Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 01/01/1988

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)
SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK

100 COURT STREET
BINGHAMTON, NY 13902

2b Employer Identification Number (EIN)
15-0442730

2c Plan Sponsor's telephone number
607-723-3551

2d Business code (see instructions)
524140

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.	10/08/2026	JEFFREY JACOBS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	403
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)**	302
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	293
b	Retired or separated participants receiving benefits	**6b**	14
c	Other retired or separated participants entitled to future benefits	**6c**	83
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	390
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	391
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)**	398
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)**	380
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	16
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2S 2T 3H 3D 2R

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

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

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

a Pension Schedules

- **(1)** [X] **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)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK

D Employer Identification Number (EIN)
15-0442730

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

MORGAN STANLEY SMITH BARNEY LLC

20-8764829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISOR	82648	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 64 65	RECORDKEEPER	40114	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

STRATEGIC ADVISERS LLC

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	10277	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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 004

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK

D Employer Identification Number (EIN)
15-0442730

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO STBL VAL A1

b Name of sponsor of entity listed in (a): INVESCO TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
84-1142974-001	C	5132854

a Name of MTIA, CCT, PSA, or 103-12 IE: COL DIV INC INST MS

b Name of sponsor of entity listed in (a): AMERIPRISE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
87-1854339-090	C	6221772

a Name of MTIA, CCT, PSA, or 103-12 IE: BR MIDCAP GR EQ L1

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
38-4139851-629	C	694871

a Name of MTIA, CCT, PSA, or 103-12 IE: AB US LG CP GR W MSG

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
38-4116831-509	C	5646323

a Name of MTIA, CCT, PSA, or 103-12 IE: BR MIDCAP GR EQ L1

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-3802327-003	C	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

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a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK

D Employer Identification Number (EIN)
15-0442730

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	844	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1883925	1456017
(2) U.S. Government securities	1c(2)	7545	529425
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	51417	53755
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	1495667	1709913
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	964061	1336682
(9) Value of interest in common/collective trusts	1c(9)	13417249	17695820
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	66301031	67049687
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	32927	35142

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	15580	16240
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	84170246	89882681
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	84170246	89882681

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)	2428734	
(B) Participants	2a(1)(B)	2111868	
(C) Others (including rollovers)	2a(1)(C)	20244	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4560846
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	69126	
(B) U.S. Government securities	2b(1)(B)	5438	
(C) Corporate debt instruments	2b(1)(C)	1954	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	93593	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		170111
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	10615	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3221201	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3231816
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2150783	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2127108	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		23675
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	400701	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		400701

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1946918
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		6691913
c Other income	2c		56540
d Total income. Add all **income** amounts in column (b) and enter total	2d		17082520
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11213529	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		11213529
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	300	
(3) Recordkeeping fees	2i(3)	39814	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	10277	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	106165	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		156556
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		11370085
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5712435
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: JOHNSON LAUDER & SAVIDGE, LLP **(2)** EIN: 16-0919630

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 _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK

D Employer Identification Number (EIN)
15-0442730

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | **1** |

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** |

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | **6a** |

b Enter the amount contributed by the employer to the plan for this plan year ..... | **6b** |

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | **6c** |

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☒ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A .

THE SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK PROFIT SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2025 AND 2024

THE SECURITY MUTUAL LIFE
INSURANCE COMPANY OF NEW YORK
PROFIT SHARING PLAN

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Independent Auditor's Report

To the Plan Administrator of The
Security Mutual Life Insurance Company of
New York Profit Sharing Plan

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

We have performed audits of the financial statements of the Security Mutual Life Insurance Company of New York Profit Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits – modified cash basis as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits – modified cash basis for the years then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note 1.

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

Basis for Opinion

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

Emphasis of Matter —Basis of Accounting

We draw attention to Note 1 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting as described in Note 1, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

To the Plan Administrator of The
Security Mutual Life Insurance Company of
New York Profit Sharing Plan

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter - Supplemental Schedule Required by ERISA

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

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

To the Plan Administrator of The
Security Mutual Life Insurance Company of
New York Profit Sharing Plan



JOHNSON, LAUDER & SAVIDGE, LLP

Binghamton, New York
October 7, 2026

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR
BENEFITS - MODIFIED CASH BASIS

DECEMBER 31, 2025 AND 2024

	2025	2024
Participant - directed investments, at fair value	$ 70,833,939	$ 69,773,356
Collective investment trust, at contract value	5,132,853	5,405,814
Collective investment trust, at fair value	12,562,967	8,011,435
Notes receivable from participants	1,336,682	964,061
Participant individual insurance - accumulated value	16,240	15,580
Net assets available for benefits	$ 89,882,681	$ 84,170,246

The accompanying notes are an integral part of these financial statements

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE
FOR BENEFITS - MODIFIED CASH BASIS

FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
Additions to net assets attributed to:		
Investment income:		
Net realized and unrealized appreciation in value of investments	$ 9,069,694	$ 6,165,199
Interest and dividends	3,358,387	3,344,314
Interest on notes receivable from participants	93,593	73,568
Total investment income	12,521,674	9,583,081
Contributions:		
Participants' salary deferral	2,111,868	2,087,705
Participants' rollovers	20,244	798,976
Employer's matching	472,537	459,120
Employer's profit sharing - discretionary	442,271	477,449
Employer's profit sharing - fixed	1,513,926	1,415,829
Total contributions	4,560,846	5,239,079
Total additions	17,082,520	14,822,160
Deductions from net assets attributed to:		
Benefits paid to participants or beneficiaries	11,213,529	5,209,220
Fees	156,556	218,464
Total deductions	11,370,085	5,427,684
Net increase (decrease)	5,712,435	9,394,476
Net assets available for benefits:		
Beginning of year	84,170,246	74,775,770
End of year	$ 89,882,681	$ 84,170,246

The accompanying notes are an integral part of these financial statements

NOTE 1: DESCRIPTION OF THE PLAN

The following brief description of The Security Mutual Life Insurance Company of New York Profit Sharing Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Plan Sponsor: Security Mutual Life Insurance Company of New York
Plan Name: The Security Mutual Life Insurance Company of New York Profit Sharing Plan
Plan No: 004

Participating Employers' Identification Numbers:
15-0442730 Plan Sponsor
16-1209645 Security Administrators Inc. (Affiliate)

General

The Plan is a defined contribution profit sharing plan covering substantially all employees of Security Mutual Life Insurance Company of New York (the "Company") who have met certain requirements as to length of service and age. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and is administered by the Plan Sponsor. For the years ended December 31, 2025 and 2024, the Plan utilized Fidelity Management Trust Company (FMTC), a private trust bank as custodian and trustee. Additionally, the Plan utilized Security Mutual Life Insurance Company of New York, a regulated insurance custodian, as trustee and custodian for insurance contract investments for the entirety of the years ended December 31, 2025 and 2024.

Amendments to Plan

The plan was amended effective January 1, 2018, to change the eligibility for the employer fixed and discretionary contribution to the completion of at least 1,000 hours of service during the first six months of employment or a year of service. The Plan was also amended with an effective date of September 30, 2018, to allow for in-service distributions from all contribution sources upon the attainment of age 65 and was subsequently amended with an effective date of November 15, 2018, to allow for in-service distributions upon the attainment of age 59 ½. In addition, effective January 1, 2019, the plan adopted an automatic enrollment arrangement, which includes a 2% deferral percentage. Further, effective January 1, 2019, a 2-year cliff vesting schedule was added to the 2% company match. Also, effective January 1, 2019, the entry date was modified based on the type of contributions under the Plan. For salary deferrals and matching contributions, the applicable entry date is the date of employment. For employer contributions, the entry date is the last day of the calendar month employed. Effective November 31, 2025, all participants who receive the discretionary employer non-elective contributions are vested immediately.

NOTE 1: DESCRIPTION OF THE PLAN (continued)

Payment of Benefits

Benefits under the Plan are paid to retirees and beneficiaries principally in the form of lump sum distributions, although other options are available as permitted by law.

Eligibility

Employees are eligible to defer compensation once they attain age 21. Employees are eligible for the employer matching contribution upon the last day of the calendar month employed and attainment of age 21. Employees are eligible for the fixed non-elective contribution and the discretionary contribution upon completion of 1,000 hours of service within the first 6 months of employment, and attainment of age 21.

Contributions

Employees can defer their salary up to statutory amounts allowed by the Internal Revenue Code. In addition, individuals who will be at least 50 years of age by the end of the calendar year are eligible to make "catch-up" contributions beyond regular limits. Participants may also contribute amounts representing distributions from other qualified plans. Participants self-direct the investment of their contributions into various investment options offered.

The Company contributes to the Plan as follows: (1) by a matching contribution up to a maximum of 2% of eligible compensation, (2) by a 6% of eligible compensation fixed non-elective contribution, and (3) a discretionary contribution determined by the Company, which was 6% for 2025 and 5% for 2024. All investments are fully participant directed.

Notes Receivable from Participants

Participants may borrow from the Plan a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested balance. The notes are collateralized by the vested balance in the participant's account and bear interest at 2% above the prime rate. Principal and interest are paid through wage withholdings over 5 or 15 years.

Participant Loan Interest

Interest on participant loans is listed separately from investment income.

Contributions and Benefits Paid

Contributions from the sponsor are recorded on the modified cash basis. Benefits are recorded when paid.

NOTE 1: DESCRIPTION OF THE PLAN (continued)

Life Insurance

The Plan instituted the option of life insurance to its participants with an initial enrollment period of December 1, 2000 (and annually thereafter). The products include Ultra Security and Customizer 4.

The life insurance consists of a 20% premium discount to the employee with the discount shown as a reduction in insurance expense in the statements of changes in net assets available for benefits. The annual premium is not to exceed 50% of contributions made to the participant's account, including Company contributions. The Company may limit the premium to no more than 25% of participant's payroll deferral. The premium is deducted from the participant's account on a pro rata basis. To be eligible, the participant must have entered the profit-sharing Plan no later than July 1 of enrollment year.

Hardship Withdrawals

Hardship withdrawals from the Plan are permitted from the vested portion of the participant accounts. All hardship withdrawals must comply with specific rules relating to hardships, which are uniformly applicable to all participants.

Participant Accounts

Individual accounts are maintained for each plan participant. Each participant's account is credited with the participant's contributions and Company matching, fixed non-elective contributions and discretionary supplemental contributions, and allocations of plan earnings. Each participant's account is charged with allocations of plan gains, losses and administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investments are held within various investment funds offered and maintained by FMTC. Contributions to the Plan are invested, at the discretion of the participant, in one or a combination of available investment options.

Forfeited Accounts

Forfeited participant accounts are used to reduce the Company's contributions to the Plan. A total of $0 and $18,237 was utilized in 2025 and 2024, respectively, to reduce employer contributions.

At December 31, 2025 and 2024, forfeited non-vested accounts totaled $174,589 and $65,957, respectively.

NOTE 1: DESCRIPTION OF THE PLAN (continued)

Vesting

All contributions other than the fixed non-elective contribution are 100% vested. The employer's fixed non-elective contribution is vested on a 6-year graded schedule effective January 1, 2007, as follows:

Years of Service	Vested Percentage
Less than 2 years	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years or more	100%

Also, effective January 1, 2019, a 2-year cliff vesting schedule was added to the 2% company match.

Terminated Participants

The value of participant accounts which are owned by participants who are classified as terminated at December 31, 2025 and 2024 aggregated to $22,542,855 and $20,778,328, respectively.

Administrative Expenses and Exempt Parties in Interest Transactions

Administrative expenses may be paid for by the Plan or the Company. Fees associated with plan loans by participants are deducted from the participant accounts. Investment-related expenses are included in the net appreciation of fair value of investments. Administrative costs charged to the Plan were $156,556 and $218,464 for 2025 and 2024, respectively. FMTC, as trustee, hold the funds for the Plan and are responsible for managing the Plan's investment assets and executing all investment transactions. For the years ended December 31, 2025 and 2024 certain Plan investments were shared of funds managed by Fidelity Investments as part of the Fidelity Workplace Services group. Transactions involving these funds qualify as party-in-interest transactions. Those transactions, however, are specifically exempt from the Department of Labor's party-in-interest reporting requirements. Notes receivable from participants qualify as party-in-interest transactions, as defined by ERISA.

Basis of Accounting

The financial statements for the Plan have been prepared on the modified cash basis of accounting as permitted by the Department of Labor. The modified cash basis of accounting is a comprehensive basis of accounting other than generally accepted accounting principles.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Plan Termination

The Plan is administered by a Plan Administrator appointed by the Chief Executive Officer of the Company. The Company anticipates and believes the Plan will continue; however, in the event of termination of the Plan, the Plan provides that the net assets of the Plan are to be set aside for the exclusive benefit of the participants. Benefits accrued to the date of the Plan termination, to the extent funded, shall be non-forfeitable.

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition

Shares of registered investment companies and common/collective trusts are valued at fair value, which is the modification to a strict cash basis presentation, except for the fully benefit-responsive investment contract, which is reported at contract value. Participant loans are valued at cost based on actual outstanding principal amounts of all individual loans. In the event of default, a distribution of retirement benefit is to occur for the unpaid balance. Insurance company auxiliary fund deposits are increased for actual interest earnings credited and reduced by actual withdrawals as permitted.

FMTC, the trustee and custodian reports on a cash basis and uses a daily valuation system for valuing plan investments.

The system is designed so that each plan participant has their own individual account. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the modified cash basis. Contributions and investment earnings are allocated upon receipt to each participant's account. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. The plan assets are calculated daily using the Net Asset Value (NAV) for each investment option.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participants accounts and are included in administrative expenses. Investment-related expenses are included in net appreciation (depreciation) of fair value of investments.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Events Occurring After Reporting Date

The Company has evaluated events and transactions that occurred between December 31, 2025 and October 7, 2026, which is the date the financial statements were available to be issued, for possible disclosure and recognition in the financial statements. The Company found no transactions or events during that period that would require adjustment to, or disclosure in, these financial statements.

Reclassifications

Certain prior year financial statement presentations have been reclassified to conform to the current year presentation.

NOTE 3: GUARANTEED INVESTMENT CONTRACT

The Plan has a fully benefit-responsive investment contract with Invesco Trust Company, Invesco Stable Value Trust, which is shown as a collective investment trust on the statement of net assets. Invesco maintains the contributions in a group annuity (general account). The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed on the Plan.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Fidelity, represents contributions made under the contract, plus earnings, less participants withdrawals, and administrative expenses.

Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

NOTE 4: INVESTMENTS AND FAIR VALUE MEASUREMENTS

The Plan utilizes FMTC's services to determine its securities' fair values. The fair value of an asset is the amount at which that asset could be bought or sold in a current transaction between willing parties, that is, other than a forced liquidation sale. The Plan's financial assets carried at fair value have been classified, for disclosure purposes, and are based on hierarchy defined by FASB Codification Section 820. The Plan does not have any financial liabilities applicable under this guidance.

The levels of fair value hierarchy are as follows:

Level 1: Observable inputs based upon quoted market prices for identical assets or liabilities within active markets.

Level 2: Observable inputs other than Level 1 that are based upon quoted market prices for similar assets or liabilities, based upon quoted prices within active markets, or inputs other than quoted market prices that are observable through market data for substantially the full term of the asset or liability.

Level 3: Unobservable inputs for the particular asset or liability due to little or no market activity and are significant to the fair value of the asset or liability. These inputs reflect assumptions that market participants would use when valuing the particular asset or liability.

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

Investment levels by investment category for 2025 are:

Investment Category	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs	Total
Mutual funds	$ 66,017,035	$ -	$ -	$ 66,017,035
Self-directed brokerage accounts	4,734,463	-	-	4,734,463
Money market funds	82,441	-	-	82,441
Total assets at fair value	$ 70,833,939	$ -	$ -	70,833,939
Collective investment trusts, at net asset value				12,562,967
Total				$ 83,396,906

NOTE 4: INVESTMENTS AND FAIR VALUE MEASUREMENTS (continued)

Investment levels by investment category for 2024 are:

Investment Category	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs	Total
Mutual funds	$ 66,206,388	$ -	$ -	$ 66,206,388
Self-directed brokerage accounts	3,501,188	-	-	3,501,188
Money market funds	65,780	-	-	65,780
Total assets at fair value	$ 69,773,356	$ -	$ -	69,773,356
Collective investment trusts, at net asset value				8,011,435
Total				$ 77,784,791

The following tables set forth a summary of the Plan's investments whose NAV is used as a practical expedient to estimate fair value as of December 31:

Investment	Fair Value at December 31, 2025	2024	Unfunded Commitments	Redemption Frequency (If Eligible)	Redemption Notice Period
Collective investment trusts:					
Alliance Bernstein US Large Cap Growth Fund	$ 5,646,323	$ 6,577,868	N/A	Daily	30 days
Blackrock Midcap Growth Equity Fund	694,871	1,433,567	N/A	Daily	30 days
Columbia Dividend Income Fund	6,221,773	-	N/A	Daily	30 days
Total	$ 12,562,967	$ 8,011,435			

NOTE 4: INVESTMENTS AND FAIR VALUE MEASUREMENTS (continued)

The following is a description of the valuation methodologies used for investments as measured above:

Mutual funds: Valued at the net asset value of shares held by the Plan at year-end.

Self-directed brokerage accounts: Valued at the aggregate value of the investments held. Money market accounts are valued at cost plus accrued interest. Mutual funds are valued at the daily closing price as reported by the fund. Corporate stocks are valued at closing price reported on the active market on which the individual securities are traded.

Money market funds: Valued at cost plus accrued interest.

Collective investment trusts: Valued at the NAV of units held. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions may occur daily.

NOTE 5: INFORMATION CERTIFIED BY THE INSURER AND CUSTODIANS

The data in the following table summarizes financial information of the Plan certified as complete and accurate by Fidelity Management Trust Company, the trustee of the Plan, in accordance with 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA:

	2025	2024
Fidelity Management Trust Company		
Interest and dividends	$ 3,451,980	$ 3,417,882
Net change in realized and unrealized gain	$ 9,069,694	$ 6,165,199
Investments at end of period	$ 89,866,441	$ 84,154,666

NOTE 6: RISKS AND UNCERTAINTIES

Investment securities are exposed to various risks, such as interest rate, market, and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in their values in the near term would materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

NOTE 7: INCOME TAX STATUS

The Plan obtained its latest determination letter on June 30, 2020, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter for the most recent legislative changes and any changes listed in Note 1. The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 8: CONTINGENT LIFE INSURANCE SURRENDER CHARGES

A total of three participants elected to obtain life insurance policies with contracts in force at December 31, 2025. The statement of net assets available for benefits – modified cash basis includes a total of $16,240 and $15,580 of accumulated value for these policies and others in force at the time in aggregate as of December 31, 2025 and 2024, respectively. The value is determined based on the individual cash surrender amounts of each universal life policy prior to potential surrender charges if coverage is cancelled. The total potential surrender charges related to these policies at both December 31, 2025 and 2024 was $0.

NOTE 9: RELATED PARTIES

Security Administrators, Inc. is a wholly owned non-life insurance subsidiary of Security Mutual Life Insurance Company of New York, the sponsor of the Plan.

The loan trustee of the Plan and the Plan administrator are employees of the Plan sponsor.

Plan participants are permitted to purchase insurance from the Plan sponsor as part of their self-directed investment choices. Three participants paid premiums totaling $694 in both 2025 and 2024, for this life insurance. The total premiums paid are representative of competitive prices that are offered by the plan sponsor in the marketplace less a 20% discount.

NOTE 10: RECONCILIATION OF CERTIFICATION TO FINANCIAL STATEMENTS

The following schedule identifies the primary adjustment to the financial statements and Form 5500 figures from the certification information in Note 5, excluding grouping presentations between the data.

	2025	2024
Net assets available for benefits-modified cash basis		
Per certification - Fidelity	$ 89,866,441	$ 84,154,666
Add: participant insurance - accumulated value	16,240	15,580
Per financial statements and Form 5500	$ 89,882,681	$ 84,170,246

SUPPLEMENTAL SCHEDULE
SECURITY MUTUAL LIFE
INSURANCE COMPANY OF NEW YORK
PROFIT SHARING PLAN
PLAN NUMBER – 004
EIN 15-0442730
Schedule H, Line 4i – Schedule of
Assets (Held at End of Year)

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(EMPLOYER EIN 15-0442730, PLAN 004)
(Reference: Form 5500, Schedule H, Line 4i)

DECEMBER 31, 2025

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost ^	(e) Current Value
	Collective Investment Trust:			
	Invesco	Stable Value Trust		$ 5,132,853
	Blackrock	Midcap Growth Equity Fund		694,871
	Columbia	Dividend Income Fund		6,221,773
	Alliance Bernstein	U.S. Large Cap Growth Fund		5,646,323
	Mutual Funds:			
	American Funds	Cap World Growth and Income Fund		620,140
	American Funds	New World Fund		691,919
	Blackrock	High Yield Fund		730,895
	Dodge & Cox	Balanced Fund		4,921,439
*	Fidelity	Advisor Freedom 2010		489,697
*	Fidelity	Advisor Freedom 2015		134,335
*	Fidelity	Advisor Freedom 2020		2,471,804
*	Fidelity	Advisor Freedom 2025		1,064,948
*	Fidelity	Advisor Freedom 2030		11,271,336
*	Fidelity	Advisor Freedom 2035		1,792,350
*	Fidelity	Advisor Freedom 2040		6,609,649
*	Fidelity	Advisor Freedom 2045		696,353
*	Fidelity	Advisor Freedom 2050		3,821,227
*	Fidelity	Advisor Freedom 2055		438,110
*	Fidelity	Advisor Freedom 2060		347,827
*	Fidelity	Advisor Freedom 2065		86,089
*	Fidelity	Advisor Freedom 2070		18,838
*	Fidelity	Advisor Freedom Inc.		119,616
*	Fidelity	500 Index - Admiral Fund		8,716,897
*	Fidelity	Inflation Protection Fund		672,168
*	Fidelity	Midcap Index - Admiral Fund		2,949,508
*	Fidelity	Smallcap Index - Admiral Fund		2,107,298
*	Fidelity	Global Ex US Index Fund		908,550
	JP Morgan	U.S. Equity Fund		4,328,832
	Lord Abbett	Bond Debenture Fund		379,391
	MFS	International Diversification Fund		2,535,671
	Prudential	Total Return Bond Fund		4,485,237
	Undiscovered Managers	Behavioral Value Fund		994,372
	Victory Sycamore	Estimated Value Fund		1,107,960
	William Blair	Smallcap Growth Fund		504,579
	Subtotal to next page			$ 83,712,855

^ Cost data omitted for participant directed individual account plan
* Denotes a party in interest asset

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(EMPLOYER EIN 15-0442730, PLAN 004)
(Reference: Form 5500, Schedule H, Line 4i)

DECEMBER 31, 2025

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost ^	(e) Current Value
	Continued from prior page			$ 83,712,855
*	Fidelity Government Money Market Fund			82,441
	Participant-Directed Brokerage Accounts			4,734,463
	Participant-Directed Investments Total			88,529,759
*	Participant Loans	(5.25%-10.50%), various maturities		1,336,682
*	Participant Individual Insurance Contracts			16,240
				$ 89,882,681

^ Cost data omitted for participant directed individual account plan
* Denotes a party in interest asset

SUPPLEMENTAL SCHEDULE
SECURITY MUTUAL LIFE
INSURANCE COMPANY OF NEW YORK
PROFIT SHARING PLAN
PLAN NUMBER – 004
EIN 15-0442730
Schedule H, Line 4i – Schedule of
Assets (Held at End of Year)

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(EMPLOYER EIN 15-0442730, PLAN 004)
(Reference: Form 5500, Schedule H, Line 4i)

DECEMBER 31, 2025

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost ^	(e) Current Value
	Collective Investment Trust:			
	Invesco	Stable Value Trust		$ 5,132,853
	Blackrock	Midcap Growth Equity Fund		694,871
	Columbia	Dividend Income Fund		6,221,773
	Alliance Bernstein	U.S. Large Cap Growth Fund		5,646,323
	Mutual Funds:			
	American Funds	Cap World Growth and Income Fund		620,140
	American Funds	New World Fund		691,919
	Blackrock	High Yield Fund		730,895
	Dodge & Cox	Balanced Fund		4,921,439
*	Fidelity	Advisor Freedom 2010		489,697
*	Fidelity	Advisor Freedom 2015		134,335
*	Fidelity	Advisor Freedom 2020		2,471,804
*	Fidelity	Advisor Freedom 2025		1,064,948
*	Fidelity	Advisor Freedom 2030		11,271,336
*	Fidelity	Advisor Freedom 2035		1,792,350
*	Fidelity	Advisor Freedom 2040		6,609,649
*	Fidelity	Advisor Freedom 2045		696,353
*	Fidelity	Advisor Freedom 2050		3,821,227
*	Fidelity	Advisor Freedom 2055		438,110
*	Fidelity	Advisor Freedom 2060		347,827
*	Fidelity	Advisor Freedom 2065		86,089
*	Fidelity	Advisor Freedom 2070		18,838
*	Fidelity	Advisor Freedom Inc.		119,616
*	Fidelity	500 Index - Admiral Fund		8,716,897
*	Fidelity	Inflation Protection Fund		672,168
*	Fidelity	Midcap Index - Admiral Fund		2,949,508
*	Fidelity	Smallcap Index - Admiral Fund		2,107,298
*	Fidelity	Global Ex US Index Fund		908,550
	JP Morgan	U.S. Equity Fund		4,328,832
	Lord Abbett	Bond Debenture Fund		379,391
	MFS	International Diversification Fund		2,535,671
	Prudential	Total Return Bond Fund		4,485,237
	Undiscovered Managers	Behavioral Value Fund		994,372
	Victory Sycamore	Estimated Value Fund		1,107,960
	William Blair	Smallcap Growth Fund		504,579
	Subtotal to next page			$ 83,712,855

^ Cost data omitted for participant directed individual account plan
* Denotes a party in interest asset

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(EMPLOYER EIN 15-0442730, PLAN 004)
(Reference: Form 5500, Schedule H, Line 4i)

DECEMBER 31, 2025

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost ^	(e) Current Value
	Continued from prior page			$ 83,712,855
*	Fidelity Government Money Market Fund			82,441
	Participant-Directed Brokerage Accounts			4,734,463
	Participant-Directed Investments Total			88,529,759
*	Participant Loans	(5.25%-10.50%), various maturities		1,336,682
*	Participant Individual Insurance Contracts			16,240
				$ 89,882,681

^ Cost data omitted for participant directed individual account plan
* Denotes a party in interest asset