Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ASSOCIATED BUILDERS & CONTRACTORS INSURANCE TRUST FUND & SUBSIDIARY

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 01/01/1957

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)

TRUSTEES OF ASSOCIATED BUILDERS & CONTRACTORS INSURANCE TRUST
ASSOCIATED BUILDERS AND CONTRACTORS INSURANCE TRUST
ADAM BONSKY
440 FIRST ST NW
SUITE 200
WASHINGTON, DC 20001

2b Employer Identification Number (EIN)
52-1115752

2c Plan Sponsor's telephone number
202-595-1757

2d Business code (see instructions)
813000

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	KELLIE STEWART
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

TRUSTEES OF ASSOCIATED BUILDERS & CONTRACTORS, INC

440 FIRST ST NW
SUITE 200
WASHINGTON, DC 20001

3b Administrator's EIN: 52-1115752

3c Administrator's telephone number: 202-595-1757

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**	6814
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)**	6468
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	6437
b	Retired or separated participants receiving benefits	**6b**	360
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	6797
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

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

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

a Pension Schedules

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

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [X] **A** (Insurance Information) – Number Attached 5
- (4) [X] **C** (Service Provider Information)
- (5) [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 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
ASSOCIATED BUILDERS & CONTRACTORS INSURANCE TRUST FUND & SUBSIDIARY

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF ASSOCIATED BUILDERS & CONTRACTORS INSURANCE TRUST

D Employer Identification Number (EIN)
52-1115752

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	5659000	8070	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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(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	0
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	0
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	0

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** [X] 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** [X] Other (specify) ▶ AD&D

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	3031713		
(2) Increase (decrease) in amount due but unpaid	9a(2)	-355015		
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	2676698
b Benefit charges (1) Claims paid	9b(1)	2659195		
(2) Increase (decrease) in claim reserves	9b(2)	-2296		
(3) Incurred claims (add **(1)** and **(2)**)			9b(3)	2656899
(4) Claims charged			9b(4)	2656899
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)	308149		
(E) Taxes	9c(1)(E)	64087		
(F) Charges for risks or other contingencies	9c(1)(F)	82625		
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	454861
(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)	330986
(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	0
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. Specify nature of costs.	10b	

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
ASSOCIATED BUILDERS & CONTRACTORS INSURANCE TRUST FUND & SUBSIDIARY

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF ASSOCIATED BUILDERS & CONTRACTORS INSURANCE TRUST

D Employer Identification Number (EIN)
52-1115752

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
RELIANCE STANDARD 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
36-0883760	68381	LTD 117185	144	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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(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	0
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	0
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	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	69321
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
ASSOCIATED BUILDERS & CONTRACTORS INSURANCE TRUST FUND & SUBSIDIARY

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF ASSOCIATED BUILDERS & CONTRACTORS INSURANCE TRUST

D Employer Identification Number (EIN)
52-1115752

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
NATIONAL UNION FIRE INSURANCE CO OF PITTSBURGH, PA

(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
25-0687550	19445	PAI 9062724-B	203	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
834	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

ASSOCIATED BLDRS & CONTRACTORS INS
4250 FAIRFAX DR - FL 9TH
ARLINGTON, VA 22203

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
834			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	0
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	0
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	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	5560
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
ASSOCIATED BUILDERS & CONTRACTORS INSURANCE TRUST FUND & SUBSIDIARY

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF ASSOCIATED BUILDERS & CONTRACTORS INSURANCE TRUST

D Employer Identification Number (EIN)
52-1115752

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	5343686	4610	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
11257	4412

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

ASSOC BUILDERS & CONTRACTORS INS.
440 1ST ST NW, SUITE 2
WASHINGTON, DC 20001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11257	4412	SUPPLEMENTAL COMPENSATION	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	0
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	0
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	0

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	246028
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
ASSOCIATED BUILDERS & CONTRACTORS INSURANCE TRUST FUND & SUBSIDIARY

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF ASSOCIATED BUILDERS & CONTRACTORS INSURANCE TRUST

D Employer Identification Number (EIN)
52-1115752

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	TSO5339284	627	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
16936	6403

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

ASSOC BUILDERS & CONTRACTORS INS SE
440 1ST ST NW-STE 2
WASHINGTON, DC 20001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16936	6403	SUPPLEMENTAL COMPENSATION	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	0
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	0
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	0

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** [X] Vision
- **d** [X] 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** [X] Other (specify) ▶ AD&D

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	374974
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. Specify nature of costs.			10b	

Part IV Provision of Information

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

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

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

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

A Name of plan
ASSOCIATED BUILDERS & CONTRACTORS INSURANCE TRUST FUND & SUBSIDIARY

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF ASSOCIATED BUILDERS & CONTRACTORS INSURANCE TRUST

D Employer Identification Number (EIN)
52-1115752

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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)

ADAM T. BONSKY

52-1115752

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE OF TRUST	440664	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILLIAM HENSON

52-1115752

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE OF TRUST	219105	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KELLIE STEWART

52-1115752

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE OF TRUST	154042	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)

BETHANY TRUMBULL

52-1115752

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE OF TRUST	139549	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LASHONDA P WILLIAMS

52-1115752

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE OF TRUST	138794	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JEFFREY HARTNETT

52-1115752

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE OF TRUST	127297	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)

KEVIN DUPONT

52-1115752

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE OF TRUST	119375	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BARBARA PFAFFLY

52-1115752

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE OF TRUST	118547	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCB BILLING SOLUTIONS

115 WOODCLIFF BLVD.
MORGANVILLE, NJ 07751

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 49 50 99	NONE	99324	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)

CHAUNCEY DELANEY

52-1115752

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE OF TRUST	94169	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RICHARD GELNAR

52-1115752

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE OF TRUST	93564	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SARA JOHNSON

52-1115752

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE OF TRUST	92283	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)

PHILIP GRISAFI

52-1115752

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE OF TRUST	89603	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STEPHANIE GAMBLE-NECKER

52-1115752

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE OF TRUST	87838	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ADAM FLEEK

52-1115752

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE OF TRUST	85016	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)

STEPHANIE CRAGHEAD

52-1115752

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE OF TRUST	81687	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TAUNYA R BURNETTE-GREENWOOD

52-1115752

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE OF TRUST	80412	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARMANINO, LLP

PO BOX 206700
DALLAS, TX 75320

94-6214841

(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 50 16 70 49	NONE	70771	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)

CLAIRE VIRTUE

52-1115752

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE OF TRUST	66591	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHETU, INC.

1500 CONCORD TERRACE-SUITE 100
SUNRISE, FL 33323

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 49 50 99	NONE	62944	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ZYWAVE

10100 INNOVATION DRIVE-STE 300
MILWAUKEE, TN 53266

04-3670979

(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?
23 50	NONE	62382	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)

JOSHUA LINDEMAN

52-1115752

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE OF TRUST	61738	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ENITOR WILLIAMS

52-1115752

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE OF TRUST	56896	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PART 2 EVENTS LLC

1636 3RD AVE STE 191
NEW YORK, NY 10128

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50 99	NONE	56142	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)

BOBBY R WILKINS

52-1115752

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE OF TRUST	55494	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BENEFITS COMPLIANCE SOLUTIONS, LLC

1500 WEST LYNN STREET-STE 103
AUSTIN, TX 78703

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 49 22 50 23 53	NONE	48580	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ANDREA WHITENIGHT

2728 TRAIL OF THE MADRONES
AUSTIN, TX 78746

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 49 50 70	NONE	43125	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JUNIOR MONTEIRO

52-1115752

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE OF TRUST	29890	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AGENCYBLOC

115 E 2ND ST
CEDAR FALLS, IA 50613

(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	27790	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASPN INSURANCE AGENCY LLC

200 E. RANDOLPH AVE, 5TH FLOOR
CHICAGO, IL 60601

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 23 50 53	NONE	23569	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)

CONSTRUCTION EXECUTIVE

440 FIRST ST NW, STE 200
WASHINGTON, DC 20001

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50 70 99 23 49	NONE	21000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HARTMAN EXECUTIVE ADVISORS LLC

555 11TH STRET NORTHWEST
WASHINGTON, DC 20004

(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	19005	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PATRIOT BENEFIT SERVICES

56 SOUTH STREET-SUITE 250
HOPKINTON, MA 01748

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 23 49 50 70	NONE	15563	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)

WELLS FARGO

420 MONTGOMERY STREET
SAN FRANCISCO, CA 94163

(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?
21 28 49 99 50	NONE	14845	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

QUADIENT LEASING

478 WHEELERS FARMS ROAD
MILFORD, CT 06461

(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?
38 49 50 99	NONE	13960	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAY PITNEY

8 SYLVAN WAY
PARSIPPANY, NJ 07054

(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	13772	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)

ABC BENEFITS GROUP - JOHN GAYLOR

5001 N SHADELAND AVE
INDIANAPOLIS, IN 46226

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 23 50 53	NONE	11064	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PHIL GRISAFI

52-1115752

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE OF TRUST	9276	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMPASS BENEFIT SPECI, INC.

39-1749728

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 23 50 53	NONE	9049	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)

BERNARD HEALTH, LLC

2817 WEST END AVENUE,STE. 126-281
NASHVILLE, TN 37203

(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 64	NONE	9000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MAILFINANCE

478 WHEELERS FARMS RD
MILFORD, CT 06461

(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?
38 49 50 99	NONE	8990	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

IRON MOUNTAIN

801 PENNSYLVANIA AVENUE N
WASHINGTON, DC 20004

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50 99	NONE	8850	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)

DAY & NIGHT PRINTING, INC.

8618 WESTWOOD CENTER DR #100
VIENNA, VA 22182

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 38 50	NONE	8844	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BRENT CABRERA

115 E 2ND STREET
CEDAR FALLS, IA 50613

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 25 50 99	INDIVIDUAL TRUSTEE	8764	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DAVID LEINBACH

4700 N. 5TH STREET HWY, STE 1
TEMPLE, PA 19560

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 25 50 99	INDIVIDUAL TRUSTEE	6739	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

JOSEPH E ROSSMAN

52-1115752

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE OF TRUST	5438	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WONDRA CONSTRUCTION INC

W2874 GRAYLOG ROAD
IRON RIDGE, WI 53035

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50 99 53	NONE	5005	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

(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?
			Yes [ ] No [ ]	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
ASSOCIATED BUILDERS & CONTRACTORS INSURANCE TRUST FUND & SUBSIDIARY

B Three-digit plan number (PN) ▶ 501

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF ASSOCIATED BUILDERS & CONTRACTORS INSURANCE TRUST

D Employer Identification Number (EIN)
52-1115752

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:

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)

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 AVAILABLE UPON REQUEST

b Name of plan sponsor AVAILABLE UPON REQUEST | **c** EIN-PN 52-1115752-501

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
ASSOCIATED BUILDERS & CONTRACTORS INSURANCE TRUST FUND & SUBSIDIARY

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF ASSOCIATED BUILDERS & CONTRACTORS INSURANCE TRUST

D Employer Identification Number (EIN)
52-1115752

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	333715	316692
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	39943	113905
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1067875	1275835
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	12333756	11496736
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	108321	316162

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)	182973	205898
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	14066583	13725228
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	3290850	2670658
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	4028395	4486601
1k Total liabilities (add all amounts in lines 1g through1j)	1k	7319245	7157259
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	6747338	6567969

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)	3494799	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3494799
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1212	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	6167	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7379
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	408874	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		408874
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1321084	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		1321084
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-149531	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-149531

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		3124328
d Total income. Add all **income** amounts in column (b) and enter total	2d		8206933
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	3499753	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		3499753
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)	3551556	
(2) Contract administrator fees	2i(2)	211043	
(3) Recordkeeping fees	2i(3)	136114	
(4) IQPA audit fees	2i(4)	74846	
(5) Investment advisory and investment management fees	2i(5)	35519	
(6) Bank or trust company trustee/custodial fees	2i(6)	14845	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	33034	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	829592	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		4886549
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		8386302
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-179369
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: ARMANINO, LLP **(2)** EIN: 94-6214841

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			
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			
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			
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			
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			
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			
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [ ] 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 _____.

Associated Builders and Contractors, Inc. Insurance Trust Fund and Subsidiary

Consolidated Financial Statements
and Supplementary Information

December 31, 2025 and 2024

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INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Associated Builders and Contractors, Inc. Insurance Trust Fund

Opinion

We have audited the accompanying consolidated financial statements of Associated Builders and Contractors, Inc. Insurance Trust Fund and Subsidiary (the "Trust"), which comprise the consolidated balance sheets as of December 31, 2025 and 2024, and the related consolidated statements of operations, changes in trust equity, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Associated Builders and Contractors, Inc. Insurance Trust Fund and Subsidiary as of December 31, 2025 and 2024, and the results of their operations and their cash flows 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 Associated Builders and Contractors, Inc. Insurance Trust Fund 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 consolidated financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Associated Builders and Contractors, Inc. Insurance Trust Fund's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated 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 auditing standards generally accepted in the United States of America 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 consolidated financial statements.

In performing an audit in accordance with auditing standards generally accepted in the United States of America, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated 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 consolidated 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 Associated Builders and Contractors, Inc. Insurance Trust Fund'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 consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Associated Builders and Contractors, Inc. Insurance Trust Fund'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.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplementary information on pages 20 - 21 is presented for purposes of additional analysis and is not a required part of the consolidated 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 consolidated financial statements. The supplementary information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.



St. Louis, Missouri

September 21, 2026

Associated Builders and Contractors, Inc. Insurance Trust Fund and Subsidiary
Consolidated Balance Sheets
December 31, 2025 and 2024

	2025	2024
ASSETS		
Cash and cash equivalents	$ 1,591,997	$ 1,176,196
Investments, at fair value	11,496,736	12,333,756
Accounts receivable	316,692	333,715
Prepaid expenses	113,905	39,943
Property and equipment, net	205,898	182,973
Total assets	$ 13,725,228	$ 14,066,583
LIABILITIES AND TRUST EQUITY		
Liabilities		
Accounts payable	$ 758,536	$ 1,799,407
Accrued expenses	466,209	347,971
Deferred revenue	1,329,571	677,273
Funds held for Dollar Bank program	4,486,601	4,028,395
Retro funds held for MetLife	116,342	466,199
Total liabilities	7,157,259	7,319,245
Trust equity	6,567,969	6,747,338
Total liabilities and trust equity	$ 13,725,228	$ 14,066,583

The accompanying notes are an integral part of these consolidated financial statements.

Associated Builders and Contractors, Inc. Insurance Trust Fund and Subsidiary
Consolidated Statements of Operations
For the Years Ended December 31, 2025 and 2024

	2025	2024
Revenues		
Premiums	$ 3,494,799	$ 3,496,470
Insurance commissions	2,295,294	2,327,838
Administration, marketing and billing fees	829,034	822,991
Total revenues	6,619,127	6,647,299
Expenses		
Premiums expense	3,499,753	3,503,396
Salaries and related benefits	3,551,556	3,151,621
Service expense reimbursement	147,597	82,886
Administration and other expenses	1,187,396	1,100,217
Total operating expenses	8,386,302	7,838,120
Loss from operations	(1,767,175)	(1,190,821)
Other income		
Interest, dividends, and net realized gain on investment securities	1,737,337	1,327,583
Unrealized gain (loss) on investments	(149,531)	136,772
Total other income	1,587,806	1,464,355
Net income (loss)	$ (179,369)	$ 273,534

The accompanying notes are an integral part of these consolidated financial statements.

Associated Builders and Contractors, Inc. Insurance Trust Fund and Subsidiary
Consolidated Statements of Changes in Trust Equity
For the Years Ended December 31, 2025 and 2024

	Trust Equity
Balance, January 1, 2024	$ 6,473,804
Net income	273,534
Balance, December 31, 2024	6,747,338
Net loss	(179,369)
Balance, December 31, 2025	$ 6,567,969

The accompanying notes are an integral part of these consolidated financial statements.

Associated Builders and Contractors, Inc. Insurance Trust Fund and Subsidiary
Consolidated Statements of Cash Flows
For the Years Ended December 31, 2025 and 2024

	2025	2024
Cash flows from operating activities		
Net income (loss)	$ (179,369)	$ 273,534
Adjustments to reconcile net income (loss) to net cash used in operating activities		
Net realized gain on sales of investment securities	(1,321,084)	(1,017,552)
Unrealized gain on investment securities	149,531	(136,772)
Depreciation and amortization	18,651	14,456
Changes in operating assets and liabilities		
Accounts receivable	17,023	(27,228)
Prepaid expenses	(73,962)	130,910
Accounts payable	(1,040,871)	150,750
Accrued expenses	118,238	92,067
Deferred revenue	652,298	(434,675)
Funds held for Dollar Bank program	458,206	(115,427)
Funds held for MetLife	(349,857)	466,199
Net cash used in operating activities	(1,551,196)	(603,738)
Cash flows from investing activities		
Purchases of investments	(4,932,185)	(6,875,705)
Proceeds from sale of investments	6,940,758	6,412,373
Purchases of property and equipment	(41,576)	(167,136)
Net cash provided by (used in) investing activities	1,966,997	(630,468)
Net increase (decrease) in cash and cash equivalents	415,801	(1,234,206)
Cash and cash equivalents, beginning of year	1,176,196	2,410,402
Cash and cash equivalents, end of year	$ 1,591,997	$ 1,176,196

The accompanying notes are an integral part of these consolidated financial statements.

1. NATURE OF OPERATIONS

The Associated Builders and Contractors. Inc. Insurance Trust Fund ("ABCIT") operates as an insurance program for the benefit of the members of Associated Builders and Contractors, Inc. ("ABC"). ABCIT was created to provide and maintain a viable and competitive program of health and welfare benefits for participating members and to promote such a program throughout ABC's membership. Effective November 1, 2014, ABCIT's Group Insurance Trust Agreement was amended to include voluntary supplemental insurance, which includes property, casualty, liability and other similar insurance policies. ABCIT provides various forms of coverage under agreements with various providers.

Associated Builders and Contractors Insurance Services ("ABCIS") was formed and incorporated in October 1997 to act as an insurance agent for insurance companies in soliciting and receiving applications for insurance of all kinds and to carry on a general insurance agency business. As of January 1, 2001, ABCIS began soliciting and receiving applications for the medical program previously carried on by ABCIT.

The consolidated financial statements include the accounts of ABCIT and ABCIS (collectively referred to as the "Trust").

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the Trust's significant accounting policies is as follows:

Basis of accounting and financial statement presentation

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

Principles of consolidation

ABCIT and ABCIS have been consolidated, as required under U.S. GAAP, as ABCIS is a wholly owned subsidiary of ABCIT. All significant intercompany balances and transactions have been eliminated during consolidation.

Use of estimates

Preparation of consolidated financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Cash and cash equivalents

For consolidated financial statement purposes, the Trust considers demand deposits, money market mutual funds, and all highly liquid investments with initial maturities of three months or less to be cash equivalents.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Cash and cash equivalents (continued)

The Trust maintains its demand deposits with financial institutions. At times, certain balances held within these accounts may not be fully guaranteed or insured by the U.S. federal government. The uninsured portion of cash accounts is backed solely by the assets of the underlying institution. As such, the failure of an underlying institution could result in financial loss to the Trust. The Trust has not experienced any such losses in the past and does not believe it is exposed to any significant financial risk on these balances.

Investments

The Trust's investment policy provides for investments in both fixed income and equity securities. Management determines the appropriate classification of its investments at the time of purchase and reevaluates such determination at the reporting dates. The Trust accounts for its investments in equities under Financial Accounting Standards Board Accounting Standards Codification ("FASB ASC") 321 - Investments - Equity Securities, which are measured at fair value with changes in fair value recognized in net income. The Trust accounts for its investment in bonds under FASB ASC 320 - Investments - Debt Securities, which are classified as trading securities, and are measured at fair value with changes in fair value recognized in net income. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The cumulative change in the market value of investments is reported as unrealized gains in the accompanying consolidated statements of income.

The cost of securities sold is calculated on the amortized cost basis. Investments in cash and cash alternatives are considered short-term investments and are classified as cash equivalents. Realized investment gains and losses on investments sold, determined on a specific identification basis, are included in interest, dividends, and net realized gains on investment securities.

The Trust's investments are held in a professionally managed portfolio that contains various types of securities. Such investments are exposed to various risks, such as fluctuations in market value. As a result, investment balances reported in the accompanying consolidated balance sheets may not be reflective of the portfolio's value during subsequent periods.

Fair value measurements

FASB ASC 820 - Fair Value Measurements, establishes a framework for measuring assets and liabilities at fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Fair value measurements (continued)

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- *Level 1* - Observable inputs that reflect quoted prices for identical assets or liabilities in active markets.
- *Level 2* - Includes inputs other than Level 1 inputs that are directly or indirectly observable in the marketplace such as yield curves or other market data.
- *Level 3* - Unobservable inputs which reflect the reporting entities' assessment of the assumptions that market participants would use in pricing the asset or liability including assumptions about risk, such as bid/ask spreads and liquidity discounts.

Receivables

Receivables consist primarily of commission and premium accounts receivable. The Trust reviews its receivables for collectability based on the estimated collectability of the specific accounts, given knowledge of the customer, aging of the receivable and existing economic conditions. An allowance for credit losses is netted with receivables. The allowance is based on management's estimate of the total uncollectible receivables.

Allowance for credit losses

The Company evaluates financial assets subject to credit exposure under ASC 326, Financial Instruments - Credit Losses ("CECL"). CECL requires an estimate of credit losses for the remaining estimated life of a financial asset using historical experience, current conditions, and reasonable and supportable forecasts and generally applies to financial assets measured at amortized cost, including reinsurance recoverable, loan receivables and held-to-maturity debt securities, and some off-balance sheet credit exposures such as unfunded commitments to extend credit. Financial assets measured at amortized cost will be presented at the net amount expected to be collected by using an allowance for credit losses. The Company has determined that no allowance for credit losses was required at December 31, 2025 and 2024.

Property and equipment

The Trust capitalizes property and equipment acquisitions at cost and depreciates them using the straight-line method over the estimated useful lives of the related assets, which is generally three years. Asset additions greater than $1,500 are capitalized, while replacements, maintenance and repairs that do not improve or extend the lives of the respective assets are expensed as incurred.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Property and equipment (continued)

The Trust capitalizes certain development costs incurred in connection with its software and other applications when it is determined that it is probable that the project will be completed and the software will be used as intended. Certain costs incurred in the application development stage or the upgrades and enhancement stages of a new product or projects to provide significant additional functionality to existing products are capitalized, if certain criteria are met. Such costs are amortized on a straight-line basis over the estimated useful life of the related asset, generally five years. Costs related to preliminary project activities and post-implementation activities are expensed as incurred. The amortization of capitalized costs is included in depreciation and amortization expenses on the consolidated statement of operations.

The Trust evaluates whether events and circumstances have occurred that indicate the remaining estimated useful life of long-lived assets may warrant revisions or that the remaining balance of an asset may not be recoverable. The measurement of possible impairment is based on the ability to recover the balance of assets from expected future operating cash flows on an undiscounted basis. In the opinion of management, no such impairment existed at December 31, 2025 and 2024, respectively.

Leases

The Trust has elected the short-term lease recognition exemption for all applicable classes of underlying assets. Leases with an initial term of 12 months or less, that do not include an option to purchase the underlying asset that the Trust is reasonably certain to exercise, are not recorded on the balance sheets.

Revenue recognition

The Trust revenue arrangements are recognized over time and consist of performance obligations that are satisfied ratably over a period of no more than one year.

Each contract between ABCIT and insurance carriers is established through the sale of Trust products. The performance obligation for ABCIT is to process enrollment updates/changes, process billing for the carriers, collect monthly payments, pay insurance carrier premiums and manage the company policy and members, as well as performing customer service functions. Premiums collected by the Trust and remitted to various insurance companies are earned and expensed on a pro rata basis over time coinciding with the period of the policy, which is generally annually. Administration, marketing, and billing fees are recognized monthly based upon established fee percentages of premiums.

ABCIS receives commissions from various insurance carriers based upon policies issued to ABC's member companies. Premium payments are made directly to the insurance carriers by the respective ABC member company. Insurance commissions are recognized as revenue in the month to which the premium payments relate.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Revenue recognition (continued)

Economic factors driven by consumer confidence, employment, inflation and other world events impact the timing and level of cash received and revenue recognized by the Trust. Periods of economic downturn resulting from any of the above factors may result in declines in future cash flows and recognized revenue of the Trust.

Deferred revenue

Insurance premiums paid in advance of the year to which the premiums relate are shown as deferred revenue in the accompanying consolidated balance sheets.

Funds held for Programs

The Trust administers health and welfare benefit services to ABC's member companies in a program ("Dollar Bank Program") whereby premiums are based upon accumulated hours worked by employees. Participating companies pay contributions based upon the actual number of hours worked. To the extent such contributions are in excess of the premium required for one month's coverage, excess amounts are accumulated and applied toward future months' premiums for the benefit of covered employees.

The funds in the Dollar Bank Program and the Composite Rate Services Plan ("CRSP") are held by the Trust in order to pay insurance premiums on behalf of participating companies. All funds received under these programs are paid to insurance carriers and any excess funds are recorded as a liability. Because the Trust merely acts as a custodian of these funds, revenues and expenses are not recognized in the accompanying consolidated statements of operations as a result of transactions occurring within these programs. These programs' total gross cash receipts for the years ended December 31, 2025 and 2024, were $12,860,056 and $14,214,289, respectively.

The Trust provides it members with basic life and accident and dismemberment insurance, supplemental life and accident and dismemberment insurance, short-term disability insurance, and dental insurance through policies issued by Metropolitan Life Insurance company of New York ("MetLife"). The Trust maintains on deposit, funds held for the payment of premiums and any experience rated adjustments under the insurance policies underwritten by MetLife. As of December 31, 2025 and 2024, funds held on deposit by the Trust were $116,342 and $466,199, respectively.

Trust equity

The Trust maintains a special reserve fund called the contingency stabilization fund, which the Board of Trustees has designated to provide increased stability for participant fluctuations within the program. At December 31, 2025 and 2024, the contingency stabilization fund is comprised of the total operating equity of the Trust.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Income taxes

The Trust follows the authoritative guidance relating to accounting for uncertainty in income taxes included in FASB ASC 740 - Income Taxes. These provisions provide consistent guidance for the accounting for uncertainty in income taxes recognized in an entity's consolidated financial statements and prescribe a threshold of more likely than not for recognition and derecognition of tax positions taken or expected to be taken in a tax return. As of December 31, 2025 and 2024, the Trust had no unrecognized tax benefits.

Deferred tax liabilities and assets are recognized for the expected future tax consequences of events that have been included in the financial statements or tax returns. Deferred tax liabilities and assets are determined based on the difference between the financial statement and tax basis of assets and liabilities using enacted tax rates as of the balance sheet date which are expected to be applied to taxable income in the periods in which the deferred tax liability or asset is expected to be settled or realized. Valuation allowances are established, based on the weight of available evidence, when it is more likely than not that some or all of the deferred tax assets will not be realized. Management has determined that a full valuation allowance is required.

ABCIT is treated as a C corporation for tax purposes and is subject to federal and state income taxes on its realized gains and losses on investments and its net operating income. ABCIS is a corporation and is subject to taxes on its net income.

Subsequent events

The Trust has evaluated events and transactions for potential recognition or disclosure in the consolidated financial statements through September 21, 2026, the date on which the consolidated financial statements were available to be issued.

3. INVESTMENTS

The cost and market values of investments at December 31, 2025 are as follows:

	Cost	Market Value
Equity securities	$ 10,074,181	$ 11,496,736

The cost and market values of investments at December 31, 2024 are as follows:

	Cost	Market Value
Equity securities	$ 10,762,047	$ 12,333,756

3. INVESTMENTS (continued)

Investments income consisted of the following:

	2025	2024
Interest and dividends	$ 416,253	$ 310,804
Realized gain on investments	1,321,084	1,016,779
	1,737,337	1,327,583
Unrealized gain (loss) on equity securities	(149,531)	136,772
	$ 1,587,806	$ 1,464,355

Investment management fees totaled $50,364 and $53,332 for the years ended December 31, 2025 and 2024, and are included in administration and other expenses in the accompanying consolidated statements of income.

4. FAIR VALUE MEASUREMENTS

The Trust's assessment of fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Following is a description of the valuation methodologies used for assets measured at fair value:

- Level 1 - Mutual funds, exchange-traded funds and common stocks - Valued at quoted market prices in active markets.
- Level 2 - Not actively traded on public exchanges but are based on corroborated market inputs. The Trust does not currently hold Level 2 financial instruments.
- Level 3 - Common stock - Not actively traded on public exchanges and values at the audited price per unit.

Management believes the Trust's estimates to be reasonable approximation of the fair value of the investments.

4. FAIR VALUE MEASUREMENTS (continued)

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

	Level 1	Level 2	Level 3	Fair Value
Equity securities	$ 10,691,316	$ -	$ 805,420	$ 11,496,736
	$ 10,691,316	$ -	$ 805,420	$ 11,496,736

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

	Level 1	Level 2	Level 3	Fair Value
Equity securities	$ 11,934,785	$ -	$ 398,971	$ 12,333,756
	$ 11,934,785	$ -	$ 398,971	$ 12,333,756

The following table sets forth a summary of changes in the fair value of Level 3 investments for the years ended December 31:

	2025	2024
Balance, beginning of year	$ 398,971	$ 62,655
Investments acquired	413,600	334,400
Unrealized gain (loss)	(7,151)	1,916
Balance, end of year	$ 805,420	$ 398,971

5. PROPERTY AND EQUIPMENT

Property and equipment consisted of the following:

	2025	2024
Office equipment	$ 64,352	$ 53,599
Software	166,216	153,363
	230,568	206,962
Less: accumulated depreciation	(24,670)	(23,989)
	$ 205,898	$ 182,973

Depreciation and amortization expense for each of the years ended December 31, 2025 and 2024 were $18,651 and $14,456, respectively.

6. RELATED PARTY TRANSACTIONS

The Trust has an agreement to obtain certain administrative, accounting and other services and office space from ABC. Costs related to the services provided are reimbursed to ABC based on the fair value of the services provided. Under the agreement, the Trust incurred expenses of $182,746 and $215,997, during the years ended December 31, 2025 and 2024, respectively, which is recorded as rent and other service fees in the accompanying consolidated statements of income.

During the years ended December 31, 2025 and 2024, the Trust paid $81,000 and $28,000, respectively, for expenses related to sponsorship engagements with ABC National and several ABC Chapters.

As of December 31, 2025 and 2024, the Trust owed ABC approximately $696,000 and $654,000, respectively, which is included in accounts payable in the accompanying consolidated balance sheets and includes amounts due under the administrative services agreement and payroll reimbursement. The amount due to ABC is typically paid the following month.

7. DEFINED CONTRIBUTION PLAN

The Trust's defined-contribution pension plan is a 401(k) plan through ABC that covers substantially all of its employees. The Trust makes annual contributions to the plan equal to 4% of the salary of each of the Trust's eligible employees and makes matching contributions of 50% of the first 8% of an eligible employee's contributions, up to a maximum of 4%. All employee contributions are 100% vested. The plan stipulates that the Trust's annual and matching contributions vest according to the following years of service: less than two years, 0%; two years, 20%; three years, 40%; four years, 60%; and five years or more, 100%. However, all contributions become 100% vested in the event of the participant's death, disability, or retirement. The Trust's pension expense during the years ended December 31, 2025 and 2024, totaled $182,882 and $165,177, respectively.

8. INCOME TAX

The significant components of the Trust's deferred income tax assets are liabilities are as follows:

	2025	2024
Deferred tax assets		
Net operating loss and other carryforwards	$ 480,089	$ 415,294
Foreign tax credit	45,219	47,952
Valuation allowance	(123,889)	(37,776)
	401,419	425,470
Deferred tax liabilities		
Depreciation	(11,853)	-
Unrealized gains on investments	(389,566)	(425,470)
	(401,419)	(425,470)
Net deferred tax asset	$ -	$ -

In assessing the realizability of deferred tax assets, management considers whether it is more likely than not that some portion or all of the deferred tax assets will not be realized. The ultimate realization of deferred tax assets is dependent upon the generation of future taxable income during the periods in which those temporary differences become deductible.

Under the asset and liability method of accounting for income taxes, deferred tax assets and liabilities are recognized for the future tax consequences attributable to differences between consolidated financial statement carrying amounts of existing assets and liabilities and their respective tax bases, operating loss and tax credit carry forwards. Deferred tax assets and liabilities are measured using enacted rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. For the years ended December 31, 2025 and 2024, the Trust has determined that they may not receive the benefit from the deferred tax assets for the net operating losses, capital loss carryforwards, and foreign tax credits, and therefore have recorded a valuation allowance against the net deferred tax asset.

At December 31, 2025, ABCIT has approximately $1,575,000 of net operating loss carry forwards, of which approximately $591,000 will expire between 2031 and 2037, and net operating loss carryforwards in the approximate amount of $984,000 which do not expire. At December 31, 2025, ABCIS has approximately $90,000 of net operating loss carry forwards which do not expire.

8. INCOME TAX (continued)

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

	Tax Effect Amount	Tax Effect at 21%	Effective Tax Rate
Expected provision for income taxes based on the statutory rate	$ (179,369)	$ (37,667)	21.00 %
Dividends received deduction and tax-exempt interest	(17,504)	(3,676)	2.05
Meals & entertainment	(638)	(134)	0.07
State income taxes	(156,062)	(32,773)	18.27
Change in valuation allowance	420,135	88,228	(49.19)
Other, including deferred true-up	(68,885)	(14,466)	8.06
Other, including prior year true-up	2,323	488	(0.26)
	$ -	$ -	- %

9. COMMITMENTS AND CONTINGENCIES

The Trust established a premium stabilization fund ("PSR") to offset any variations in the cost to provide coverage to the it's membership. Prior to 2024 MetLife was the administrator and custodian of the PSR.

Effective January 1, 2024, the agreement with MetLife was amended and the balance of the PSR fund was distributed to the Trust and is accounted for by the Trust as a deposit liability. The Trust received $702,197 in funds distributed from the MetLife PSR Fund and holds the funds in segregated investment accounts. The funds are used to offset any variations in the cost to provide coverage to the Trust's membership.

The insurance policies with MetLife were then amended whereby the premium charged under the insurance policies in force are subject to retrospective rating adjustments based on favorable or unfavorable underwriting experience (the "retrospective policy"). Favorable experience rating results are subject to a defined retrospective experience rating formula, while unfavorable experience rating results are capped at an amount not to exceed 40% of earned premiums during the policy.

At December 31, 2025, the Trust has included in accrued expenses, $349,857 in premiums owed to MetLife under the retrospective policy. At December 31, 2025, the remaining deposit liability balance was $116,342.

At December 31, 2024, the Trust has included in accrued expenses, $235,998 in premiums owed to MetLife under the retrospective policy. At December 31, 2024, the the remaining deposit liability balance was $466,199.

SUPPLEMENTARY INFORMATION

Associated Builders and Contractors, Inc. Insurance Trust Fund and Subsidiary
Consolidating Schedule: Balance Sheet
December 31, 2025

	ABC Insurance Trust Fund	ABC Insurance Services	Eliminating Entries	Total
ASSETS				
Cash and cash equivalents	$ 1,275,835	$ 316,162	$ -	$ 1,591,997
Investments, at fair value	11,496,736	-	-	11,496,736
Accounts receivable	600,361	197,102	(480,771)	316,692
Prepaid expenses	113,905	-	-	113,905
Property and equipment, net	205,898	-	-	205,898
Investment in ABCIS	28,073	-	(28,073)	-
Total assets	$ 13,720,808	$ 513,264	$ (508,844)	$ 13,725,228
LIABILITIES AND TRUST EQUITY				
Liabilities				
Accounts payable	$ 754,116	$ 485,191	$ (480,771)	$ 758,536
Accrued expenses	466,209	-	-	466,209
Deferred revenue	1,329,571	-	-	1,329,571
Funds held for Dollar Bank program	4,486,601	-	-	4,486,601
Retro funds held for MetLife	116,342	-	-	116,342
Total liabilities	7,152,839	485,191	(480,771)	7,157,259
Trust equity	6,567,969	28,073	(28,073)	6,567,969
Total liabilities and trust equity	$ 13,720,808	$ 513,264	$ (508,844)	$ 13,725,228

Associated Builders and Contractors, Inc. Insurance Trust Fund and Subsidiary
Consolidating Schedule of Operations
For The Year Ended December 31, 2025

	ABC Insurance Trust Fund	ABC Insurance Services	Eliminating Entries	Total
Revenues				
Premiums	$ 3,494,799	$ -	$ -	$ 3,494,799
Insurance commissions	-	2,295,294	-	2,295,294
Administration, marketing and billing fees	829,034	-	-	829,034
Fees and miscellaneous revenue	2,120,000	-	(2,120,000)	-
Total revenues	6,443,833	2,295,294	(2,120,000)	6,619,127
Operating expenses				
Premiums expense	3,499,753	-	-	3,499,753
Insurance expense reimbursement	-	2,120,000	(2,120,000)	-
Salaries and related benefits	3,551,556	-	-	3,551,556
Service expense reimbursement	147,597	-	-	147,597
Administration and other expenses	1,004,881	182,515	-	1,187,396
Total operating expenses	8,203,787	2,302,515	(2,120,000)	8,386,302
Loss from operations	(1,759,954)	(7,221)	-	(1,767,175)
Other income				
Interest, dividends, and net realized gain on investment securities	1,736,125	1,212	-	1,737,337
Unrealized gain (loss) on investments	(149,531)	-	-	(149,531)
Investment income in ABCIS	(6,009)	-	6,009	-
Total other income	1,580,585	1,212	6,009	1,587,806
Net loss	$ (179,369)	$ (6,009)	$ 6,009	$ (179,369)

Associated Builders & Contractors Insurance Trust Fund & Subsidiary (EIN: 52-1115752 / 501)

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

(a)	(b) Identity of Issue, borrower, lessor or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par, or maturity value			(d) Cost	(e) Market Value ($)
Asset Class	**Quantity**	**Holding**	**Ticker**	**Market Price ($)**		
CASH BALANCES	6,424.07	ABFIS- GOVT MONEY MARKET CLASS 1	AGRXX	$1.00	$6,424.07	$6,424.07
CASH BALANCES	154,129.59	U.S. $ CASH BALANCE		$1.00	$154,129.59	$154,129.59
TOTAL CASH BALANCES					**$160,553.66**	**$160,553.66**
ALTERNATIVE INVESTMENTS	84,999.394	AB PRIVATE CREDIT INVESTORS CORPORATION	AH68836	$9.48	**$809,600.00**	**$805,420.26**
BONDS	133,138.813	AB CORE BOND PORTFOLIO SCB [1]	SNIDX	$11.39	$1,500,761.22	$1,516,451.08
BONDS	218,171.894	AB GLOBAL BOND FUND- ADV [1]	ANAYX	$6.96	$1,500,030.01	$1,518,476.38
TOTAL BONDS					**$3,000,791.23**	**$3,034,927.46**
STOCKS	42	3M CO	MMM	$160.10	$3,666.38	$6,724.20
STOCKS	113,075.117	AB INTERNATIONAL STRATEGIC EQUITIES PORTFOLIO - ADV CL [1]	STEYX	$16.11	$1,823,901.64	$1,821,640.13
STOCKS	19,899	AB MODERATE BUFFER ETF	BUFM	$39.07	$686,707.95	$777,414.13
STOCKS	124	ABBOTT LABORATORIES	ABT	$125.29	$14,364.54	$15,535.96
STOCKS	125	ABBVIE INC	ABBV	$228.49	$20,867.99	$28,561.25
STOCKS	47	ACCENTURE PLC-CL A	ACN	$268.30	$9,670.71	$12,610.10
STOCKS	30	ADOBE INC	ADBE	$349.99	$11,470.51	$10,499.70
STOCKS	116	ADVANCED MICRO DEVICES	AMD	$214.16	$12,433.13	$24,842.56
STOCKS	7	AFFILIATED MANAGERS GROUP	AMG	$288.28	$539.91	$2,017.96
STOCKS	25	AFLAC INC	AFL	$110.27	$2,645.53	$2,756.75
STOCKS	25	AGILENT TECHNOLOGIES INC	A	$136.07	$2,760.27	$3,401.75
STOCKS	17	AIR PRODUCTS & CHEMICALS INC	APD	$247.02	$5,054.85	$4,199.34
STOCKS	33	AIRBNB INC-CLASS A	ABNB	$135.72	$4,700.84	$4,478.76
STOCKS	14	ALEXANDRIA REAL ESTATE EQUIT	ARE	$48.94	$1,423.24	$685.16
STOCKS	35	ALLIANT ENERGY CORP	LNT	$65.01	$2,214.80	$2,275.35
STOCKS	27	ALLSTATE CORP	ALL	$208.15	$5,171.90	$5,620.05
STOCKS	410	ALPHABET INC-CL A	GOOGL	$313.00	$54,916.04	$128,330.00
STOCKS	329	ALPHABET INC-CL C	GOOG	$313.80	$43,701.84	$103,240.20
STOCKS	115	ALTRIA GROUP INC	MO	$57.66	$4,918.62	$6,630.90
STOCKS	689	AMAZON.COM INC	AMZN	$230.82	$88,699.66	$159,034.98
STOCKS	288	AMCOR PLC	AMCR.99	$8.34	$2,885.76	$2,401.92
STOCKS	23	AMEREN CORPORATION	AEE	$99.86	$1,637.37	$2,296.78
STOCKS	56	AMERICAN ELECTRIC POWER	AEP	$115.31	$4,104.24	$6,457.36
STOCKS	37	AMERICAN EXPRESS CO	AXP	$369.95	$10,279.62	$13,688.15
STOCKS	21	AMERICAN INTERNATIONAL GROUP	AIG	$85.55	$737.88	$1,796.55
STOCKS	34	AMERICAN TOWER CORP	AMT	$175.57	$6,503.68	$5,969.38
STOCKS	17	AMERICAN WATER WORKS CO INC	AWK	$130.50	$2,141.15	$2,218.50
STOCKS	4	AMERIPRISE FINANCIAL INC	AMP	$490.34	$2,224.40	$1,961.36
STOCKS	18	AMETEK INC	AME	$205.31	$3,621.78	$3,695.58
STOCKS	39	AMGEN INC	AMGN	$327.31	$9,488.96	$12,765.09
STOCKS	92	AMPHENOL CORP-CL A	APH	$135.14	$6,741.65	$12,432.88
STOCKS	35	ANALOG DEVICES INC	ADI	$271.20	$8,282.80	$9,492.00
STOCKS	21	AON PLC-CLASS A	AON	$352.88	$3,803.11	$7,410.48
STOCKS	40	APOLLO GLOBAL MANAGEMENT INC	APO	$144.76	$6,681.42	$5,790.40
STOCKS	1,043	APPLE INC	AAPL	$271.86	$186,345.26	$283,549.98
STOCKS	59	APPLIED MATERIALS INC	AMAT	$256.99	$11,674.75	$15,162.41
STOCKS	19	APPLOVIN CORP-CLASS A	APP	$673.82	$12,567.61	$12,802.58
STOCKS	27	ARCH CAPITAL GROUP LTD	ACGL	$95.92	$2,583.92	$2,589.84
STOCKS	6	ARCHER-DANIELS-MIDLAND CO	ADM	$57.49	$303.96	$344.94
STOCKS	18	ARES MANAGEMENT CORP - A	ARES	$161.63	$2,938.14	$2,909.34
STOCKS	69	ARISTA NETWORKS INC	ANET	$131.03	$6,453.20	$9,041.07
STOCKS	21	ARTHUR J GALLAGHER & CO	AJG	$258.79	$6,240.15	$5,434.59
STOCKS	470	AT&T INC	T	$24.84	$7,132.70	$11,674.80

Associated Builders & Contractors Insurance Trust Fund & Subsidiary (EIN: 52-1115752 / 501)

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

(a)	(b) Identity of Issue, borrower, lessor or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par, or maturity value					
	Asset Class	Quantity	Holding	Ticker	Market Price ($)	(d) Cost	(e) Market Value ($)
	STOCKS	13	ATMOS ENERGY CORP	ATO	$167.63	$2,191.54	$2,179.19
	STOCKS	17	AUTODESK INC	ADSK	$296.01	$4,720.92	$5,032.17
	STOCKS	33	AUTOMATIC DATA PROCESSING	ADP	$257.23	$7,891.56	$8,488.59
	STOCKS	2	AUTOZONE INC	AZO	$3,391.50	$2,260.53	$6,783.00
	STOCKS	8	AVALONBAY COMMUNITIES INC	AVB	$181.31	$1,809.28	$1,450.48
	STOCKS	8	AVERY DENNISON CORP	AVY	$181.88	$1,453.60	$1,455.04
	STOCKS	7	AXON ENTERPRISE INC	AXON	$567.93	$4,485.63	$3,975.51
	STOCKS	66	BAKER HUGHES CO	BKR	$45.54	$3,073.62	$3,005.64
	STOCKS	445	BANK OF AMERICA CORP	BAC	$55.00	$12,779.18	$24,475.00
	STOCKS	26	BANK OF NEW YORK MELLON CORP	BNY	$116.09	$1,088.10	$3,018.34
	STOCKS	22	BECTON DICKINSON AND CO	BDX	$194.07	$4,991.11	$4,269.54
	STOCKS	126	BERKSHIRE HATHAWAY INC-CL B	BRK/B	$502.65	$34,103.32	$63,333.90
	STOCKS	8	BEST BUY CO INC	BBY	$66.93	$451.88	$535.44
	STOCKS	10	BLACKROCK INC	BLK	$1,070.34	$9,108.65	$10,703.40
	STOCKS	56	BLACKSTONE INC	BX	$154.14	$2,757.64	$8,631.84
	STOCKS	47	BLOCK INC	XYZ	$65.09	$3,256.18	$3,059.23
	STOCKS	57	BOEING CO/THE	BA	$217.12	$10,180.84	$12,375.84
	STOCKS	2	BOOKING HOLDINGS INC	BKNG	$5,355.33	$3,816.94	$10,710.66
	STOCKS	111	BOSTON SCIENTIFIC CORP	BSX	$95.35	$6,821.83	$10,583.85
	STOCKS	152	BRISTOL-MYERS SQUIBB CO	BMY	$53.94	$6,287.03	$8,198.88
	STOCKS	333	BROADCOM INC	AVGO	$346.10	$40,704.11	$115,251.30
	STOCKS	8	BROADRIDGE FINANCIAL SOLUTIO	BR	$223.17	$789.58	$1,785.36
	STOCKS	2	BUILDERS FIRSTSOURCE INC	BLDR	$102.89	$317.19	$205.78
	STOCKS	11	BXP INC	BXP	$67.48	$698.94	$742.28
	STOCKS	7	C.H. ROBINSON WORLDWIDE INC	CHRW	$160.76	$487.55	$1,125.32
	STOCKS	20	CADENCE DESIGN SYS INC	CDNS	$312.58	$5,767.77	$6,251.60
	STOCKS	10	CAMDEN PROPERTY TRUST	CPT	$110.08	$1,076.72	$1,100.80
	STOCKS	51	CAPITAL ONE FINANCIAL CORP	COF	$242.36	$8,217.16	$12,360.36
	STOCKS	18	CARDINAL HEALTH INC	CAH	$205.50	$3,463.68	$3,699.00
	STOCKS	92	CARNIVAL CORP	CCL.98	$30.54	$2,835.44	$2,809.68
	STOCKS	66	CARRIER GLOBAL CORP	CARR	$52.84	$4,634.78	$3,487.44
	STOCKS	10	CARVANA CO	CVNA	$422.02	$4,295.50	$4,220.20
	STOCKS	32	CATERPILLAR INC	CAT	$572.87	$8,782.39	$18,331.84
	STOCKS	8	CBOE GLOBAL MARKETS INC	CBOE	$251.00	$2,036.32	$2,008.00
	STOCKS	25	CBRE GROUP INC - A	CBRE	$160.79	$3,276.57	$4,019.75
	STOCKS	6	CDW CORP/DE	CDW	$136.20	$1,178.54	$817.20
	STOCKS	13	CENCORA INC	COR	$337.75	$3,014.57	$4,390.75
	STOCKS	17	CENTENE CORP	CNC	$41.15	$967.30	$699.55
	STOCKS	53	CENTERPOINT ENERGY INC	CNP	$38.34	$2,046.33	$2,032.02
	STOCKS	4	CHARTER COMMUNICATIONS INC-A	CHTR	$208.75	$1,312.06	$835.00
	STOCKS	128	CHEVRON CORP	CVX	$152.41	$20,022.90	$19,508.48
	STOCKS	107	CHIPOTLE MEXICAN GRILL INC	CMG	$37.00	$3,895.43	$3,959.00
	STOCKS	31	CHUBB LTD	CB	$312.12	$3,469.72	$9,675.72
	STOCKS	20	CHURCH & DWIGHT CO INC	CHD	$83.85	$2,111.60	$1,677.00
	STOCKS	13	CINCINNATI FINANCIAL CORP	CINF	$163.32	$1,763.06	$2,123.16
	STOCKS	31	CINTAS CORP	CTAS	$188.07	$6,326.75	$5,830.17
	STOCKS	274	CISCO SYSTEMS INC	CSCO	$77.03	$15,290.24	$21,106.22
	STOCKS	125	CITIGROUP INC	C	$116.69	$5,108.86	$14,586.25
	STOCKS	80	CITIZENS FINANCIAL GROUP	CFG	$58.41	$3,698.40	$4,672.80
	STOCKS	25	CME GROUP INC	CME	$273.08	$5,141.11	$6,827.00
	STOCKS	39	CMS ENERGY CORP	CMS	$69.93	$2,801.29	$2,727.27
	STOCKS	260	COCA-COLA CO/THE	KO	$69.91	$15,769.13	$18,176.60
	STOCKS	45	COGNIZANT TECH SOLUTIONS-A	CTSH	$83.00	$3,693.24	$3,735.00
	STOCKS	17	COINBASE GLOBAL INC -CLASS A	COIN	$226.14	$4,161.32	$3,844.38

Associated Builders & Contractors Insurance Trust Fund & Subsidiary (EIN: 52-1115752 / 501)

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

(a)	(b) Identity of Issue, borrower, lessor or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par, or maturity value					
	Asset Class	Quantity	Holding	Ticker	Market Price ($)	(d) Cost	(e) Market Value ($)
	STOCKS	74	COLGATE-PALMOLIVE CO	CL	$79.02	$5,822.60	$5,847.48
	STOCKS	339	COMCAST CORP-CLASS A	CMCSA	$29.89	$12,759.42	$10,132.71
	STOCKS	13	COMERICA INC	CMA	$86.93	$405.73	$1,130.09
	STOCKS	48	CONAGRA BRANDS INC	CAG	$17.31	$1,321.92	$830.88
	STOCKS	118	CONOCOPHILLIPS	COP	$93.61	$4,756.93	$11,045.98
	STOCKS	25	CONSOLIDATED EDISON INC	ED	$99.32	$2,460.01	$2,483.00
	STOCKS	12	CONSTELLATION BRANDS INC-A	STZ	$137.96	$2,737.92	$1,655.52
	STOCKS	22	CONSTELLATION ENERGY	CEG	$353.27	$5,835.61	$7,771.94
	STOCKS	10	COOPER COS INC/THE	COO	$81.96	$823.00	$819.60
	STOCKS	85	COPART INC	CPRT	$39.15	$4,319.85	$3,327.75
	STOCKS	70	CORNING INC	GLW	$87.56	$2,827.88	$6,129.20
	STOCKS	54	CORTEVA INC	CTVA	$67.03	$3,228.12	$3,619.62
	STOCKS	42	COSTAR GROUP INC	CSGP	$67.24	$2,478.38	$2,824.08
	STOCKS	31	COSTCO WHOLESALE CORP	COST	$862.34	$18,617.98	$26,732.54
	STOCKS	48	CRH PLC	CRH	$124.80	$6,038.88	$5,990.40
	STOCKS	17	CROWDSTRIKE HOLDINGS INC - A	CRWD	$468.76	$6,427.97	$7,968.92
	STOCKS	56	CROWN CASTLE INC	CCI	$88.87	$5,023.20	$4,976.72
	STOCKS	128	CSX CORP	CSX	$36.25	$4,326.76	$4,640.00
	STOCKS	10	CUMMINS INC	CMI	$510.45	$3,295.40	$5,104.50
	STOCKS	89	CVS HEALTH CORP	CVS	$79.36	$5,259.02	$7,063.04
	STOCKS	44	DANAHER CORP	DHR	$228.92	$5,785.78	$10,072.48
	STOCKS	11	DARDEN RESTAURANTS INC	DRI	$184.02	$2,149.49	$2,024.22
	STOCKS	25	DATADOG INC - CLASS A	DDOG	$135.99	$3,437.00	$3,399.75
	STOCKS	19	DEERE & CO	DE	$465.57	$7,230.83	$8,845.83
	STOCKS	23	DELL TECHNOLOGIES -C	DELL	$125.88	$2,671.61	$2,895.24
	STOCKS	70	DELTA AIR LINES INC	DAL	$69.40	$3,615.80	$4,858.00
	STOCKS	11	DEXCOM INC	DXCM	$66.37	$785.18	$730.07
	STOCKS	19	DIAMONDBACK ENERGY INC	FANG	$150.33	$2,730.74	$2,856.27
	STOCKS	29	DIGITAL REALTY TRUST INC	DLR	$154.71	$2,786.80	$4,486.59
	STOCKS	18	DOLLAR GENERAL CORP	DG	$132.77	$2,444.76	$2,389.86
	STOCKS	60	DOMINION ENERGY INC	D	$58.59	$3,028.03	$3,515.40
	STOCKS	2	DOMINO'S PIZZA INC	DPZ	$416.82	$593.34	$833.64
	STOCKS	26	DOORDASH INC - A	DASH	$226.48	$4,747.86	$5,888.48
	STOCKS	7	DOVER CORP	DOV	$195.24	$1,408.40	$1,366.68
	STOCKS	116	DOW INC	DOW	$23.38	$2,727.16	$2,712.08
	STOCKS	24	DR HORTON INC	DHI	$144.03	$3,678.44	$3,456.72
	STOCKS	32	DTE ENERGY COMPANY	DTE	$128.98	$3,147.26	$4,127.36
	STOCKS	51	DUKE ENERGY CORP	DUK	$117.21	$4,548.74	$5,977.71
	STOCKS	27	EATON CORP PLC	ETN	$318.51	$9,028.35	$8,599.77
	STOCKS	48	EBAY INC	EBAY	$87.10	$3,276.48	$4,180.80
	STOCKS	19	ECOLAB INC	ECL	$262.52	$5,025.12	$4,987.88
	STOCKS	49	EDWARDS LIFESCIENCES CORP	EW	$85.25	$3,042.18	$4,177.25
	STOCKS	13	ELECTRONIC ARTS INC	EA	$204.33	$1,867.72	$2,656.29
	STOCKS	20	ELEVANCE HEALTH INC	ELV	$350.55	$5,901.36	$7,011.00
	STOCKS	56	ELI LILLY & CO	LLY	$1,074.68	$29,647.36	$60,182.08
	STOCKS	5	EMCOR GROUP INC	EME	$611.79	$3,086.50	$3,058.95
	STOCKS	37	EMERSON ELECTRIC CO	EMR	$132.72	$4,439.09	$4,910.64
	STOCKS	8	ENSIGN GROUP INC/THE	ENSG	$174.20	$339.56	$1,393.60
	STOCKS	23	ENTERGY CORP	ETR	$92.43	$1,079.27	$2,125.89
	STOCKS	55	EOG RESOURCES INC	EOG	$105.01	$6,786.00	$5,775.55
	STOCKS	20	EQT CORP	EQT	$53.60	$1,061.64	$1,072.00
	STOCKS	13	EQUIFAX INC	EFX	$216.98	$2,966.66	$2,820.74
	STOCKS	7	EQUINIX INC	EQIX	$766.16	$5,485.75	$5,363.12
	STOCKS	141	ESC GCI LIBERTY INC SR ESCROW CUSIP	EAD0PL9	---	---	$0.00

Associated Builders & Contractors Insurance Trust Fund & Subsidiary (EIN: 52-1115752 / 501)

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

(a)	(b) Identity of Issue, borrower, lessor or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par, or maturity value					
	Asset Class	Quantity	Holding	Ticker	Market Price ($)	(d) Cost	(e) Market Value ($)
	STOCKS	2	ESSEX PROPERTY TRUST INC	ESS	$261.68	$580.84	$523.36
	STOCKS	2	EVEREST GROUP LTD	EG	$339.35	$725.24	$678.70
	STOCKS	30	EVERGY INC	EVRG	$72.49	$2,150.90	$2,174.70
	STOCKS	36	EVERSOURCE ENERGY	ES	$67.33	$2,054.16	$2,423.88
	STOCKS	54	EXELON CORP	EXC	$43.59	$2,225.70	$2,353.86
	STOCKS	9	EXPEDIA GROUP INC	EXPE	$283.31	$2,565.00	$2,549.79
	STOCKS	17	EXTRA SPACE STORAGE INC	EXR	$130.22	$2,708.40	$2,213.74
	STOCKS	283	EXXON MOBIL CORP	9666655D	$120.34	$32,827.81	$34,056.22
	STOCKS	2	F5 INC	FFIV	$255.26	$270.52	$510.52
	STOCKS	4	FACTSET RESEARCH SYSTEMS INC	FDS	$290.19	$1,719.56	$1,160.76
	STOCKS	2	FAIR ISAAC CORP	FICO	$1,690.62	$3,909.13	$3,381.24
	STOCKS	70	FASTENAL CO	FAST	$40.13	$2,672.13	$2,809.10
	STOCKS	19	FEDEX CORP	FDX	$288.86	$5,514.38	$5,488.34
	STOCKS	42	FIDELITY NATIONAL INFO SERV	FIS	$66.46	$3,329.25	$2,791.32
	STOCKS	40	FIFTH THIRD BANCORP	FITB	$46.81	$1,901.20	$1,872.40
	STOCKS	3	FIRST SOLAR INC	FSLR	$261.23	$475.83	$783.69
	STOCKS	28	FIRSTENERGY CORP	FE	$44.77	$940.52	$1,253.56
	STOCKS	55	FISERV INC	FISV	$67.17	$7,478.69	$3,694.35
	STOCKS	421	FORD MOTOR CO	F	$13.12	$4,340.75	$5,523.52
	STOCKS	49	FORTINET INC	FTNT	$79.41	$4,567.53	$3,891.09
	STOCKS	14	FORTIVE CORP	FTV	$55.21	$798.90	$772.94
	STOCKS	60	FRANKLIN RESOURCES INC	BEN	$23.89	$1,431.60	$1,433.40
	STOCKS	97	FREEPORT-MCMORAN INC	FCX	$50.79	$3,910.78	$4,926.63
	STOCKS	18	GARMIN LTD	GRMN	$202.85	$3,953.70	$3,651.30
	STOCKS	37	GE HEALTHCARE TECHNOLOGY	GEHC	$82.02	$2,842.66	$3,034.74
	STOCKS	19	GE VERNOVA INC	GEV	$653.57	$3,463.00	$12,417.83
	STOCKS	17	GENERAL DYNAMICS CORP	GD	$336.66	$4,038.81	$5,723.22
	STOCKS	73	GENERAL ELECTRIC	GE	$308.03	$10,891.15	$22,486.19
	STOCKS	23	GENERAL MILLS INC	GIS	$46.50	$1,473.15	$1,069.50
	STOCKS	77	GENERAL MOTORS CO	GM	$81.32	$2,519.15	$6,261.64
	STOCKS	90	GILEAD SCIENCES INC	GILD	$122.74	$8,047.10	$11,046.60
	STOCKS	28	GLOBAL PAYMENTS INC	GPN	$77.40	$2,649.14	$2,167.20
	STOCKS	21	GOLDMAN SACHS GROUP INC	GS	$879.00	$11,427.83	$18,459.00
	STOCKS	87	HALLIBURTON CO	HAL	$28.26	$2,574.30	$2,458.62
	STOCKS	19	HARTFORD INSURANCE GROUP INC	HIG	$137.80	$2,466.48	$2,618.20
	STOCKS	16	HCA HEALTHCARE INC	HCA	$466.86	$5,054.72	$7,469.76
	STOCKS	127	HEALTHPEAK PROPERTIES INC	DOC	$16.08	$2,294.89	$2,042.16
	STOCKS	4	HELIOS TECHNOLOGIES INC	HLIO	$53.49	$136.44	$213.96
	STOCKS	14	HERSHEY CO/THE	HSY	$181.98	$2,529.90	$2,547.72
	STOCKS	114	HEWLETT PACKARD ENTERPRISE	HPE	$24.02	$2,743.98	$2,738.28
	STOCKS	16	HILTON WORLDWIDE HOLDINGS IN	HLT	$287.25	$4,048.72	$4,596.00
	STOCKS	69	HOME DEPOT INC	HD	$344.10	$18,619.26	$23,742.90
	STOCKS	46	HONEYWELL INTERNATIONAL INC	HON.99	$195.09	$8,889.41	$8,974.14
	STOCKS	56	HOST HOTELS & RESORTS INC	HST	$17.73	$926.80	$992.88
	STOCKS	29	HOWMET AEROSPACE INC	HWM	$205.02	$3,283.91	$5,945.58
	STOCKS	9	HUMANA INC	HUM	$256.13	$2,369.75	$2,305.17
	STOCKS	185	HUNTINGTON BANCSHARES INC	HBAN	$17.35	$3,217.15	$3,209.75
	STOCKS	13	IDEX CORP	IEX	$177.94	$2,866.25	$2,313.22
	STOCKS	8	IDEXX LABORATORIES INC	IDXX	$676.53	$3,689.67	$5,412.24
	STOCKS	3	INCYTE CORP	INCY	$98.77	$207.15	$296.31
	STOCKS	37	INGERSOLL-RAND INC	IR	$79.22	$3,628.72	$2,931.14
	STOCKS	13	INNOSPEC INC	IOSP	$76.54	$1,140.49	$995.02
	STOCKS	322	INTEL CORP	INTC	$36.90	$9,657.97	$11,881.80
	STOCKS	40	INTERACTIVE BROKERS GRO-CL A	IBKR	$64.31	$2,600.00	$2,572.40

Associated Builders & Contractors Insurance Trust Fund & Subsidiary (EIN: 52-1115752 / 501)

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

(a)	(b) Identity of Issue, borrower, lessor or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par, or maturity value					
	Asset Class	Quantity	Holding	Ticker	Market Price ($)	(d) Cost	(e) Market Value ($)
	STOCKS	42	INTERCONTINENTAL EXCHANGE IN	ICE	$161.96	$6,652.36	$6,802.32
	STOCKS	67	INTL BUSINESS MACHINES CORP	IBM	$296.21	$10,243.32	$19,846.07
	STOCKS	17	INTL FLAVORS & FRAGRANCES	IFF	$67.39	$1,428.43	$1,145.63
	STOCKS	19	INTUIT INC	INTU	$662.42	$11,415.34	$12,585.98
	STOCKS	26	INTUITIVE SURGICAL INC	ISRG	$566.36	$7,451.74	$14,725.36
	STOCKS	17	IQVIA HOLDINGS INC	IQV	$225.41	$3,371.82	$3,831.97
	STOCKS	28	IRON MOUNTAIN INC	IRM	$82.95	$2,448.38	$2,322.60
	STOCKS	1,266	ISHARES CORE INTL STOCK ETF	IXUS	$84.64	$82,310.25	$107,154.24
	STOCKS	1,851	ISHARES CORE S&P TOTAL U.S.	ITOT	$148.69	$201,588.82	$275,225.19
	STOCKS	901	ISHARES RUSSELL 2000 GROWTH	IWO	$323.01	$295,838.57	$291,032.01
	STOCKS	1,617	ISHARES RUSSELL 2000 VALUE	IWN	$181.21	$297,079.77	$293,016.57
	STOCKS	167	JOHNSON & JOHNSON	JNJ	$206.95	$27,471.21	$34,560.65
	STOCKS	47	JOHNSON CONTROLS INTERNATION	JCI	$119.75	$3,103.02	$5,628.25
	STOCKS	187	JPMORGAN CHASE & CO	JPM	$322.22	$27,717.87	$60,255.14
	STOCKS	5	KADANT INC	KAI	$285.02	$412.30	$1,425.10
	STOCKS	124	KENVUE INC	KVUE	$17.25	$2,384.52	$2,139.00
	STOCKS	101	KEURIG DR PEPPER INC	KDP	$28.01	$3,225.36	$2,829.01
	STOCKS	117	KEYCORP	KEY	$20.64	$1,848.60	$2,414.88
	STOCKS	21	KEYSIGHT TECHNOLOGIES IN	KEYS	$203.19	$3,300.66	$4,266.99
	STOCKS	29	KIMBERLY-CLARK CORP	KMB	$100.89	$3,956.92	$2,925.81
	STOCKS	122	KINDER MORGAN INC	KMI	$27.49	$3,320.03	$3,353.78
	STOCKS	54	KKR & CO INC	KKR	$127.48	$7,422.70	$6,883.92
	STOCKS	10	KLA CORP	KLAC	$1,215.08	$2,807.58	$12,150.80
	STOCKS	75	KRAFT HEINZ CO/THE	KHC	$24.25	$2,026.50	$1,818.75
	STOCKS	59	KROGER CO	KR	$62.48	$3,667.90	$3,686.32
	STOCKS	17	L3HARRIS TECHNOLOGIES INC	LHX	$293.57	$2,974.85	$4,990.69
	STOCKS	94	LAM RESEARCH CORP	LRCX	$171.18	$8,471.95	$16,090.92
	STOCKS	11	LANDSTAR SYSTEM INC	LSTR	$143.70	$934.99	$1,580.70
	STOCKS	27	LENNAR CORP-A	LEN	$102.80	$4,248.80	$2,775.60
	STOCKS	31	LINDE PLC	LIN	$426.39	$9,295.45	$13,218.09
	STOCKS	13	LOCKHEED MARTIN CORP	LMT	$483.67	$5,961.07	$6,287.71
	STOCKS	15	LOEWS CORP	L	$105.31	$1,592.85	$1,579.65
	STOCKS	6	L'OREAL-UNSPONSORED ADR	LRLCY	$85.65	$408.33	$513.90
	STOCKS	40	LOWE'S COS INC	LOW	$241.16	$9,981.42	$9,646.40
	STOCKS	4	LULULEMON ATHLETICA INC	LULU	$207.81	$1,134.88	$831.24
	STOCKS	39	LYONDELLBASELL INDU-CL A	LYB	$43.30	$2,746.20	$1,688.70
	STOCKS	11	M & T BANK CORP	MTB	$201.48	$2,221.67	$2,216.28
	STOCKS	31	MARATHON PETROLEUM CORP	MPC	$162.63	$882.56	$5,041.53
	STOCKS	18	MARRIOTT INTERNATIONAL -CL A	MAR	$310.24	$5,354.86	$5,584.32
	STOCKS	12	MARSH & MCLENNAN COS	MRSH	$185.52	$2,702.05	$2,226.24
	STOCKS	4	MARTIN MARIETTA MATERIALS	MLM	$622.66	$2,095.92	$2,490.64
	STOCKS	12	MASCO CORP	MAS	$63.46	$761.40	$761.52
	STOCKS	56	MASTERCARD INC - A	MA	$570.88	$19,129.07	$31,969.28
	STOCKS	49	MCDONALD'S CORP	MCD	$305.63	$13,248.46	$14,975.87
	STOCKS	8	MCKESSON CORP	MCK	$820.29	$1,229.09	$6,562.32
	STOCKS	88	MEDTRONIC PLC	MDT	$96.06	$6,979.43	$8,453.28
	STOCKS	177	MERCK & CO. INC.	MRK	$105.26	$18,727.95	$18,631.02
	STOCKS	154	META PLATFORMS INC-CLASS A	META	$660.09	$53,424.60	$101,653.86
	STOCKS	47	METLIFE INC	MET	$78.94	$3,755.16	$3,710.18
	STOCKS	2	METTLER-TOLEDO INTERNATIONAL	MTD	$1,394.19	$2,315.75	$2,788.38
	STOCKS	46	MICROCHIP TECHNOLOGY INC	MCHP	$63.72	$2,975.28	$2,931.12
	STOCKS	80	MICRON TECHNOLOGY INC	MU	$285.41	$7,306.40	$22,832.80
	STOCKS	523	MICROSOFT CORP	MSFT	$483.62	$156,870.46	$252,933.26
	STOCKS	14	MID-AMERICA APARTMENT COMM	MAA	$138.91	$1,752.52	$1,944.74

Associated Builders & Contractors Insurance Trust Fund & Subsidiary (EIN: 52-1115752 / 501)

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

(a)	(b) Identity of Issue, borrower, lessor or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par, or maturity value					
	Asset Class	Quantity	Holding	Ticker	Market Price ($)	(d) Cost	(e) Market Value ($)
	STOCKS	13	MILLROSE PROPERTIES	MRP	$29.87	$298.87	$388.31
	STOCKS	12	MOLSON COORS BEVERAGE CO - B	TAP	$46.68	$456.42	$560.16
	STOCKS	103	MONDELEZ INTERNATIONAL INC-A	MDLZ	$53.83	$6,354.48	$5,544.49
	STOCKS	4	MONOLITHIC POWER SYSTEMS INC	MPWR	$906.36	$3,133.59	$3,625.44
	STOCKS	70	MONSTER BEVERAGE CORP	MNST	$76.67	$3,597.17	$5,366.90
	STOCKS	11	MOODY'S CORP	MCO	$510.85	$5,408.01	$5,619.35
	STOCKS	82	MORGAN STANLEY	MS	$177.53	$9,904.65	$14,557.46
	STOCKS	12	MOTOROLA SOLUTIONS INC	MSI	$383.32	$4,939.94	$4,599.84
	STOCKS	6	MSCI INC	MSCI	$573.73	$3,265.22	$3,442.38
	STOCKS	17	NATIONAL STORAGE AFFILIATES	NSA	$28.21	$503.55	$479.57
	STOCKS	10	NETAPP INC	NTAP	$107.09	$897.30	$1,070.90
	STOCKS	304	NETFLIX INC	NFLX	$93.76	$14,148.52	$28,503.04
	STOCKS	82	NEWMONT CORP	NEM	$99.85	$2,891.49	$8,187.70
	STOCKS	135	NEXTERA ENERGY INC	NEE	$80.28	$8,152.90	$10,837.80
	STOCKS	108	NIKE INC -CL B	NKE	$63.71	$8,810.29	$6,880.68
	STOCKS	8	NORDSON CORP	NDSN	$240.43	$1,664.12	$1,923.44
	STOCKS	18	NORFOLK SOUTHERN CORP	NSC	$288.72	$4,355.33	$5,196.96
	STOCKS	18	NORTHERN TRUST CORP	NTRS	$136.59	$1,839.34	$2,458.62
	STOCKS	9	NORTHROP GRUMMAN CORP	NOC	$570.21	$3,878.16	$5,131.89
	STOCKS	25	NUCOR CORP	NUE	$163.11	$3,910.31	$4,077.75
	STOCKS	1,717	NVIDIA CORP	NVDA	$186.50	$249,543.76	$320,220.50
	STOCKS	20	NXP SEMICONDUCTORS NV	NXPI	$217.06	$4,119.22	$4,341.20
	STOCKS	65	OCCIDENTAL PETROLEUM CORP	OXY	$41.12	$3,150.55	$2,672.80
	STOCKS	17	OLD DOMINION FREIGHT LINE	ODFL	$156.80	$2,935.77	$2,665.60
	STOCKS	41	OMNICOM GROUP	OMC	$80.75	$3,309.93	$3,310.75
	STOCKS	37	ONEOK INC	9666690D	$73.50	$3,910.13	$2,719.50
	STOCKS	119	ORACLE CORP	ORCL	$194.91	$12,809.48	$23,194.29
	STOCKS	59	O'REILLY AUTOMOTIVE INC	ORLY	$91.21	$4,785.81	$5,381.39
	STOCKS	34	OTIS WORLDWIDE CORP	OTIS	$87.35	$3,146.06	$2,969.90
	STOCKS	166	P G & E CORP	PCG	$16.07	$2,822.00	$2,667.62
	STOCKS	39	PACCAR INC	PCAR	$109.51	$4,293.28	$4,270.89
	STOCKS	3	PACKAGING CORP OF AMERICA	PKG	$206.23	$614.07	$618.69
	STOCKS	161	PALANTIR TECHNOLOGIES INC-A	PLTR	$177.75	$10,313.73	$28,617.75
	STOCKS	49	PALO ALTO NETWORKS INC	PANW	$184.20	$8,811.18	$9,025.80
	STOCKS	10	PARKER HANNIFIN CORP	PH	$878.96	$2,739.00	$8,789.60
	STOCKS	7	PAYCHEX INC	PAYX	$112.18	$1,091.53	$785.26
	STOCKS	86	PAYPAL HOLDINGS INC	PYPL	$58.38	$5,243.04	$5,020.68
	STOCKS	20	PENTAIR PLC	PNR	$104.14	$2,115.60	$2,082.80
	STOCKS	96	PEPSICO INC	PEP	$143.52	$15,558.67	$13,777.92
	STOCKS	413	PFIZER INC	PFE	$24.90	$11,540.43	$10,283.70
	STOCKS	108	PHILIP MORRIS INTERNATIONAL	PM	$160.40	$12,516.06	$17,323.20
	STOCKS	30	PHILLIPS 66	PSX	$129.04	$3,759.90	$3,871.20
	STOCKS	25	PNC FINANCIAL SERVICES GROUP	PNC	$208.73	$3,675.24	$5,218.25
	STOCKS	7	POST HOLDINGS INC	POST	$99.05	$434.87	$693.35
	STOCKS	25	PPG INDUSTRIES INC	PPG	$102.46	$3,061.21	$2,561.50
	STOCKS	70	PPL CORP	PPL	$35.02	$2,244.08	$2,451.40
	STOCKS	24	PRINCIPAL FINANCIAL GROUP	PFG	$88.21	$2,088.40	$2,117.04
	STOCKS	161	PROCTER & GAMBLE CO/THE	PG	$143.31	$23,860.52	$23,072.91
	STOCKS	37	PROGRESSIVE CORP	PGR	$227.72	$9,039.34	$8,425.64
	STOCKS	66	PROLOGIS INC	PLD	$127.66	$7,890.28	$8,425.56
	STOCKS	15	PUBLIC SERVICE ENTERPRISE GP	PEG	$80.30	$841.80	$1,204.50
	STOCKS	3	PUBLIC STORAGE	PSA	$259.50	$970.02	$778.50
	STOCKS	16	PULTEGROUP INC	PHM	$117.26	$1,950.56	$1,876.16
	STOCKS	77	QUALCOMM INC	QCOM	$171.05	$13,277.20	$13,170.85

Associated Builders & Contractors Insurance Trust Fund & Subsidiary (EIN: 52-1115752 / 501)

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

(a)	(b) Identity of Issue, borrower, lessor or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par, or maturity value					
	Asset Class	Quantity	Holding	Ticker	Market Price ($)	(d) Cost	(e) Market Value ($)
	STOCKS	14	QUANTA SERVICES INC	PWR	$422.06	$4,565.39	$5,908.84
	STOCKS	4	RALLIANT CORP	RAL	$50.91	$261.56	$203.64
	STOCKS	4	RAYMOND JAMES FINANCIAL INC	RJF	$160.59	$644.40	$642.36
	STOCKS	8	REGENERON PHARMACEUTICALS	REGN	$771.87	$5,932.11	$6,174.96
	STOCKS	61	REGIONS FINANCIAL CORP	RF	$27.10	$1,306.62	$1,653.10
	STOCKS	20	REPUBLIC SERVICES INC	RSG	$211.93	$4,319.63	$4,238.60
	STOCKS	15	RESMED INC	RMD	$240.87	$2,044.35	$3,613.05
	STOCKS	58	ROBINHOOD MARKETS INC - A	HOOD	$113.10	$7,526.82	$6,559.80
	STOCKS	10	ROCKWELL AUTOMATION INC	ROK	$389.07	$2,739.44	$3,890.70
	STOCKS	8	ROPER TECHNOLOGIES INC	ROP	$445.13	$3,509.68	$3,561.04
	STOCKS	34	ROSS STORES INC	ROST	$180.14	$5,113.46	$6,124.76
	STOCKS	22	ROYAL CARIBBEAN CRUISES LTD	RCL	$278.92	$4,967.71	$6,136.24
	STOCKS	91	RTX CORPORATION	RTX	$183.40	$7,520.61	$16,689.40
	STOCKS	23	S&P GLOBAL INC	SPGI	$522.59	$7,863.93	$12,019.57
	STOCKS	67	SALESFORCE INC	CRM	$264.91	$13,655.30	$17,748.97
	STOCKS	10	SANDISK CORP	SNDK	$237.38	$2,402.20	$2,373.80
	STOCKS	14	SBA COMMUNICATIONS CORP	SBAC	$193.43	$2,887.23	$2,708.02
	STOCKS	4	SCHNEIDER ELECT SE-UNSP ADR	SBGSY	$54.94	$96.83	$219.74
	STOCKS	112	SCHWAB (CHARLES) CORP	SCHW	$99.91	$6,443.90	$11,189.92
	STOCKS	17	SEAGATE TECHNOLOGY HOLDINGS	STX	$275.39	$3,461.18	$4,681.63
	STOCKS	24	SEMPRA	SRE	$88.29	$2,045.84	$2,118.96
	STOCKS	70	SERVICENOW INC	NOW	$153.19	$7,681.46	$10,723.30
	STOCKS	22	SHERWIN-WILLIAMS CO/THE	SHW	$324.03	$3,805.67	$7,128.66
	STOCKS	23	SIMON PROPERTY GROUP INC	SPG	$185.11	$2,504.42	$4,257.53
	STOCKS	3	SKYWORKS SOLUTIONS INC	SWKS	$63.41	$193.92	$190.23
	STOCKS	94	SLB LTD	SLB	$38.38	$4,361.36	$3,607.72
	STOCKS	58	SMURFIT WESTROCK PLC	SW	$38.67	$2,252.72	$2,242.86
	STOCKS	11	SOLSTICE ADV MATERIALS INC	SOLS	$48.58	$545.71	$534.38
	STOCKS	52	SOUTHERN CO/THE	SO	$87.20	$4,639.36	$4,534.40
	STOCKS	9	STANLEY BLACK & DECKER INC	SWK	$74.28	$702.99	$668.52
	STOCKS	84	STARBUCKS CORP	SBUX	$84.21	$6,510.43	$7,073.64
	STOCKS	26	STATE STREET CORP	STT	$129.01	$2,581.02	$3,354.26
	STOCKS	4	STERIS PLC	STE	$253.52	$892.00	$1,014.08
	STOCKS	27	STRYKER CORP	SYK	$351.47	$9,377.08	$9,489.69
	STOCKS	6	SUPER MICRO COMPUTER INC	SMCI	$29.27	$238.08	$175.62
	STOCKS	25	SYNCHRONY FINANCIAL	SYF	$83.43	$1,583.72	$2,085.75
	STOCKS	14	SYNOPSYS INC	SNPS	$469.72	$7,125.74	$6,576.08
	STOCKS	48	SYSCO CORP	SYY	$73.69	$3,545.52	$3,537.12
	STOCKS	11	T ROWE PRICE GROUP INC	TROW	$102.38	$1,007.27	$1,126.18
	STOCKS	18	TAKE-TWO INTERACTIVE SOFTWRE	TTWO	$256.03	$3,127.86	$4,608.54
	STOCKS	15	TARGA RESOURCES CORP	TRGP	$184.50	$2,906.58	$2,767.50
	STOCKS	43	TARGET CORP	TGT	$97.75	$5,812.83	$4,203.25
	STOCKS	24	TE CONNECTIVITY PLC	TEL	$227.51	$4,854.97	$5,460.24
	STOCKS	5	TELEDYNE TECHNOLOGIES INC	TDY	$510.73	$2,569.75	$2,553.65
	STOCKS	199	TESLA INC	TSLA	$449.72	$47,939.94	$89,494.28
	STOCKS	65	TEXAS INSTRUMENTS INC	TXN	$173.49	$9,470.80	$11,276.85
	STOCKS	50	THE CAMPBELL'S COMPANY	CPB	$27.87	$1,957.87	$1,393.50
	STOCKS	22	THE CIGNA GROUP	CI	$275.23	$3,535.41	$6,055.06
	STOCKS	27	THERMO FISHER SCIENTIFIC INC	TMO	$579.45	$14,610.22	$15,645.15
	STOCKS	79	TJX COMPANIES INC	TJX	$153.61	$6,602.51	$12,135.19
	STOCKS	33	T-MOBILE US INC	TMUS	$203.04	$8,185.72	$6,700.32
	STOCKS	58	TRACTOR SUPPLY COMPANY	TSCO	$50.01	$2,965.65	$2,900.58
	STOCKS	16	TRANE TECHNOLOGIES PLC	TT	$389.20	$5,895.90	$6,227.20
	STOCKS	4	TRANSDIGM GROUP INC	TDG	$1,329.85	$4,622.33	$5,319.40

Associated Builders & Contractors Insurance Trust Fund & Subsidiary (EIN: 52-1115752 / 501)

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

(a)	(b) Identity of Issue, borrower, lessor or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par, or maturity value					
	Asset Class	**Quantity**	**Holding**	**Ticker**	**Market Price ($)**	**(d) Cost**	**(e) Market Value ($)**
	STOCKS	21	TRAVELERS COS INC/THE	TRV	$290.06	$5,137.06	$6,091.26
	STOCKS	107	TRUIST FINANCIAL CORP	TFC	$49.21	$3,872.32	$5,265.47
	STOCKS	2	TYLER TECHNOLOGIES INC	TYL	$453.95	$714.96	$907.90
	STOCKS	137	UBER TECHNOLOGIES INC	UBER	$81.71	$10,049.55	$11,194.27
	STOCKS	40	UNION PACIFIC CORP	UNP	$231.32	$7,958.28	$9,252.80
	STOCKS	25	UNITED AIRLINES HOLDINGS INC	UAL	$111.82	$2,788.00	$2,795.50
	STOCKS	51	UNITED PARCEL SERVICE-CL B	UPS	$99.19	$6,820.99	$5,058.69
	STOCKS	6	UNITED RENTALS INC	URI	$809.32	$3,025.26	$4,855.92
	STOCKS	63	UNITEDHEALTH GROUP INC	UNH	$330.11	$20,082.75	$20,796.93
	STOCKS	117	US BANCORP	USB	$53.36	$3,609.02	$6,243.12
	STOCKS	37	VALERO ENERGY CORP	VLO	$162.79	$1,559.94	$6,023.23
	STOCKS	40	VENTAS INC	VTR	$77.38	$2,950.55	$3,095.20
	STOCKS	12	VERISK ANALYTICS INC	VRSK	$223.69	$2,297.40	$2,684.28
	STOCKS	293	VERIZON COMMUNICATIONS INC	VZ	$40.73	$10,121.03	$11,933.89
	STOCKS	19	VERTEX PHARMACEUTICALS INC	VRTX	$453.36	$7,025.63	$8,613.84
	STOCKS	66	VIATRIS INC	VTRS	$12.45	$617.76	$821.70
	STOCKS	117	VISA INC-CLASS A SHARES	V	$350.71	$31,762.20	$41,033.07
	STOCKS	32	VISTRA CORP	VST	$161.33	$4,605.22	$5,162.56
	STOCKS	7	VULCAN MATERIALS CO	VMC	$285.22	$1,956.92	$1,996.54
	STOCKS	13	WABTEC CORP	WAB	$213.45	$2,343.27	$2,774.85
	STOCKS	300	WALMART INC	WMT	$111.41	$20,757.22	$33,423.00
	STOCKS	125	WALT DISNEY CO/THE	DIS	$113.77	$11,274.50	$14,221.25
	STOCKS	188	WARNER BROS DISCOVERY INC	WBD	$28.82	$4,391.92	$5,418.16
	STOCKS	30	WASTE MANAGEMENT INC	WM	$219.71	$6,031.42	$6,591.30
	STOCKS	2	WATERS CORP	WAT	$379.83	$285.88	$759.66
	STOCKS	18	WEC ENERGY GROUP INC	WEC	$105.46	$1,458.18	$1,898.28
	STOCKS	209	WELLS FARGO & CO	WFC	$93.20	$7,867.60	$19,478.80
	STOCKS	47	WELLTOWER INC	WELL	$185.61	$4,112.91	$8,723.67
	STOCKS	26	WESTERN DIGITAL CORP	WDC	$172.27	$4,580.24	$4,479.02
	STOCKS	38	WEYERHAEUSER CO	WY	$23.69	$1,124.82	$900.22
	STOCKS	85	WILLIAMS COS INC	WMB	$60.11	$2,644.66	$5,109.35
	STOCKS	7	WILLIS TOWERS WATSON PLC	WTW	$328.60	$1,881.39	$2,300.20
	STOCKS	16	WORKDAY INC-CLASS A	WDAY	$214.78	$4,293.69	$3,436.48
	STOCKS	24	WR BERKLEY CORP	WRB	$70.12	$1,699.20	$1,682.88
	STOCKS	3	WW GRAINGER INC	GWW	$1,009.05	$3,255.39	$3,027.15
	STOCKS	36	XCEL ENERGY INC	XEL	$73.86	$1,991.88	$2,658.96
	STOCKS	21	XYLEM INC	XYL	$136.18	$2,341.26	$2,859.78
	STOCKS	20	YUM! BRANDS INC	YUM	$151.28	$2,406.20	$3,025.60
	STOCKS	5	ZEBRA TECHNOLOGIES CORP-CL A	ZBRA	$242.82	$1,772.00	$1,214.10
	STOCKS	12	ZIMMER BIOMET HOLDINGS INC	ZBH	$89.92	$1,329.12	$1,079.04
	STOCKS	32	ZOETIS INC	ZTS	$125.82	$5,671.14	$4,026.24
	TOTAL STOCKS					**$6,263,789.60**	**$7,656,388.48**
			NET PORTFOLIO VALUE			**$10,234,734.49**	**$11,657,289.86**