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
BEAUMONT HEALTH 403(B) RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/2001

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)
WILLIAM BEAUMONT HOSPITAL

BEAUMONT HEALTH - BSC 433

BSC 433, HUMAN RESOURCES/RETIREMENT
26901 BEAUMONT BLVD, FLOOR 2C
SOUTHFIELD, MI 48033

2b Employer Identification Number (EIN)
38-1459362

2c Plan Sponsor's telephone number
248-213-3300

2d Business code (see instructions)
622000

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

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	48125
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)**	34406
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	33458
b	Retired or separated participants receiving benefits	**6b**	304
c	Other retired or separated participants entitled to future benefits	**6c**	9924
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	43686
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	103
f	Total. Add lines **6d** and **6e**.	**6f**	43789
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)**	38659
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)**	35839
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	499
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:

2L 2M 2R 2S 2T 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 7
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
BEAUMONT HEALTH 403(B) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
WILLIAM BEAUMONT HOSPITAL

D Employer Identification Number (EIN)
38-1459362

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
PRINCIPAL 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
42-0127290	61271	519121/711525	2784	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	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

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 ▶ GUARANTEED INTEREST BALANCE CONTRACT

b	Balance at the end of the previous year			7b	80205801
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	2294629		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	15407077		
	▶ PURCHASES/DEPOSITS/ADJ				
	(6)Total additions			7c(6)	17701706
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	97907507
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)	57845282		
	▶ WITHDRAWAL/REDEMPTIONS				
	(5) Total deductions			7e(5)	57845282
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	40062225

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** ☐ 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**	
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 ☒ 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

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

A Name of plan
BEAUMONT HEALTH 403(B) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
WILLIAM BEAUMONT HOSPITAL

D Employer Identification Number (EIN)
38-1459362

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
THE 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	65678	746000678001	382	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
101580	0

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

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

LPL FINANCIAL CORP
C-O LPL
SAN DIEGO, CA 92121

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
56829			4

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

OSAIC FA INC
18700 N HAYDEN RD STE 255
SCOTTSDALE, AZ 85255

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
44143			4

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

OSAIC WEALTH INC

18700 N HAYDEN RD STE 255
SCOTTSDALE, AZ 85255

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
608			4

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

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

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

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

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

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

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

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

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	21513888
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

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 ▶ GROUP VARIABLE ANNUITY WITH GUARANTEED FUND

b	Balance at the end of the previous year			7b	23077973
c	Additions: (1) Contributions deposited during the year	7c(1)	677		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	832720		
	(4) Transferred from separate account	7c(4)	280174		
	(5) Other (specify below)	7c(5)	14015		
	▶ LOANS,FORFEITURES, FMV ADJ				
	(6)Total additions			7c(6)	1127586
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	24205559
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2200185		
	(2) Administration charge made by carrier	7e(2)	4746		
	(3) Transferred to separate account	7e(3)	469472		
	(4) Other (specify below)	7e(4)	17268		
	▶ LOANS,FORFEITURES				
	(5) Total deductions			7e(5)	2691671
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	21513888

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** ☐ 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**	
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 ☒ 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
BEAUMONT HEALTH 403(B) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
WILLIAM BEAUMONT HOSPITAL

D Employer Identification Number (EIN)
38-1459362

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
VOYA RETIREMENT INSURANCE AND ANNUITY 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
71-0294708	86509	VF7170	134	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
636	0

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

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

JUSTIN DIESBOURG
41000 WOODWARD AVE STE 350E
BLOOMFLD HLS, MI 48304

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
296			3

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

SIGNATURE EAST SECURITIES LLC
111 DOUGLAS AVE
ALTAMONTE SPRINGS, FL 32714

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
204			3

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

CADARET GRANT & CO INC
100 MADISON ST STE 1400
SYRACUSE, NY 13202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
128			3

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

LPL FINANCIAL CORP
1521 PARK AVE
MUSCATINE, IA 52761

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
8			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	

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	106977
5	Current value of plan's interest under this contract in separate accounts at year end	5	1662380

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 ▶ UNALLOCATED ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	107498
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	4055		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	4055
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	111553
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4576		
	(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)	4576
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	106977

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** ☐ 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**	
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 ☒ 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
BEAUMONT HEALTH 403(B) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
WILLIAM BEAUMONT HOSPITAL

D Employer Identification Number (EIN)
38-1459362

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
VOYA RETIREMENT INSURANCE AND ANNUITY 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
71-0294708	86509	VC0402	69	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
2454	0

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

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

CHERI ROBINSON
41000 WOODWARD AVE STE 350E
BLOOMFIELD HILLS, MI 48304

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
2389			3

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

JUSTIN A DIESBOURG
41000 WOODWARD AVE STE 350E
BLOOMFIELD HILLS, MI 48304

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
65			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	721172
5	Current value of plan's interest under this contract in separate accounts at year end	5	1786352

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 ▶ UNALLOCATED ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	765426
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	28951		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6)Total additions			7c(6)	28951
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	794377
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	73205		
	(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)	73205
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	721172

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** ☐ 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**	
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 ☒ 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
BEAUMONT HEALTH 403(B) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
WILLIAM BEAUMONT HOSPITAL

D Employer Identification Number (EIN)
38-1459362

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
VOYA RETIREMENT INSURANCE AND ANNUITY 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
71-0294708	86509	VF6120	47	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
947	0

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

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

CHERI ROBINSON
41000 WOODWARD AVE STE 350E
BLOOMFIELD HILLS, MI 48304

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
806			3

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

JUSTIN DIESBOURG
41000 WOODWARD AVE STE 350E
BLOOMFIELD HILLS, MI 48304

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
141			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	13682
5	Current value of plan's interest under this contract in separate accounts at year end	5	1013184

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 ▶ UNALLOCATED ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	14683
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	431		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	431
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	15114
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1432		
	(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)	1432
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	13682

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** ☐ 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**	
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 ☒ 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
BEAUMONT HEALTH 403(B) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
WILLIAM BEAUMONT HOSPITAL

D Employer Identification Number (EIN)
38-1459362

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
VOYA RETIREMENT INSURANCE AND ANNUITY 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
71-0294708	86509	VC4129	65	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
1228	0

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

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

JUSTIN DIESBOURG
41000 WOODWARD AVE STE 350E
BLOOMFIELD HILLS, MI 48304

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1101			3

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

CHERI ROBINSON
41000 WOODWARD AVE STE 350E
BLOOMFIELD HILLS, MI 48304

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
127			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	350615
5	Current value of plan's interest under this contract in separate accounts at year end	5	920492

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 ▶ UNALLOCATED ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	366835
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	13913		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	13913
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	380748
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	30133		
	(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)	30133
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	350615

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** ☐ 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**	
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 ☒ 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
BEAUMONT HEALTH 403(B) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
WILLIAM BEAUMONT HOSPITAL

D Employer Identification Number (EIN)
38-1459362

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
VOYA RETIREMENT INSURANCE AND ANNUITY 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
71-0294708	86509	VF5464	21	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
160	0

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

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

CHERI ROBINSON
41000 WOODWARD AVE STE 350E
BLOOMFIELD HILLS, MI 48304

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
124			3

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

JUSTIN DIESBOURG
41000 WOODWARD AVE STE 350E
BLOOMFIELD HILLS, MI 48304

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
36			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	64812
5	Current value of plan's interest under this contract in separate accounts at year end	5	93421

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 ▶ UNALLOCATED ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	63609
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	1904		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	1904
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	65513
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	700		
	(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)	700
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	64813

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** ☐ 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**	
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 ☒ 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
BEAUMONT HEALTH 403(B) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
WILLIAM BEAUMONT HOSPITAL

D Employer Identification Number (EIN)
38-1459362

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

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

THE PRUDENTIAL INSURANCE CO

22-1211670

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

LINCOLN FINANCIAL

35-1140070

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

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

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

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

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

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

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

FINANCIAL ENGINES

77-0473565

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	ADVISOR	1707524	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 26 37 64 65 71 50	RECORDKEEPER ADMIN/ADV	1480236	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

WILLIS TOWERS WATSON

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTUARIAL	141681	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

MERCER INVESTMENTS LLC

36-2668272

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INV ASV	60523	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PLANTE & MORAN, PLLC

33-1498605

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	28600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STIFEL PEARL STREET

43-0538770

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INV ADVISOR	23625	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LINCOLN FINANCIAL

53-0181291

(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	CONTRACT ADMIN	11450	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FID INV INSTL OPS CO	60	0
(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.	
MULTIPLE MUTUAL FUND COMPANIES 04-2647786	SUB-TRANSFER AGENCY FEES; SEE ATTACHMENT TO LINE 2(H) FOR FORMULAS	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
BEAUMONT HEALTH 403(B) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
WILLIAM BEAUMONT HOSPITAL

D Employer Identification Number (EIN)
38-1459362

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	244915	292312
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	56090784	60044565
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	13753604	15211688
(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)	26255523	28422467
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2765069413	3211347446
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	104601826	62833372
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	2966016065	3378151850
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	2966016065	3378151850

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)	60142065	
(B) Participants	2a(1)(B)	159095668	
(C) Others (including rollovers)	2a(1)(C)	16883628	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		236121361
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	667366	
(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)	2113398	
(F) Other	2b(1)(F)	3131044	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5911808
(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)	77540920	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		77540920
(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		403298571
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		722872660
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	305666246	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		305666246
f Corrective distributions (see instructions)	2f		21949
g Certain deemed distributions of participant loans (see instructions)	2g		1605097
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	20250	
(3) Recordkeeping fees	2i(3)	933623	
(4) IQPA audit fees	2i(4)	28600	
(5) Investment advisory and investment management fees	2i(5)	2319429	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	141681	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		3443583
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		310736875
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		412135785
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: PLANTE & MORAN, PLLC **(2)** EIN: 33-1498605

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		30000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
BEAUMONT HEALTH 403(B) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
WILLIAM BEAUMONT HOSPITAL

D Employer Identification Number (EIN)
38-1459362

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

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

EIN(s): 04-6568107

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

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

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

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

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

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

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

6 a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b	Enter the amount contributed by the employer to the plan for this plan year	6b	
c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

Beaumont Health 403(b) Retirement Savings Plan

Financial Report

December 31, 2025

Beaumont Health 403(b) Retirement Savings Plan

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Plante & Moran, PLLC
Suite 300
634 Front Avenue N.W.
Grand Rapids, MI 49504
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Fax: 616.459.3594
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Independent Auditor's Report

To the Corewell Health Finance and Audit Committee
Beaumont Health 403(b) Retirement Savings Plan

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

We have performed audits of the financial statements of Beaumont Health 403(b) Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2025 and 2024 and the related statement of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion

In our opinion, based on our audits and on the procedures performed as described in the *Auditor's Responsibilities for the Audits 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 (GAAP).
- The information in the accompanying financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audits 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.

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Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audits of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audits* 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 audits 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 substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing audits in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits 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 certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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

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

To the Corewell Health Finance and Audit Committee
Beaumont Health 403(b) Retirement Savings Plan

Supplemental Schedule Required by ERISA

The supplemental schedule of assets held at end of year as of December 31, 2025 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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



Grand Rapids, Michigan
October 8, 2026

Beaumont Health 403(b) Retirement Savings Plan

Statement of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets		
Participant-directed investments at fair value (Note 5)	$ 3,226,559,134	$ 2,778,823,017
Participant-directed investments at contract value - Unallocated contracts (Note 4)	62,833,372	104,601,826
Total participant-directed investments	3,289,392,506	2,883,424,843
Contributions receivable - Employer	60,044,565	56,090,784
Participant notes receivable	28,422,467	26,255,523
Non-interest-bearing cash	292,312	244,915
Net Assets Available for Benefits	**$ 3,378,151,850**	**$ 2,966,016,065**

See notes to financial statements.

Beaumont Health 403(b) Retirement Savings Plan

Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2025 and 2024

	2025	2024
Additions to Net Assets		
Contributions:		
Employee	$ 159,095,668	$ 153,337,137
Employer (Note 1)	60,142,065	79,086,757
Rollovers	16,883,628	13,385,807
Total contributions	236,121,361	245,809,701
Investment income:		
Interest and dividends	81,339,330	73,750,803
Net realized and unrealized gains on investments	403,298,571	274,484,126
Total investment income	484,637,901	348,234,929
Interest from participant notes receivable	2,113,398	1,687,167
Total additions to net assets	722,872,660	595,731,797
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	307,293,292	255,592,576
Administrative expenses	3,443,583	2,950,345
Total deductions from net assets	310,736,875	258,542,921
Net Increase	412,135,785	337,188,876
Net Assets Available for Benefits		
Beginning of year	2,966,016,065	2,628,827,189
End of year	**$ 3,378,151,850**	**$ 2,966,016,065**

See notes to financial statements.

Note 1 - Plan Description

The following description of Beaumont Health 403(b) Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering certain employees of Beaumont Health, including certain controlled affiliates that have completed adoption agreements. Corewell Heath is the sole corporate member of Beaumont Health (collectively, the "Plan Sponsor"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Certain controlled affiliates of Beaumont Health are provided the opportunity to complete adoption agreements to allow their employees to participate in the Plan. With their participation in the Plan, the new participants have the option to roll over their existing retirement plan balances to the Plan.

Contributions

The Plan provides for employee voluntary contributions up to a maximum percentage of their annual compensation subject to maximum tax-deferred limitations established by the Internal Revenue Code. Participants may also make contributions to the Plan in the form of a rollover of funds from another qualified plan. In connection with controlled affiliates adopting the Plan, the controlled affiliates may transfer assets to the Plan from a plan they previously sponsored.

The Plan Sponsor may make discretionary matching and discretionary nonelective contributions to employees based on the provisions of the plan agreement and related adoption agreements. Employer discretionary matching contributions (net of forfeitures) totaled $29,828,655 and $29,161,850 for the years ended December 31, 2025 and 2024, respectively. Employer discretionary nonelective contributions (net of forfeitures) totaled $30,313,410 and $49,924,907 for the years ended December 31, 2025 and 2024, respectively.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of the Plan Sponsor's contributions and plan earnings and charged with an allocation of administrative expenses. Allocations are based on participants' compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may direct the investments of their account balances into various investment options offered by the Plan.

Participant Notes Receivable

Participants may borrow from their accounts subject to certain maximum and minimum amounts prescribed in the Plan and in the Internal Revenue Code. Notes receivable bear interest at a market rate.

Vesting

Participants are immediately fully vested in employee salary and rollover contributions and any income or loss thereon. Vesting in the Plan Sponsor's contribution portion of their accounts, plus actual earnings thereon, is based on years of service. Participants become fully vested in contributions made by the Plan Sponsor after three years of service.

Benefit Payments

Distributions are payable upon retirement, death, disability, termination of employment, or attainment of 59½ years of age in the form of a lump-sum amount equal to the vested balance of a participant's account.

Note 1 - Plan Description (Continued)

Participants may request that all or a portion of their accounts be distributed in the case of financial hardship, as defined in the plan document.

Forfeitures

If a participant is not fully vested on his or her termination date, the nonvested amount of the account is forfeited. Forfeitures are used to pay reasonable administrative expenses of the Plan or to reduce future plan sponsor contributions. During the year ended December 31, 2025, approximately $1,557,000 was forfeited by participants, while approximately $1,227,000 was used to reduce plan sponsor contributions. During the year ended December 31, 2024, approximately $1,937,000 was forfeited by participants, while approximately $1,650,000 was used to reduce plan sponsor contributions. At December 31, 2025 and 2024, forfeited account balances totaled approximately $1,324,000 and $994,000, respectively.

Party-in-interest Transactions

Certain plan assets are in investment funds managed by Fidelity Management Trust Company, Lincoln National Life Insurance Company, and Voya Retirement Insurance and Annuity Company (collectively, the "Custodian") or their affiliates. Fidelity Management Trust Company, Lincoln National Life Insurance Company, and Voya Retirement Insurance and Annuity Company are the custodians of the Plan; therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines.

Termination

While it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in the plan agreement and ERISA. Upon termination of the Plan, participants become 100 percent vested in their account balances.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value except as noted below. The fully benefit-responsive unallocated contract is valued at contract value. Contract value represents deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees.

The Plan has investments measured at net asset value (NAV), including registered investment companies and pooled separate accounts. The registered investment companies are valued at net asset value per share (NAV) (or its equivalent) of the funds, which is based on the fair value of the funds' underlying net assets. There are no redemption restrictions or unfunded commitments on these investments. The pooled separate accounts are valued at net asset value per share (NAV) (or its equivalent) of the funds, which is based on the fair value of the funds' underlying net assets. There are no redemption restrictions or unfunded commitments on these investments. The interest-bearing cash is valued at fair value based on its outstanding balances. All other investments are valued based on quoted market prices reported in active markets. See Note 5 for additional information.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date.

Participant Notes Receivable

Participant notes receivable are recorded at their unpaid principal balances plus any accrued interest. Participant notes receivable are written off when deemed uncollectible.

Benefit Payments

Benefits are recorded when paid.

Note 2 - Summary of Significant Accounting Policies (Continued)

Administrative Expenses

Various administrative costs are paid by the Plan Sponsor.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, 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 changes could materially affect participants' account balances and the amounts reported in the financial statements.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including October 8, 2026, which is the date the financial statements were available to be issued.

Effective January 1, 2026, the Plan was restated and renamed Corewell Health 403(b) Retirement Savings Plan. Immediately thereafter, the Spectrum Health System 403(b) Plan merged into the Plan and the Plan assumed responsibility for the net assets of approximately $3,651,378,000 and related participant account balances of the merged plan.

Note 3 - Certified Information

The Custodian holds the Plan's investments and participant notes receivable and executes all related transactions. The investment and participant notes receivable balances and related income and losses included in the accompanying financial statements and supplemental schedule of assets held at end of year are based solely on information certified by the Custodian.

Note 4 - Unallocated Contracts

The Plan has benefit-responsive investment contracts with Principal Life Insurance Company (Principal), Voya Retirement Insurance and Annuity Company (Voya), and Lincoln National Life Insurance Company (Lincoln). Principal, Voya, and Lincoln maintain the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Interest is credited on contract balances using a single portfolio rate approach. Under this methodology, a single interest rate is applied to all contributions made to the product, regardless of the timing of those contributions. Interest crediting rates are reviewed on a semiannual basis for resetting. Interest crediting rates may not be less than 2.90 percent for Principal. Interest crediting rates for Voya contracts may not be less than 3.5, 3.0, or 4.0 percent, depending on the contract terms. For Lincoln, the interest crediting rates may not be less than 3.0 or 4.5 percent, depending on the contract terms. When establishing interest crediting rates for this product, Principal, Voya, and Lincoln consider many factors, including current economic and market conditions, the general interest rate environment, and both the expected and actual experience of a reference portfolio within the issuer’s general account.

Note 4 - Unallocated Contracts (Continued)

Generally, there are no events that could limit the ability of the Plan to transact at contract value paid within 90 days or, in rare circumstances, contract value paid over time. There are no events that allow the issuer to terminate the contract and that require the Plan Sponsor to settle an amount different than contract value paid either within 90 days or over time.

Note 5 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the valuation techniques and inputs used to measure fair value.

Level 1

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

Level 3

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset.

In instances where inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2025 and 2024:

	Assets Measured at Fair Value on a Recurring Basis at December 31, 2025		
	Investments (at Fair Value)	Level 1	Level 2
Mutual funds	$ 3,066,435,476	$ 3,066,435,476	$ -
Self-directed brokerage accounts	108,206,429	108,206,429	-
Interest-bearing cash	15,211,688	-	15,211,688
Total	3,189,853,593	$ 3,174,641,905	$ 15,211,688
Investments measured at NAV:			
Pooled separate accounts (1)	5,475,823		
Registered investment companies (1)	31,229,718		
Total investments at fair value	$ 3,226,559,134		

Note 5 - Fair Value Measurements (Continued)

	Assets Measured at Fair Value on a Recurring Basis at December 31, 2024		
	Investments (at Fair Value)	Level 1	Level 2
Mutual funds	$ 2,621,553,578	$ 2,621,553,578	$ -
Self-directed brokerage accounts	109,149,525	109,149,525	-
Interest-bearing cash	13,753,604	-	13,753,604
Total	2,744,456,707	$ 2,730,703,103	$ 13,753,604
Investments measured at NAV:			
Pooled separate accounts (1)	5,378,427		
Registered investment companies (1)	28,987,883		
Total investments at fair value	$ 2,778,823,017		

(1) This class represents investments in actively managed pooled separate accounts or registered investment companies that invest primarily in equity securities, which may include common stocks, options, and futures.

Note 6 - Tax Status

The plan administrator believes that the Plan is designed and is currently being operated in compliance with applicable requirements of Internal Revenue Code Section 403(b). Therefore, no provision for income taxes has been included in the Plan's financial statements. The Plan has not yet requested or received a determination letter.

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
EIN 38-1459362, Plan No. 002
December 31, 2025

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Mutual funds:		
Fidelity Management Trust Company	Eaton Vance Atlanta Capital SMID Cap Fd Class R6	*	$ 818,801
	Fidelity 500 Index Premium Fund	*	264,573,124
	Fidelity Extended Market Index Fund	*	1,859,230
	Fidelity Total International Index Fund	*	2,295,667
	Fidelity U.S. Bond Index Premium Fund	*	162,947,229
	MFS International Equity Fund - R6 Shares	*	202,645
	PGIM Total Return Bond Fund Class R6	*	812,196
	PIMCO Inflation Response MultiAsset Fund Instit Sh	*	602,812
	T. Rowe Price U.S. Equity Research Fund - Class I	*	743,707
	Vanguard Cash Reserves Fed Money Market Fd ad sh	*	2,758,998
	Vanguard Institutional Target Retirement Income Fu	*	61,173,284
	Vanguard Institutional Target Retirement Income Fu	*	115,404,195
	Vanguard Institutional Target Retirement 2025 Fund	*	279,870,258
	Vanguard Institutional Target Retirement 2030 Fund	*	388,916,000
	Vanguard Institutional Target Retirement 2035 Fund	*	442,322,439
	Vanguard Institutional Target Retirement 2040 Fund	*	332,899,180
	Vanguard Institutional Target Retirement 2045 Fund	*	297,553,831
	Vanguard Institutional Target Retirement 2050 Fund	*	276,334,898
	Vanguard Institutional Target Retirement 2055 Fund	*	245,474,555
	Vanguard Institutional Target Retirement 2060 Fund	*	145,860,710
	Vanguard Institutional Target Retirement 2065 Fund	*	41,364,451
	Vanguard Institutional Target Retirement 2070 Fund	*	1,647,266
	Registered investment companies:		
Lincoln National Life Insurance Company	AB Variable Products Serials Fund	*	29,901
	American Funds Global Growth Fund	*	173,564
	American Funds Growth Fund	*	5,266,473
	American Growth-Income Fund	*	194,486
	American Funds International Fund	*	288,431
	BlackRock Global Allocation Fund	*	9
	Delaware VIP Diversified Income Fund	*	267,581
	Delaware VIP High Yield Fund	*	113,655
	Delaware VIP REIT Series Fund	*	206,776
	Delaware VIP Small Cap Value Fund	*	325,499
	Delaware VIP Small Mid-Cap Fund, Core Series	*	817,556
	Delaware VIP Value Fund	*	501,554
	Fidelity VIP Contrafund	*	845,820
	Fidelity VIP Freedom Target Date 2030 Fund	*	142,269
	Fidelity VIP Freedom Target Date 2035 Fund	*	105,221
	Fidelity VIP Freedom Target Date 2045 Fund	*	3,962
	Fidelity VIP Growth Fund	*	2,411,978
	Janus Henderson Global Research Fund	*	14,353
	Lincoln VIP Baron Growth Opportunities Fund	*	124,352
	Lincoln VIP BlackRock Dividend Value Managed Volat	*	926,948
	Lincoln VIP BlackRock Inflation-Protected Bond Fun	*	38,684
	Lincoln VIP Blended Large Cap Growth Managed Volat	*	2,720,126
	Lincoln VIP Delaware Bond Fund	*	593,173
	Lincoln VIP Delaware Social Awareness Fund	*	2,643,340
	Lincoln VIP Delaware Mid Cap Value Fund	*	635,167
	Lincoln VIP Delaware Wealth Builder Fund	*	185,179
	Lincoln VIP Dimensional U.S. Core Equity Fund 1	*	5,622,370
	Lincoln VIP Franklin Templeton Global Equity Manag	*	104,397

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i
EIN 38-1459362, Plan No. 002
December 31, 2025

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Lincoln VIP Global Conservative Allocation Managed	*	$ 3,558
	Lincoln VIP Global Income Fund	*	11,753
	Lincoln VIP Government Money Market Fund	*	49,458
	Lincoln VIP JPMorgan Mid Cap Managed Volatility	*	6,987
	Lincoln VIP JPMorgan Retirement Income Fund	*	385,709
	Lincoln VIP Mid Cap Managed Volatility	*	17,008
	Lincoln VIP SSgA International Managed Volatility	*	14,236
	Lincoln VIP Mondrian International Value Fund	*	430,093
	Lincoln VIP SSgA Bond Index Fund	*	52,578
	Lincoln VIP SSgA International Index	*	54,899
	Lincoln VIP SSgA S&P 500 Index Fund	*	2,772,845
	Lincoln VIP SSgA Small-Cap Index Fund	*	41,972
	Lincoln VIP T. Rowe Price 2020 Fund	*	51,173
	Lincoln VIP T. Rowe Price 2030 Fund	*	75,144
	Lincoln VIP T. Rowe Price 2040 Fund	*	1,450
	Lincoln VIP T. Rowe Price Structured Mid-Cap Growt	*	1,277,586
	Lincoln VIP Vanguard Domestic Equity ETF	*	199,598
	Lincoln VIP Vanguard International Equity ETF	*	82,145
	MFS Utilities Fund	*	324,979
	PIMCO Variable Insurance Trust Total Return Portfo	*	73,723
	Pooled separate accounts:		
Voya Retirement Insurance and Annuity Company	American Funds EuroPacific Fund, Class R-4	*	25
	American Funds Growth Fund of America, Class R-4	*	155,788
	American Funds New Perspective Fund, Class R-4	*	192,509
	American Funds Washington Mutual Investors Fund, C	*	22,659
	Calvert VP SRI Balanced Portfolio	*	34,569
	Columbia Variable Portfolio Acorn	*	15,070
	Fidelity VIP Contrafund Portfolio, Initial Class	*	651,658
	Fidelity VIP Equity Income Portfolio, Initial Clas	*	171,451
	Fidelity VIP Growth Portfolio, Initial Class	*	269,452
	Fidelity VIP Overseas Portfolio, Initial Class	*	5,941
	Franklin Small Cap Value VIP Fund, Class 2	*	5,370
	Invesco V.I. American Franchise Fund, Series I	*	5,970
	Invesco V.I. Core Equity Fund, Series I	*	9,339
	Lord Abbett Series Fund Mid Cap Stock Portfolio	*	22,816
	Invesco Developing Markets Fund, Class A	*	1,290
	Pioneer Equity Income VCT Portfolio, Class I	*	78
	Templeton Global Bond Fund, Class A	*	435
	Voya Balanced Portfolio, Class I	*	212,005
	Voya Global Bond Portfolio, Initial Class	*	22,190
	Voya Global High Dividend Low Volatility Portfolio	*	8,472
	Voya Government Money Market Portfolio I	*	26,998
	Voya Growth and Income Portfolio, Class I	*	1,151,841
	Voya Index Plus LargeCap Portfolio, Class I	*	54,953
	Voya Index Plus MidCap Portfolio, Class I	*	86,731
	Voya Index Plus SmallCap Portfolio, Class I	*	61,834
	Voya Index Solution 2035 Portfolio, Service Class	*	10,028
	Voya Index Solution 2045 Portfolio, Service Class	*	56
	Voya Index Solution Inc Port Srv	*	845
	Voya Intermediate Bond Portfolio, Class I	*	14,972
	Voya International Index Portfolio, Class I	*	8,319
	Voya Large Cap Growth Portfolio, Institutional Cla	*	879,193
	Voya Large Cap Value Portfolio, Institutional Clas	*	38,520

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i
EIN 38-1459362, Plan No. 002
December 31, 2025

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Voya MidCap Opportunities Portfolio, Class I	*	$ 138,983
	Voya Russell Small Cap Index Portfolio, Class I	*	10,993
	Voya Russell Mid Cap Index Portfolio, Class I	*	3,127
	Voya Russell Large Cap Index Portfolio, Class I	*	16,675
	Voya Small Company Portfolio, Class I	*	20,856
	Voya Solution 2045 Portfolio, Service Class	*	10,146
	Voya Solution Aggress Pt I	*	13,736
	Voya Solution Balanced Pt I	*	535
	Voya Solution Conserv Pt I	*	3,767
	Value Portfolio, Service Class	*	22
	Voya Baron Growth Portfolio, Service Class	*	355
	Voya Clarion Global Real Estate Portfolio, Institu	*	910
	Voya Invesco Equity and Income Portfolio, Initial	*	161,961
	Voya JPMorgan Emerging Markets Equity Portfolio, S	*	10,006
	Voya Oppenheimer Global Portfolio, Initial Class	*	308,430
	Voya T. Rowe Price Capital Appreciation Portfolio,	*	39,887
	Voya T. Rowe Price Diversified Mid Cap Growth Port	*	400,496
	Voya T. Rowe Price Equity Income Portfolio, Servic	*	15,754
	Voya International High Dividend Low Volatility Po	*	77,803
	Wells Fargo Special Small Cap Value Fund, Administ	*	100,004
	Unallocated contracts:		
Fidelity Management Trust Company	Principal Guaranteed Interest Account	*	40,062,225
Lincoln National Life Insurance Company	Lincoln Guaranteed Interest Account	*	21,513,888
Voya Retirement Insurance and Annuity Company	Voya Fixed Account	*	1,117,942
	Voya Fixed Plus Account	*	107,112
	Voya Long-Term Guaranteed Asset Account	*	32,205
Fidelity Management Trust Company	BrokerageLink Fund	*	108,206,429
Fidelity Management Trust Company	BrokerageLink Fund Interest-bearing cash	*	15,211,688
Participants	Participant loans bearing interest rates ranging from 3.25 percent to 9.50 percent	-	28,422,467
	Total		**$ 3,317,814,973**

*Cost information not required

Schedule C, Line 2(h) Formula Descriptions

Beaumont Health 403(b) Retirement Savings Plan
EIN: 38-1459362 PN: 002
Plan Year Ending: December 31, 2025

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company, EIN: 04-2647786

Payor Name	Street Address 1	Street Address 2	City	State	Zip	Compensation
INVESCO HIGH YIELD FUND A	11 GREENWAY PLAZA STE 100		HOUSTON	TX	77046	0.40%
INVESCO VALUE OPPORTUNITIES FUND A	11 GREENWAY PLAZA STE 100		HOUSTON	TX	77046	0.40%
INVESCO SMALL CAP VALUE FUND CL A	11 GREENWAY PLAZA STE 100		HOUSTON	TX	77046	0.40%
INVESCO GOLD & SPEC MINERALS A	11 GREENWAY PLAZA STE 100		HOUSTON	TX	77046	0.40%
AQR MANAGED FUTURES FUND CL N	1 GREENWICH PLAZA		GREENWICH	CT	06830	0.40%
ADVISORS PREFERRED QUANTIFIED STF INVST	1445 RESEARCH BLVD STE 530		ROCKVILLE	MD	20850	0.40%
GQG PARTNERS EMERG MARKETS EQ INSTL	1 FREEDOM VALLEY DR		OAKS	PA	19456	0.15%
GQG PARTNERS EMRGING MARKETS EQUITY INV	1 FREEDOM VALLEY DR		OAKS	PA	19456	0.40%
GQG PARTNERS US QULTSELECT EQUITY INVSTR	1 FREEDOM VALLEY DR		OAKS	PA	19456	0.40%
HUBER CAPITAL EQUITYINCOME FUND INVESTOR	2321 ROSECRANS AVE STE 3245		EL SEGUNDO	CA	90245	0.40%
AB HIGH INCOME CL C	8000 IH 10 W STE 1400 14TH FL		SAN ANTONIO	TX	78230	0.10%
AB LARGE CAP GROWTH CLASS A	8000 IH 10 W STE 1400 14TH FL		SAN ANTONIO	TX	78230	0.40%
IMAN FUND RETAIL SHARES	721 ENTERPRISE DR		OAKBROOK	IL	60523	0.40%
CLARKSTON FOUNDERS FUND CLASS I	1290 BROADWAY ST STE 1100		DENVER	CO	80203	0.12%
CLARKSTON FUND CL I	1290 BROADWAY ST STE 1100		DENVER	CO	80203	0.12%
CLARKSTON PARTNERS FUND CL I	1290 BROADWAY ST STE 1100		DENVER	CO	80203	0.12%
AMANA MUTUAL FUND TRUST INCOME	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.40%
AMANA MUTUAL FUND TRUST GROWTH	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.40%
AMANA DEVELOPING WORLD FUND	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.40%
AMANA INCOME FUND INSTITUTIONAL	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.10%
AMANA GROWTH FUND INSTITUTIONAL	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.10%
AMANA DEVELOPING WORLD INSTITUTIONAL	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.10%
AMANA PARTICIPATION FD INVESTOR CLASS	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.40%
AMANA PARTICIPATION FD INSTITUTIONAL CL	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.10%
AMERICAN AMCAP FUND F2	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251	0.12%
AMERICAN BALANCED FUND F2	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251	0.15%
AMERICAN BEACON MAN LG CAP VAL INVST	220 E LAS COLINAS BLVD STE 1200		IRVING	TX	75039	0.40%
AVANTIS EMERGING MARKETS EQUITY	4400 MAIN ST 1ST FL		KANSAS CITY	MO	64111	0.05%
AMERICAN CENTURY MIDCAP VALUE INV SHS	4400 MAIN ST 1ST FL		KANSAS CITY	MO	64111	0.35%
AMERICAN CEN FOCUSEDDYNAMIC GROWTH INV	4400 MAIN ST 1ST FL		KANSAS CITY	MO	64111	0.35%
AMERICAN CENTURY SELECT INVESTOR CL	4400 MAIN ST 1ST FL		KANSAS CITY	MO	64111	0.35%
AMERICAN CENTURY ULTRA INVESTOR CLASS	4400 MAIN ST 1ST FL		KANSAS CITY	MO	64111	0.35%
AMERICAN GLOBAL BALANCED CL F2	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251	0.15%
AMERICAN FDS DEVELOPWORLD GRWTH & INC F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251	0.37%

AMERICAN FUNDS MORTGAGE CL F1	3500 WISEMAN BLVD	SAN ANTONIO	TX	78251	0.37%
AMERICAN STRATEGIC BOND FUND F2	3500 WISEMAN BLVD	SAN ANTONIO	TX	78251	0.15%
AMERICAN FUNDS MULTISECTOR INCOME F1	3500 WISEMAN BLVD	SAN ANTONIO	TX	78251	0.37%
AMERICAN FUNDS MULTISECTOR INCOME F2	3500 WISEMAN BLVD	SAN ANTONIO	TX	78251	0.15%
AMERICAN MUTUAL FUNDCLASS F1	3500 WISEMAN BLVD	SAN ANTONIO	TX	78251	0.37%
ARCHER BALANCED	9000 KEYSTONE CROSSING 630	INDIANAPOLIS	IN	46240	0.08%
ARTISAN SMALL CAP FUND INVESTOR CL	875 E WISCONSIN AVE STE 800	MILWAUKEE	WI	53202	0.39%
ARTISAN DEVELOPING WORLD FD INVESTOR CL	875 E WISCONSIN AVE STE 800	MILWAUKEE	WI	53202	0.39%
AZZAD ETHICHAL MID CAP FUND CL A	8000 TOWN CENTRE DR STE 400	BROADVIEW HEIGHTS	OH	44147	0.40%
WISE CAPITAL FUND	8000 TOWN CENTRE DR STE 400	BROADVIEW HEIGHTS	OH	44147	0.40%
BNY MELLON NATURAL RESOURCES A	144 GLENN CURTISS BLVD 8TH FL	UNIONDALE	NY	11556	0.40%
BNY MELLON DYNAMIC VALUE A	144 GLENN CURTISS BLVD 8TH FL	UNIONDALE	NY	11556	0.40%
BNY MELLON EQUITY INCOME I	144 GLENN CURTISS BLVD 8TH FL	UNIONDALE	NY	11556	0.09%
BARON ASSET	767 5TH AVE 49TH FL	NEW YORK	NY	10153	0.40%
BARON OPPORTUNITY FUND INSTL CLASS	767 5TH AVE 49TH FL	NEW YORK	NY	10153	0.15%
BARON PARTNERS FUND	767 5TH AVE 49TH FL	NEW YORK	NY	10153	0.40%
BARON FOCUSED GROWTHFUND	767 5TH AVE 49TH FL	NEW YORK	NY	10153	0.40%
BARON PARTNERS FUND INSTL CLASS	767 5TH AVE 49TH FL	NEW YORK	NY	10153	0.15%
BARON REAL ESTATE FUND RETAIL	767 5TH AVE 49TH FL	NEW YORK	NY	10153	0.40%
BARON EMERGING MARKETS FUND RETAIL	767 5TH AVE 49TH FL	NEW YORK	NY	10153	0.40%
BERKSHIRE FOCUS FUND	475 MILAN DR STE 103	SAN JOSE	CA	95134	0.40%
BLACKROCK TECHNOLOGYOPPORTUNITIES CL A	40 EAST 52ND ST	NEW YORK	NY	10022	0.40%
BLACKROCK COMMODITY STRATEGIES FUND CL A	40 EAST 52ND ST	NEW YORK	NY	10022	0.40%
BLACKROCK HEALTH SCIENCES OPP PRT I	40 EAST 52ND ST	NEW YORK	NY	10022	0.25%
BLACKROCK HEALTH SCIENCES OPP PRT A	40 EAST 52ND ST	NEW YORK	NY	10022	0.40%
BLACKROCK EQUITY DIVIDEND FD CL A	40 EAST 52ND ST	NEW YORK	NY	10022	0.40%
BLACKROCK STRATEGIC INCOME OPPRTSI INSTL	40 EAST 52ND ST	NEW YORK	NY	10022	0.15%
BLACKROCK STRATEGIC INC OPP PORT CL A	40 EAST 52ND ST	NEW YORK	NY	10022	0.40%
BNY MELLON S&P 500 INDEX FUND	144 GLENN CURTISS BLVD 8TH FL	UNIONDALE	NY	11556	0.30%
AMERICAN BOND FUND OF AMERICA CLASS F1	3500 WISEMAN BLVD	SAN ANTONIO	TX	78251	0.37%
AMERICAN BOND FUND OF AMERICA CL F2	3500 WISEMAN BLVD	SAN ANTONIO	TX	78251	0.15%
DESTINATIONS LARGE CAP EQUITY INSTL	1055 WESTLAKES DR STE 250	BERWYN	PA	19312	0.15%
DESTINATIONS SMALL MID CAP EQ INSTL	1055 WESTLAKES DR STE 250	BERWYN	PA	19312	0.15%
DESTINATIONS INTL EQUITY FD INSTL	1055 WESTLAKES DR STE 250	BERWYN	PA	19312	0.15%
DESTINATIONS EQUITY INCOME FD INSTL	1055 WESTLAKES DR STE 250	BERWYN	PA	19312	0.15%
DESTINATIONS REAL ASSETS FD INSTL	1055 WESTLAKES DR STE 250	BERWYN	PA	19312	0.15%
DESTINATIONS CORE FIXED INCOME INSTL	1055 WESTLAKES DR STE 250	BERWYN	PA	19312	0.15%
DESTINATIONS LOW DURFIXED INC INSTL	1055 WESTLAKES DR STE 250	BERWYN	PA	19312	0.15%
DESTINATIONS SHELTER FUND INSTL	1055 WESTLAKES DR STE 250	BERWYN	PA	19312	0.12%
DESTINATIONS GLOBAL FIXD INC OPPOR INSTL	1055 WESTLAKES DR STE 250	BERWYN	PA	19312	0.15%
DESTINATIONS MULTI STRGY ALT INSTL	1055 WESTLAKES DR STE 250	BERWYN	PA	19312	0.15%
CALAMOS MARKET NEUTRAL INCOME CL A	2020 CALAMOS COURT	NAPERVILLE	IL	60563	0.40%
CALAMOS GLOBAL EQUITY FD CL A	2020 CALAMOS COURT	NAPERVILLE	IL	60563	0.40%
CALAMOS INTL GROWTH FUND CLASS A	2020 CALAMOS COURT	NAPERVILLE	IL	60563	0.40%
CALAMOS GROWTH & INCOME CL I	2020 CALAMOS COURT	NAPERVILLE	IL	60563	0.08%

AMERICAN CAPITAL INCOME BUILDER CL F2	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251	0.15%
AMERICAN FUNDS INTL VANTAGE F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251	0.37%
AMERICAN FUNDS GLOBAL INSIGHT F2	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251	0.12%
AMERICAN CAPITAL WORLD GR & INC CL F2	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251	0.15%
CARILLON SCOUT MID CAP FUND CL I	P O BOX 33022		ST PETERSBURG	FL	33733	0.40%
COHEN & STEERS PREF SECURITIES INC A	280 PARK AVE 10TH FL		NEW YORK	NY	10017	0.40%
COLUMBIA DIVIDEND INCOME CL A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA TOTAL RETURN BOND CL A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA GLOBAL TECHGROWTH CL A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA CONVERTIBLE SECURITIES CL I2	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.10%
COLUMBIA BALANCED FUND CL I2	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.10%
COLUMBIA SELIGMAN TECH AND INFO CL A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA SMALL CAP VALUE DISCOVERY I2	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.10%
COLUMBIA SELECT CORPORATE INCOME I2	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.10%
COLUMBIA OVERSEAS VALUE CL I2	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.15%
CULLEN EMERGING MRKTHIGH DIVIDEND RETAIL	645 FIFTH AVE		NEW YORK	NY	10022	0.40%
DFA US CORE EQUITY I	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA US MICRO CAP PRTF INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA EMERGING MARKETS PORTFOLIO	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA US SMALL CAP VALUE PRTF INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA U.S. LARGE CAP EQUITY PORT INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA U.S. LARGE CAP GROWTH PORT INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
NOMURA EMERGING MARKETS CLASS A	2005 MARKET ST		PHILADELPHIA	PA	19103	0.10%
DWS GNMA FUND-A	280 PARK AVE 9TH FLR		NEW YORK	NY	10026	0.40%
DFA INTERNATIONAL VALUE PRTF INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DOUBLELINE TOTAL RETURN BOND FD CL I	777 EAST WISCONSIN AVE		MILWAUKEE	WI	53202	0.06%
DOUBLELINE TOTAL RT BOND FD CL N	777 EAST WISCONSIN AVE		MILWAUKEE	WI	53202	0.40%
DOUBLELINE INCOME FD CL N	777 EAST WISCONSIN AVE		MILWAUKEE	WI	53202	0.40%
DOUBLELINE INCOME FUND CL I	777 EAST WISCONSIN AVE		MILWAUKEE	WI	53202	0.06%
DOUBLELINE LOW DURATION BOND CL I	777 EAST WISCONSIN AVE		MILWAUKEE	WI	53202	0.15%
EV FOCUSED VALUE OPPORTUNITIES CL A	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	0.40%
EATON VANCE FOCUSED GRTH OPPORTUNITIES A	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	0.40%
EATON VANCE SHT DUR INFLAT PRO INCOME A	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	0.40%
EATON VANCE HIGH INCOPPORTUNITIES CL A	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	$16.00
EATON VANCE EMERGINGAND FRONT COUNT EQ I	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	$16.00
EATON VANCE EMERG MKTS DB OPPOR CL I	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	$16.00
FMI LARGE CAP FUND	777 EAST WISCONSIN AVE		MILWAUKEE	WI	53202	0.40%
FMI INTERNATIONAL	777 EAST WISCONSIN AVE		MILWAUKEE	WI	53202	0.40%
FMI COMMON STOCK FUND	777 EAST WISCONSIN AVE		MILWAUKEE	WI	53202	0.40%
FEDERATED HERMES MDT MID CAP GROWTH IS	4000 ERICSSON DR		WARRENDALE	PA	15086	0.15%
FEDERATED HERMES INSTL HIGH YLD BD IS	4000 ERICSSON DR		WARRENDALE	PA	15086	0.15%
FEDERATED HERMES MDT LARGE CAP GROWTH A	4000 ERICSSON DR		WARRENDALE	PA	15086	0.40%
FEDERATED HERMES TTL RETURN BOND CL IS	4000 ERICSSON DR		WARRENDALE	PA	15086	0.05%
SEAFARER OVERSEAS GROWTH & INCOME INV	1290 BROADWAY STE 1100		DENVER	CO	80203	0.40%
FIRST EAGLE OVERSEAS CLASS I	1345 AVE OF THE AMERICAS 48TH FLR		NEW YORK	NY	10105	0.15%

FIRST EAGLE GOLD CLASS A	1345 AVE OF THE AMERICAS 48TH FLR	NEW YORK	NY	10105	0.40%
FIRST EAGLE GLOBAL CLASS I	1345 AVE OF THE AMERICAS 48TH FLR	NEW YORK	NY	10105	0.15%
FRANKLIN INCOME CLASS A1	100 FOUNTAIN PARKWAY	ST. PETERSBURG	FL	33716	$16.00
FRANKLIN INCOME CL A	100 FOUNTAIN PARKWAY	ST. PETERSBURG	FL	33716	$16.00
FRANKLIN INCOME CLASS C	100 FOUNTAIN PARKWAY	ST. PETERSBURG	FL	33716	$19.00
FRANKLIN GOLD AND PRECIOUS METALS CL A	100 FOUNTAIN PARKWAY	ST. PETERSBURG	FL	33716	$16.00
FRANKLIN HIGH INCOME CL A	100 FOUNTAIN PARKWAY	ST. PETERSBURG	FL	33716	$16.00
FROST CREDIT FUND INVESTOR	PO BOX 2509	SAN ANTONIO	TX	78299	0.40%
FROST TOTAL RETURN BOND FD INVESTOR	PO BOX 2509	SAN ANTONIO	TX	78299	0.40%
FROST TOTAL RETURN BOND FD INSTL	PO BOX 2509	SAN ANTONIO	TX	78299	0.15%
AMERICAN FUNDAMENTALINVESTORS CL F1	3500 WISEMAN BLVD	SAN ANTONIO	TX	78251	0.37%
AMERICAN FUNDAMENTALINVESTORS CL F2	3500 WISEMAN BLVD	SAN ANTONIO	TX	78251	0.15%
GOLDMAN SACHS INTL EQ INSIGHTS INSTL	71 S WACKER DR 4TH FL	CHICAGO	IL	60606	0.12%
GOLDMAN SACHS DYNAMIC BOND A	71 S WACKER DR 4TH FL	CHICAGO	IL	60606	0.40%
GOLDMAN SACHS GQG PARTNERS INTL OPP I	71 S WACKER DR 4TH FL	CHICAGO	IL	60606	0.17%
GOLDMAN SACHS GQG PART INTERNTL OPP A	71 S WACKER DR 4TH FL	CHICAGO	IL	60606	0.40%
AMERICAN GROWTH FUNDOF AMERICA CLASS F1	3500 WISEMAN BLVD	SAN ANTONIO	TX	78251	0.37%
AMERICAN GROWTH FUNDOF AMERICA CL F2	3500 WISEMAN BLVD	SAN ANTONIO	TX	78251	0.15%
GUGGENHEIM MACRO OPPORTUNITIES CL P	9601 BLACKWELL RD STE 500	ROCKVILLE	MD	20850	0.40%
GUGGENHEIM TOTAL RETURN BOND CL P	9601 BLACKWELL RD STE 500	ROCKVILLE	MD	20850	0.40%
GUINNESS ATKINSON ALTERNATIVE ENERGY	2220 E ROUTE 66 STE 226	GLENDORA	CA	91740	0.40%
JOHN HANCOCK BOND FUND CLASS I	601 CONGRESS ST 9TH FL	BOSTON	MA	02210	0.15%
HARBOR INTL INV	111 S WACKER DR 34TH FL	CHICAGO	IL	60606	0.35%
HARBOR SCV INV	111 S WACKER DR 34TH FL	CHICAGO	IL	60606	0.35%
OAKMARK FUND INVESTOR CLASS	111 SOUTH WACKER DR	CHICAGO	IL	60606	0.35%
OAKMARK INTL INVESTOR CL	111 SOUTH WACKER DR	CHICAGO	IL	60606	0.35%
OAKMARK SELECT INVESTOR CL	111 SOUTH WACKER DR	CHICAGO	IL	60606	0.35%
OAKMARK INTL ADVISOR FUND	111 SOUTH WACKER DR	CHICAGO	IL	60606	0.10%
HARTFORD DIV AND GROWTH FD CL Y	100 MATSONFORD RD STE 300	RADNOR	PA	19087	0.10%
HARTFORD EQUITY INCOME CL A	100 MATSONFORD RD STE 300	RADNOR	PA	19087	0.40%
HARTFORD INTL VALUE FD CLASS I	100 MATSONFORD RD STE 300	RADNOR	PA	19087	0.15%
HARTFORD INTL VALUE FUND CLASS Y	100 MATSONFORD RD STE 300	RADNOR	PA	19087	0.10%
HARTFORD INTL VALUE FD CLASS A	100 MATSONFORD RD STE 300	RADNOR	PA	19087	0.40%
HENNESSY CORNERSTONEGROWTH INV CL	7250 REDWOOD BLVD STE 200	NOVATO	CA	94945	0.40%
HENNESSY CORNERSTONEMID CAP 30 INV CL	7250 REDWOOD BLVD STE 200	NOVATO	CA	94945	0.40%
HENNESSY SMALL CAP FINANCIAL INVSTR CL	7250 REDWOOD BLVD STE 200	NOVATO	CA	94945	0.40%
CENTRE AMERICAN SEL EQUITY FUND ADVISOR	1290 BROADWAY SUITE 1100	DENVER	CO	80203	0.40%
AMERICAN INTERMEDIATBOND FUND OF AMER F1	3500 WISEMAN BLVD	SAN ANTONIO	TX	78251	0.37%
AMERICAN INTERNATL GROWTH & INCOME F1	3500 WISEMAN BLVD	SAN ANTONIO	TX	78251	0.37%
AMERICAN INVESTMENT CO. OF AMERICA F2	3500 WISEMAN BLVD	SAN ANTONIO	TX	78251	0.15%
WCM FOCUSED INTL GROWTH FUND INSTL	2220 EAST ROUTE 66 STE 226	GLENDORA	CA	91740	0.12%
EUROPAC GOLD FUND CLASS A	LOTS 81 82 ST C STE 204	DORADO	PR	00646	0.08%
EUROPAC GOLD FUND CL I	LOTS 81 82 ST C STE 204	DORADO	PR	00646	0.10%
JPMORGAN INCOME FUNDCLASS I	1111 POLARIS PARKWAY	COLUMBUS	OH	43240	0.15%
JPMORGAN EQUITY PREMINCOME CL I	1111 POLARIS PARKWAY	COLUMBUS	OH	43240	0.15%

JANUS HENDERSON TRITON T	151 DETROIT ST	DENVER	CO	80206	0.35%
JANUS HENDERSON GLOBAL SELECT T	151 DETROIT ST	DENVER	CO	80206	0.35%
JANUS HENDERSON FORTY T	151 DETROIT ST	DENVER	CO	80206	0.35%
JANUS HENDERSON BALANCED I	151 DETROIT ST	DENVER	CO	80206	$15.00
JANUS HENDERSON ENTERPRISE I	151 DETROIT ST	DENVER	CO	80206	$15.00
JENSEN QUALITY GROWTH FD CL J	811 E WISCONSIN AVE 8TH FL	MILWAUKEE	WI	53202	0.40%
JOHN HANCOCK US GROWTH FUND CL A	601 CONGRESS ST 9TH FL	BOSTON	MA	02210	0.40%
JOHN HANCOCK DISCPLNVALUE MID CAP CL I	601 CONGRESS ST 9TH FL	BOSTON	MA	02210	0.15%
JOHN HANCOCK MULTI ASSET ABSOL RTRN R2	601 CONGRESS ST 9TH FL	BOSTON	MA	02210	$10.00
JPMORGAN LARGE CAP GROWTH CLASS A	1111 POLARIS PARKWAY	COLUMBUS	OH	43240	0.40%
JPMORGAN CORE PLUS BOND CLASS I	1111 POLARIS PARKWAY	COLUMBUS	OH	43240	0.15%
KINETICS SMALL CAP OPPORTUNITIES	470 PARK AVE SOUTH	NEW YORK	NY	10016	0.40%
LAZARD GLOBAL LISTEDINFRASTRUCTE INSTL	30 ROCKEFELLER PLAZA 57TH FL	NEW YORK	NY	10112	0.15%
CLEARBRIDGE SELECT FUND I	100 FOUNTAIN PARKWAY	ST. PETERSBURG	FL	33716	0.10%
BRANDYWINEGLOBAL FLEXIBLE BOND FD A	100 FOUNTAIN PARKWAY	ST. PETERSBURG	FL	33716	0.40%
LOOMIS SAYLES GLOBAL ALLOCATION CLASS Y	399 BOYLSTON ST 8TH FL	BOSTON	MA	02116	0.05%
LORD ABBETT SHORT DURATION INCOME CL I	90 HUDSON ST 10TH FL	JERSEY CITY	NJ	07302	0.15%
LORD ABBETT BOND DEBENTURE CLASS A	90 HUDSON ST 10TH FL	JERSEY CITY	NJ	07302	0.37%
MFS MID CAP VALUE FUND CL I	111 HUNTINGTON AVE	BOSTON	MA	02199	0.15%
MFS LOW VOLATILITY EQUITY A	111 HUNTINGTON AVE	BOSTON	MA	02199	0.40%
MFS INTERNATIONAL EQUITY FUND CL I	111 HUNTINGTON AVE	BOSTON	MA	02199	0.15%
MFS MID CAP GROWTH FUND CL I	111 HUNTINGTON AVE	BOSTON	MA	02199	0.15%
NYLI EPOCH CAPITAL GROWTH CL A	30 HUDSON ST 23RD FL	ARLINGTON	NJ	07032	0.40%
MUHLENKAMP FUND	5000 STONEWOOD DR	WEXFORD	PA	15090	0.40%
NUANCE MID CAP VALUE FUND INSTL	4900 MAIN ST STE 220	KANSAS CITY	MO	64112	0.10%
HOOD RIVER SMALL CAP GROWTH FUND INSTL	6001 SHADY OAK ROAD STE 200	MINNETONKA	MN	55343	0.12%
MANNING & NAPIER HIGH YIELD BD SRS S	290 WOODCLIFF DR	FAIRPORT	NY	14450	0.40%
MATTHEWS EMERG MRKTSSM COMPANIES INVSTR	4 EMBARCADERO CENTER STE 550	SAN FRANCISCO	CA	94111	0.40%
MATTHEWS CHINA SMALL COMPANIES FUND INST	4 EMBARCADERO CENTER STE 550	SAN FRANCISCO	CA	94111	0.10%
MEEDER DYNAMIC ALLOCATION INSTL	6125 MEMORIAL DR	DUBLIN	OH	43017	0.12%
TCW METWEST TOTAL RETURN BOND CL M	865 S FIGUEROA ST 1400	LOS ANGELES	CA	90071	0.35%
TCW METWEST TOTAL RETURN BOND CLASS I	865 S FIGUEROA ST 1400	LOS ANGELES	CA	90071	0.10%
TCW METWEST STRATEGCINCOME FUND CL M	865 S FIGUEROA ST 1400	LOS ANGELES	CA	90071	0.40%
MSIF GLOBAL FRANCHISE CLASS A	522 FIFTH AVE 4TH FL	NEW YORK	NY	10036	0.40%
MORGAN STANLEY GLBL FRANCHISE CLASS I	522 FIFTH AVE 4TH FL	NEW YORK	NY	10036	0.10%
MORGAN STANLEY GROWTH PORTFOLIO A	522 FIFTH AVE 4TH FL	NEW YORK	NY	10036	0.40%
MORGAN STA INST INC. EMERGING MARKET CL	522 FIFTH AVE 4TH FL	NEW YORK	NY	10036	0.10%
MORGAN STANLEY INSTLINTERNTL OPP CL A	522 FIFTH AVE 4TH FL	NEW YORK	NY	10036	0.40%
MSIF INTERNATIONAL OPPORTUNITIES CL I	522 FIFTH AVE 4TH FL	NEW YORK	NY	10036	0.10%
ADVISORS CAPITAL INTERNATIONAL FUND	100 SALEM ST	SMITHFIELD	RI	02917	0.40%
ADVISORS CAPITAL GROWTH FUND	100 SALEM ST	SMITHFIELD	RI	02917	0.40%
ADVISORS CAPITAL ACTIVE ALL CAP FD	100 SALEM ST	SMITHFIELD	RI	02917	0.40%
ADVISORS CAPITAL TACTICAL FX INC INVS	100 SALEM ST	SMITHFIELD	RI	02917	0.40%
ADVISORS CAPITAL SMALL MID CAP INVSTR	100 SALEM ST	SMITHFIELD	RI	02917	0.40%
ADVISORS CAPITAL US DIVIDEND FD INVESTOR	100 SALEM ST	SMITHFIELD	RI	02917	0.40%

AMERICAN NEW ECONOMYCLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251	0.37%
AMERICAN THE NEW ECONOMY FUND CL F2	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251	0.15%
AMERICAN NEW PERSPECTIVE CL F2	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251	0.15%
AMERICAN NEW WORLD CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251	0.37%
HCM MULTI ASSET PLUSINVESTOR	1145 HEMBREE ROAD		ROSWELL	GA	30076	0.40%
ABSOLUTE CAPITAL ASSET ALLOCATOR INVS	101 PENNSYLVANIA BLVD		PITTSBURGH	PA	15228	0.40%
HCM SECTOR PLUS INVESTOR	1145 HEMBREE ROAD		ROSWELL	GA	30076	0.40%
HCM TACTICAL PLUS INVESTOR	1145 HEMBREE ROAD		ROSWELL	GA	30076	0.40%
PFG GLOBAL EQUITY INDEX STRATEGY CL R	777 108TH AVE NE STE 2100		BELLEVUE	WA	98004	0.25%
PFG MFS AGGRESSIVE GROWTH STRATEGY R	777 108TH AVE NE STE 2100		BELLEVUE	WA	98004	0.25%
PFG JP MORGAN TACTICAGGRESSIVE STRAT R	777 108TH AVE NE STE 2100		BELLEVUE	WA	98004	0.25%
PFG BNY MELLON DIVERSIFIER STRAT R	777 108TH AVE NE STE 2100		BELLEVUE	WA	98004	0.25%
PFG MEEDER TACTICAL STRATEGY FUND R	777 108TH AVE NE STE 2100		BELLEVUE	WA	98004	0.25%
PFG JP MORGAN TACTICMODERATE STRATEGY R	777 108TH AVE NE STE 2100		BELLEVUE	WA	98004	0.25%
PFG ACTIVE CORE BOND STRATEGY FUND CL R	777 108TH AVE NE STE 2100		BELLEVUE	WA	98004	0.25%
THE TEBERG FUND INVESTOR CLASS	5161 MILLER TRUNK HIGHWAY		DULUTH	MN	55811	0.10%
PFG INVESCO EQ FACTRROTATION STRATEGY R	777 108TH AVE NE STE 2100		BELLEVUE	WA	98004	0.25%
PFG JANUS HENDERSON BALANCED STRATEGY R	777 108TH AVE NE STE 2100		BELLEVUE	WA	98004	0.25%
PFG JANUS HENDERSON TACTICAL INC STRAT R	777 108TH AVE NE STE 2100		BELLEVUE	WA	98004	0.25%
PFG EQUITY INDEX FOCUSED STRATEGY R	777 108TH AVE NE STE 2100		BELLEVUE	WA	98004	0.25%
PFG SECTOR EQUITY BUS CYCLE STRAT R	777 108TH AVE NE STE 2100		BELLEVUE	WA	98004	0.25%
PFG BR TRGT ALLOCAT EQ STRATEGY FD CL R	777 108TH AVE NE STE 2100		BELLEVUE	WA	98004	0.25%
PFG AMERICAN FUNDS GROWTH STRAT CL R	777 108TH AVE NE STE 2100		BELLEVUE	WA	98004	0.25%
PFG AMERICAN FDS CONS INC STRAT CL R	777 108TH AVE NE STE 2100		BELLEVUE	WA	98004	0.25%
NUVEEN SMALL-CAP VALUE FUND CLASS A	333 WEST WACKER DR		CHICAGO	IL	60606	0.40%
OCM GOLD FUND ATLAS CLASS SHARES	235 W GALENA ST		MILWAUKEE	WI	53212	0.40%
RED OAK TECHNOLOGY SELECT	225 PICTORIA DR STE 450		CINCINNATI	OH	45246	0.40%
OBERWEIS MICRO CAP FUND	3333 WARRENVILLE RD STE 500		LISLE	IL	60532	0.40%
OBERWEIS SMALL-CAP OPPORTUNITIES	3333 WARRENVILLE RD STE 500		LISLE	IL	60532	0.40%
OBERWEIS MICRO CAP FUND INSTL	3333 WARRENVILLE RD STE 500		LISLE	IL	60532	0.08%
PIMCO INTL BD FD U SDOLLAR-HEDGED A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PARNASSUS VALUE EQUITY INVESTOR	1 MARKET ST	STEUART TOWER STE 1600	SAN FRANCISCO	CA	94105	0.40%
PARNASSUS CORE EQUITY INVESTOR	1 MARKET ST	STEUART TOWER STE 1600	SAN FRANCISCO	CA	94105	0.40%
PERMANENT AGGRESSIVEGROWTH PORTFOLIO	600 MONTGOMERY ST STE 4100		SAN FRANCISCO	CA	94111	0.40%
POTOMAC RISK DEFENSIVE BULL I	777 BRICKELL AVE STE 500		MIAMI	FL	33131	0.15%
POTOMAC RISK TACTICAL OPP FUND I	777 BRICKELL AVE STE 500		MIAMI	FL	33131	0.15%
POTOMAC RISK TACTICAL ROTATION I	777 BRICKELL AVE STE 500		MIAMI	FL	33131	0.15%
POTOMAC RISK MANAGEDVOLATILITY FUND I	777 BRICKELL AVE STE 500		MIAMI	FL	33131	0.15%
PIMCO ALL ASSET ALLAUTHORITY FD CL A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO STOCKSPLUS INTERNATL US$HDG A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO EMERGING MRKTSLOCAL CUR & BD A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO INCOME FUND CL A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO COMMODITIES PLUS STRATEGY CL A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO GLOBAL CORE ASSET ALLOC CL A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO MORTGAGE OPPOR AND BOND FUND A	1633 BROADWAY		NEW YORK	NY	10019	0.40%

PIMCO INCOME CL I3	1633 BROADWAY		NEW YORK	NY	10019	0.15%
PIMCO RAE US SMALL FUND A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
T ROWE PRICE COMM & TECHNOLOGY INVESTOR	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE GLOBAL TECHNOLOGY	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE RET 2030 FD	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
PRIMECAP ODYSSEY GROWTH FUND	2020 E FINANCIAL WAY STE 100		GLENDORA	CA	91741	0.10%
PRINCIPAL GLOBAL REAL ESTATE CL A	620 COOLIDGE DR STE 300		FOLSOM	CA	95630	0.40%
CONGRESS SMALL CAP GROWTH RETAIL CLASS	TWO SEAPORT LANE		BOSTON	MA	02210	0.40%
ENERGY ULTRASECTOR PROFUND INVESTOR CL	7501 WISCONSIN AVE	STE 1000 E TOWER	BETHESDA	MD	20814	0.40%
PRECIOUS METALS ULTRA SEC PRO INVST	7501 WISCONSIN AVE	STE 1000 E TOWER	BETHESDA	MD	20814	0.40%
SEMICONDUCTOR ULTRA SECTOR PRO FD INVSTR	7501 WISCONSIN AVE	STE 1000 E TOWER	BETHESDA	MD	20814	0.40%
ULTRA NASDAQ-100 PRO FUND INVESTOR CLASS	7501 WISCONSIN AVE	STE 1000 E TOWER	BETHESDA	MD	20814	0.40%
SHORT NASDAQ-100 PRO FUND INVESTOR CLASS	7501 WISCONSIN AVE	STE 1000 E TOWER	BETHESDA	MD	20814	0.40%
BITCOIN STRATEGY FD INVESTOR	7501 WISCONSIN AVE	STE 1000 E TOWER	BETHESDA	MD	20814	0.40%
PGIM HIGH YIELD CL A	655 BROAD ST		NEWARK	NJ	07102	0.40%
PGIM HIGH YIELD CL Z	655 BROAD ST		NEWARK	NJ	07102	0.15%
PGIM JENNISON SMALL COMPANY CL Z	655 BROAD ST		NEWARK	NJ	07102	0.10%
PGIM SHRT DUR HGH YLD INC FD CL Z	655 BROAD ST		NEWARK	NJ	07102	0.15%
PUTNAM GLOBAL TECHNOLOGY FUND CL A	1 POST OFFICE SQ	MAILZONE G3C	BOSTON	MA	02109	0.40%
CAMPBELL SYSTEMATIC MACRO FUND CL I	47 HULFISH ST STE 510		BALTIMORE	MD	21209	0.10%
T ROWE PRICE DIVIDEND GROWTH	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE CAP APPRECIATION	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE FINANCIAL SERVICES	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE U.S EQUITY RESEARCH FD	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE BLUE CHIP GROWTH INC	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE EQUITY INDEX 500 FUND	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE MID CAP GROWTH	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE ALL CAPOPPORTUNITIES INVST	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE INTERNATIONAL BOND	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE DYNAMICCREDIT INVESTOR	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE EMERG MKTS DIS STK INVEST	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE EMERG MRKTS CORP BD INVEST	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE INT'L VALUE EQUITY FUND	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE INTRTD US SM CAP GR EQUITY	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
RYDEX UTILITIES CL A	9601 BLACKWELL RD STE 500		ROCKVILLE	MD	20850	0.40%
PALM VALLEY CAPITAL FUND INVESTOR	422 JACKSONVILLE DR		JACKSONVILLE BEACH	FL	32250	0.40%
SHELTON NASDAQ 100 INDEX FD INSTL	PO BOX 87		DENVER	CO	80201	0.10%
AMERICAN SHORT TERM BOND FD CL F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251	0.37%
AMERICAN SMALLCAP WORLD CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251	0.37%
AMERICAN SMALLCAP WORLD FUND CL F2	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251	0.15%
SPROTT GOLD EQUITY FUND INVESTOR	200 BAY ST STE 2600		TORONTO	CA	M5J 2J1	0.40%
TCW CORE FIXED INCOME CLASS N	865 S FIGUERA ST 22ND FL		LOS ANGELES	CA	90071	0.35%
T ROWE PRICE FLOATING RATE INVEST	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
TANAKA GROWTH FUND CLASS R	369 LEXINGTON AVE FL 20		NEW YORK	NY	10017	0.40%
TEMPLETON FOREIGN CLASS A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	$16.00

THIRD AVENUE VALUE FUND INVESTOR CLASS	622 THIRD AVE 32 FL		NEW YORK	NY	10017	0.40%
THOMPSON BOND FUND	1255 FOURIER DR STE 200		MADISON	WI	53717	0.25%
THRIVENT MID CAP STOCK FUND CL S	4321 N BALLARD ROAD		APPLETON	WI	54919	0.15%
TRANSAMERICA INTL EQUITY CL A	4333 EDGEWOOD RD NE		CEDAR RAPIDS	IA	52499	0.40%
TRANSAMERICA LONG CREDIT FD CL A	4333 EDGEWOOD RD NE		CEDAR RAPIDS	IA	52499	0.40%
PERFORMANCE TRUST TOTAL RETRN BND INST	500 WEST MADISON STE 470		CHICAGO	IL	60661	0.40%
RIVERPARK STRATEGIC INCOME FUND RETAIL	615 E MICHIGAN ST		MILWAUKEE	WI	53202	0.40%
HOLBROOK INCOME FUND CL I	2933 NE 16TH ST		PORTLAND	OR	97212	0.10%
HOLBROOK INCOME FD A	2933 NE 16TH ST		PORTLAND	OR	97212	0.40%
VICTORY PRECIOUS METALS AND MINERALS	4900 TIEDEMAN RD 4TH FL		BROOKLYN	OH	44114	0.10%
VICTORY GOVERNMENT SECURITIES FD I	4900 TIEDEMAN RD 4TH FL		BROOKLYN	OH	44114	0.10%
VICTORY NASDAQ-100 INDEX FUND	4900 TIEDEMAN RD 4TH FL		BROOKLYN	OH	44114	0.10%
VICTORY HIGH INCOME FUND	4900 TIEDEMAN RD 4TH FL		BROOKLYN	OH	44114	0.10%
WESTWOOD INCOME OPPORTUNITY FD CL A	1 FREEDOM VALLEY DR		OAKS	PA	19456	0.10%
UNDISCOVERED MGRS BEHAVIOR VALUE CL L	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.08%
GOLD AND PRECIOUS METALS FUND	3 CANAL PLAZA STE 600		PORTLAND	ME	04101	0.40%
VALUE LINE MID CAP FOCUSED INVESTORS FD	7 TIMES SQUARE STE 1606		SARASOTA	FL	34236	0.40%
VALUE LINE SMALL CAPOPPORTUNITIES INV FD	7 TIMES SQUARE STE 1606		SARASOTA	FL	34236	0.40%
VAN ECK CM COMMODITY INDEX FUND Y	666 3RD AVE 9TH FL		NEW YORK	NY	10017	0.10%
VICTORY PIONEER GLOBEQUITY FUND A	60 STATE STREET 17TH FL		BOSTON	MA	02109	0.40%
VIRTUS NEWFLEET MLT SECTOR SH TERM BD A	100 SUMMIT LAKE DR 201		GREENFIELD	MA	01301	0.40%
VIRTUS SGA EMERGING MARKETS EQUITY FD I	100 SUMMIT LAKE DR 201		GREENFIELD	MA	01301	0.10%
VIRTUS INCOME & GROWTH FUND A	100 SUMMIT LAKE DR 201		GREENFIELD	MA	01301	0.40%
VOYA GNMA INCOME CLASS I	7337 E DOUBLETREE RANCH RD		SCOTTSDALE	AZ	85258	0.10%
CRM SMALL CAP VALUE INVESTOR CLASS	520 MADISON AVE 20TH FL		NEW YORK	NY	10022	0.40%
AMERICAN WASHINGTON MUTUAL INVESTORS F2	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251	0.15%
ALLSPRING DIVRSFD CAP BUILDER FD INST	525 MARKET ST	MAC A0103 122	SAN FRANCISCO	CA	94105	0.10%
ALLSPRING UTILITY & TELECOMMS FUND A	525 MARKET ST	MAC A0103 122	SAN FRANCISCO	CA	94105	0.40%
ALLSPRING PRECIOUS METALS FUND INST	525 MARKET ST	MAC A0103 122	SAN FRANCISCO	CA	94105	0.10%
ALLSPRING PRECIOUS METALS FUND A	525 MARKET ST	MAC A0103 122	SAN FRANCISCO	CA	94105	0.40%
VIRTUS WESTCHESTER CREDIT EVENT FD CL A	100 SUMMIT LAKE DR 201		GREENFIELD	MA	01301	0.40%
VEST BITCOIN STRATEGY MANAGED VOL	8730 STONY POINT PKWY	SUITE 205	RICHMOND	VA	23235	0.40%
VEST BITCOIN STRTGY MNG VOL INSTL	8730 STONY POINT PKWY	SUITE 205	RICHMOND	VA	23235	0.08%

Fidelity Internal Information

Fidelity Internal Information

Schedule of Assets Held at End of Year

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Mutual funds:		
Fidelity Management Trust Company	Eaton Vance Atlanta Capital SMID Cap Fd Class R6	*	$ 818,801
	Fidelity 500 Index Premium Fund	*	264,573,124
	Fidelity Extended Market Index Fund	*	1,859,230
	Fidelity Total International Index Fund	*	2,295,667
	Fidelity U.S. Bond Index Premium Fund	*	162,947,229
	MFS International Equity Fund - R6 Shares	*	202,645
	PGIM Total Return Bond Fund Class R6	*	812,196
	PIMCO Inflation Response MultiAsset Fund Instit Sh	*	602,812
	T. Rowe Price U.S. Equity Research Fund - Class I	*	743,707
	Vanguard Cash Reserves Fed Money Market Fd ad sh	*	2,758,998
	Vanguard Institutional Target Retirement Income Fu	*	61,173,284
	Vanguard Institutional Target Retirement Income Fu	*	115,404,195
	Vanguard Institutional Target Retirement 2025 Fund	*	279,870,258
	Vanguard Institutional Target Retirement 2030 Fund	*	388,916,000
	Vanguard Institutional Target Retirement 2035 Fund	*	442,322,439
	Vanguard Institutional Target Retirement 2040 Fund	*	332,899,180
	Vanguard Institutional Target Retirement 2045 Fund	*	297,553,831
	Vanguard Institutional Target Retirement 2050 Fund	*	276,334,898
	Vanguard Institutional Target Retirement 2055 Fund	*	245,474,555
	Vanguard Institutional Target Retirement 2060 Fund	*	145,860,710
	Vanguard Institutional Target Retirement 2065 Fund	*	41,364,451
	Vanguard Institutional Target Retirement 2070 Fund	*	1,647,266
	Registered investment companies:		
Lincoln National Life Insurance Company	AB Variable Products Serials Fund	*	29,901
	American Funds Global Growth Fund	*	173,564
	American Funds Growth Fund	*	5,266,473
	American Growth-Income Fund	*	194,486
	American Funds International Fund	*	288,431
	BlackRock Global Allocation Fund	*	9
	Delaware VIP Diversified Income Fund	*	267,581
	Delaware VIP High Yield Fund	*	113,655
	Delaware VIP REIT Series Fund	*	206,776
	Delaware VIP Small Cap Value Fund	*	325,499
	Delaware VIP Small Mid-Cap Fund, Core Series	*	817,556
	Delaware VIP Value Fund	*	501,554
	Fidelity VIP Contrafund	*	845,820
	Fidelity VIP Freedom Target Date 2030 Fund	*	142,269
	Fidelity VIP Freedom Target Date 2035 Fund	*	105,221
	Fidelity VIP Freedom Target Date 2045 Fund	*	3,962
	Fidelity VIP Growth Fund	*	2,411,978
	Janus Henderson Global Research Fund	*	14,353
	Lincoln VIP Baron Growth Opportunities Fund	*	124,352
	Lincoln VIP BlackRock Dividend Value Managed Volat	*	926,948
	Lincoln VIP BlackRock Inflation-Protected Bond Fun	*	38,684
	Lincoln VIP Blended Large Cap Growth Managed Volat	*	2,720,126
	Lincoln VIP Delaware Bond Fund	*	593,173
	Lincoln VIP Delaware Social Awareness Fund	*	2,643,340
	Lincoln VIP Delaware Mid Cap Value Fund	*	635,167
	Lincoln VIP Delaware Wealth Builder Fund	*	185,179
	Lincoln VIP Dimensional U.S. Core Equity Fund 1	*	5,622,370
	Lincoln VIP Franklin Templeton Global Equity Manag	*	104,397

Schedule of Assets Held at End of Year (Continued)

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Lincoln VIP Global Conservative Allocation Managed	*	$ 3,558
	Lincoln VIP Global Income Fund	*	11,753
	Lincoln VIP Government Money Market Fund	*	49,458
	Lincoln VIP JPMorgan Mid Cap Managed Volatility	*	6,987
	Lincoln VIP JPMorgan Retirement Income Fund	*	385,709
	Lincoln VIP Mid Cap Managed Volatility	*	17,008
	Lincoln VIP SSgA International Managed Volatility	*	14,236
	Lincoln VIP Mondrian International Value Fund	*	430,093
	Lincoln VIP SSgA Bond Index Fund	*	52,578
	Lincoln VIP SSgA International Index	*	54,899
	Lincoln VIP SSgA S&P 500 Index Fund	*	2,772,845
	Lincoln VIP SSgA Small-Cap Index Fund	*	41,972
	Lincoln VIP T. Rowe Price 2020 Fund	*	51,173
	Lincoln VIP T. Rowe Price 2030 Fund	*	75,144
	Lincoln VIP T. Rowe Price 2040 Fund	*	1,450
	Lincoln VIP T. Rowe Price Structured Mid-Cap Growt	*	1,277,586
	Lincoln VIP Vanguard Domestic Equity ETF	*	199,598
	Lincoln VIP Vanguard International Equity ETF	*	82,145
	MFS Utilities Fund	*	324,979
	PIMCO Variable Insurance Trust Total Return Portfo	*	73,723
	Pooled separate accounts:		
Voya Retirement Insurance and Annuity Company	American Funds EuroPacific Fund, Class R-4	*	25
	American Funds Growth Fund of America, Class R-4	*	155,788
	American Funds New Perspective Fund, Class R-4	*	192,509
	American Funds Washington Mutual Investors Fund, C	*	22,659
	Calvert VP SRI Balanced Portfolio	*	34,569
	Columbia Variable Portfolio Acorn	*	15,070
	Fidelity VIP Contrafund Portfolio, Initial Class	*	651,658
	Fidelity VIP Equity Income Portfolio, Initial Clas	*	171,451
	Fidelity VIP Growth Portfolio, Initial Class	*	269,452
	Fidelity VIP Overseas Portfolio, Initial Class	*	5,941
	Franklin Small Cap Value VIP Fund, Class 2	*	5,370
	Invesco V.I. American Franchise Fund, Series I	*	5,970
	Invesco V.I. Core Equity Fund, Series I	*	9,339
	Lord Abbett Series Fund Mid Cap Stock Portfolio	*	22,816
	Invesco Developing Markets Fund, Class A	*	1,290
	Pioneer Equity Income VCT Portfolio, Class I	*	78
	Templeton Global Bond Fund, Class A	*	435
	Voya Balanced Portfolio, Class I	*	212,005
	Voya Global Bond Portfolio, Initial Class	*	22,190
	Voya Global High Dividend Low Volatility Portfolio	*	8,472
	Voya Government Money Market Portfolio I	*	26,998
	Voya Growth and Income Portfolio, Class I	*	1,151,841
	Voya Index Plus LargeCap Portfolio, Class I	*	54,953
	Voya Index Plus MidCap Portfolio, Class I	*	86,731
	Voya Index Plus SmallCap Portfolio, Class I	*	61,834
	Voya Index Solution 2035 Portfolio, Service Class	*	10,028
	Voya Index Solution 2045 Portfolio, Service Class	*	56
	Voya Index Solution Inc Port Srv	*	845
	Voya Intermediate Bond Portfolio, Class I	*	14,972
	Voya International Index Portfolio, Class I	*	8,319
	Voya Large Cap Growth Portfolio, Institutional Cla	*	879,193
	Voya Large Cap Value Portfolio, Institutional Clas	*	38,520

Schedule of Assets Held at End of Year (Continued)

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Voya MidCap Opportunities Portfolio, Class I	*	$ 138,983
	Voya Russell Small Cap Index Portfolio, Class I	*	10,993
	Voya Russell Mid Cap Index Portfolio, Class I	*	3,127
	Voya Russell Large Cap Index Portfolio, Class I	*	16,675
	Voya Small Company Portfolio, Class I	*	20,856
	Voya Solution 2045 Portfolio, Service Class	*	10,146
	Voya Solution Aggress Pt I	*	13,736
	Voya Solution Balanced Pt I	*	535
	Voya Solution Conserv Pt I	*	3,767
	Value Portfolio, Service Class	*	22
	Voya Baron Growth Portfolio, Service Class	*	355
	Voya Clarion Global Real Estate Portfolio, Institu	*	910
	Voya Invesco Equity and Income Portfolio, Initial	*	161,961
	Voya JPMorgan Emerging Markets Equity Portfolio, S	*	10,006
	Voya Oppenheimer Global Portfolio, Initial Class	*	308,430
	Voya T. Rowe Price Capital Appreciation Portfolio,	*	39,887
	Voya T. Rowe Price Diversified Mid Cap Growth Port	*	400,496
	Voya T. Rowe Price Equity Income Portfolio, Servic	*	15,754
	Voya International High Dividend Low Volatility Po	*	77,803
	Wells Fargo Special Small Cap Value Fund, Administ	*	100,004
	Unallocated contracts:		
Fidelity Management Trust Company	Principal Guaranteed Interest Account	*	40,062,225
Lincoln National Life Insurance Company	Lincoln Guaranteed Interest Account	*	21,513,888
Voya Retirement Insurance and Annuity Company	Voya Fixed Account	*	1,117,942
	Voya Fixed Plus Account	*	107,112
	Voya Long-Term Guaranteed Asset Account	*	32,205
Fidelity Management Trust Company	BrokerageLink Fund	*	108,206,429
Fidelity Management Trust Company	BrokerageLink Fund Interest-bearing cash	*	15,211,688
Participants	Participant loans bearing interest rates ranging from 3.25 percent to 9.50 percent	-	28,422,467
	Total		**$ 3,317,814,973**

*Cost information not required