Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
JOHN HANCOCK EMPLOYEE WELFARE PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 01/01/1940

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)
THE MANUFACTURERS INVESTMENT CORPORATION

200 BERKELEY STREET
BOSTON, MA 02116

2b Employer Identification Number (EIN)
38-3261832

2c Plan Sponsor's telephone number
617-572-6000

2d Business code (see instructions)
524140

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2026	JENNIE LWANYAGA
	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

JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A

200 BERKELEY STREET
BOSTON, MA 02116

3b Administrator's EIN: 01-0233346

3c Administrator's telephone number: 617-572-6000

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**	8912
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)**	4864
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	4850
b	Retired or separated participants receiving benefits	**6b**	3209
c	Other retired or separated participants entitled to future benefits	**6c**	699
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	8758
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 4Q

9a Plan funding arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [X] 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) [X] 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 12
- (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
JOHN HANCOCK EMPLOYEE WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
THE MANUFACTURERS INVESTMENT CORPORATION

D Employer Identification Number (EIN)
38-3261832

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
TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION, INC.

(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
04-2674079	95688	2050*	35	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	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	142184
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
JOHN HANCOCK EMPLOYEE WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
THE MANUFACTURERS INVESTMENT CORPORATION

D Employer Identification Number (EIN)
38-3261832

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
VISION SERVICE PLAN

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
06-1227840	39616	12248782	3091	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	

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
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)**	576591		
(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)**	576591
b Benefit charges (1) Claims paid	**9b(1)**	642741		
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	642741
(4) Claims charged			**9b(4)**	642741
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)**	83606		
(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)**	83606
(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**	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.			**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.**

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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
JOHN HANCOCK EMPLOYEE WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
THE MANUFACTURERS INVESTMENT CORPORATION

D Employer Identification Number (EIN)
38-3261832

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	0113567	7031	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

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

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	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	1988893
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
JOHN HANCOCK EMPLOYEE WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
THE MANUFACTURERS INVESTMENT CORPORATION

D Employer Identification Number (EIN)
38-3261832

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
JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A

(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
01-0233346	65838	28856	753	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
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) ▶ GROUP LONG-TERM CARE INSURANCE

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**	1646760
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
JOHN HANCOCK EMPLOYEE WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
THE MANUFACTURERS INVESTMENT CORPORATION

D Employer Identification Number (EIN)
38-3261832

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
LINCOLN NATIONAL 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
35-0472300	65676	SEE BELOW*	4824	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
63540	63666

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

WILLIS TOWERS WATSON US
200 LIBERTY ST FL6
NEW YORK, NY 10281

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
63540	63666	SUPPLEMENTAL COMPENSATION AND OTHERS	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** [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**	1270797
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
JOHN HANCOCK EMPLOYEE WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
THE MANUFACTURERS INVESTMENT CORPORATION

D Employer Identification Number (EIN)
38-3261832

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
JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

(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
01-0233346	65838	26999	728	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
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) ▶ GROUP LONG-TERM CARE INSURANCE

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**	744062
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
JOHN HANCOCK EMPLOYEE WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
THE MANUFACTURERS INVESTMENT CORPORATION

D Employer Identification Number (EIN)
38-3261832

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	0161678	16	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
295	48

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

WILLIS TOWERS WATSON US LLC
PO BOX 28852
NEW YORK, NY 10087-8852

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
295	48	NON-MONETARY 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** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [X] Other (specify) ▶ CRITICAL ILLNESS

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	-5351
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
JOHN HANCOCK EMPLOYEE WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
THE MANUFACTURERS INVESTMENT CORPORATION

D Employer Identification Number (EIN)
38-3261832

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	0161679	20	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
49	51

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

WILLIS TOWERS WATSON US LLC
PO BOX 28852
NEW YORK, NY 10087-8852

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
49	51	NON-MONETARY COMPENSATION 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** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	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	1004
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
JOHN HANCOCK EMPLOYEE WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
THE MANUFACTURERS INVESTMENT CORPORATION

D Employer Identification Number (EIN)
38-3261832

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	0216861	7156	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
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** [X] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] 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	8271384
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
JOHN HANCOCK EMPLOYEE WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
THE MANUFACTURERS INVESTMENT CORPORATION

D Employer Identification Number (EIN)
38-3261832

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	0216862	40	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
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** [X] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] 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**	562091
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
JOHN HANCOCK EMPLOYEE WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
THE MANUFACTURERS INVESTMENT CORPORATION

D Employer Identification Number (EIN)
38-3261832

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
KAISER FOUNDATION HEALTH PLAN, INC.

(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
94-1340523	00000	233582	33	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
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** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	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	243384
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
JOHN HANCOCK EMPLOYEE WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
THE MANUFACTURERS INVESTMENT CORPORATION

D Employer Identification Number (EIN)
38-3261832

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
KAISER FOUNDATION HEALTH PLAN, INC.

(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
94-1340523	00000	602640	62	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
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** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	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	494122
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	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
JOHN HANCOCK EMPLOYEE WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
THE MANUFACTURERS INVESTMENT CORPORATION

D Employer Identification Number (EIN)
38-3261832

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

WELLINGTON MANAGEMENT COMPANY, LLP
280 CONGRESS STREET
BOSTON, MA 02210

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

THE VANGUARD GROUP, INC.
100 VANGUARD BOULEVARD
V26
MALVERN, PA 19355

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

GMO LLC
40 ROWES WHARF
BOSTON, MA 02110

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

PACIFIC INVESTMENT MGMT COMPANY LLC
650 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

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

STATE STREET GLOBAL ADVISORS

ONE LINCOLN STREET
BOSTON, MA 02110

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

MANULIFE ASSET MANAGEMENT

197 CLAREDON STREET
4TH FLOOR
BOSTON, MA 02116

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

BLACKROCK FUND ADVISORS

94-2948313

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

ALIGHT FINANCIAL SOLUTIONS, LLC.

4 OVERLOOK POINT
LINCOLNSHIRE, IL 60069

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

WILMINGTON TRUST

RODNEY SQUARE NORTH
1100 NORTH MARKET STREET
WILMINGTON, DE 19890-0001

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

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

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

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

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

AON CONSULTING, INC.

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	335011	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

UNITED MEDICAL RESOURCES, INC.

36-2739571

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 49 50	NONE	73564	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALIGHT SOLUTIONS LLC

82-1061233

(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	18971	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
JOHN HANCOCK EMPLOYEE WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
THE MANUFACTURERS INVESTMENT CORPORATION

D Employer Identification Number (EIN)
38-3261832

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: JOHN HANCOCK EE WELFARE PLAN MT

b Name of sponsor of entity listed in (a): THE MANUFACTURERS INVESTMENT CORPORATION

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
38-3261832-504	M	52322928

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

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-6832069-001	C	16428696

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

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

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
JOHN HANCOCK EMPLOYEE WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
THE MANUFACTURERS INVESTMENT CORPORATION

D Employer Identification Number (EIN)
38-3261832

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1675882	3889398
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	8727789	5347146
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	0	16428696
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	58797469	52322928
(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)	214021624	216301030

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	283222764	294289198
Liabilities			
1g Benefit claims payable	1g	10607000	8153000
1h Operating payables	1h	12875	10180
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	10619875	8163180
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	272602889	286126018

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)	82060912	
(B) Participants	2a(1)(B)	31368533	
(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)		113429445
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		11033973
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		-5940616
(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		9503689
d Total income. Add all **income** amounts in column (b) and enter total	2d		128026491
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	93376345	
(2) To insurance carriers for the provision of benefits	2e(2)	19800787	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		113177132
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	412565	
(3) Recordkeeping fees	2i(3)	18971	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	894694	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1326230
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		114503362
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		13523129
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: ERNST & YOUNG LLP **(2)** EIN: 34-6565596

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		200000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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

AUDITED FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

John Hancock Employee Welfare Plan
For the Years Ended December 31, 2025 and 2024

With Report of Independent Auditors

John Hancock Employee Welfare Plan

Audited Financial Statements and Supplemental Schedules

Years Ended December 31, 2025 and 2024

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Report of Independent Auditors

The Participants and Trustees of
John Hancock Employee Welfare Plan

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

We have performed audits of the financial statements of John Hancock Employee Welfare (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and statements of plan's benefit obligations as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and statements of changes in plan's benefit obligations for the years then ended, and the related notes (collectively referred to as the "financial statements").

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

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

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter

Supplemental Schedules Required by ERISA

The supplemental schedules o*f* assets (held at end of year) as of December 31, 2025, and reportable transactions for the year then ended (referred to as the "supplemental schedules"), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the

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responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Ernst & Young LLP

September 30, 2026

John Hancock Employee Welfare Plan

Statements of Net Assets Available for Benefits

Years Ended December 31, 2025 and 2024

	Union	Non-Union	Total 2025	Total 2024
Assets				
Investments at fair value	**$ 238,076,872**	**$ —**	**$ 238,076,872**	$ 222,749,413
Plan's interest in John Hancock Employee Welfare Master Trust	**—**	**52,322,928**	**52,322,928**	58,797,469
Due from broker for securities sold, net	**1,807,180**	**—**	**1,807,180**	1,675,882
Due from affiliates	**—**	**2,082,218**	**2,082,218**	-
Net assets held in John Hancock Pension Plan - restricted for 401(h) account	**—**	**48,690,490**	**48,690,490**	47,651,674
Total assets	**239,884,052**	**103,095,636**	**342,979,688**	330,874,438
Liabilities				
Administrative expenses payable	**10,180**	**—**	**10,180**	12,875
Total liabilities	**10,180**	**—**	**10,180**	12,875
Net assets available for benefits	**$ 239,873,872**	**$ 103,095,636**	**$ 342,969,508**	$ 330,861,563

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

John Hancock Employee Welfare Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2025 and 2024

	Union	Non-Union	Total 2025	Total 2024
Additions				
Employer contributions	**$ 24,548**	**$ 82,036,364**	**$ 82,060,912**	$ 75,275,503
Employee contributions	**4,850**	**31,363,683**	**31,368,533**	30,909,013
Contributions	**29,398**	**113,400,047**	**113,429,445**	106,184,516
Investment income:				
Net realized and unrealized gains (losses)	**11,033,973**	**-**	**11,033,973**	(380,603)
Other investment income	**9,503,689**	**-**	**9,503,689**	8,304,629
Net investment income	**20,537,662**	**-**	**20,537,662**	7,924,026
Loss in Master Trust	**-**	**(5,940,616)**	**(5,940,616)**	(6,002,599)
Net increase (decrease) in 401(h) account	**-**	**1,038,816**	**1,038,816**	(1,211,670)
Total additions	**20,567,060**	**108,498,247**	**129,065,307**	106,894,273
Deductions				
Benefit payments	**2,259,198**	**93,571,147**	**95,830,345**	96,111,702
Premium payments	**1,520,180**	**18,280,607**	**19,800,787**	16,664,963
Administrative expenses	**1,326,230**	**-**	**1,326,230**	355,052
Total deductions	**5,105,608**	**111,851,754**	**116,957,362**	113,131,717
Net assets available for benefits:				
Beginning of year	**224,412,420**	**106,449,143**	**330,861,563**	337,099,007
Increase (decrease) in net assets available for benefits	**15,461,452**	**(3,353,507)**	**12,107,945**	(6,237,444)
End of year	**$239,873,872**	**$103,095,636**	**$342,969,508**	$330,861,563

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

John Hancock Employee Welfare Plan

Statements of Plan's Benefit Obligations

Years Ended December 31, 2025 and 2024

	Union	Non-Union	Total 2025	Total 2024
Amounts currently payable				
Claims payable and claims incurred but not reported	**$ 171,000**	**$ 7,982,000**	**$ 8,153,000**	$ 10,607,000
Insurance premiums payable				-
Postemployment benefit obligations				
Disability health and welfare benefits	**-**	**4,084,717**	**4,084,717**	3,876,777
Postretirement benefit obligations				
Retired Participants	**16,205,700**	**115,198,180**	**131,403,880**	141,177,987
Fully eligible Participants	**-**	**2,778,429**	**2,778,429**	3,264,443
Other Participants				-
Subtotal	**16,205,700**	**117,976,609**	**134,182,309**	144,442,430
Total benefit obligations	**$ 16,376,700**	**$130,043,326**	**$146,420,026**	$158,926,207

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

John Hancock Employee Welfare Plan

Statements of Changes in Plan's Benefit Obligations

Years Ended December 31, 2025 and 2024

	Union	Non-Union	Total 2025	Total 2024
Amounts currently payable				
Balance at beginning of the year	**$ 195,000**	**$ 10,412,000**	**$ 10,607,000**	$ 9,867,000
Insurance premiums incurred	**1,520,180**	**18,280,607**	**19,800,787**	16,664,963
Claims incurred	**2,235,198**	**91,141,147**	**93,376,345**	96,851,702
Insurance premiums paid	**(1,520,180)**	**(18,280,607)**	**(19,800,787)**	(16,664,963)
Claims paid	**(2,259,198)**	**(93,571,147)**	**(95,830,345)**	(96,111,702)
Balance at end of the year	**171,000**	**7,982,000**	**8,153,000**	10,607,000
Postemployment benefit obligation				
Balance at beginning of the year	**-**	**3,876,777**	**3,876,777**	3,825,627
Increase (decrease) in postemployment benefits attributable to:				
Expected new claimants	**-**	**562,737**	**562,737**	573,747
Benefits paid	**-**	**(807,772)**	**(807,772)**	(763,888)
Interest	**-**	**197,557**	**197,557**	174,268
Plan amendments				-
Assumption changes and plan experience	**-**	**255,418**	**255,418**	67,023
Balance at end of the year	-	**4,084,717**	**4,084,717**	3,876,777
Postretirement benefit obligations				
Balance at beginning of the year	**21,584,782**	**122,857,648**	**144,442,430**	163,803,171
Increase (decrease) in postretirement benefits attributable to:				
Plan amendments				-
Benefit accruals	**-**	**466**	**466**	1,018
Benefits paid	**(4,450,764)**	**(9,379,549)**	**(13,830,313)**	(14,986,935)
Interest	**1,053,151**	**6,428,332**	**7,481,483**	7,487,234
Assumption changes and plan experience	**(1,981,469)**	**(1,930,288)**	**(3,911,757)**	(11,862,058)
Balance at end of the year	**16,205,700**	**117,976,609**	**134,182,309**	144,442,430
Total benefit obligations	**$ 16,376,700**	**$130,043,326**	**$146,420,026**	$158,926,207

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

1. Description of the Plan

The following description of the John Hancock Employee Welfare Plan (the "Plan") is a summary only. The plan sponsor (the "Sponsor") is The Manufacturers Investment Corporation ("MIC") which is a wholly-owned subsidiary of John Hancock Financial Corporation, an indirect wholly-owned subsidiary of Manulife Financial Corporation ("MFC"). MIC is the parent company of John Hancock Life Insurance Company (U.S.A.) ("JHUSA" or the "Company"). Participants in the Plan are current and retired employees of JHUSA and its subsidiaries. Information about the Plan, eligibility, benefit provisions, and plan termination can be found in the Plan document which may be obtained from the Sponsor.

General

Effective January 1, 1991, the John Hancock Employee Welfare Master Trust (the "Master Trust") was established to fund and administer the benefits of the Plan. The Master Trust, combined with the Plan, constitute the John Hancock Voluntary Employees' Beneficiary Association (the "Non-Union VEBA").

The Plan provides health, short- and long-term disability, critical illness, accident, long-term care and life insurance benefits covering substantially all employees of the Company. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Effective June 1, 1994, a second trust, the John Hancock Marketing Representative Welfare Master Trust (the "MR Trust") for union marketing representatives and their dependents was established. The MR Trust, along with the Plan, constitute the John Hancock Marketing Representative Employees' Beneficiary Association (the "Union VEBA"). Effective April 24, 2000, active marketing representatives and their dependents and marketing representatives who retired on or after January 1, 1994 and their dependents are no longer covered under the Plan; however, a favorable private letter ruling from the Internal Revenue Service ("IRS") received in 2003 permitted the Union VEBA to be utilized to pay retiree medical premiums for this group. Marketing representatives who retired on or before December 31, 1993 and their dependents continue to receive their prescribed benefits under the Union VEBA and the Plan.

Plan expenses paid through the VEBAs include life insurance, medical, dental, and pharmacy benefits. In addition, outside of the VEBAs and funded by the Company's general assets, the Company provides other employee benefits pursuant to Plan eligibility provisions including medical, dental, short- and long-term disability, critical illness, accident, long-term care, and life insurance benefits. Investment and administrative expenses incurred by the Plan are charged to the Plan; however, significant costs of plan administration are borne by the Sponsor.

These statements are prepared to assist plan members and others in reviewing the activities of the Plan for the period and do not portray the funding requirements of the Plan or the individual plan members' benefit security. For additional clarity, each of the VEBAs has been separately reported in the financial statements.

The U.S. Benefits Committee is responsible for the general fiduciary administration of the Plan. State Street Bank and Trust Company ("State Street") is the custodian and the trustee of the Plan. Wilmington Trust, is the sub-trustee of the Trust Owned Health Insurance ("TOHI"). Refer to Note 2 for further discussion of the TOHI.

Benefits

The Plan provides benefits to full-time employees of the Sponsor (who work at least 20 hours per week and are on the U.S. payroll) and to their covered dependents. Certain retired employees are eligible for medical and/or life insurance benefits provided they met or will meet the applicable age and service rules at the time they terminated or terminate. The Plan was amended effective as of January 1, 2015 to allow participation by certain disabled individuals who were not previously covered. The Plan provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act ("COBRA").

Contributions

The costs of funding benefits are shared by the Sponsor and Plan participants. The Company makes contributions to the Plan to fund claims in excess of participants' contributions. Company contributions are made as needed for the Union VEBA and monthly for the Non-Union VEBA. In addition to deductibles, co-payments, and coinsurance, employees, retirees and dependents may be required to contribute specified amounts, which are based upon the provisions of the Plan and the premium determined periodically by the Plan's insurance providers or by the Sponsor in the case of self-insured coverage. Participant contributions for 2025 and 2024 are set forth in the table below:

Participant Group	Medical Premium Contribution Requirements
Ford Union Retirees	No contribution required regardless of age.
John Hancock ("JH") Marketing Representatives who retired prior to 1994	If medical plan has pharmacy card program, contribute 10% of individual and 15% of dependent premiums. If medical plan has drug coverage by co-insurance contribute $0.
Pre-merger JH (and subsidiaries) retirees 1982 and prior	No contribution required regardless of age.
Pre-merger JH (and subsidiaries) retirees between 1983 and 1991	When under age 65, retiree contributes 25% of individual premium and 30% of dependent premiums. No contribution required when over age 65.
Grandfathered pre-merger JH employees who retired on or after January 1, 1992 and grandfathered pre-merger JHUSA employees who retired on or after January 15, 2007	Contributions based on fixed dollar Company subsidy: • $220.92 per year of service (up to 30 years) for pre-65 retirees. • $229.08 per year of service (up to 30 years) for up to one pre-65 dependent.
Access only JH (and subsidiaries) if active at December 31, 2002, and pre-merger JHUSA employees if active on December 31, 2004 and were not grandfathered as eligible to receive a Company premium subsidy	Retiree pays 100% of premiums.

Participant Group	Medical Premium Contribution Requirements
JHUSA NALCO retirees	No contribution required regardless of age.
Pre-merger JHUSA employees who retired before July 1, 2001	Regardless of age, retiree pays $0; Dependent pays $1,056 per year.
JHUSA employees who retired between July 1, 2001 and January 14, 2007	Regardless of age, contributions based upon service.
Unigard retirees	Based on time of retirement, no contribution or 55% of premium for individual and dependent.

401(h) Account

The John Hancock Pension Plan (the "Pension Plan") includes a medical-benefit component in addition to normal retirement benefits to fund a portion of the postretirement obligations for retirees and their beneficiaries in accordance with section 401(h) of the Internal Revenue Code ("IRC"). A separate account has been recorded and maintained in the Pension Plan for such contributions, as described below. In accordance with IRC Section 401(h), the Plan's investments in the 401(h) account may not be used for, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries. Accordingly, these investments are utilized not only for health benefits of participants in the Plan but for participants in the John Hancock Retiree Health Reimbursement Account Plan ("HRA Plan") and in a third affiliated plan as well. The Plan's related obligations for health benefits are not included in the Pension Plan's obligations in the statement of accumulated plan benefits but are reported as obligations in the financial statements of the Plan. The Pension Plan document provides an Ordering of Payment of Medical Benefits for the 401(h) account assets. For disclosure purposes, an actuary has determined the amount of 401(h) assets expected to be used to satisfy the obligations of the Plan and the HRA Plan. The allocation of 401(h) assets between the plans is not permanent and will be actuarially revalued each year. Related disclosures can be found in the Pension Plan's financial statements.

Plan Termination

Although it has not expressed any intention to do so, the Sponsor has the right under the Plan to modify the benefits, to discontinue its contributions at any time, and to terminate the Plan subject to the provisions set forth in ERISA. Upon termination, the net assets of the Plan will be allocated for payment to the participants in an order of priority as prescribed by ERISA and its related regulations and the Plan document.

HRA Plan

Effective January 1, 2017, a subset of Plan participants over the age of 65 were transitioned to a private health exchange to purchase individual Medicare coverage. The individuals transitioned included those who were previously subject to a subsidy cap on John Hancock premium contributions towards coverage in John Hancock's group health plan. Under this program, referred to as the HRA Plan, affected participants will secure insurance coverage in an individual health plan through the exchange and receive John Hancock credits via a notional account, which may be used to obtain reimbursement for eligible health expenses defined under the HRA Plan.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles ("GAAP") requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

Investments Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is defined as 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 (exit price). Refer to Note 8 for further discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned and dividends are recorded on the ex-dividend date, both are included within Other investment income within the Statements of Changes in Net Assets Available for Benefits. Net realized and unrealized gains (losses) include the Plan's gains and losses on investments bought and sold during the year as well as investments held at year end. Under the group annuity contract, recognition is given to unrealized gains and losses associated with funds in general account assets only upon termination or transfer.

TOHI

A retiree healthcare funding insurance product commonly known as TOHI was purchased and funded under a non-pooled separate account of John Hancock Life & Health Insurance Company, an affiliated entity, to prefund a portion of the liability attributable to retiree health benefits available under the Plan. The Sponsor can seek reimbursement from the TOHI for eligible claims at its discretion. The TOHI invests in a pooled separate account which is, in turn, invested in domestic fixed income securities. For the years ended December 31, 2025 and 2024, the Plan paid TOHI administrative fees of $448,121 and $488,983, respectively. These amounts are included within Administrative Expense in the Plan's Interest in Master Trust Balances.

Benefit Payments

Claim payments to participants and premium payments to carriers are recognized as incurred. Amounts due to the claims administrator for claims that have been paid but not yet reimbursed by the Plan are recorded as claims payable in the Statements of Net Assets Available for Benefits.

Amounts Currently Payable

Amounts currently payable include claims payable as well as claims incurred but not reported for both actives and retirees.

Postretirement and Postemployment Benefit Obligations

A postretirement benefit obligation has been recognized for retiree medical benefits for eligible participants and their dependents upon retirement. In addition, a postemployment benefit obligation has been recognized for health and welfare benefits for individuals currently on long-term disability or COBRA. These benefit obligations (refer to Note 4) represent the actuarial present value of those estimated future benefits that are attributed to employee service rendered prior to December 31. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired employees and their beneficiaries and dependents, and (2) active employees and their beneficiaries and dependents after retirement from service with the Sponsor. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

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

The obligation for COBRA benefits is estimated by an actuary based on the actual number of employees utilizing COBRA benefits as of the measurement date and claim payment history. Long-term disability obligations are estimated by an actuary based on reserve reports prepared from historical long-term disability benefits data.

The following were significant assumptions used in the valuation as of December 31, 2025 and 2024:

	2025	**2024**
Weighted average discount rate:		
Postretirement benefits	**5.12%**	5.44%
Postemployment benefits	**5.06%**	5.26%
Healthcare cost trend:		
Initial year rate	**8.50%**	8.75%
Ultimate year rate	**4.75%**	4.75%
Ultimate year	**2041**	2041
Average retirement age	**61.2**	58.5
Healthy Base Mortality Table	**Pri-2012(WC)**	RP-2006(WC)
Healthy Mortality Projection Scale	**MP-2021**	MP-2021
Disability Mortality and Recovery	**2012 GLTD**	2012 GLTD

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

3. Interest in Master Trust

At December 31, 2025 and 2024, the Plan's interest in the net assets of the Master Trust was $52,322,928 and $58,797,469, respectively.

The Plan's net assets represent its share in the assets and liabilities of the Master Trust which is based on the beginning of year value, plus actual contributions and allocated investment income, realized and unrealized gains and losses less actual disbursements and allocated administrative expenses, plus/less amounts transferred from/to other plans.

The Plan's interest in the net assets of the Master Trust at December 31, 2025 and 2024 are as follows:

	December 31, 2025	
	Master Trust Balances	**Plan's Interest in Master Trust Balances**
Cash and cash equivalents	**$ 3,434,328**	**$ —**
TOHI	**99,474,612**	**56,081,182**
Total assets	**102,908,940**	**56,081,182**
(Less): Administrative expenses payable	**(21,830)**	**(20,213)**
Cash overdraft payable	**$ (3,738,041)**	**$ (3,738,041)**
Net assets	**$ 99,149,069**	**$ 52,322,928**

	December 31, 2024	
	Master Trust Balances	**Plan's Interest in Master Trust Balances**
Cash and cash equivalents	$ 6,062,095	$ 2,729,302
TOHI	99,550,368	56,104,554
Total assets	105,612,463	58,833,856
(Less): Administrative expenses payable	(46,045)	(36,387)
Net assets	$ 105,566,418	$ 58,797,469

The Plan's interest in the net loss of the Master Trust for the years ended December 31, 2025 and 2024 are as follows:

	Year Ended December 31, 2025	
	Master Trust Balances	**Plan's Interest in Master Trust Balances**
Net realized and unrealized gains	**$ 7,657,291**	**$ 4,264,288**
Other investment income	**43,430**	**43,430**
Employer contributions	**652,621**	**-**
Total income	**8,353,342**	**4,307,718**
(Less): Administrative expenses	**(10,537,457)**	**(10,248,334)**
Net loss	**$ (2,184,115)**	**$ (5,940,616)**

	Year Ended December 31, 2024	
	Master Trust Balances	**Plan's Interest in Master Trust Balances**
Net realized and unrealized gains	$ 2,941,065	$ 1,809,718
Other investment income	179,156	179,156
Employer contributions	685,530	-
Total income	3,805,751	1,988,874
(Less): Administrative expenses	(8,268,027)	(7,991,473)
Net loss	$ (4,462,276)	$ (6,002,599)

4. Benefit Obligations

Plan obligations at December 31 for health and dental claims incurred by active and retired participants, but not reported, as well as for claims reported, but unpaid, are estimated in accordance with generally accepted actuarial principles. These estimated amounts are reported at current cost. Insurance premiums payable represent accruals for current year insurance premiums, which were paid subsequent to December 31.

The health care cost-trend rate assumption has a significant effect on the postretirement and postemployment benefit obligations reported. If the assumed rate increased by one percentage point in 2025 and 2024, that would increase the obligation as of December 31, 2025 and 2024 by $1,903,026 and $2,544,520, respectively.

The Plan had an excess of assets over benefit obligations for the years ending December 31, 2025 and 2024. It is the present intention of the Company to continue the Plan.

In 2003, the Medicare Prescription Drug, Improvement and Modernization Act (the "Act") was approved. The Act introduced a prescription drug benefit under Medicare Part D, as well as a federal subsidy to sponsors of retiree health care benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D. Effective January 1, 2013, John Hancock contracted with a Prescription Drug Plan ("PDP") to leverage the Employer Group Waiver Plan ("EGWP") process. Through this process, participants are group-enrolled in Medicare Part D. The Plan coordinates with Medicare and is eligible for certain subsidies. The benefit obligations and changes in benefit obligations reflect the value of a portion of EGWP subsidies inuring to the Plan as a reduction in Plan liabilities.

5. Investments

All investment information, with the exception of cash and cash equivalents, disclosed in the accompanying financial statements and supplemental schedules including investments held at December 31, 2025 and 2024, and net realized and unrealized gains (losses) in fair value of investments, interest, dividends and investment expenses for the years ended December 31, 2025 and 2024, were obtained or derived from information provided to the Plan administrator and certified as complete and accurate by the Plan's custodian and trustee, State Street.

6. Tax Status

The Trusts funding the Plan received exemption letters from the IRS dated February 24, 2014 and May 1, 2014 stating that the Trusts are tax-exempt under the provisions of Section 501(c)(9) of the IRC, as VEBAs. The Plan and the Trusts are required to operate in conformity with the IRC to maintain the tax-exempt status of the Trusts. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and therefore, believes the related trusts are tax-exempt.

Accounting principles generally accepted in the United States require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan, and has concluded that there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

8. Fair Value Measurements

The Plan categorizes its fair value measurements of pension and other postretirement benefit plan assets according to a three-level hierarchy. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are defined as follows:

- Level 1 – Fair value measurements that reflect unadjusted, quoted prices in active markets for identical assets and liabilities that the Plan has the ability to access at the measurement date. Active markets are defined as having the following characteristics for the measured asset/ liability; (i) many transactions, (ii) current prices, (iii) price quotes not varying substantially among market makers, (iv) narrow bid/ask spreads, and (v) most information publicly available. Valuations are based on quoted prices reflecting market transactions involving assets or liabilities identical to those being measured. Level 1 assets primarily include exchange traded equity securities and certain separate account assets.

- Level 2 – Fair value measurements using inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. These include quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar assets and liabilities in inactive markets, inputs that are observable that are not prices (such as interest rates, credit risks, etc.) and inputs that are derived from or corroborated by observable market data. Also included in the Level 2 category are financial instruments that are priced using models with observable market inputs, including certain separate account assets.

- Level 3 – Fair value measurements using significant nonmarket observable inputs. These include valuations for assets and liabilities that are derived using data, some or all of which is not market observable data, including assumptions about risk. Level 3 securities include less liquid securities, such as structured asset-backed securities, commercial mortgage-back securities, and other securities that have little or no price transparency.

Determination of Fair Value

The valuation methodologies used to determine the fair values of assets and liabilities reflect market participant assumptions and are based on the application of the fair value hierarchy that prioritizes observable market inputs over unobservable inputs. When available, the Company uses quoted market prices to determine fair value and classify such items within Level 1 or 2. If quoted market prices are not available, fair value is based upon valuation techniques, which discount expected cash flows utilizing independent market observable interest rates based on the credit quality and duration of the instrument. Items valued using models are classified according to the lowest level input that is significant to the valuation. Thus, an item may be classified in Level 3 even though significant market observable inputs are used.

The following is a description of the valuation techniques used to measure fair value and the general classification of these instruments pursuant to the fair value hierarchy:

Fair Value Measurements on a Recurring Basis

Cash Equivalents

The carrying values for cash equivalents approximate fair value due to the short-term maturities of these instruments. Cash equivalents are included in Level 1.

Non-Pooled Separate Accounts

Fair values are determined by the fair value of the underlying assets. Underlying domestic equity investments are included in Level 1 and are valued based on observable quoted prices for assets in active markets. Underlying domestic fixed income investments are valued based on observable quoted prices in active and inactive markets, as well as observable market inputs other than quoted prices. These investments are included in Level 2.

TOHI

TOHI investments are held in an inactive market and are based on observable quoted prices for similar assets in an active market. These investments are included in Level 2.

The following table sets forth by fair value hierarchy level the Master Trust's assets carried at fair value on a recurring basis. The fair value hierarchy levels at December 31, 2025 and 2024 are as follows:

	December 31, 2025			
	Total Value	**Level 1**	**Level 2**	**Level 3**
Cash equivalents	**$ 3,434,328**	**$ 3,434,328**	**$ —**	**$ —**
TOHI	**99,474,612**	**—**	**99,474,612**	**—**
Total assets at fair value	**$ 102,908,940**	**$ 3,434,328**	**$ 99,474,612**	**$ —**

	December 31, 2024			
	Total Value	**Level 1**	**Level 2**	**Level 3**
Cash equivalents	$ 6,062,095	$ 6,062,095	$ —	$ —
TOHI	99,550,368	—	99,550,368	—
Total assets at fair value	$ 105,612,463	$ 6,062,095	$ 99,550,368	$ —

The following table sets forth by fair value hierarchy level the Plan's assets carried at fair value on a recurring basis. The fair value hierarchy levels at December 31, 2025 and 2024 are as follows:

	December 31, 2025			
	Total Value	**Level 1**	**Level 2**	**Level 3**
Cash equivalents	**$ 5,347,146**	**$ 5,347,146**	**$ —**	**$ —**
Non-pooled separate accounts	**216,301,030**	**9,437,490**	**206,863,540**	**—**
Total assets at fair value	**$ 221,648,176**	**$ 14,784,636**	**$ 206,863,540**	**$ —**
Investments measured at NAV as a practical expedient:				
Common/Collective trusts (a)	**16,428,696**			
Total assets at fair value	**$ 238,076,872**			

	December 31, 2024			
	Total Value	**Level 1**	**Level 2**	**Level 3**
Cash equivalents	$ 8,727,788	$ 8,727,788	$ —	$ —
Non-pooled separate accounts	201,488,881	8,023,647	193,465,234	—
Total assets at fair value	$ 210,216,669	$ 16,751,435	$ 193,465,234	$ —
Investments measured at NAV as a practical expedient:				
Common/Collective trusts (a)	12,532,744			
Total assets at fair value	$ 222,749,413			

(a) Common/Collective Trust

The common/collective trust invests in international equity securities. The common/collective trust is inclusive of long-only equity strategies. Long-only equity strategies invest primarily in common stocks and seek returns from both dividend income and capital appreciation. Active mandates aim to outperform their stated benchmark indices, while passive strategies aim to track the performance of their stated benchmark indices with low tracking error. Transactions occur with sufficient frequency and volume to provide pricing information on an ongoing basis. Investments redemption occurs bi-monthly and there are no redemption restrictions. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities.

9. 401(h) Account

As mentioned in Note 1, a portion of the Plan's obligations are funded through contributions to the Pension Plan in accordance with Section 401(h) of the IRC. The following table presents the components of the net assets available for such obligations and the related changes in net assets available for benefits.

The following tables include all assets held in the 401(h) account. The tables do not reflect the allocation between the Plan and the HRA Plan:

	December 31, 2025	2024
Investments:		
Cash and cash equivalents	**$ 1,423,746**	$ 1,714,356
Common/collective trusts	**12,455,939**	11,944,813
Group annuity contract:		
Separate accounts	**21,924,048**	21,658,434
General account	**242,941**	1,304,565
Mutual funds	**654,242**	556,813
Partnerships	**4,321,366**	4,415,024
Non-pooled separate accounts	**9,432,336**	8,991,688
Alternatives - managed futures	**2,361,722**	2,390,742
Total investments	**$ 52,816,340**	$ 52,976,435

	Year Ended December 31, 2025
Premium payments	(1,482,831)
Administrative expenses	(995,494)
Reimbursements to the HRA plan	(444,588)
Investment gain, net	2,762,818
Net decrease in net assets available for benefits	$ (160,095)

10. Party-in-Interest Transactions

The Plan holds certain investments issued by parties-in-interest, including MFC, the ultimate parent of the Sponsor, and Manulife Investment Management (US) LLC, an affiliated investment manager. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transaction rules under ERISA.

11. Reconciliation of Form 5500

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to the Form 5500:

	2025	2024
Net assets available for benefits per the financial statements	**$ 342,969,508**	$ 330,861,563
Net assets held in defined benefit plan - 401(h) account	**(48,690,490)**	(47,651,674)
Claims incurred but not recorded and payable	**(8,153,000)**	(10,607,000)
Net assets available for benefits per Form 5500	**$ 286,126,018**	**$ 272,602,889**

The following is a reconciliation of total additions per the financial statements to the Form 5500:

	2025
Total net additions per the financial statements	**$ 129,065,307**
Net increase in 401(h) net assets available for benefits	**(1,038,816)**
Net additions per Form 5500	**$ 128,026,491**

The following is a reconciliation of claims paid to participants per the financial statements to the Form 5500:

	2025
Claims paid to participants per the financial statements	**$ 95,830,345**
Claims incurred but not recorded, end of year	**8,153,000**
Claims incurred but not recorded, beginning of year	**(10,607,000)**
Claims paid to participants per Form 5500	**$ 93,376,345**

In 2025, there was no difference in insurance premiums paid per the financial statements to the Form 5500.

12. Subsequent Events

The Plan has evaluated subsequent events through September 30, 2026 the date the financial statements were available to be issued. No significant subsequent events were noted.

Supplemental Schedules

John Hancock Employee Welfare Plan

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

EIN 38-3261832 (Plan #501)

December 31, 2025

Identity of Issuer, Borrower, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
VEBA B Short-Term Bank of America Account	Interest Bearing Cash	$ 4,508,414	$ 4,508,414
State Street STIF	Interest Bearing Cash	387,145	387,145
Imprest Accounts	Interest Bearing Cash	451,587	451,587
SSGA EAFE INDEX	Common/Collective Trust	6,327,121	16,428,696
Manulife AM Custom LDI Account (Non-Pooled Separate Account)			
SS INST US GOV MM ADMIN SALXX	STIF-TYPE INSTRUMENT	57,170	57,170
AT+T INC	CORPORATE BONDS	959,480	883,456
AT+T INC	CORPORATE BONDS	739,682	763,856
ABBVIE INC	CORPORATE BONDS	572,178	533,700
ABBVIE INC	CORPORATE BONDS	645,927	668,499
AERCAP IRELAND CAP/GLOBA	CORPORATE BONDS	683,687	708,608
AIR LEASE CORP	CORPORATE BONDS	627,904	565,275
AIR PRODUCTS + CHEMICALS	CORPORATE BONDS	998,640	919,790
ALLSTATE CORP	CORPORATE BONDS	755,603	780,668
AMAZON.COM INC	CORPORATE BONDS	792,744	796,608
AMER AIRLINE 16 1 A PTT	CORPORATE BONDS	28,591	28,203
AMERICAN HOMES 4 RENT	CORPORATE BONDS	677,572	701,393
AMERICAN INTERNATIONAL	CORPORATE BONDS	548,736	617,064
AMERICAN TOWER CORP	CORPORATE BONDS	558,468	584,010
CENCORA INC	CORPORATE BONDS	721,602	711,671
AMGEN INC	CORPORATE BONDS	884,727	801,522
AMGEN INC	CORPORATE BONDS	596,646	603,330
ANHEUSER BUSCH CO/INBEV	CORPORATE BONDS	668,963	692,895
ANHEUSER BUSCH CO/INBEV	CORPORATE BONDS	237,960	235,847
APPLIED MATERIALS INC	CORPORATE BONDS	699,754	448,903
ARIZONA PUBLIC SERVICE	CORPORATE BONDS	620,910	620,226
ATHENE HOLDING LTD	CORPORATE BONDS	601,794	622,032
AUTONATION INC	CORPORATE BONDS	687,085	658,007
BANCO SANTANDER SA	CORPORATE BONDS	653,485	703,255
BANK OF AMERICA CORP	CORPORATE BONDS	84,703	85,200
BANK OF AMERICA CORP	CORPORATE BONDS	710,430	699,097
BARCLAYS PLC	CORPORATE BONDS	693,713	719,550
BELL CANADA	CORPORATE BONDS	654,858	679,380
BOEING CO	CORPORATE BONDS	539,368	511,607
BOEING CO	CORPORATE BONDS	550,749	550,810
BORGWARNER INC	CORPORATE BONDS	708,848	716,219
BOSTON PROPERTIES LP	CORPORATE BONDS	578,243	624,335
BP CAP MARKETS AMERICA	CORPORATE BONDS	640,000	640,794

BROADCOM INC	CORPORATE BONDS	818,967	808,864
BROADCOM INC	CORPORATE BONDS	720,844	814,283
CDW LLC/CDW FINANCE	CORPORATE BONDS	783,598	838,712
CIGNA GROUP/THE	CORPORATE BONDS	616,519	565,675
CIGNA GROUP/THE	CORPORATE BONDS	257,644	256,524
CSX CORP	CORPORATE BONDS	724,027	605,756
BERKSHIRE HATHAWAY ENERG	CORPORATE BONDS	579,888	445,228
CANADIAN IMPERIAL BANK	CORPORATE BONDS	655,875	674,850
CANADIAN NATL RESOURCES	CORPORATE BONDS	725,245	657,584
CENTENE CORP	CORPORATE BONDS	560,096	599,258
CENTERPOINT ENER HOUSTON	CORPORATE BONDS	569,481	580,465
CHARTER COMM OPT LLC/CAP	CORPORATE BONDS	100,000	94,017
CHARTER COMM OPT LLC/CAP	CORPORATE BONDS	838,609	852,752
CHARTER COMM OPT LLC/CAP	CORPORATE BONDS	321,250	299,650
CHENIERE ENERGY PARTNERS	CORPORATE BONDS	542,032	607,880
CITIGROUP INC	CORPORATE BONDS	1,394,225	1,373,777
CITIZENS FINANCIAL GROUP	CORPORATE BONDS	586,443	604,764
COMCAST CORP	CORPORATE BONDS	1,137,863	1,080,502
CONOCOPHILLIPS COMPANY	CORPORATE BONDS	1,278,724	1,026,207
CONSTELLATION BRANDS INC	CORPORATE BONDS	581,144	624,147
CONSTELLATION EN GEN LLC	CORPORATE BONDS	538,104	596,156
CREDIT AGRICOLE SA	CORPORATE BONDS	538,854	589,329
DTE ELECTRIC CO	CORPORATE BONDS	696,857	568,127
MERCEDES BENZ FIN NA	CORPORATE BONDS	462,795	361,263
JOHN DEERE CAPITAL CORP	CORPORATE BONDS	1,166,856	1,194,024
DELL INT LLC / EMC CORP	CORPORATE BONDS	134,559	126,551
DELL INT LLC / EMC CORP	CORPORATE BONDS	9,624	10,148
DIAGEO CAPITAL PLC	CORPORATE BONDS	895,707	822,681
DIAMONDBACK ENERGY INC	CORPORATE BONDS	592,899	548,123
WALT DISNEY COMPANY/THE	CORPORATE BONDS	1,291,434	1,100,030
DOLLAR GENERAL CORP	CORPORATE BONDS	966,969	870,444
DOMINION ENERGY INC	CORPORATE BONDS	644,718	548,346
DUKE ENERGY CORP	CORPORATE BONDS	706,693	743,989
ECOLAB INC	CORPORATE BONDS	724,725	639,907
ELEVANCE HEALTH INC	CORPORATE BONDS	599,046	601,848
ENBRIDGE INC	CORPORATE BONDS	84,453	85,162
ENERGY TRANSFER LP	CORPORATE BONDS	679,562	640,298
ENERGY TRANSFER LP	CORPORATE BONDS	90,828	79,557
ENTERPRISE PRODUCTS OPER	CORPORATE BONDS	598,584	603,618
EXPEDIA GROUP INC	CORPORATE BONDS	721,175	671,349
FLORIDA POWER + LIGHT CO	CORPORATE BONDS	649,760	542,820
FLORIDA POWER + LIGHT CO	CORPORATE BONDS	400,114	264,846
FLORIDA POWER + LIGHT CO	CORPORATE BONDS	407,932	277,364
FOUNDRY JV HOLDCO LLC	CORPORATE BONDS	603,666	616,170

FREEPORT MCMORAN INC	CORPORATE BONDS	597,180	618,630
GATX CORP	CORPORATE BONDS	818,253	807,962
GLP CAPITAL LP / FIN II	CORPORATE BONDS	605,479	633,332
GENERAL ELECTRIC CO	CORPORATE BONDS	1,187,438	997,935
GENERAL MILLS INC	CORPORATE BONDS	560,736	594,638
GENERAL MOTORS CO	CORPORATE BONDS	111,754	101,403
GILEAD SCIENCES INC	CORPORATE BONDS	598,040	614,741
GOLDMAN SACHS GROUP INC	CORPORATE BONDS	624,059	649,428
GOLDMAN SACHS GROUP INC	CORPORATE BONDS	785,625	694,098
HCA INC	CORPORATE BONDS	562,157	594,909
HCA INC	CORPORATE BONDS	677,246	688,327
HP ENTERPRISE CO	CORPORATE BONDS	605,448	615,108
HUNTINGTON BANCSHARES	CORPORATE BONDS	616,627	616,308
JBS NV/USA FOODS/FOOD CO	CORPORATE BONDS	683,229	687,937
JPMORGAN CHASE + CO	CORPORATE BONDS	1,438,416	1,253,889
JPMORGAN CHASE + CO	CORPORATE BONDS	114,951	114,656
JEFFERIES FIN GROUP INC	CORPORATE BONDS	593,778	585,747
JOHNSON CONTROLS/TYCO FI	CORPORATE BONDS	869,949	796,880
KENVUE INC	CORPORATE BONDS	560,333	576,532
KIMBERLY CLARK CORP	CORPORATE BONDS	587,862	607,956
KINDER MORGAN INC	CORPORATE BONDS	736,500	669,360
KRAFT HEINZ FOODS CO	CORPORATE BONDS	584,584	578,284
L3HARRIS TECH INC	CORPORATE BONDS	514,600	484,403
LYB INT FINANCE III	CORPORATE BONDS	663,615	662,255
LAM RESEARCH CORP	CORPORATE BONDS	637,092	411,521
LOCKHEED MARTIN CORP	CORPORATE BONDS	568,667	553,480
LOWE S COS INC	CORPORATE BONDS	613,505	618,071
M+T BANK CORPORATION	CORPORATE BONDS	588,432	609,690
MPLX LP	CORPORATE BONDS	536,160	602,820
MAGNA INTERNATIONAL INC	CORPORATE BONDS	623,809	543,371
MARATHON PETROLEUM CORP	CORPORATE BONDS	573,850	525,671
MARS INC	CORPORATE BONDS	604,416	616,698
MARVELL TECHNOLOGY INC	CORPORATE BONDS	715,912	819,669
MCDONALD S CORP	CORPORATE BONDS	693,769	717,824
MEDTRONIC INC	CORPORATE BONDS	13,962	12,813
MERCK + CO INC	CORPORATE BONDS	666,574	685,516
METLIFE INC	CORPORATE BONDS	676,869	559,000
MICROSOFT CORP	CORPORATE BONDS	1,089,668	1,069,669
MICROSOFT CORP	CORPORATE BONDS	147,284	88,530
MICROSOFT CORP	CORPORATE BONDS	550,663	578,956
MICRON TECHNOLOGY INC	CORPORATE BONDS	666,060	606,840
BERKSHIRE HATHAWAY ENERG	CORPORATE BONDS	631,400	542,250
MOLSON COORS BEVERAGE	CORPORATE BONDS	109,830	109,394
MORGAN STANLEY	CORPORATE BONDS	626,823	553,823

MOTOROLA SOLUTIONS INC	CORPORATE BONDS	618,415	525,242
NEWMONT CORP	CORPORATE BONDS	666,803	714,381
NISOURCE INC	CORPORATE BONDS	608,950	603,065
NVIDIA CORP	CORPORATE BONDS	626,903	460,509
O REILLY AUTOMOTIVE INC	CORPORATE BONDS	920,782	810,716
ONCOR ELECTRIC DELIVERY	CORPORATE BONDS	638,471	525,601
ONCOR ELECTRIC DELIVERY	CORPORATE BONDS	465,087	378,148
ONEOK INC	CORPORATE BONDS	683,473	652,358
ORACLE CORP	CORPORATE BONDS	713,236	714,051
ORACLE CORP	CORPORATE BONDS	542,287	473,032
OWENS CORNING	CORPORATE BONDS	767,076	775,595
PNC FINANCIAL SERVICES	CORPORATE BONDS	714,106	739,855
PACIFIC GAS + ELECTRIC	CORPORATE BONDS	633,849	603,798
PACIFICORP	CORPORATE BONDS	1,098,450	859,120
PHARMACIA LLC	CORPORATE BONDS	1,137,677	933,536
PROCTER + GAMBLE CO/THE	CORPORATE BONDS	668,708	684,938
PROLOGIS TARGETED US	CORPORATE BONDS	820,192	823,704
PRUDENTIAL FINANCIAL INC	CORPORATE BONDS	1,184,590	1,059,740
REGENCY CENTERS LP	CORPORATE BONDS	718,585	622,859
REGENERON PHARMACEUTICAL	CORPORATE BONDS	595,010	609,870
REGIONS FINANCIAL CORP	CORPORATE BONDS	592,458	618,030
REPSOL E+P CAP MARKETS	CORPORATE BONDS	622,981	622,127
CHARLES SCHWAB CORP	CORPORATE BONDS	581,622	599,866
SERVICENOW INC	CORPORATE BONDS	624,325	572,663
SHELL FINANCE US INC	CORPORATE BONDS	169,277	163,636
SHIRE ACQ INV IRELAND DA	CORPORATE BONDS	3,995	3,976
SOLVENTUM CORP	CORPORATE BONDS	562,206	599,794
SOLVENTUM CORP	CORPORATE BONDS	583,019	593,079
SOUTHERN CALIF GAS CO	CORPORATE BONDS	683,877	695,974
SOUTHERN CO	CORPORATE BONDS	824,392	842,216
T MOBILE USA INC	CORPORATE BONDS	819,396	809,118
WILLIAMS COMPANIES INC	CORPORATE BONDS	589,242	610,056
TORONTO DOMINION BANK	CORPORATE BONDS	567,648	598,836
TRACTOR SUPPLY CO	CORPORATE BONDS	597,354	620,466
TOYOTA MOTOR CREDIT CORP	CORPORATE BONDS	613,590	607,722
TRUIST FINANCIAL CORP	CORPORATE BONDS	632,561	662,272
TYSON FOODS INC	CORPORATE BONDS	529,969	566,016
UBS GROUP AG	CORPORATE BONDS	822,296	827,376
UBER TECHNOLOGIES INC	CORPORATE BONDS	606,541	581,739
UNILEVER CAPITAL CORP	CORPORATE BONDS	548,889	564,669
UNION PACIFIC CORP	CORPORATE BONDS	649,812	509,516
UNITED AIR 2016 1 A PTT	CORPORATE BONDS	40,451	39,429
UNITED AIR 2014 2 A PTT	CORPORATE BONDS	60,758	60,051
US BANCORP	CORPORATE BONDS	700,277	745,557

TSY INFL IX N/B	GOVERNMENT ISSUES	1,128,852	950,259
TSY INFL IX N/B	GOVERNMENT ISSUES	3,395,421	2,847,683
TSY INFL IX N/B	GOVERNMENT ISSUES	2,394,410	2,034,573
TSY INFL IX N/B	GOVERNMENT ISSUES	2,602,661	2,310,767
TSY INFL IX N/B	GOVERNMENT ISSUES	1,808,204	1,674,943
TSY INFL IX N/B	GOVERNMENT ISSUES	1,477,920	1,314,652
TSY INFL IX N/B	GOVERNMENT ISSUES	9,841,964	8,161,139
TSY INFL IX N/B	GOVERNMENT ISSUES	2,886,037	2,787,073
TSY INFL IX N/B	GOVERNMENT ISSUES	64,527	43,742
TSY INFL IX N/B	GOVERNMENT ISSUES	1,709,612	1,457,836
TSY INFL IX N/B	GOVERNMENT ISSUES	208,510	197,312
TSY INFL IX N/B	GOVERNMENT ISSUES	5,492,938	5,406,810
TSY INFL IX N/B	GOVERNMENT ISSUES	4,002,169	3,493,242
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TSY INFL IX N/B	GOVERNMENT ISSUES	1,499,262	1,500,312
TSY INFL IX N/B	GOVERNMENT ISSUES	2,627,079	2,587,998
TSY INFL IX N/B	GOVERNMENT ISSUES	2,763,588	2,526,644
TSY INFL IX N/B	GOVERNMENT ISSUES	1,827,243	1,789,470
TSY INFL IX N/B	GOVERNMENT ISSUES	5,416,415	5,361,049
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TSY INFL IX N/B	GOVERNMENT ISSUES	5,348,600	5,400,752
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WELLS FARGO + COMPANY	CORPORATE BONDS	1,068,296	1,028,998
Total		214,780,509	206,863,540

John Hancock Employee Welfare Plan

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

EIN 38-3261832 (Plan #501)

December 31, 2025

IShares S&P 500 Index Fund (Non-Pooled Separate Accounts)			
SS INST US GOV MM ADMIN SALXX	STIF-TYPE INSTRUMENT	$ 178,472	$ 178,472
ISHARES CORE S+P 500 ETF	MUTUAL FUNDS	1,391,745	9,259,019
Total		$ 1,570,217	$ 9,437,490
Total assets		$ 228,024,993	$ 238,076,872

John Hancock Employee Welfare Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN 38-3261832 (Plan #501)

Years Ended December 31, 2025 and 2024

Identity of Party/Transaction	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii) - Series of transactions in excess of 5% of Plan's net assets:						
Manulife AM Custom LDI Account	Non-Pooled Separate Account	$ 9,695,844	$ -	$ 9,695,844	$ 9,695,844	$ -
Manulife AM Custom LDI Account	Non-Pooled Separate Account	-	9,680,335	9,680,335	9,680,335	-
Manulife AM Active Bond Fund	Non-Pooled Separate Account	-	7,733,337	4,755,489	7,733,337	2,977,848

John Hancock Employee Welfare Plan

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EIN 38-3261832 (Plan #501)

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Category (iii) - Series of transactions in excess of 5% of Plan's net assets:						
Manulife AM Custom LDI Account	Non-Pooled Separate Account	$ 9,695,844	$ -	$ 9,695,844	$ 9,695,844	$ -
Manulife AM Custom LDI Account	Non-Pooled Separate Account	-	9,680,335	9,680,335	9,680,335	-
Manulife AM Active Bond Fund	Non-Pooled Separate Account	-	7,733,337	4,755,489	7,733,337	2,977,848

John Hancock Employee Welfare Plan

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

EIN 38-3261832 (Plan #501)

December 31, 2025

Identity of Issuer, Borrower, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
VEBA B Short-Term Bank of America Account	Interest Bearing Cash	$ 4,508,414	$ 4,508,414
State Street STIF	Interest Bearing Cash	387,145	387,145
Imprest Accounts	Interest Bearing Cash	451,587	451,587
SSGA EAFE INDEX	Common/Collective Trust	6,327,121	16,428,696
Manulife AM Custom LDI Account (Non-Pooled Separate Account)			
SS INST US GOV MM ADMIN SALXX	STIF-TYPE INSTRUMENT	57,170	57,170
AT+T INC	CORPORATE BONDS	959,480	883,456
AT+T INC	CORPORATE BONDS	739,682	763,856
ABBVIE INC	CORPORATE BONDS	572,178	533,700
ABBVIE INC	CORPORATE BONDS	645,927	668,499
AERCAP IRELAND CAP/GLOBA	CORPORATE BONDS	683,687	708,608
AIR LEASE CORP	CORPORATE BONDS	627,904	565,275
AIR PRODUCTS + CHEMICALS	CORPORATE BONDS	998,640	919,790
ALLSTATE CORP	CORPORATE BONDS	755,603	780,668
AMAZON.COM INC	CORPORATE BONDS	792,744	796,608
AMER AIRLINE 16 1 A PTT	CORPORATE BONDS	28,591	28,203
AMERICAN HOMES 4 RENT	CORPORATE BONDS	677,572	701,393
AMERICAN INTERNATIONAL	CORPORATE BONDS	548,736	617,064
AMERICAN TOWER CORP	CORPORATE BONDS	558,468	584,010
CENCORA INC	CORPORATE BONDS	721,602	711,671
AMGEN INC	CORPORATE BONDS	884,727	801,522
AMGEN INC	CORPORATE BONDS	596,646	603,330
ANHEUSER BUSCH CO/INBEV	CORPORATE BONDS	668,963	692,895
ANHEUSER BUSCH CO/INBEV	CORPORATE BONDS	237,960	235,847
APPLIED MATERIALS INC	CORPORATE BONDS	699,754	448,903
ARIZONA PUBLIC SERVICE	CORPORATE BONDS	620,910	620,226
ATHENE HOLDING LTD	CORPORATE BONDS	601,794	622,032
AUTONATION INC	CORPORATE BONDS	687,085	658,007
BANCO SANTANDER SA	CORPORATE BONDS	653,485	703,255
BANK OF AMERICA CORP	CORPORATE BONDS	84,703	85,200
BANK OF AMERICA CORP	CORPORATE BONDS	710,430	699,097
BARCLAYS PLC	CORPORATE BONDS	693,713	719,550
BELL CANADA	CORPORATE BONDS	654,858	679,380
BOEING CO	CORPORATE BONDS	539,368	511,607
BOEING CO	CORPORATE BONDS	550,749	550,810
BORGWARNER INC	CORPORATE BONDS	708,848	716,219
BOSTON PROPERTIES LP	CORPORATE BONDS	578,243	624,335
BP CAP MARKETS AMERICA	CORPORATE BONDS	640,000	640,794

BROADCOM INC	CORPORATE BONDS	818,967	808,864
BROADCOM INC	CORPORATE BONDS	720,844	814,283
CDW LLC/CDW FINANCE	CORPORATE BONDS	783,598	838,712
CIGNA GROUP/THE	CORPORATE BONDS	616,519	565,675
CIGNA GROUP/THE	CORPORATE BONDS	257,644	256,524
CSX CORP	CORPORATE BONDS	724,027	605,756
BERKSHIRE HATHAWAY ENERG	CORPORATE BONDS	579,888	445,228
CANADIAN IMPERIAL BANK	CORPORATE BONDS	655,875	674,850
CANADIAN NATL RESOURCES	CORPORATE BONDS	725,245	657,584
CENTENE CORP	CORPORATE BONDS	560,096	599,258
CENTERPOINT ENER HOUSTON	CORPORATE BONDS	569,481	580,465
CHARTER COMM OPT LLC/CAP	CORPORATE BONDS	100,000	94,017
CHARTER COMM OPT LLC/CAP	CORPORATE BONDS	838,609	852,752
CHARTER COMM OPT LLC/CAP	CORPORATE BONDS	321,250	299,650
CHENIERE ENERGY PARTNERS	CORPORATE BONDS	542,032	607,880
CITIGROUP INC	CORPORATE BONDS	1,394,225	1,373,777
CITIZENS FINANCIAL GROUP	CORPORATE BONDS	586,443	604,764
COMCAST CORP	CORPORATE BONDS	1,137,863	1,080,502
CONOCOPHILLIPS COMPANY	CORPORATE BONDS	1,278,724	1,026,207
CONSTELLATION BRANDS INC	CORPORATE BONDS	581,144	624,147
CONSTELLATION EN GEN LLC	CORPORATE BONDS	538,104	596,156
CREDIT AGRICOLE SA	CORPORATE BONDS	538,854	589,329
DTE ELECTRIC CO	CORPORATE BONDS	696,857	568,127
MERCEDES BENZ FIN NA	CORPORATE BONDS	462,795	361,263
JOHN DEERE CAPITAL CORP	CORPORATE BONDS	1,166,856	1,194,024
DELL INT LLC / EMC CORP	CORPORATE BONDS	134,559	126,551
DELL INT LLC / EMC CORP	CORPORATE BONDS	9,624	10,148
DIAGEO CAPITAL PLC	CORPORATE BONDS	895,707	822,681
DIAMONDBACK ENERGY INC	CORPORATE BONDS	592,899	548,123
WALT DISNEY COMPANY/THE	CORPORATE BONDS	1,291,434	1,100,030
DOLLAR GENERAL CORP	CORPORATE BONDS	966,969	870,444
DOMINION ENERGY INC	CORPORATE BONDS	644,718	548,346
DUKE ENERGY CORP	CORPORATE BONDS	706,693	743,989
ECOLAB INC	CORPORATE BONDS	724,725	639,907
ELEVANCE HEALTH INC	CORPORATE BONDS	599,046	601,848
ENBRIDGE INC	CORPORATE BONDS	84,453	85,162
ENERGY TRANSFER LP	CORPORATE BONDS	679,562	640,298
ENERGY TRANSFER LP	CORPORATE BONDS	90,828	79,557
ENTERPRISE PRODUCTS OPER	CORPORATE BONDS	598,584	603,618
EXPEDIA GROUP INC	CORPORATE BONDS	721,175	671,349
FLORIDA POWER + LIGHT CO	CORPORATE BONDS	649,760	542,820
FLORIDA POWER + LIGHT CO	CORPORATE BONDS	400,114	264,846
FLORIDA POWER + LIGHT CO	CORPORATE BONDS	407,932	277,364
FOUNDRY JV HOLDCO LLC	CORPORATE BONDS	603,666	616,170

FREEPORT MCMORAN INC	CORPORATE BONDS	597,180	618,630
GATX CORP	CORPORATE BONDS	818,253	807,962
GLP CAPITAL LP / FIN II	CORPORATE BONDS	605,479	633,332
GENERAL ELECTRIC CO	CORPORATE BONDS	1,187,438	997,935
GENERAL MILLS INC	CORPORATE BONDS	560,736	594,638
GENERAL MOTORS CO	CORPORATE BONDS	111,754	101,403
GILEAD SCIENCES INC	CORPORATE BONDS	598,040	614,741
GOLDMAN SACHS GROUP INC	CORPORATE BONDS	624,059	649,428
GOLDMAN SACHS GROUP INC	CORPORATE BONDS	785,625	694,098
HCA INC	CORPORATE BONDS	562,157	594,909
HCA INC	CORPORATE BONDS	677,246	688,327
HP ENTERPRISE CO	CORPORATE BONDS	605,448	615,108
HUNTINGTON BANCSHARES	CORPORATE BONDS	616,627	616,308
JBS NV/USA FOODS/FOOD CO	CORPORATE BONDS	683,229	687,937
JPMORGAN CHASE + CO	CORPORATE BONDS	1,438,416	1,253,889
JPMORGAN CHASE + CO	CORPORATE BONDS	114,951	114,656
JEFFERIES FIN GROUP INC	CORPORATE BONDS	593,778	585,747
JOHNSON CONTROLS/TYCO FI	CORPORATE BONDS	869,949	796,880
KENVUE INC	CORPORATE BONDS	560,333	576,532
KIMBERLY CLARK CORP	CORPORATE BONDS	587,862	607,956
KINDER MORGAN INC	CORPORATE BONDS	736,500	669,360
KRAFT HEINZ FOODS CO	CORPORATE BONDS	584,584	578,284
L3HARRIS TECH INC	CORPORATE BONDS	514,600	484,403
LYB INT FINANCE III	CORPORATE BONDS	663,615	662,255
LAM RESEARCH CORP	CORPORATE BONDS	637,092	411,521
LOCKHEED MARTIN CORP	CORPORATE BONDS	568,667	553,480
LOWE S COS INC	CORPORATE BONDS	613,505	618,071
M+T BANK CORPORATION	CORPORATE BONDS	588,432	609,690
MPLX LP	CORPORATE BONDS	536,160	602,820
MAGNA INTERNATIONAL INC	CORPORATE BONDS	623,809	543,371
MARATHON PETROLEUM CORP	CORPORATE BONDS	573,850	525,671
MARS INC	CORPORATE BONDS	604,416	616,698
MARVELL TECHNOLOGY INC	CORPORATE BONDS	715,912	819,669
MCDONALD S CORP	CORPORATE BONDS	693,769	717,824
MEDTRONIC INC	CORPORATE BONDS	13,962	12,813
MERCK + CO INC	CORPORATE BONDS	666,574	685,516
METLIFE INC	CORPORATE BONDS	676,869	559,000
MICROSOFT CORP	CORPORATE BONDS	1,089,668	1,069,669
MICROSOFT CORP	CORPORATE BONDS	147,284	88,530
MICROSOFT CORP	CORPORATE BONDS	550,663	578,956
MICRON TECHNOLOGY INC	CORPORATE BONDS	666,060	606,840
BERKSHIRE HATHAWAY ENERG	CORPORATE BONDS	631,400	542,250
MOLSON COORS BEVERAGE	CORPORATE BONDS	109,830	109,394
MORGAN STANLEY	CORPORATE BONDS	626,823	553,823

MOTOROLA SOLUTIONS INC	CORPORATE BONDS	618,415	525,242
NEWMONT CORP	CORPORATE BONDS	666,803	714,381
NISOURCE INC	CORPORATE BONDS	608,950	603,065
NVIDIA CORP	CORPORATE BONDS	626,903	460,509
O REILLY AUTOMOTIVE INC	CORPORATE BONDS	920,782	810,716
ONCOR ELECTRIC DELIVERY	CORPORATE BONDS	638,471	525,601
ONCOR ELECTRIC DELIVERY	CORPORATE BONDS	465,087	378,148
ONEOK INC	CORPORATE BONDS	683,473	652,358
ORACLE CORP	CORPORATE BONDS	713,236	714,051
ORACLE CORP	CORPORATE BONDS	542,287	473,032
OWENS CORNING	CORPORATE BONDS	767,076	775,595
PNC FINANCIAL SERVICES	CORPORATE BONDS	714,106	739,855
PACIFIC GAS + ELECTRIC	CORPORATE BONDS	633,849	603,798
PACIFICORP	CORPORATE BONDS	1,098,450	859,120
PHARMACIA LLC	CORPORATE BONDS	1,137,677	933,536
PROCTER + GAMBLE CO/THE	CORPORATE BONDS	668,708	684,938
PROLOGIS TARGETED US	CORPORATE BONDS	820,192	823,704
PRUDENTIAL FINANCIAL INC	CORPORATE BONDS	1,184,590	1,059,740
REGENCY CENTERS LP	CORPORATE BONDS	718,585	622,859
REGENERON PHARMACEUTICAL	CORPORATE BONDS	595,010	609,870
REGIONS FINANCIAL CORP	CORPORATE BONDS	592,458	618,030
REPSOL E+P CAP MARKETS	CORPORATE BONDS	622,981	622,127
CHARLES SCHWAB CORP	CORPORATE BONDS	581,622	599,866
SERVICENOW INC	CORPORATE BONDS	624,325	572,663
SHELL FINANCE US INC	CORPORATE BONDS	169,277	163,636
SHIRE ACQ INV IRELAND DA	CORPORATE BONDS	3,995	3,976
SOLVENTUM CORP	CORPORATE BONDS	562,206	599,794
SOLVENTUM CORP	CORPORATE BONDS	583,019	593,079
SOUTHERN CALIF GAS CO	CORPORATE BONDS	683,877	695,974
SOUTHERN CO	CORPORATE BONDS	824,392	842,216
T MOBILE USA INC	CORPORATE BONDS	819,396	809,118
WILLIAMS COMPANIES INC	CORPORATE BONDS	589,242	610,056
TORONTO DOMINION BANK	CORPORATE BONDS	567,648	598,836
TRACTOR SUPPLY CO	CORPORATE BONDS	597,354	620,466
TOYOTA MOTOR CREDIT CORP	CORPORATE BONDS	613,590	607,722
TRUIST FINANCIAL CORP	CORPORATE BONDS	632,561	662,272
TYSON FOODS INC	CORPORATE BONDS	529,969	566,016
UBS GROUP AG	CORPORATE BONDS	822,296	827,376
UBER TECHNOLOGIES INC	CORPORATE BONDS	606,541	581,739
UNILEVER CAPITAL CORP	CORPORATE BONDS	548,889	564,669
UNION PACIFIC CORP	CORPORATE BONDS	649,812	509,516
UNITED AIR 2016 1 A PTT	CORPORATE BONDS	40,451	39,429
UNITED AIR 2014 2 A PTT	CORPORATE BONDS	60,758	60,051
US BANCORP	CORPORATE BONDS	700,277	745,557

TSY INFL IX N/B	GOVERNMENT ISSUES	1,128,852	950,259
TSY INFL IX N/B	GOVERNMENT ISSUES	3,395,421	2,847,683
TSY INFL IX N/B	GOVERNMENT ISSUES	2,394,410	2,034,573
TSY INFL IX N/B	GOVERNMENT ISSUES	2,602,661	2,310,767
TSY INFL IX N/B	GOVERNMENT ISSUES	1,808,204	1,674,943
TSY INFL IX N/B	GOVERNMENT ISSUES	1,477,920	1,314,652
TSY INFL IX N/B	GOVERNMENT ISSUES	9,841,964	8,161,139
TSY INFL IX N/B	GOVERNMENT ISSUES	2,886,037	2,787,073
TSY INFL IX N/B	GOVERNMENT ISSUES	64,527	43,742
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