMS INC CL A (META)	Common stock	224,835	254,135
	MICROSOFT CORP (MSFT)	Common stock	562,285	558,394
	MOODYS CORP (MCO)	Common stock	86,627	96,551
	NASDAQ INC COM (NDAQ)	Common stock	72,632	81,395
	NETEASE.COM INC ADS (NTES)	Common stock	120,264	120,830
	NETFLIX INC (NFLX)	Common stock	40,224	39,285
	NINTENDO CO LTD ADR NEW (NTDOY)	Common stock	224,920	194,295
	NOVARTIS AG ADR (NVS)	Common stock	101,705	106,298
	NU HLDGS LTD ORD SHS CL A (NU)	Common stock	121,171	127,157
	NVIDIA CORPORATION (NVDA)	Common stock	565,921	580,848
	ORACLE CORP (ORCL)	Common stock	34,780	30,991
	PALANTIR TECHNOLOGIES INC CL A (PLTR)	Common stock	27,588	27,018
	PARKER HANNIFIN CORP (PH)	Common stock	6,045	5,976
	PERSIMMON PLC UNSPONS ADR (PSMMY)	Common stock	71,042	70,641
	PHILIP MORRIS INTL INC (PM)	Common stock	177,868	191,197
	PRIORITY INCOME FUND INC CAL N (PRIF.L)	Preferred stock	520,212	516,430
	QUANTA SERVICES INC (PWR)	Common stock	32,392	29,283
	REA GROUP LTD (RPGRY)	Common stock	117,912	106,027
	RECKITT BENCKISERGRP PLC ADR (RBGLY)	Common stock	120,548	123,033
	ROCHE HOLDINGS ADR (RHHBY)	Common stock	113,829	143,622
	ROLLINS INC (ROL)	Common stock	46,720	52,638
	S&P GLOBAL INC COM (SPGI)	Common stock	70,165	72,640
	SAP AG (SAP)	Common stock	314,491	312,382
	SARTORIUS AG ADR (SOAGY)	Common stock	122,669	121,007
	SERVICENOW INC (NOW)	Common stock	141,603	124,278
	SHERWIN WILLIAMS COMPANY OHIO (SHW)	Common stock	50,873	50,873
	SHOPIFY INC CL A (SHOP)	Common stock	44,463	45,072
	SIEMENS HEALTHINEERS AG ADR (SMMNY)	Common stock	85,851	90,186

(Continued)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Par, or Maturity Value	(d) Cost	(e) Current Value
	EQUITY SECURITIES (Continued)			
	SNOWFLAKE INC CL A (SNOW)	Common stock	68,776	66,905
	SOCIEDAD QUIMICA Y MINERA ADS (SQM)	Common stock	48,322	84,624
	SOUND POINT MERIDIAN CAP 8% (SPMA)	Preferred stock	92,028	91,477
	SPOTIFY TECHNOLOGY SA (SPOT)	Common stock	63,418	66,201
	STONEBRIDGE ACQU II CORP CL A (APAC)	Common stock	534,837	516,340
	STRYKER CORP (SYK)	Common stock	38,916	38,662
	TAIWAN SMCNDCTR MFG CO LTD ADR (TSM)	Common stock	407,820	439,425
	TENCENT HLDGS LTD UNSPON ADR (TCEHY)	Common stock	238,422	234,013
	TESLA INC (TSLA)	Common stock	64,486	66,109
	THE COOPER COMPANIES INC (COO)	Common stock	90,678	94,992
	TJX COS INC NEW (TJX)	Common stock	91,920	91,398
	TRANSUNION (TRU)	Common stock	103,112	95,097
	UNITED PARCEL SER INC CL-B (UPS)	Common stock	131,515	139,164
	UNITEDHEALTH GP INC (UNH)	Common stock	54,790	66,682
	VERTEX PHARMACEUTICALS (VRTX)	Common stock	152,583	172,689
	VISA INC CL A (V)	Common stock	175,820	188,331
	WEST FRASER TIMBER CO (WFG)	Common stock	77,422	64,654
	WOLTERS KLUWER NV SPON ADR (WTKWY)	Common stock	124,073	126,887
	WORKDAY INC CL A (WDAY)	Common stock	48,041	44,889
			16,237,029	16,717,204
	U.S. GOVERNMENT SECURITIES			
	UNITED STATES TREASURY NOTE	CUSIP: 91282CMH1; Maturity Date: 01/31/2027; Rate: 4.13%	680,824	681,350
	UNITED STATES TREASURY NOTE	CUSIP: 91282CKJ9; Maturity Date: 04/15/2027; Rate: 4.50%	202,243	202,480
	UNITED STATES TREASURY NOTE	CUSIP: 91282CKR1; Maturity Date: 05/15/2027; Rate: 4.50%	303,611	304,002
	UNITED STATES TREASURY NOTE	CUSIP: 91282CKV2; Maturity Date: 06/15/2027; Rate: 4.63%	304,384	304,823
	UNITED STATES TREASURY NOTE	CUSIP: 91282CMS7; Maturity Date: 03/15/2028; Rate: 3.88%	355,014	355,869
	UNITED STATES TREASURY NOTE	CUSIP: 91282CNM9; Maturity Date: 07/15/2028; Rate: 3.88%	303,782	304,595
	UNITED STATES TREASURY NOTE	CUSIP: 91282CPC9; Maturity Date: 10/15/2028; Rate: 3.50%	101,598	101,912
			2,251,456	2,255,031
	MORTGAGE-BACKED SECURITIES			
	FEDERAL NATIONAL MTG ASSN POOL MA5531	CUSIP: 31418FED5; Maturity Date: 11/01/2054; Rate: 5.50%	254,715	255,590
	CORPORATE BONDS			
	ABBVIE INC	CUSIP: 00287YBV0; Maturity Date: 11/21/2026; Rate: 2.95%	102,119	102,233
	AIR LEASE CORP	CUSIP: 00914AAM4; Maturity Date: 08/15/2026; Rate: 1.88%	102,336	102,478
	ALLEGION US HOLDING CO INC	CUSIP: 01748NAE4; Maturity Date: 10/01/2027; Rate: 3.55%	281,780	282,548
	ALTRIA GROUP INC	CUSIP: 02209SBR3; Maturity Date: 11/01/2033; Rate: 6.88%	281,457	281,544
	AMERICAN TOWER CORP	CUSIP: 03027XCH1; Maturity Date: 02/15/2034; Rate: 5.45%	281,349	282,544
	AT&T INC	CUSIP: 00206RDQ2; Maturity Date: 03/01/2027; Rate: 4.25%	281,413	281,698

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Par, or Maturity Value	(d) Cost	(e) Current Value
	CORPORATE BONDS (Continued)			
	BANK OF AMERICA CORP FXD TO 032028 VAR THRAFTR 3.9700%	CUSIP: 06051GHG7; Maturity Date: 03/05/2029; Rate: 3.97%	204,162	204,725
	BAT CAPITAL CORP	CUSIP: 05526DBS3; Maturity Date: 03/25/2031; Rate: 2.73%	281,338	282,888
	BATH & BODY WORKS INC	CUSIP: 501797AL8; Maturity Date: 11/01/2035; Rate: 6.88%	353,408	355,619
	BLOCK FINANCIAL LLC	CUSIP: 093662AJ3; Maturity Date: 07/15/2028; Rate: 2.50%	281,363	282,452
	BOEING CO/THE	CUSIP: 097023DB8; Maturity Date: 02/01/2028; Rate: 3.25%	101,982	102,312
	BOYD GAMING CORP	CUSIP: 103304BU4; Maturity Date: 12/01/2027; Rate: 4.75%	352,732	352,548
	BROWN & BROWN INC	CUSIP: 115236AG6; Maturity Date: 06/11/2034; Rate: 5.65%	281,526	282,189
	CAPITAL ONE FINANCIAL CORP FXD TO 052027 VAR THRAFTR 4.9270%	CUSIP: 14040HCS2; Maturity Date: 05/10/2028; Rate: 4.93%	102,021	102,204
	CARLISLE COS INC	CUSIP: 142339AH3; Maturity Date: 12/01/2027; Rate: 3.75%	281,226	281,606
	CCO HOLDINGS LLC / CCO HOLDINGS CAPITAL CORP	CUSIP: 1248EPCN1; Maturity Date: 05/01/2032; Rate: 4.50%	353,511	352,733
	CDW LLC / CDW FINANCE CORP	CUSIP: 12513GBF5; Maturity Date: 02/15/2029; Rate: 3.25%	281,931	283,204
	CIGNA GROUP/THE	CUSIP: 125523CB4; Maturity Date: 03/01/2027; Rate: 3.40%	102,165	102,359
	CITIGROUP INC FXD TO 072027 VAR THRAFTR 3.6680%	CUSIP: 172967LP4; Maturity Date: 07/24/2028; Rate: 3.67%	152,756	153,039
	CONAGRA BRANDS INC	CUSIP: 205887CL4; Maturity Date: 08/01/2035; Rate: 5.75%	280,690	281,117
	CROWN CASTLE INC	CUSIP: 22822VBE0; Maturity Date: 03/01/2034; Rate: 5.80%	280,730	281,392
	DELL INTERNATIONAL LLC / EMC CORP	CUSIP: 24703TAG1; Maturity Date: 10/01/2029; Rate: 5.30%	101,797	102,253
	DICK'S SPORTING GOODS INC	CUSIP: 253393AF9; Maturity Date: 01/15/2032; Rate: 3.15%	281,113	281,476
	DIGITAL REALTY TRUST LP	CUSIP: 25389JAV8; Maturity Date: 01/15/2028; Rate: 5.55%	101,562	101,765
	DUKE ENERGY CORP	CUSIP: 26441CAX3; Maturity Date: 08/15/2027; Rate: 3.15%	101,545	101,828
	EAGLE MATERIALS INC	CUSIP: 26969PAB4; Maturity Date: 07/01/2031; Rate: 2.50%	281,536	282,699
	ENCOMPASS HEALTH CORP	CUSIP: 29261AAA8; Maturity Date: 02/01/2028; Rate: 4.50%	353,558	355,589
	ENERGY TRANSFER LP	CUSIP: 292480AL4; Maturity Date: 05/15/2028; Rate: 4.95%	101,431	101,631
	EXELON CORP	CUSIP: 30161NAU5; Maturity Date: 04/15/2026; Rate: 3.40%	101,712	101,802
	EXPEDIA GROUP INC	CUSIP: 30212PBK0; Maturity Date: 08/01/2027; Rate: 4.63%	281,817	282,092
	FISERV INC	CUSIP: 337738BH0; Maturity Date: 08/21/2033; Rate: 5.63%	281,084	281,924
	FLEX LTD	CUSIP: 33938XAF2; Maturity Date: 01/15/2032; Rate: 5.25%	281,390	281,664
	FORTUNE BRANDS INNOVATIONS INC	CUSIP: 34964CAH9; Maturity Date: 06/01/2033; Rate: 5.88%	280,872	281,327
	GENERAL MOTORS FINANCIAL CO INC	CUSIP: 37045XDA1; Maturity Date: 08/20/2027; Rate: 2.70%	102,370	102,674
	GENUINE PARTS CO	CUSIP: 372460AD7; Maturity Date: 11/01/2033; Rate: 6.88%	281,450	281,082

(Continued)

U.A. LOCAL 13 AND EMPLOYERS GROUP INSURANCE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0766976, PLAN NUMBER 501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025 SCHEDULE II

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Par, or Maturity Value	(d) Cost	(e) Current Value
	CORPORATE BONDS (Continued)			
	GLOBAL PAYMENTS INC	CUSIP: 37940XAW2; Maturity Date: 11/15/2030; Rate: 4.88%	281,549	282,247
	GOLDMAN SACHS GROUP INC FXD TO 042028 VAR THRAFTR 3.8140%	CUSIP: 38141GWV2; Maturity Date: 04/23/2029; Rate: 3.81%	102,048	102,429
	GOLDMAN SACHS GROUP INC/THE FX D TO 102026 VAR THRAFTR 1.948%	CUSIP: 38141GYM0; Maturity Date: 10/21/2027; Rate: 1.95%	101,996	102,248
	HCA INC	CUSIP: 404121AH8; Maturity Date: 09/01/2026; Rate: 5.38%	281,770	281,636
	HCA INC	CUSIP: 404119BW8; Maturity Date: 02/01/2029; Rate: 5.88%	101,869	102,120
	HEWLETT PACKARD ENTERPRISE CO	CUSIP: 42824CBS7; Maturity Date: 09/25/2027; Rate: 4.40%	102,391	102,593
	HP INC	CUSIP: 40434LAN5; Maturity Date: 01/15/2033; Rate: 5.50%	281,329	281,949
	JPMORGAN CHASE & CO FXD TO 052027 VAR THRAFTR 3.5400%	CUSIP: 46647PAF3; Maturity Date: 05/01/2028; Rate: 3.54%	102,253	102,449
	JPMORGAN CHASE & CO FXD TO 092026 VAR THRAFTR 1.4700%	CUSIP: 46647PCP9; Maturity Date: 09/22/2027; Rate: 1.47%	101,859	102,108
	KINDER MORGAN INC	CUSIP: 494553AD2; Maturity Date: 02/01/2029; Rate: 5.00%	102,156	102,404
	LKQ CORP	CUSIP: 501889AF6; Maturity Date: 06/15/2033; Rate: 6.25%	281,577	283,045
	MARRIOTT INTERNATIONAL INC/MD	CUSIP: 571903BE2; Maturity Date: 06/15/2030; Rate: 4.63%	280,916	282,431
	MOLSON COORS BEVERAGE CO	CUSIP: 60871RAG5; Maturity Date: 07/15/2026; Rate: 3.00%	281,282	281,550
	MOTOROLA SOLUTIONS INC	CUSIP: 620076BW8; Maturity Date: 06/01/2032; Rate: 5.60%	281,858	283,145
	MYLAN INC	CUSIP: 628530BK2; Maturity Date: 04/15/2028; Rate: 4.55%	101,874	102,137
	NETAPP INC	CUSIP: 64110DAN4; Maturity Date: 03/17/2035; Rate: 5.70%	280,647	281,081
	NEXTERA ENERGY CAPITAL HOLDINGS INC	CUSIP: 65339KCM0; Maturity Date: 02/28/2028; Rate: 4.90%	101,560	101,881
	OLIN CORP	CUSIP: 680665AK2; Maturity Date: 02/01/2030; Rate: 5.00%	281,523	283,906
	ORACLE CORP	CUSIP: 68389XCJ2; Maturity Date: 11/09/2032; Rate: 6.25%	281,058	277,953
	ORACLE CORP	CUSIP: 68389XBU8; Maturity Date: 04/01/2027; Rate: 2.80%	101,916	102,038
	PAYCHEX INC	CUSIP: 704326AC1; Maturity Date: 04/15/2035; Rate: 5.60%	281,721	283,138
	QORVO INC	CUSIP: 74736KAH4; Maturity Date: 10/15/2029; Rate: 4.38%	281,061	280,842
	QUANTA SERVICES INC	CUSIP: 74762EAL6; Maturity Date: 08/09/2034; Rate: 5.25%	281,360	281,814
	RTX CORP	CUSIP: 913017CY3; Maturity Date: 11/16/2028; Rate: 4.13%	102,026	102,393
	SBA COMMUNICATIONS CORP	CUSIP: 78410GAG9; Maturity Date: 02/01/2029; Rate: 3.13%	281,401	282,218
	SOUTHWEST AIRLINES CO	CUSIP: 844741BK3; Maturity Date: 06/15/2027; Rate: 5.13%	102,156	102,246
	T-MOBILE USA INC	CUSIP: 87264ACA1; Maturity Date: 02/15/2028; Rate: 2.05%	102,322	102,746
	TELEDYNE TECHNOLOGIES INC	CUSIP: 879360AD7; Maturity Date: 04/01/2028; Rate: 2.25%	281,340	282,628
	TENET HEALTHCARE CORP	CUSIP: 88033GDQ0; Maturity Date: 06/15/2030; Rate: 6.13%	352,917	354,058

(Continued)

U.A. LOCAL 13 AND EMPLOYERS GROUP INSURANCE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0766976, PLAN NUMBER 501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025 SCHEDULE II

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Par, or Maturity Value	(d) Cost	(e) Current Value
	CORPORATE BONDS (Continued)			
	TRANSDIGM INC	CUSIP: 893647BP1; Maturity Date: 01/15/2029; Rate: 4.63%	353,718	355,551
	TRIMBLE INC	CUSIP: 896239AC4; Maturity Date: 06/15/2028; Rate: 4.90%	281,267	282,101
	TRUIST FINANCIAL CORP FXD TO 102028 VAR THRAFTR 7.161%	CUSIP: 89788MAQ5; Maturity Date: 10/30/2029; Rate: 7.16%	101,343	101,435
	US BANCORP FXD TO 072027 VAR THRAFTR 4.5480%	CUSIP: 91159HJF8; Maturity Date: 07/22/2028; Rate: 4.55%	101,728	101,851
	WELLS FARGO & CO FXD TO 032027 VAR THRAFTR 3.526%	CUSIP: 95000U2V4; Maturity Date: 03/24/2028; Rate: 3.53%	152,808	153,014
	WESTINGHOUSE AIR BRAKE TECHNOLOGIES CORP	CUSIP: 960386AL4; Maturity Date: 11/15/2026; Rate: 3.45%	281,325	281,473
	WILLIS NORTH AMERICA INC	CUSIP: 970648AJ0; Maturity Date: 09/15/2029; Rate: 2.95%	281,508	282,809
	YUM! BRANDS INC	CUSIP: 988498AN1; Maturity Date: 03/15/2031; Rate: 3.63%	352,719	354,081
	ZIMMER BIOMET HOLDINGS INC	CUSIP: 98956PBC5; Maturity Date: 02/19/2035; Rate: 5.50%	280,905	281,476
	EAGLE POINT CREDIT COM 07.75% (ECCU)	CUSIP: N/A; Maturity Date: 06/30/2030; Rate: 7.75%	537,856	539,650
	GREAT ELM CAP CORP 07.75% (GECCG)	CUSIP: N/A; Maturity Date: 12/31/2030; Rate: 7.75%	280,383	282,356
	OXFORD LANE CAP CORP 7.125% PFD SER 29 (OXLCN)	CUSIP: N/A; Maturity Date: 06/30/2029; Rate: 7.13%	525,030	522,450
	PHENIXFIN CORP CAL NT 28 (PFXNZ)	CUSIP: N/A; Maturity Date: 11/01/2028; Rate: 5.25%	29,964	30,373
	MEFA 2020-A A	CUSIP: 57563NAD0; Maturity Date: 02/25/2040; Rate: 2.30%	148,106	160,600
			17,563,627	17,615,891
	MANAGED HEDGE FUND			
	CORBIN PINHURST INSTITUTIONAL LTD.	Managed hedge fund	5,035,000	5,035,000
	TOTAL INVESTMENTS		$ 68,012,751	$ 68,438,127

* Denotes Party-In-Interest

U.A. LOCAL 13 AND EMPLOYERS GROUP INSURANCE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0766976, PLAN NUMBER 501
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2025

SCHEDULE III

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
I. Individual 5% Transactions							
BNY Mellon Global Fixed Income	Mutual Funds	$ 3,400,000	$ -	$ -	$ 3,400,000	$ 3,400,000	$ -
Federated Hermes Government Obligation	Cash Equivalents	$ 3,500,000	$ -	$ -	$ 3,500,000	$ 3,500,000	$ -
U.S. Treasury Note 2.875% 05-15-2032	U.S. Government Securities	$ -	$ 3,321,373	$ -	$ 3,321,373	$ 3,321,373	$ -
U.S. Treasury Note 1.625% 05-15-2031	U.S. Government Securities	$ -	$ 3,346,361	$ -	$ 3,346,361	$ 3,346,361	$ -
II. Series of Transactions, Not Involving Securities, with the Same Person							
Vanguard Long Term Bnd	Mutual Funds	$ 3,313,315	$ -	$ -	$ 3,313,315	$ 3,313,315	$ -
NVIDIA Corporation	Common Stock	$ 1,816,919	$ 1,428,614	$ -	$ 2,981,291	$ 3,245,533	$ 224,805
Federated Hermes Government Obligation	Cash Equivalents	$ 3,508,480	$ -	$ -	$ 3,508,480	$ 3,508,480	$ -
U.S. Treasury Note 4.00% 10-31/2029	U.S. Government Securities	$ 2,666,625	$ 716,408	$ -	$ 696,234	$ 3,383,033	$ 7,590
U.S. Treasury Note 2.875% 5-15-2032	U.S. Government Securities	$ 3,301,878	$ -	$ -	$ 3,301,878	$ 3,301,878	$ -
U.S. Treasury Note 1.625% 05-15-2031	U.S. Government Securities	$ 751,879	$ 3,952,598	$ -	$ 4,679,433	$ 4,704,477	$ 25,044

III. Series of Transactions Involving Securities of the Same Issue

None.

IV. Series of Transactions, Involving Securities, with the Same Person

None.

The accompanying notes are an integral part of these schedules.

U.A. LOCAL 13 AND EMPLOYERS GROUP INSURANCE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0766976, PLAN NUMBER 501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025 SCHEDULE II

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Par, or Maturity Value	(d) Cost	(e) Current Value
	CASH AND CASH EQUIVALENTS			
	CASH	Cash	$ 5,105	$ 5,105
*	MORGAN STANLEY BANK N.A.	Cash equivalents	3,189,283	3,189,283
*	MORGAN STANLEY PRIVATE BANK NA	Cash equivalents	249,419	249,419
			3,443,807	3,443,807
	MUTUAL FUND AND EXCHANGE-TRADED & CLOSED-END FUNDS			
	GLOBAL X MLP & ENERGY INFRAS (MLPX)	Exchange-traded or closed-end fund	1,359,306	1,343,766
	INVESCO S&P 500 EQUAL WEIGHT E (RSP)	Exchange-traded or closed-end fund	3,054,720	3,064,960
	ISHARES 7-10 YR TREASRY BD ETF (IEF)	Exchange-traded or closed-end fund	672,834	673,120
	ISHARES EDGE MSCI MIN VOL EAFE (EFAV)	Exchange-traded or closed-end fund	2,019,236	2,037,225
	VANGUARD FTSE EMERGING MARKETS (VWO)	Exchange-traded or closed-end fund	1,333,074	1,322,496
	VANGUARD LONG TERM BND (BLV)	Exchange-traded or closed-end fund	3,313,315	3,302,200
	VANGUARD REAL ESTATE ETF (VNQ)	Exchange-traded or closed-end fund	1,011,576	999,937
	VANGUARD RUSSELL 2000 ETF (VTWO)	Exchange-traded or closed-end fund	1,672,935	1,642,080
	VANGUARD TOTAL BOND MARKET (BND)	Exchange-traded or closed-end fund	1,221,942	1,222,155
	WESTERN ASST INFLTN LKD INM FD (WIA)	Exchange-traded or closed-end fund	659,699	661,600
	BNY MELLON GLB FIXED INC I (SDGIX)	Mutual fund	3,400,000	3,337,585
	FEDERATED HERMES GOVT OBL PRM (GOFXX)	Mutual fund	3,508,480	3,508,480
			23,227,117	23,115,604
	EQUITY SECURITIES			
	ADVANCED MICRO DEVICES (AMD)	Common stock	19,721	19,260
	AIA GROUP LTD SPON ADR (AAGIY)	Common stock	125,887	129,260
	AIR LIQUIDE ADR (AIQUY)	Common stock	131,962	131,302
	ALBEMARLE CORPORATION (ALB)	Common stock	47,621	83,025
	ALCON INC (ALC)	Common stock	187,390	185,834
	ALPHABET INC CL A (GOOGL)	Common stock	45,052	137,407
	ALPHABET INC CL C (GOOG)	Common stock	191,087	190,163
	AMADEUS IT GROUP S.A ADR (AMADY)	Common stock	156,349	162,736
	AMAZON COM INC (AMZN)	Common stock	388,286	398,395
	AMPHENOL CORP NEW CL A (APH)	Common stock	70,874	92,841
	ANALOG DEVICES INC (ADI)	Common stock	29,919	29,018
	AON PLC CL A (AON)	Common stock	186,883	192,320
	APPLE INC (AAPL)	Common stock	278,765	273,219
	APPLIED MATERIALS INC (AMAT)	Common stock	56,439	64,248
	ARES MANAGEMENT CORP - A (ARES)	Common stock	30,293	29,740
	ASML HOLDING NV NY REG NEW (ASML)	Common stock	205,996	206,483
	ASTRAZENECA PLC ADR (AZN)	Common stock	66,977	91,286
	ATLASSIAN CORPORATION CL A (TEAM)	Common stock	115,503	96,798
	AXON ENTERPRISE INC (AXON)	Common stock	33,726	34,706
	BAE SYS PLC SPON ADR (BAESY)	Common stock	140,126	137,863
	BEIERSDORF AG UNSPONS ADR (BDRFY)	Common stock	93,551	100,321
	BENTLEY SYS INC COM CL B (BSY)	Common stock	116,240	80,566
	BLACKROCK INC (BLK)	Common stock	83,938	88,838
	BROADCOM INC (AVGO)	Common stock	164,825	142,593
	CADENCE DESIGN SYSTEM (CDNS)	Common stock	134,832	119,718
	CALISA ACQUISITION CORP (ALIS)	Common stock	534,893	536,220
	CBRE GROUP INC - A (CBRE)	Common stock	76,036	89,238
	CINTAS CORP (CTAS)	Common stock	35,035	35,733
	CLEARWATER ANALYTICS HOLDINGS (CWAN)	Common stock	44,856	45,852
	COMPANHIA DE SANEMENTO BASI (SBS)	Common stock	39,475	40,211
	CROWN RESERVE ACQU CORP I CL A (CRAC)	Common stock	534,600	536,760
	DEUTSCHE BOERSE AG UNSPON ADR (DBOEY)	Common stock	32,404	40,723
	DEUTSCHE POST AG ADR (DHLGY)	Common stock	39,173	46,595
	DOORDASH INC CL A (DASH)	Common stock	46,538	47,787
	DRUGS MADE IN AMERICA ACQU II (DMII)	Common stock	533,493	534,600

(Continued)

U.A. LOCAL 13 AND EMPLOYERS GROUP INSURANCE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0766976, PLAN NUMBER 501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025 SCHEDULE II

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Par, or Maturity Value	(d) Cost	(e) Current Value
	EQUITY SECURITIES (Continued)			
	ELEVANCE HEALTH INC (ELV)	Common stock	88,452	93,597
	ELI LILLY & CO (LLY)	Common stock	78,151	84,374
	ESSILORLUXOTTICA ADR (ESLOY)	Common stock	204,925	183,693
	EXPERIAN GP LTD ADR (EXPGY)	Common stock	117,374	121,815
	FIRST AMERICAN FINL CORP (FAF)	Common stock	43,314	42,639
	GE AEROSPACE (GE)	Common stock	40,688	42,508
	GE VERNOVA INC (GEV)	Common stock	47,768	50,720
	GLOBA TERRA ACQU CORP CL A (GTERA)	Common stock	538,745	540,350
	GSK PLC ADR (GSK)	Common stock	36,310	45,166
	HALMA PLC UNSPON ADR (HALMY)	Common stock	29,448	38,927
	HARVARD AVE ACQU CORP CL A (HAVA)	Common stock	331,052	332,655
	HEICO CORP CLASS A (HEI'A)	Common stock	38,254	47,709
	HERMES INTL SCA UNSPON ADR (HESAY)	Common stock	281,823	284,857
	HILTON WORLDWIDE HLDGS INC (HLT)	Common stock	38,176	40,790
	HOWMET AEROSPACE INC (HWM)	Common stock	29,079	30,753
	ICON PLC (ICLR)	Common stock	126,313	126,825
	INTERCONTINENTAL EXCHANGE INC (ICE)	Common stock	35,403	40,976
	INTERCONTINENTAL HOTLS GRP ADR (IHG)	Common stock	99,153	105,200
	INTUIT INC (INTU)	Common stock	58,433	59,028
	INTUITIVE SURGICAL INC (ISRG)	Common stock	71,601	71,928
	KKR & CO INC CL A (KKR)	Common stock	29,882	27,536
	L OREAL CO ADR (LRLCY)	Common stock	182,785	184,708
	L3HARRIS TECHNOLOGIES INC (LHX)	Common stock	67,835	93,062
	LAFAYETTE ACQUISITION CORP (LAFA)	Common stock	268,585	269,033
	LAKE SUPERIOR ACQU CORP CL A (LKSP)	Common stock	536,215	535,680
	LAM RESEARCH CORPORATION NEW (LRCX)	Common stock	52,636	63,679
	LONDON STOCK EXCHANGE GRP ADR (LSEGY)	Common stock	233,300	247,107
	LONZA GROUP AG ZUERICH ADR (LZAGY)	Common stock	105,332	105,422
	MASTERCARD INC CL A (MA)	Common stock	473,522	572,022
	MCKESSON CORP (MCK)	Common stock	39,392	39,323
	MERCADOLIBRE INC (MELI)	Common stock	67,724	62,442
	META PLATFORMS INC CL A (META)	Common stock	224,835	254,135
	MICROSOFT CORP (MSFT)	Common stock	562,285	558,394
	MOODYS CORP (MCO)	Common stock	86,627	96,551
	NASDAQ INC COM (NDAQ)	Common stock	72,632	81,395
	NETEASE.COM INC ADS (NTES)	Common stock	120,264	120,830
	NETFLIX INC (NFLX)	Common stock	40,224	39,285
	NINTENDO CO LTD ADR NEW (NTDOY)	Common stock	224,920	194,295
	NOVARTIS AG ADR (NVS)	Common stock	101,705	106,298
	NU HLDGS LTD ORD SHS CL A (NU)	Common stock	121,171	127,157
	NVIDIA CORPORATION (NVDA)	Common stock	565,921	580,848
	ORACLE CORP (ORCL)	Common stock	34,780	30,991
	PALANTIR TECHNOLOGIES INC CL A (PLTR)	Common stock	27,588	27,018
	PARKER HANNIFIN CORP (PH)	Common stock	6,045	5,976
	PERSIMMON PLC UNSPONS ADR (PSMMY)	Common stock	71,042	70,641
	PHILIP MORRIS INTL INC (PM)	Common stock	177,868	191,197
	PRIORITY INCOME FUND INC CAL N (PRIF.L)	Preferred stock	520,212	516,430
	QUANTA SERVICES INC (PWR)	Common stock	32,392	29,283
	REA GROUP LTD (RPGRY)	Common stock	117,912	106,027
	RECKITT BENCKISERGRP PLC ADR (RBGLY)	Common stock	120,548	123,033
	ROCHE HOLDINGS ADR (RHHBY)	Common stock	113,829	143,622
	ROLLINS INC (ROL)	Common stock	46,720	52,638
	S&P GLOBAL INC COM (SPGI)	Common stock	70,165	72,640
	SAP AG (SAP)	Common stock	314,491	312,382
	SARTORIUS AG ADR (SOAGY)	Common stock	122,669	121,007
	SERVICENOW INC (NOW)	Common stock	141,603	124,278
	SHERWIN WILLIAMS COMPANY OHIO (SHW)	Common stock	50,873	50,873
	SHOPIFY INC CL A (SHOP)	Common stock	44,463	45,072
	SIEMENS HEALTHINEERS AG ADR (SMMNY)	Common stock	85,851	90,186

(Continued)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Par, or Maturity Value	(d) Cost	(e) Current Value
	EQUITY SECURITIES (Continued)			
	SNOWFLAKE INC CL A (SNOW)	Common stock	68,776	66,905
	SOCIEDAD QUIMICA Y MINERA ADS (SQM)	Common stock	48,322	84,624
	SOUND POINT MERIDIAN CAP 8% (SPMA)	Preferred stock	92,028	91,477
	SPOTIFY TECHNOLOGY SA (SPOT)	Common stock	63,418	66,201
	STONEBRIDGE ACQU II CORP CL A (APAC)	Common stock	534,837	516,340
	STRYKER CORP (SYK)	Common stock	38,916	38,662
	TAIWAN SMCNDCTR MFG CO LTD ADR (TSM)	Common stock	407,820	439,425
	TENCENT HLDGS LTD UNSPON ADR (TCEHY)	Common stock	238,422	234,013
	TESLA INC (TSLA)	Common stock	64,486	66,109
	THE COOPER COMPANIES INC (COO)	Common stock	90,678	94,992
	TJX COS INC NEW (TJX)	Common stock	91,920	91,398
	TRANSUNION (TRU)	Common stock	103,112	95,097
	UNITED PARCEL SER INC CL-B (UPS)	Common stock	131,515	139,164
	UNITEDHEALTH GP INC (UNH)	Common stock	54,790	66,682
	VERTEX PHARMACEUTICALS (VRTX)	Common stock	152,583	172,689
	VISA INC CL A (V)	Common stock	175,820	188,331
	WEST FRASER TIMBER CO (WFG)	Common stock	77,422	64,654
	WOLTERS KLUWER NV SPON ADR (WTKWY)	Common stock	124,073	126,887
	WORKDAY INC CL A (WDAY)	Common stock	48,041	44,889
			16,237,029	16,717,204
	U.S. GOVERNMENT SECURITIES			
	UNITED STATES TREASURY NOTE	CUSIP: 91282CMH1; Maturity Date: 01/31/2027; Rate: 4.13%	680,824	681,350
	UNITED STATES TREASURY NOTE	CUSIP: 91282CKJ9; Maturity Date: 04/15/2027; Rate: 4.50%	202,243	202,480
	UNITED STATES TREASURY NOTE	CUSIP: 91282CKR1; Maturity Date: 05/15/2027; Rate: 4.50%	303,611	304,002
	UNITED STATES TREASURY NOTE	CUSIP: 91282CKV2; Maturity Date: 06/15/2027; Rate: 4.63%	304,384	304,823
	UNITED STATES TREASURY NOTE	CUSIP: 91282CMS7; Maturity Date: 03/15/2028; Rate: 3.88%	355,014	355,869
	UNITED STATES TREASURY NOTE	CUSIP: 91282CNM9; Maturity Date: 07/15/2028; Rate: 3.88%	303,782	304,595
	UNITED STATES TREASURY NOTE	CUSIP: 91282CPC9; Maturity Date: 10/15/2028; Rate: 3.50%	101,598	101,912
			2,251,456	2,255,031
	MORTGAGE-BACKED SECURITIES			
	FEDERAL NATIONAL MTG ASSN POOL MA5531	CUSIP: 31418FED5; Maturity Date: 11/01/2054; Rate: 5.50%	254,715	255,590
	CORPORATE BONDS			
	ABBVIE INC	CUSIP: 00287YBV0; Maturity Date: 11/21/2026; Rate: 2.95%	102,119	102,233
	AIR LEASE CORP	CUSIP: 00914AAM4; Maturity Date: 08/15/2026; Rate: 1.88%	102,336	102,478
	ALLEGION US HOLDING CO INC	CUSIP: 01748NAE4; Maturity Date: 10/01/2027; Rate: 3.55%	281,780	282,548
	ALTRIA GROUP INC	CUSIP: 02209SBR3; Maturity Date: 11/01/2033; Rate: 6.88%	281,457	281,544
	AMERICAN TOWER CORP	CUSIP: 03027XCH1; Maturity Date: 02/15/2034; Rate: 5.45%	281,349	282,544
	AT&T INC	CUSIP: 00206RDQ2; Maturity Date: 03/01/2027; Rate: 4.25%	281,413	281,698

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Par, or Maturity Value	(d) Cost	(e) Current Value
	CORPORATE BONDS (Continued)			
	BANK OF AMERICA CORP FXD TO 032028 VAR THRAFTR 3.9700%	CUSIP: 06051GHG7; Maturity Date: 03/05/2029; Rate: 3.97%	204,162	204,725
	BAT CAPITAL CORP	CUSIP: 05526DBS3; Maturity Date: 03/25/2031; Rate: 2.73%	281,338	282,888
	BATH & BODY WORKS INC	CUSIP: 501797AL8; Maturity Date: 11/01/2035; Rate: 6.88%	353,408	355,619
	BLOCK FINANCIAL LLC	CUSIP: 093662AJ3; Maturity Date: 07/15/2028; Rate: 2.50%	281,363	282,452
	BOEING CO/THE	CUSIP: 097023DB8; Maturity Date: 02/01/2028; Rate: 3.25%	101,982	102,312
	BOYD GAMING CORP	CUSIP: 103304BU4; Maturity Date: 12/01/2027; Rate: 4.75%	352,732	352,548
	BROWN & BROWN INC	CUSIP: 115236AG6; Maturity Date: 06/11/2034; Rate: 5.65%	281,526	282,189
	CAPITAL ONE FINANCIAL CORP FXD TO 052027 VAR THRAFTR 4.9270%	CUSIP: 14040HCS2; Maturity Date: 05/10/2028; Rate: 4.93%	102,021	102,204
	CARLISLE COS INC	CUSIP: 142339AH3; Maturity Date: 12/01/2027; Rate: 3.75%	281,226	281,606
	CCO HOLDINGS LLC / CCO HOLDINGS CAPITAL CORP	CUSIP: 1248EPCN1; Maturity Date: 05/01/2032; Rate: 4.50%	353,511	352,733
	CDW LLC / CDW FINANCE CORP	CUSIP: 12513GBF5; Maturity Date: 02/15/2029; Rate: 3.25%	281,931	283,204
	CIGNA GROUP/THE	CUSIP: 125523CB4; Maturity Date: 03/01/2027; Rate: 3.40%	102,165	102,359
	CITIGROUP INC FXD TO 072027 VAR THRAFTR 3.6680%	CUSIP: 172967LP4; Maturity Date: 07/24/2028; Rate: 3.67%	152,756	153,039
	CONAGRA BRANDS INC	CUSIP: 205887CL4; Maturity Date: 08/01/2035; Rate: 5.75%	280,690	281,117
	CROWN CASTLE INC	CUSIP: 22822VBE0; Maturity Date: 03/01/2034; Rate: 5.80%	280,730	281,392
	DELL INTERNATIONAL LLC / EMC CORP	CUSIP: 24703TAG1; Maturity Date: 10/01/2029; Rate: 5.30%	101,797	102,253
	DICK'S SPORTING GOODS INC	CUSIP: 253393AF9; Maturity Date: 01/15/2032; Rate: 3.15%	281,113	281,476
	DIGITAL REALTY TRUST LP	CUSIP: 25389JAV8; Maturity Date: 01/15/2028; Rate: 5.55%	101,562	101,765
	DUKE ENERGY CORP	CUSIP: 26441CAX3; Maturity Date: 08/15/2027; Rate: 3.15%	101,545	101,828
	EAGLE MATERIALS INC	CUSIP: 26969PAB4; Maturity Date: 07/01/2031; Rate: 2.50%	281,536	282,699
	ENCOMPASS HEALTH CORP	CUSIP: 29261AAA8; Maturity Date: 02/01/2028; Rate: 4.50%	353,558	355,589
	ENERGY TRANSFER LP	CUSIP: 292480AL4; Maturity Date: 05/15/2028; Rate: 4.95%	101,431	101,631
	EXELON CORP	CUSIP: 30161NAU5; Maturity Date: 04/15/2026; Rate: 3.40%	101,712	101,802
	EXPEDIA GROUP INC	CUSIP: 30212PBK0; Maturity Date: 08/01/2027; Rate: 4.63%	281,817	282,092
	FISERV INC	CUSIP: 337738BH0; Maturity Date: 08/21/2033; Rate: 5.63%	281,084	281,924
	FLEX LTD	CUSIP: 33938XAF2; Maturity Date: 01/15/2032; Rate: 5.25%	281,390	281,664
	FORTUNE BRANDS INNOVATIONS INC	CUSIP: 34964CAH9; Maturity Date: 06/01/2033; Rate: 5.88%	280,872	281,327
	GENERAL MOTORS FINANCIAL CO INC	CUSIP: 37045XDA1; Maturity Date: 08/20/2027; Rate: 2.70%	102,370	102,674
	GENUINE PARTS CO	CUSIP: 372460AD7; Maturity Date: 11/01/2033; Rate: 6.88%	281,450	281,082

(Continued)

U.A. LOCAL 13 AND EMPLOYERS GROUP INSURANCE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0766976, PLAN NUMBER 501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025 SCHEDULE II

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Par, or Maturity Value	(d) Cost	(e) Current Value
	CORPORATE BONDS (Continued)			
	GLOBAL PAYMENTS INC	CUSIP: 37940XAW2; Maturity Date: 11/15/2030; Rate: 4.88%	281,549	282,247
	GOLDMAN SACHS GROUP INC FXD TO 042028 VAR THRAFTR 3.8140%	CUSIP: 38141GWV2; Maturity Date: 04/23/2029; Rate: 3.81%	102,048	102,429
	GOLDMAN SACHS GROUP INC/THE FX D TO 102026 VAR THRAFTR 1.948%	CUSIP: 38141GYM0; Maturity Date: 10/21/2027; Rate: 1.95%	101,996	102,248
	HCA INC	CUSIP: 404121AH8; Maturity Date: 09/01/2026; Rate: 5.38%	281,770	281,636
	HCA INC	CUSIP: 404119BW8; Maturity Date: 02/01/2029; Rate: 5.88%	101,869	102,120
	HEWLETT PACKARD ENTERPRISE CO	CUSIP: 42824CBS7; Maturity Date: 09/25/2027; Rate: 4.40%	102,391	102,593
	HP INC	CUSIP: 40434LAN5; Maturity Date: 01/15/2033; Rate: 5.50%	281,329	281,949
	JPMORGAN CHASE & CO FXD TO 052027 VAR THRAFTR 3.5400%	CUSIP: 46647PAF3; Maturity Date: 05/01/2028; Rate: 3.54%	102,253	102,449
	JPMORGAN CHASE & CO FXD TO 092026 VAR THRAFTR 1.4700%	CUSIP: 46647PCP9; Maturity Date: 09/22/2027; Rate: 1.47%	101,859	102,108
	KINDER MORGAN INC	CUSIP: 494553AD2; Maturity Date: 02/01/2029; Rate: 5.00%	102,156	102,404
	LKQ CORP	CUSIP: 501889AF6; Maturity Date: 06/15/2033; Rate: 6.25%	281,577	283,045
	MARRIOTT INTERNATIONAL INC/MD	CUSIP: 571903BE2; Maturity Date: 06/15/2030; Rate: 4.63%	280,916	282,431
	MOLSON COORS BEVERAGE CO	CUSIP: 60871RAG5; Maturity Date: 07/15/2026; Rate: 3.00%	281,282	281,550
	MOTOROLA SOLUTIONS INC	CUSIP: 620076BW8; Maturity Date: 06/01/2032; Rate: 5.60%	281,858	283,145
	MYLAN INC	CUSIP: 628530BK2; Maturity Date: 04/15/2028; Rate: 4.55%	101,874	102,137
	NETAPP INC	CUSIP: 64110DAN4; Maturity Date: 03/17/2035; Rate: 5.70%	280,647	281,081
	NEXTERA ENERGY CAPITAL HOLDINGS INC	CUSIP: 65339KCM0; Maturity Date: 02/28/2028; Rate: 4.90%	101,560	101,881
	OLIN CORP	CUSIP: 680665AK2; Maturity Date: 02/01/2030; Rate: 5.00%	281,523	283,906
	ORACLE CORP	CUSIP: 68389XCJ2; Maturity Date: 11/09/2032; Rate: 6.25%	281,058	277,953
	ORACLE CORP	CUSIP: 68389XBU8; Maturity Date: 04/01/2027; Rate: 2.80%	101,916	102,038
	PAYCHEX INC	CUSIP: 704326AC1; Maturity Date: 04/15/2035; Rate: 5.60%	281,721	283,138
	QORVO INC	CUSIP: 74736KAH4; Maturity Date: 10/15/2029; Rate: 4.38%	281,061	280,842
	QUANTA SERVICES INC	CUSIP: 74762EAL6; Maturity Date: 08/09/2034; Rate: 5.25%	281,360	281,814
	RTX CORP	CUSIP: 913017CY3; Maturity Date: 11/16/2028; Rate: 4.13%	102,026	102,393
	SBA COMMUNICATIONS CORP	CUSIP: 78410GAG9; Maturity Date: 02/01/2029; Rate: 3.13%	281,401	282,218
	SOUTHWEST AIRLINES CO	CUSIP: 844741BK3; Maturity Date: 06/15/2027; Rate: 5.13%	102,156	102,246
	T-MOBILE USA INC	CUSIP: 87264ACA1; Maturity Date: 02/15/2028; Rate: 2.05%	102,322	102,746
	TELEDYNE TECHNOLOGIES INC	CUSIP: 879360AD7; Maturity Date: 04/01/2028; Rate: 2.25%	281,340	282,628
	TENET HEALTHCARE CORP	CUSIP: 88033GDQ0; Maturity Date: 06/15/2030; Rate: 6.13%	352,917	354,058

(Continued)

U.A. LOCAL 13 AND EMPLOYERS GROUP INSURANCE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0766976, PLAN NUMBER 501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025 SCHEDULE II

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Par, or Maturity Value	(d) Cost	(e) Current Value
	CORPORATE BONDS (Continued)			
	TRANSDIGM INC	CUSIP: 893647BP1; Maturity Date: 01/15/2029; Rate: 4.63%	353,718	355,551
	TRIMBLE INC	CUSIP: 896239AC4; Maturity Date: 06/15/2028; Rate: 4.90%	281,267	282,101
	TRUIST FINANCIAL CORP FXD TO 102028 VAR THRAFTR 7.161%	CUSIP: 89788MAQ5; Maturity Date: 10/30/2029; Rate: 7.16%	101,343	101,435
	US BANCORP FXD TO 072027 VAR THRAFTR 4.5480%	CUSIP: 91159HJF8; Maturity Date: 07/22/2028; Rate: 4.55%	101,728	101,851
	WELLS FARGO & CO FXD TO 032027 VAR THRAFTR 3.526%	CUSIP: 95000U2V4; Maturity Date: 03/24/2028; Rate: 3.53%	152,808	153,014
	WESTINGHOUSE AIR BRAKE TECHNOLOGIES CORP	CUSIP: 960386AL4; Maturity Date: 11/15/2026; Rate: 3.45%	281,325	281,473
	WILLIS NORTH AMERICA INC	CUSIP: 970648AJ0; Maturity Date: 09/15/2029; Rate: 2.95%	281,508	282,809
	YUM! BRANDS INC	CUSIP: 988498AN1; Maturity Date: 03/15/2031; Rate: 3.63%	352,719	354,081
	ZIMMER BIOMET HOLDINGS INC	CUSIP: 98956PBC5; Maturity Date: 02/19/2035; Rate: 5.50%	280,905	281,476
	EAGLE POINT CREDIT COM 07.75% (ECCU)	CUSIP: N/A; Maturity Date: 06/30/2030; Rate: 7.75%	537,856	539,650
	GREAT ELM CAP CORP 07.75% (GECCG)	CUSIP: N/A; Maturity Date: 12/31/2030; Rate: 7.75%	280,383	282,356
	OXFORD LANE CAP CORP 7.125% PFD SER 29 (OXLCN)	CUSIP: N/A; Maturity Date: 06/30/2029; Rate: 7.13%	525,030	522,450
	PHENIXFIN CORP CAL NT 28 (PFXNZ)	CUSIP: N/A; Maturity Date: 11/01/2028; Rate: 5.25%	29,964	30,373
	MEFA 2020-A A	CUSIP: 57563NAD0; Maturity Date: 02/25/2040; Rate: 2.30%	148,106	160,600
			17,563,627	17,615,891
	MANAGED HEDGE FUND			
	CORBIN PINHURST INSTITUTIONAL LTD.	Managed hedge fund	5,035,000	5,035,000
	TOTAL INVESTMENTS		$ 68,012,751	$ 68,438,127

* Denotes Party-In-Interest

5500 EFILE AUTHORIZATION

PLAN NAME: U.A. Local 13 & Employers Group Insurance Fund

PLAN NUMBER: 501

PLAN YEAR: 12/31/2025

PLAN ADMINISTRATOR: John Carpenter

PLAN SPONSOR: John Dineen

On behalf of the above-named plan sponsor/plan administrator, the undersigned hereby grants permission to Bonadio & Co., LLP to electronically file the plan sponsor's/plan administrator's Form 5500, but only upon Bonadio & Co., LLP receipt of a copy of the manually signed pages one through three of Form 5500.

The sponsor has been notified that the image of the plan administrator's/plan sponsor's manual signature will be included with the rest of the return/report posted by the Department of Labor on the internet for public disclosure.

The employer, on behalf of the plan sponsor/plan administrator, may revoke or change this authorization any time by notification in writing to Bonadio & Co., LLP

The plan sponsor/plan administrator understand that by authorizing Bonadio & Co., LLP to submit its Form 5500 electronically to DOL the following agencies may communicate directly with Bonadio & Co., LLP with respect to plan sponsor's/plan administrator's Form 5500: DOL, EFAST2, IRS and/or PBGC.

John Carpenter
SIGNATURE (PLAN ADMINISTRATOR)

09/29/2026
DATE

John C Dineen Jr
SIGNATURE (PLAN SPONSOR)

10/01/2026
DATE

???? ???? 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 ???? 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: [X] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

B This return/report is: [ ] a single-employer plan [ ] a DFE (specify) _____
[ ] 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 ▶ [X]

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
U.A. LOCAL 13 & EMPLOYERS GROUP INSURANCE FUND

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 07/22/1952

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)
UA LOCAL 13 JOINT BOARD OF TRUSTEES EMPLOYERS GROUP

1850 MT. READ BLVD

ROCHESTER NY 14615-3703

2b Employer Identification Number (EIN) 16-0766976

2c Plan Sponsor's telephone number (585)338-2310

2d Business code (see instructions) 238220

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	John Carpenter	09/29/2026	JOHN CARPENTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	John C Dineen Jr	10/01/2026	JOHN DINEEN
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2025) v. 250312

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

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	916
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)**	850
a (2) Total number of active participants at the end of the plan year	**6a(2)**	962
b Retired or separated participants receiving benefits	**6b**	47
c Other retired or separated participants entitled to future benefits	**6c**	
d Subtotal. Add lines 6a(2), 6b, and 6c	**6d**	1,009
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f Total. Add lines 6d and 6e	**6f**	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	46

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:
4A 4B 4D 4E 4F 4H 4L

9a Plan funding arrangement (check all that apply)
(1) [X] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts
(3) [X] Trust
(4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)
(1) [X] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts
(3) [X] Trust
(4) [ ] General assets of the sponsor

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

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

b General Schedules
(1) [X] H (Financial Information)
(2) [ ] I (Financial Information - Small Plan)
(3) [X] A (Insurance Information) - Number Attached 9
(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 _____

U.A. LOCAL 13 AND EMPLOYERS GROUP INSURANCE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0766976, PLAN NUMBER 501
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2025

SCHEDULE III

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
I. Individual 5% Transactions							
BNY Mellon Global Fixed Income	Mutual Funds	$ 3,400,000	$ -	$ -	$ 3,400,000	$ 3,400,000	$ -
Federated Hermes Government Obligation	Cash Equivalents	$ 3,500,000	$ -	$ -	$ 3,500,000	$ 3,500,000	$ -
U.S. Treasury Note 2.875% 05-15-2032	U.S. Government Securities	$ -	$ 3,321,373	$ -	$ 3,321,373	$ 3,321,373	$ -
U.S. Treasury Note 1.625% 05-15-2031	U.S. Government Securities	$ -	$ 3,346,361	$ -	$ 3,346,361	$ 3,346,361	$ -
II. Series of Transactions, Not Involving Securities, with the Same Person							
Vanguard Long Term Bnd	Mutual Funds	$ 3,313,315	$ -	$ -	$ 3,313,315	$ 3,313,315	$ -
NVIDIA Corporation	Common Stock	$ 1,816,919	$ 1,428,614	$ -	$ 2,981,291	$ 3,245,533	$ 224,805
Federated Hermes Government Obligation	Cash Equivalents	$ 3,508,480	$ -	$ -	$ 3,508,480	$ 3,508,480	$ -
U.S. Treasury Note 4.00% 10-31/2029	U.S. Government Securities	$ 2,666,625	$ 716,408	$ -	$ 696,234	$ 3,383,033	$ 7,590
U.S. Treasury Note 2.875% 5-15-2032	U.S. Government Securities	$ 3,301,878	$ -	$ -	$ 3,301,878	$ 3,301,878	$ -
U.S. Treasury Note 1.625% 05-15-2031	U.S. Government Securities	$ 751,879	$ 3,952,598	$ -	$ 4,679,433	$ 4,704,477	$ 25,044

III. Series of Transactions Involving Securities of the Same Issue

None.

IV. Series of Transactions, Involving Securities, with the Same Person

None.

The accompanying notes are an integral part of these schedules.