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
AMERICAN BANKERS ASSOCIATION RETIREE MEDICAL LIFE INSURANCE PLAN

1b Three-digit plan number (PN) ▶ 505

1c Effective date of plan 08/29/1991

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)
AMERICAN BANKERS ASSOCIATION

1333 NEW HAMPSHIRE AVENUE, NW
WASHINGTON, DC 20036

2b Employer Identification Number (EIN)
52-1001304

2c Plan Sponsor's telephone number
202-663-5000

2d Business code (see instructions)
813000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2026	DEBORAH K HOOVER
	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**	245
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)**	245
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	232
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	232
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4A 4B 4D 4E 4Q

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [X] **A** (Insurance Information) – Number Attached 4
- (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
AMERICAN BANKERS ASSOCIATION RETIREE MEDICAL LIFE INSURANCE PLAN

B Three-digit plan number (PN) ▶ 505

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN BANKERS ASSOCIATION

D Employer Identification Number (EIN)
52-1001304

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0117829	555	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
21531	4732

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

MERCER HEALTH & BENEFITS, LLC
4565 PAYSPHERE CIRCLE
CHICAGO, IL 60674-0001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22762	4842	SUPPLEMENTAL COMPENSATION	3

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

MERCER HEALTH & BENEFITS, LLC
4565 PAYSPHERE CIRCLE
CHICAGO, IL 60674

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

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

AP BENEFIT ADVISORS LLC DBA

CRAWFORD ADVISORS LLC
10 NORTH PARK DR, STE 200
HUNT VALLEY, MD 21030-1827

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
-1231	-117	SUPPLEMENTAL COMPENSATION	3

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	249441
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
AMERICAN BANKERS ASSOCIATION RETIREE MEDICAL LIFE INSURANCE PLAN

B Three-digit plan number (PN) ▶ 505

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN BANKERS ASSOCIATION

D Employer Identification Number (EIN)
52-1001304

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

1 Coverage Information:

(a) Name of insurance carrier
VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1227840	39616	12173082	328	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
2630	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

MERCER HEALTH & BENEFITS, LLC
4565 PAYSPHERE CIRCLE
CHICAGO, IL 60674-0001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2630			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	80109
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
AMERICAN BANKERS ASSOCIATION RETIREE MEDICAL LIFE INSURANCE PLAN

B Three-digit plan number (PN) ▶ 505

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN BANKERS ASSOCIATION

D Employer Identification Number (EIN)
52-1001304

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
SYMETRA 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
91-0742147	68608	16-016516-000	326	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
35189	4117

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

MERCER HEALTH & BENEFITS, LLC
1050 CONNECTICUT AVENUE
WASHINGTON, DC 20036-5386

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
35189	2014	GROUP VOLUME BONUS	3

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

MERCER HEALTH & BENEFITS, LLC
3560 LENOX ROAD NE
SUITE 2400
ATLANTA, GA 30326

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	2103	GROWTH BONUS	3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [X] 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	351894
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
AMERICAN BANKERS ASSOCIATION RETIREE MEDICAL LIFE INSURANCE PLAN

B Three-digit plan number (PN) ▶ 505

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN BANKERS ASSOCIATION

D Employer Identification Number (EIN)
52-1001304

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
SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-0734860	71420	H2001	220	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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	1097729
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan
AMERICAN BANKERS ASSOCIATION RETIREE MEDICAL LIFE INSURANCE PLAN

B Three-digit plan number (PN) ▶ 505

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN BANKERS ASSOCIATION

D Employer Identification Number (EIN)
52-1001304

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

JPMORGAN TR II CORE BD

31-1299296

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

NORTHERN INSTL FDS TREAS

26-3086928

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

VANGUARD FTSE ALL-WORLD EX-US

20-8141118

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

VANGUARD RUSSELL 100 GROWTH

27-2940030

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

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

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

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

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

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

(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)

NORTHERN TRUST COMPANY

36-1561860

(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	NONE	36848	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	29306	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CLIFTONLARSENALLEN LLP

41-0746749

(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	NONE	26226	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)

UMR, INC.

39-1995276

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	15807	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALIGHT

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	5447	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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
AMERICAN BANKERS ASSOCIATION RETIREE MEDICAL LIFE INSURANCE PLAN

B Three-digit plan number (PN) ▶ 505

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN BANKERS ASSOCIATION

D Employer Identification Number (EIN)
52-1001304

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	8145	4457
(3) Other	1b(3)	727	1729
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	1078875	906609
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	15522674	15901596
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	16610421	16814391
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	77999	122156
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	77999	122156
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	16532422	16692235

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)		
(B) Participants	2a(1)(B)	218922	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		218922
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-115	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		-115
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	8181	
(B) Common stock	2b(2)(B)	450889	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		459070
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	267093	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	277190	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-10097
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-107697	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-107697

		(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)		1698620
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2258703
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	1984960	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1984960
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	52951	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	26226	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	29306	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	5447	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		113930
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2098890
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		159813
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: CLIFTONLARSONALLEN LLP **(2)** EIN: 41-0746749

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		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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

COLLABORATORS | COACHES | ADVOCATES | MENTORS
FRIENDS | VOLUNTEERS | REGULARS | DINERS | VISITORS
CPAs | CONSULTANTS | WEALTH ADVISORS | *NEIGHBORS*
COLLABORATORS | COACHES | ADVOCATES | MENTORS |
CONNOISSEURS | CUSTOMERS | TEACHERS |
| VOLUNTEERS |

AMERICAN BANKERS ASSOCIATION RETIREE MEDICAL AND LIFE INSURANCE PLAN

FINANCIAL STATEMENTS AND ERISA-REQUIRED SUPPLEMENTAL SCHEDULES

YEARS ENDED DECEMBER 31, 2025 AND 2024

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AMERICAN BANKERS ASSOCIATION RETIREE MEDICAL AND LIFE INSURANCE PLAN
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INDEPENDENT AUDITORS' REPORT

Audit Committee and Participants
American Bankers Association Retiree Medical and Life Insurance Plan
Washington, District of Columbia

Report on the Audit of the Financial Statements

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

We have performed audits of the financial statements of American Bankers Association Retiree Medical and Life Insurance Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and plan benefit obligations as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and plan benefit obligations 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 American Bankers Association Retiree Medical and Life Insurance Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, 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 Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

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Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of American Bankers Association Retiree Medical and Life Insurance 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 American Bankers Association Retiree Medical and Life Insurance Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters - Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) and schedule of reportable transactions as of and for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under 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 schedules, 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 schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

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



CliftonLarsonAllen LLP

Baltimore, Maryland
September 9, 2026

AMERICAN BANKERS ASSOCIATION RETIREE MEDICAL AND LIFE INSURANCE PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
INVESTMENTS (at Fair Value)	$ 16,808,205	$ 16,601,549
RECEIVABLES		
Due From Participants	4,457	8,145
Interest and Dividends	1,729	727
Total Receivables	6,186	8,872
Total Assets	16,814,391	16,610,421
LIABILITIES		
Accrued Expenses	8,737	4,339
Due to Plan Sponsor for Expenses Paid	113,419	73,660
Total Liabilities	122,156	77,999
NET ASSETS AVAILABLE FOR BENEFITS	$ 16,692,235	$ 16,532,422

See accompanying Notes to Financial Statements.

AMERICAN BANKERS ASSOCIATION RETIREE MEDICAL AND LIFE INSURANCE PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
ADDITIONS:		
INVESTMENT INCOME		
Net Appreciation in Fair Value of Investments	$ 1,580,826	$ 1,244,630
Interest and Dividend Income	458,955	452,077
Total Investment Income	2,039,781	1,696,707
CONTRIBUTIONS		
Retiree	218,922	200,058
Total Additions	2,258,703	1,896,765
DEDUCTIONS:		
BENEFIT PAYMENTS		
Claim Payments on Behalf of Retirees, Net of Stop Loss Recoveries and Pharmaceutical Rebates	588,084	311,759
Medicare Part B Premium Reimbursements	153,635	159,555
Insurance Premiums	1,224,098	833,990
Stop Loss Insurance Premiums	19,143	15,252
Total Benefit Payments	1,984,960	1,320,556
ADMINISTRATIVE EXPENSES	113,930	118,255
Total Deductions	2,098,890	1,438,811
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	159,813	457,954
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	16,532,422	16,074,468
End of Year	$ 16,692,235	$ 16,532,422

See accompanying Notes to Financial Statements.

AMERICAN BANKERS ASSOCIATION RETIREE MEDICAL AND LIFE INSURANCE PLAN
STATEMENTS OF PLAN BENEFIT OBLIGATIONS
DECEMBER 31, 2025 AND 2024

	2025	2024
AMOUNTS CURRENTLY PAYABLE		
Claims Incurred But Not Reported	$ 37,000	$ 26,000
POSTRETIREMENT BENEFIT OBLIGATIONS		
Retired Participants	29,853,326	25,770,765
Other Participants - Fully Eligible for Benefits	4,416,094	3,401,683
Participants - Not Fully Eligible for Benefits	9,738,457	7,826,690
Total Postretirement Benefit Obligation	44,007,877	36,999,138
Total Plan Benefit Obligations	$ 44,044,877	$ 37,025,138

See accompanying Notes to Financial Statements.

AMERICAN BANKERS ASSOCIATION RETIREE MEDICAL AND LIFE INSURANCE PLAN
STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONS
YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
AMOUNTS CURRENTLY PAYABLE		
Balance- Beginning of Year	$ 26,000	$ 29,000
Claims Incurred	599,084	308,759
Claims Paid	(588,084)	(311,759)
Balance- End of Year	37,000	26,000
POSTRETIREMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE		
Balance - Beginning of the Year	37,025,138	29,645,182
Increase (Decrease) During the Year Attributable to:		
Changes in Actuarial Assumptions	7,339,400	6,711,310
Other Changes	(690,661)	370,356
Interest Accumulation	2,075,595	1,424,286
Benefits Paid	(1,741,595)	(1,151,996)
Balance - End of Year	44,007,877	36,999,138
NET PLAN BENEFIT OBLIGATIONS - END OF YEAR	$ 44,044,877	$ 37,025,138

See accompanying Notes to Financial Statements.

NOTE 1 DESCRIPTION OF PLAN

The following description of American Bankers Association Retiree Medical and Life Insurance Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a welfare benefit plan established as of August 29, 1991, for the exclusive purpose of providing retiree health and life insurance benefits to the retired employees and covered dependents of the American Bankers Association (ABA, Association, or Plan Sponsor). To implement the provisions of this Plan, a voluntary employees' beneficiary association (VEBA) trust has been established to receive and invest contributions and earnings thereon and to purchase group insurance and/or accumulate assets for self-funding benefits under the Plan. The Plan is subject to the provisions of ERISA, as amended.

Eligibility

At retirement, employees hired on or before December 1, 2007, are eligible to participate in the Plan based on the later of the effective date (January 1, 2007) or his/her "participation date," which is the day following the date on which his/her participation in an American Bankers Association medical plan for active employees ends due to (i) retirement or (ii) the end of COBRA coverage in the case of a person who meets the definition of a retiree and who, at the time of termination of employment, was receiving benefits under ABA's long-term disability program and elected to receive COBRA coverage under the American Bankers Association Medical Plan for active employees. Individual components of the Plan may also impose certain eligibility and participation requirements. Effective September 1, 2019, the Plan was amended to exclude active employees who qualified as retirees.

To be eligible to participate in the Plan's Retiree Medicare Premium Reimbursement Benefit as a retiree, the employee must have become a retiree no later than September 1, 2015.

Contributions

The amount that any participant is required to contribute for coverage at retirement is based on a combination of age and years of service and may vary among different groups of retirees based on such factors as the retirement date and identity of a participant's employer prior to the relationship with the Association. Medical and prescription drug claims, insurance premiums, and third-party administrator costs are funded from the trust, Plan Sponsor assets, and participant contributions.

Benefits

The Plan provides benefits to retirees who elect to participate upon termination of employment at retirement. The Plan provides health benefits (medical, vision, dental, and prescription drugs) and term life insurance. Some eligible retirees and dependents as described above also receive the Plan's Retiree Medicare Part B Premium Reimbursement Benefit through a Retiree Health Reimbursement Arrangement Account.

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Insured and Self-Funded Benefits

The Plan is comprised of one fully insured health component plan, two self-insured health component plans, and a fully insured life insurance component plan. Retirees and/or their dependents aged 65 and above are covered under an insured Group Medicare Advantage with Part D plan. Under this component plan, participants are able to receive medical, dental, vision, and prescription drug coverage. Eligible retirees and/or their dependents under age 65 are offered a choice of the two self-funded health component plans as defined under the ABA Health and Welfare Plan (the Health Savings Plan, a consumer-driven health plan without an HSA component or a Preferred Provider Option (PPO) plan). Under these options, participants are provided medical, vision, and prescription drug coverage. All eligible retirees receive life insurance benefits through fully insured group contracts.

Stop Loss Coverage

The Plan has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims).

Payment of Self-Funded Benefits

The claims for self-funded benefits are processed by the Plan's third-party claims processor under an administrative services only (ASO) arrangement. The claims processor pays claims directly to or on behalf of participants. Payments are funded by the general assets of ABA and are then reimbursed to ABA from the VEBA trust. Although the Plan utilizes a third-party claims processor, ultimate responsibility for payments to providers and participants is retained by the Plan.

The Plan utilizes a pharmacy benefit manager (PBM) and is enrolled with a larger consortium of plans that is designed to reduce purchasing costs and leverage volume purchasing discounts. Accordingly, the PBM periodically makes refunds and provides rebates to the Plan based on the Plan's and consortium's utilization pattern of specific drugs.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Premiums are recorded when paid by either the Plan Sponsor or the VEBA trust and are recorded as premium payments in the accompanying statements of changes in net assets available for benefits. Claim payments are recorded when reimbursed to the claims processor by either the Plan Sponsor or the VEBA trust and are recorded as benefit payments in the accompanying statements of changes in net assets available for benefits.

Administrative Expenses

The Plan pays administrative expenses that consist primarily of administrative fees paid to third-party claims administrators, the trustee, investment manager fees, the auditor, and actuary. These expenses are reported on the statements of changes in net assets available for benefits as administrative expenses.

Postretirement Benefits

The amount reported for postretirement benefit obligations represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to participating retirees and active employees eligible to participate in the Plan upon retirement, reduced by the actuarial present value of contributions expected to be received in the future by current plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with the participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan Sponsor and from existing plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's services rendered to the valuation date.

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

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Postretirement Benefits (Continued)

For measurement purposes, the significant assumptions used in the valuations as of December 31 were as follows:

	2025	2024
Weighted Average Discount Rate	5.64%	5.75%
Average Retirement Age	Future retirement age ranges from 10% at age 55 - 62, 20% from ages 63 to 64, 30% at age 65, 45% at age 66, 60% at age 67, 75% at age 68, 90% at age 69 and 100% at age 70.	Future retirement age ranges from 10% at age 55 - 62, 20% from ages 63 to 64, 30% at age 65, 45% at age 66, 60% at age 67, 75% at age 68, 90% at age 69 and 100% at age 70.
Mortality	Pri-2012 Amounts-Weighted mortality table for annuitants and non-annuitants with white collar adjustment generationally from 2012 with the MP-2021 improvement scale used to calculate a subsequent adjustment	Pri-2012 Amounts-Weighted mortality table for annuitants and non-annuitants with white collar adjustment generationally from 2012 with the MP-2021 improvement scale used to calculate a subsequent adjustment
Health Care Trend Rates		
	Medical	
Pre-65	7.3% in 2026 decreasing to an ultimate rate of 4.5% in 2036	7.2% in 2025 decreasing to an ultimate rate of 4.5% in 2035
Post-65	8.1% in 2026 decreasing to an ultimate rate of 4.5% in 2036	14.2% in 2025 decreasing to an ultimate rate of 4.5% in 2035
	Prescription	
Pre-65	12.80% in 2026 decreasing to an ultimate rate of 4.5% in 2036	12.30% in 2025 decreasing to an ultimate rate of 4.5% in 2035
Post-65	12.80% in 2026 decreasing to an ultimate rate of 4.5% in 2036	12.3% in 2025 decreasing to an ultimate rate of 4.5% in 2035

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

New retirees pay a percentage of the plan premium equivalent as indicated below.

	2025		2024	
Service	Retiree Pays	Spouse Pays	Retiree Pay	Spouse Pay
Less than 20	25%	50%	25%	50%
20 but Less than 25	20%	40%	20%	40%
25 but Less than 30	15%	30%	15%	30%
30 Plus	10%	20%	10%	20%

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

Changes in assumptions on the statements of changes in benefit obligations and net assets available for benefits are primarily a result of investment income and losses, changes in plan demographics, and changes in the weighted average discount rate.

Stop Loss

Premiums for stop loss insurance are included in premium payments in the accompanying statements of changes in net assets available for benefits. There were no stop loss refunds applicable for the years ended December 31, 2025 or 2024.

Refunds

Refunds are recorded when received. Prescription refunds of $100,335 and $212,766 for the years ended December 31, 2025 and 2024, respectively, have been netted against claims paid.

Health Reimbursement Arrangement

Included in the accompanying statements of changes in net assets available for benefits are amounts paid to participants to reimburse a portion or all of their Retiree Medicare Part B premiums that the Retiree or their eligible spouse or domestic partner are required to pay. For the years ended December 31, 2025 and 2024, these amounts total $153,635 and $159,555, respectively.

Subsequent Events

The Plan has evaluated subsequent events through September 9, 2026, the date the financial statements were available to be issued.

NOTE 3 CERTIFICATION OF INVESTMENT INFORMATION

The Northern Trust Company, the qualified institution of the Plan, has supplied the Plan administrator with certifications as to the completeness and accuracy of investments as of December 31, 2025 and 2024, and investment income for the years then ended in the accompanying financial statements and ERISA-required supplemental schedules.

NOTE 4 FAIR VALUE OF INVESTMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

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

NOTE 4 FAIR VALUE OF INVESTMENTS (CONTINUED)

Common Stocks – Valued at the closing price reported on the active market on which the individual securities are traded.

Registered Investment Companies (Mutual Funds) – Valued at the daily closing price as reported by the fund. Mutual funds held by the Program are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

	2025			
	Level 1	Level 2	Level 3	Total
Common Stocks	$ 906,609	$ -	$ -	$ 906,609
Registered Investment Companies	15,901,596	-	-	15,901,596
Total Investments in the Fair Value Hierarchy	$ 16,808,205	$ -	$ -	$ 16,808,205

	2024			
	Level 1	Level 2	Level 3	Total
Common Stocks	$ 1,078,875	$ -	$ -	$ 1,078,875
Registered Investment Companies	15,522,674	-	-	15,522,674
Total Investments in the Fair Value Hierarchy	$ 16,601,549	$ -	$ -	$ 16,601,549

NOTE 5 BENEFIT OBLIGATIONS

The Plan's deficiency of net assets compared to benefit obligations at December 31, 2025 and 2024, was $27,352,642 and $20,492,716, respectively. This deficiency related primarily to the postretirement benefit obligation, which will be funded as benefits are paid or incurred by ABA and retiree premiums.

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point each year, the obligation would increase as of December 31, 2025 and 2024, by $5,400,311 and $4,501,124, respectively. If the assumed rates decreased by one percentage point each year, the obligation would decrease as of December 31, 2025 and 2024, by $4,518,940 and $3,762,233, respectively. See Note 2 for the assumptions used to develop benefit obligations, including the health care trend rates.

The majority of participants became covered through a fully-insured Medicare Advantage Plan. Included in the Plan benefit obligations is the liability for claims incurred but not reported (IBNR). The IBNR was estimated by the Plan's actuary in accordance with accepted actuarial principals based on claims data provided by the Plan's third-party administrators. These amounts are paid by the Plan only if claims are submitted and approved for payment.

NOTE 6 TAX STATUS

The VEBA trust funding certain benefits of the Plan received an exemption letter from the Internal Revenue Service (IRS) dated June 23, 1993, stating that the trust is tax-exempt under the provisions of Section 501(c)9 of the Internal Revenue Code (IRC). However, as a result of the Plan's funding policy, from time to time the trust may be subject to income taxes. No federal or state income taxes have been recorded in 2025 and 2024 for unrelated business taxable income.

In addition, the Plan and trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The Plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust is tax-exempt.

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

NOTE 7 PLAN TERMINATION

Although it has not expressed any intention to do so, the Association has the right under the Plan to modify the benefits provided to, and contributions required of participants, to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits or for on account of the participants. No assets of the Plan may revert to the Association or be used for purposes other than for the exclusive benefit of the Plan's participants.

NOTE 8 PARTY-IN-INTEREST TRANSACTIONS

Certain Plan assets are managed by the custodian of the Plan. As described in Notes 1 and 2, the Plan has several arrangements with service providers. These transactions qualify as party in interest transactions, which are exempt from the prohibited transaction rules of ERISA.

NOTE 9 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 the investment securities will occur in the near term and those changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

The liability for claims payable and claims incurred but not reported (IBNR) was estimated using Plan provisions, the number of eligible participants, and the actual lag patterns of the Plan. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near turn would be material to the financial statements.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
AMERICAN BANKERS ASSOCIATION RETIREE MEDICAL LIFE INSURANCE PLAN

1b Three-digit plan number (PN) ▶ 505

1c Effective date of plan 08/29/1991

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)

AMERICAN BANKERS ASSOCIATION

1333 NEW HAMPSHIRE AVENUE, NW

WASHINGTON DC 20036

2b Employer Identification Number (EIN) 52-1001304

2c Plan Sponsor's telephone number 202-663-5000

2d Business code (see instructions) 813000

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

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

SIGN HERE	Deborah K. Hoover	10/9/2026	DEBORAH K HOOVER
	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

◆5% Report - Part A

Single Transactions in Excess of 5%

Security description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
United States - USD									
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	326,339.900	29 Jan 25	1.0000			0.00	326,339.90	326,339.90	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	6,685.590	25 Mar 25	1.0000			0.00	6,685.59	6,685.59	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	246,697.810	01 May 25	1.0000			0.00	246,697.81	246,697.81	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	75,000.000	07 May 25	1.0000			0.00	75,000.00	75,000.00	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	15,394.800	24 Jun 25	1.0000			0.00	15,394.80	15,394.80	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	449,719.130	02 Sep 25	1.0000			0.00	449,719.13	449,719.13	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	11,579.540	23 Sep 25	1.0000			0.00	11,579.54	11,579.54	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	600,000.000	17 Nov 25	1.0000			0.00	600,000.00	600,000.00	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	37,081.620	23 Dec 25	1.0000			0.00	37,081.62	37,081.62	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-12,070.180	02 Jan 25		1.0000		0.00	12,070.18	12,070.18	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-12,631.960	03 Feb 25		1.0000		0.00	12,631.96	12,631.96	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-122,437.730	28 Feb 25		1.0000		0.00	122,437.73	122,437.73	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-11,754.810	03 Mar 25		1.0000		0.00	11,754.81	11,754.81	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-122,628.690	26 Mar 25		1.0000		0.00	122,628.69	122,628.69	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-10,966.880	31 Mar 25		1.0000		0.00	10,966.88	10,966.88	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-11,328.470	01 Apr 25		1.0000		0.00	11,328.47	11,328.47	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 12-31-24 VALUE (INCLUDING ACCRUALS) OF 31,886.66

◆5% Report - Part A

Single Transactions in Excess of 5%

Security description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-8,551.660	09 May 25		1.0000		0.00	8,551.66	8,551.66	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-82,720.470	28 May 25		1.0000		0.00	82,720.47	82,720.47	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-20,060.000	29 May 25		1.0000		0.00	20,060.00	20,060.00	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-11,587.050	02 Jun 25		1.0000		0.00	11,587.05	11,587.05	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-2,547.290	06 Jun 25		1.0000		0.00	2,547.29	2,547.29	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-107,928.010	26 Jun 25		1.0000		0.00	107,928.01	107,928.01	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-10,140.440	30 Jun 25		1.0000		0.00	10,140.44	10,140.44	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-11,080.090	01 Jul 25		1.0000		0.00	11,080.09	11,080.09	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-82,056.350	25 Jul 25		1.0000		0.00	82,056.35	82,056.35	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-3,091.350	29 Jul 25		1.0000		0.00	3,091.35	3,091.35	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-12,378.080	01 Aug 25		1.0000		0.00	12,378.08	12,378.08	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-45,598.830	29 Aug 25		1.0000		0.00	45,598.83	45,598.83	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-195,306.420	26 Sep 25		1.0000		0.00	195,306.42	195,306.42	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-2,100.000	29 Sep 25		1.0000		0.00	2,100.00	2,100.00	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-8,421.360	30 Sep 25		1.0000		0.00	8,421.36	8,421.36	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-11,471.640	01 Oct 25		1.0000		0.00	11,471.64	11,471.64	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-8,738.330	28 Oct 25		1.0000		0.00	8,738.33	8,738.33	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-125,519.220	30 Oct 25		1.0000		0.00	125,519.22	125,519.22	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 12-31-24 VALUE (INCLUDING ACCRUALS) OF 31,886.66

◆5% Report - Part A

Single Transactions in Excess of 5%

Security description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-12,030.860	03 Nov 25		1.0000		0.00	12,030.86	12,030.86	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-186,945.860	25 Nov 25		1.0000		0.00	186,945.86	186,945.86	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-11,746.180	01 Dec 25		1.0000		0.00	11,746.18	11,746.18	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-168,918.530	19 Dec 25		1.0000		0.00	168,918.53	168,918.53	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-9,053.660	31 Dec 25		1.0000		0.00	9,053.66	9,053.66	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 12-31-24 VALUE (INCLUDING ACCRUALS) OF 31,886.66

◆5% Report - Part A

Single Transactions in Excess of 5%

Security description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss

Although this report has been prepared using information believed to be reliable, it may contain information provided by third parties or derived from third party information, and/or information that may have been obtained from, categorized or otherwise reported based upon client direction. The Northern Trust Company does not guarantee the accuracy , timeliness or completeness of any such information. The information included in this report is intended to assist clients with their financial reporting needs, but you must consult with your accountants, auditors and/or legal counsel to ensure your accounting and financial reporting complies with applicable laws, regulations and accounting guidance. The Northern Trust Company and its affiliates shall have no responsibility for the consequences of investment decisions made in reliance on information contained in this report .

NOTE: TRANSACTIONS ARE BASED ON THE 12-31-24 VALUE (INCLUDING ACCRUALS) OF 31,886.66

◆5% Report - Part B

Series of Non-Security Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2024-12-31 VALUE (INCLUDING ACCRUALS) OF 31,886.66

**Generated by Northern Trust from periodic data on 13 Aug 26 C0700*

◆5% Report - Part B

Series of Non-Security Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss

Although this report has been prepared using information believed to be reliable, it may contain information provided by third parties or derived from third party information, and/or information that may have been obtained from, categorized or otherwise reported based upon client direction. The Northern Trust Company does not guarantee the accuracy , timeliness or completeness of any such information. The information included in this report is intended to assist clients with their financial reporting needs, but you must consult with your accountants, auditors and/or legal counsel to ensure your accounting and financial reporting complies with applicable laws, regulations and accounting guidance. The Northern Trust Company and its affiliates shall have no responsibility for the consequences of investment decisions made in reliance on information contained in this report .

NOTE: TRANSACTIONS ARE BASED ON THE 2024-12-31 VALUE (INCLUDING ACCRUALS) OF 31,886.66

◆5% Report - Part C

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Shares/PAR		Date	Acquistion Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies										
United States - USD										
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	189.600		10 Jan 25	1.0000			0.00	189.60	189.60	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	326,339.900	*	29 Jan 25	1.0000			0.00	326,339.90	326,339.90	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	6,685.590	*	25 Mar 25	1.0000			0.00	6,685.59	6,685.59	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	246,697.810	*	1 May 25	1.0000			0.00	246,697.81	246,697.81	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	75,000.000	*	7 May 25	1.0000			0.00	75,000.00	75,000.00	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	15,394.800	*	24 Jun 25	1.0000			0.00	15,394.80	15,394.80	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	297.600		17 Jul 25	1.0000			0.00	297.60	297.60	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	449,719.130	*	2 Sep 25	1.0000			0.00	449,719.13	449,719.13	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	11,579.540	*	23 Sep 25	1.0000			0.00	11,579.54	11,579.54	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	135.500		6 Oct 25	1.0000			0.00	135.50	135.50	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	600,000.000	*	17 Nov 25	1.0000			0.00	600,000.00	600,000.00	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	37,081.620	*	23 Dec 25	1.0000			0.00	37,081.62	37,081.62	0.00
Total number of acquisitions = 12								**1,769,121.09**	**1,769,121.09**	**0.00**
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-12,070.180	*	2 Jan 25		1.0000		0.00	12,070.18	12,070.18	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-12,631.960	*	3 Feb 25		1.0000		0.00	12,631.96	12,631.96	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2024-12-31 VALUE (INCLUDING ACCRUALS) OF 31,886.66

**Generated by Northern Trust from periodic data on 13 Aug 26 C0701*

◆5% Report - Part C

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Shares/PAR		Date	Acquistion Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies										
United States - USD										
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-122,437.730	*	28 Feb 25		1.0000		0.00	122,437.73	122,437.73	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-11,754.810	*	3 Mar 25		1.0000		0.00	11,754.81	11,754.81	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-122,628.690	*	26 Mar 25		1.0000		0.00	122,628.69	122,628.69	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-10,966.880	*	31 Mar 25		1.0000		0.00	10,966.88	10,966.88	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-11,328.470	*	1 Apr 25		1.0000		0.00	11,328.47	11,328.47	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-8,551.660	*	9 May 25		1.0000		0.00	8,551.66	8,551.66	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-82,720.470	*	28 May 25		1.0000		0.00	82,720.47	82,720.47	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-20,060.000	*	29 May 25		1.0000		0.00	20,060.00	20,060.00	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-11,587.050	*	2 Jun 25		1.0000		0.00	11,587.05	11,587.05	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-2,547.290	*	6 Jun 25		1.0000		0.00	2,547.29	2,547.29	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-107,928.010	*	26 Jun 25		1.0000		0.00	107,928.01	107,928.01	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-10,140.440	*	30 Jun 25		1.0000		0.00	10,140.44	10,140.44	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-11,080.090	*	1 Jul 25		1.0000		0.00	11,080.09	11,080.09	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-82,056.350	*	25 Jul 25		1.0000		0.00	82,056.35	82,056.35	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-3,091.350	*	29 Jul 25		1.0000		0.00	3,091.35	3,091.35	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2024-12-31 VALUE (INCLUDING ACCRUALS) OF 31,886.66

**Generated by Northern Trust from periodic data on 13 Aug 26 C0701*

◆5% Report - Part C

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Shares/PAR		Date	Acquistion Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies										
United States - USD										
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-12,378.080	*	1 Aug 25		1.0000		0.00	12,378.08	12,378.08	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-45,598.830	*	29 Aug 25		1.0000		0.00	45,598.83	45,598.83	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-195,306.420	*	26 Sep 25		1.0000		0.00	195,306.42	195,306.42	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-2,100.000	*	29 Sep 25		1.0000		0.00	2,100.00	2,100.00	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-8,421.360	*	30 Sep 25		1.0000		0.00	8,421.36	8,421.36	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-11,471.640	*	1 Oct 25		1.0000		0.00	11,471.64	11,471.64	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-114.640		3 Oct 25		1.0000		0.00	114.64	114.64	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-8,738.330	*	28 Oct 25		1.0000		0.00	8,738.33	8,738.33	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-125,519.220	*	30 Oct 25		1.0000		0.00	125,519.22	125,519.22	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-12,030.860	*	3 Nov 25		1.0000		0.00	12,030.86	12,030.86	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-186,945.860	*	25 Nov 25		1.0000		0.00	186,945.86	186,945.86	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-11,746.180	*	1 Dec 25		1.0000		0.00	11,746.18	11,746.18	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-168,918.530	*	19 Dec 25		1.0000		0.00	168,918.53	168,918.53	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	-9,053.660	*	31 Dec 25		1.0000		0.00	9,053.66	9,053.66	0.00
Total number of dispositions = 31								**1,441,925.04**	**1,441,925.04**	**0.00**

NOTE: TRANSACTIONS ARE BASED ON THE 2024-12-31 VALUE (INCLUDING ACCRUALS) OF 31,886.66

**Generated by Northern Trust from periodic data on 13 Aug 26 C0701*

◆5% Report - Part C

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Shares/PAR	Date	Acquistion Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
United States - USD									
Total MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL							**3,211,046.13**	**3,211,046.13**	**0.00**

NOTE: TRANSACTIONS ARE BASED ON THE 2024-12-31 VALUE (INCLUDING ACCRUALS) OF 31,886.66

◆5% Report - Part C

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Shares/PAR	Date	Acquistion Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss

Although this report has been prepared using information believed to be reliable, it may contain information provided by third parties or derived from third party information, and/or information that may have been obtained from, categorized or otherwise reported based upon client direction. The Northern Trust Company does not guarantee the accuracy , timeliness or completeness of any such information. The information included in this report is intended to assist clients with their financial reporting needs, but you must consult with your accountants, auditors and/or legal counsel to ensure your accounting and financial reporting complies with applicable laws, regulations and accounting guidance. The Northern Trust Company and its affiliates shall have no responsibility for the consequences of investment decisions made in reliance on information contained in this report .

NOTE: TRANSACTIONS ARE BASED ON THE 2024-12-31 VALUE (INCLUDING ACCRUALS) OF 31,886.66

◆5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss

THERE ARE NO REPORTABLE TRANSACTIONS

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NOTE: TRANSACTIONS ARE BASED ON THE 2024-12-31 VALUE (INCLUDING ACCRUALS) OF 31,886.66

Global
INDEPENDENT
NETWORK MEMBER

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Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss Market	 Translation	 Total
Equities							
Common stock							
United States - USD							
#REORG/PINNACLE MERGER PINNACLE 2G16AX5 02 JAN 2026 CUSIP: 72346Q104							
71.00	95.4100000	0.00	6,774.11	5,125.15	1,648.96	0.00	1,648.96
AAON INC COM PAR $0.004 COM PAR $0.004 CUSIP: 000360206							
152.00	76.2500000	0.00	11,590.00	7,674.51	3,915.49	0.00	3,915.49
ACI WORLDWIDE INC COM STK CUSIP: 004498101							
492.00	47.8100000	0.00	23,522.52	14,395.36	9,127.16	0.00	9,127.16
AFFILIATED MANAGERS GROUP INC COM STK CUSIP: 008252108							
70.00	288.2800000	0.00	20,179.60	12,080.71	8,098.89	0.00	8,098.89
ALAMO GROUP INC COM CUSIP: 011311107 ALG							
70.00	167.8700000	0.00	11,750.90	8,787.84	2,963.06	0.00	2,963.06
ALARM COM HLDGS INC COM CUSIP: 011642105							
404.00	51.0200000	0.00	20,612.08	23,551.96	- 2,939.88	0.00	- 2,939.88
ARTISAN PARTNERS ASSET MGMT INC CL A CL A CUSIP: 04316A108							
367.00	40.7400000	0.00	14,951.58	11,001.17	3,950.41	0.00	3,950.41

Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss Market	 Translation	 Total
Equities							
Common stock							
BALCHEM CORP COM CUSIP: 057665200							
75.00	153.3600000	72.00	11,502.00	6,738.00	4,764.00	0.00	4,764.00
BLACKBAUD INC COM CUSIP: 09227Q100							
413.00	63.3200000	0.00	26,151.16	21,196.13	4,955.03	0.00	4,955.03
BLACKLINE INC COM CUSIP: 09239B109							
310.00	55.2900000	0.00	17,139.90	17,567.32	- 427.42	0.00	- 427.42
BRUKER CORP CUSIP: 116794108							
235.00	47.1100000	11.75	11,070.85	8,993.34	2,077.51	0.00	2,077.51
CBIZ INC COM CUSIP: 124805102 CBZ							
735.00	50.4500000	0.00	37,080.75	34,990.29	2,090.46	0.00	2,090.46
CENTRAL GARDEN & PET CO COM CUSIP: 153527106							
134.00	32.1500000	0.00	4,308.10	3,880.76	427.34	0.00	427.34
CHOICE HOTELS INTL INC COM CUSIP: 169905106							
134.00	95.2600000	0.00	12,764.84	11,896.60	868.24	0.00	868.24

Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss Market	 Translation	 Total
Equities							
Common stock							
COLUMBIA SPORTSWEAR CO COM CUSIP: 198516106							
134.00	55.0900000	0.00	7,382.06	8,517.83	- 1,135.77	0.00	- 1,135.77
COMMVAULT SYS INC COM STK CUSIP: 204166102							
134.00	125.3600000	0.00	16,798.24	9,699.69	7,098.55	0.00	7,098.55
CSW INDUSTRIALS INC COM CUSIP: 126402106							
63.00	293.5300000	0.00	18,492.39	12,070.38	6,422.01	0.00	6,422.01
DONNELLEY FINL SOLUTIONS INC COM CUSIP: 25787G100							
379.00	46.6900000	0.00	17,695.51	19,667.36	- 1,971.85	0.00	- 1,971.85
DORMAN PRODS INC COM CUSIP: 258278100							
224.00	123.1900000	0.00	27,594.56	17,705.40	9,889.16	0.00	9,889.16
ENOVIS CORPORATION COM USD0.001 CUSIP: 194014502							
264.00	26.6400000	0.00	7,032.96	14,752.67	- 7,719.71	0.00	- 7,719.71
ENVISTA HLDGS CORP COM CUSIP: 29415F104							
205.00	21.7100000	0.00	4,450.55	4,764.74	- 314.19	0.00	- 314.19

Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss Market	 Translation	 Total
Equities							
Common stock							
EPLUS INC COM CUSIP: 294268107							
291.00	87.7000000	0.00	25,520.70	13,342.47	12,178.23	0.00	12,178.23
EXPONENT INC COM STK CUSIP: 30214U102							
108.00	69.4600000	0.00	7,501.68	6,769.93	731.75	0.00	731.75
FRONTDOOR INC COM CUSIP: 35905A109							
466.00	57.6900000	0.00	26,883.54	17,464.19	9,419.35	0.00	9,419.35
FTI CONSULTING INC COM CUSIP: 302941109 FCN							
37.00	170.8300000	0.00	6,320.71	5,579.74	740.97	0.00	740.97
FULLER H B CO COM CUSIP: 359694106							
167.00	59.4600000	0.00	9,929.82	11,076.27	- 1,146.45	0.00	- 1,146.45
HAMILTON LANE INC CL A CL A CUSIP: 407497106							
148.00	134.3100000	79.92	19,877.88	10,507.59	9,370.29	0.00	9,370.29
HURON CONSULTING GROUP INC COM STK CUSIP: 447462102							
166.00	172.9100000	0.00	28,703.06	10,681.85	18,021.21	0.00	18,021.21

Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss Market	 Translation	 Total
Equities							
Common stock							
ICU MED INC COM CUSIP: 44930G107							
49.00	142.6700000	0.00	6,990.83	7,492.95	- 502.12	0.00	- 502.12
INSIGHT ENTERPRISES INC COM CUSIP: 45765U103							
244.00	81.4700000	0.00	19,878.68	26,344.28	- 6,465.60	0.00	- 6,465.60
INTEGER HLDGS CORP COM CUSIP: 45826H109 ITGR							
114.00	78.4300000	0.00	8,941.02	13,877.63	- 4,936.61	0.00	- 4,936.61
INTERPARFUMS INC CUSIP: 458334109							
405.00	84.8300000	0.00	34,356.15	36,111.61	- 1,755.46	0.00	- 1,755.46
J & J SNACK FOODS CORP COM STK NPV CUSIP: 466032109							
66.00	90.3700000	52.80	5,964.42	8,171.78	- 2,207.36	0.00	- 2,207.36
KADANT INC COM CUSIP: 48282T104							
33.00	285.0200000	0.00	9,405.66	10,441.31	- 1,035.65	0.00	- 1,035.65
KIRBY CORP COM CUSIP: 497266106							
149.00	110.1800000	0.00	16,416.82	10,445.47	5,971.35	0.00	5,971.35

Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss Market	 Translation	 Total
Equities							
Common stock							
LANDSTAR SYS INC COM CUSIP: 515098101 LSTR							
125.00	143.7000000	0.00	17,962.50	15,065.89	2,896.61	0.00	2,896.61
LEMAITRE VASCULAR INC COM STK CUSIP: 525558201							
61.00	81.1000000	0.00	4,947.10	5,200.69	- 253.59	0.00	- 253.59
MCGRATH RENTCORP COM CUSIP: 580589109							
200.00	104.9300000	0.00	20,986.00	17,861.70	3,124.30	0.00	3,124.30
MERIT MED SYS INC COM CUSIP: 589889104							
207.00	88.1400000	0.00	18,244.98	14,934.94	3,310.04	0.00	3,310.04
MESA LABS INC COM CUSIP: 59064R109							
84.00	78.5000000	0.00	6,594.00	12,171.71	- 5,577.71	0.00	- 5,577.71
MOOG INC CL A CUSIP: 615394202							
115.00	243.5500000	0.00	28,008.25	8,830.66	19,177.59	0.00	19,177.59
NATIONAL RESH CORP COM NEW CL A CUSIP: 637372202							
499.00	18.7700000	72.64	9,366.23	18,412.05	- 9,045.82	0.00	- 9,045.82

Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss Market	 Translation	 Total
Equities							
Common stock							
NOVANTA INC NOVANTA INC CUSIP: 67000B104							
85.00	118.9900000	0.00	10,114.15	9,838.55	275.60	0.00	275.60
OPENLANE INC CUSIP: 48238T109							
454.00	29.7800000	0.00	13,520.12	9,140.01	4,380.11	0.00	4,380.11
PATRICK INDS INC COM CUSIP: 703343103							
70.00	108.4300000	0.00	7,590.10	5,952.88	1,637.22	0.00	1,637.22
PJT PARTNERS INC COM CL A COM CL A CUSIP: 69343T107							
129.00	167.2000000	0.00	21,568.80	14,743.52	6,825.28	0.00	6,825.28
PLEXUS CORP COM CUSIP: 729132100							
121.00	147.0000000	0.00	17,787.00	13,407.30	4,379.70	0.00	4,379.70
POWER INTEGRATIONS INC COM CUSIP: 739276103							
156.00	35.5400000	0.00	5,544.24	7,598.78	- 2,054.54	0.00	- 2,054.54
PRESTIGE CONSUMER HEALTHCARE INC COM CUSIP: 74112D101							
300.00	61.6900000	0.00	18,507.00	21,586.05	- 3,079.05	0.00	- 3,079.05

Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss Market	 Translation	 Total
Equities							
Common stock							
QUALYS INC COM USD0.001 CUSIP: 74758T303							
163.00	132.9000000	0.00	21,662.70	19,325.26	2,337.44	0.00	2,337.44
RLI CORP COM CUSIP: 749607107							
260.00	63.9800000	0.00	16,634.80	11,237.50	5,397.30	0.00	5,397.30
SELECTIVE INS GROUP INC COM CUSIP: 816300107							
382.00	83.6700000	0.00	31,961.94	32,789.92	- 827.98	0.00	- 827.98
SILGAN HLDGS INC COM CUSIP: 827048109 SLGN							
609.00	40.3700000	0.00	24,585.33	24,875.86	- 290.53	0.00	- 290.53
SIMPSON MFG INC COM CUSIP: 829073105							
67.00	161.4700000	0.00	10,818.49	6,436.89	4,381.60	0.00	4,381.60
SIMULATIONS PLUS INC COM CUSIP: 829214105							
205.00	18.2300000	0.00	3,737.15	7,716.82	- 3,979.67	0.00	- 3,979.67
SOUTHSTATE BK CORP COM CUSIP: 84472E102							
82.00	94.1100000	0.00	7,717.02	8,426.32	- 709.30	0.00	- 709.30

Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss Market	 Translation	 Total
Equities							
Common stock							
SPS COMM INC COM CUSIP: 78463M107							
91.00	89.1300000	0.00	8,110.83	15,964.23	- 7,853.40	0.00	- 7,853.40
THE MARZETTI COMPANY CUSIP: 513847103							
27.00	164.4200000	0.00	4,439.34	3,744.48	694.86	0.00	694.86
UFP TECHNOLOGIES INC COM CUSIP: 902673102							
20.00	222.0300000	0.00	4,440.60	3,368.98	1,071.62	0.00	1,071.62
VERRA MOBILITY CORP CUSIP: 92511U102							
724.00	22.4100000	0.00	16,224.84	18,398.43	- 2,173.59	0.00	- 2,173.59
Total USD		289.11	906,609.14	790,393.70	116,215.44	0.00	116,215.44
Total United States		289.11	906,609.14	790,393.70	116,215.44	0.00	116,215.44
Total Common Stock							
12,744.00		289.11	906,609.14	790,393.70	116,215.44	0.00	116,215.44

Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss Market	 Translation	 Total
Equities							
Funds - common stock							
International Region - USD							
MFO VANGUARD FTSE ALL-WORLD EX-US FUND INST CUSIP: 922042783							
14,978.23	144.9200000	0.00	2,170,645.09	1,355,428.20	815,216.89	0.00	815,216.89
Total USD		0.00	2,170,645.09	1,355,428.20	815,216.89	0.00	815,216.89
Total International Region		0.00	2,170,645.09	1,355,428.20	815,216.89	0.00	815,216.89
United States - USD							
MFO VANGUARD SCOTTSDALE FDS VANGUARD RUSSELL 1000 INDEX FD INSTL SHS CUSIP: 92206C722							
10,024.27	598.4500000	0.00	5,999,024.38	3,427,212.51	2,571,811.87	0.00	2,571,811.87
Total USD		0.00	5,999,024.38	3,427,212.51	2,571,811.87	0.00	2,571,811.87
Total United States		0.00	5,999,024.38	3,427,212.51	2,571,811.87	0.00	2,571,811.87
Total Funds - Common Stock							
25,002.50		0.00	8,169,669.47	4,782,640.71	3,387,028.76	0.00	3,387,028.76

Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss Market	 Translation	 Total
Equities							
Funds - common stock							
Total Equities							
37,746.50		289.11	9,076,278.61	5,573,034.41	3,503,244.20	0.00	3,503,244.20
Fixed Income							
Funds - other fixed income							
United States - USD							
MFO JPMORGAN TR II CORE BD FD CL r6 CUSIP: 4812C0100							
703,200.61	10.4400000	0.00	7,341,414.37	7,608,892.83	- 267,478.46	0.00	- 267,478.46
Issue Date: 2 Sep 08							
Total USD		0.00	7,341,414.37	7,608,892.83	- 267,478.46	0.00	- 267,478.46
Total United States		0.00	7,341,414.37	7,608,892.83	- 267,478.46	0.00	- 267,478.46
Total Funds - Other Fixed Income							
703,200.61		0.00	7,341,414.37	7,608,892.83	- 267,478.46	0.00	- 267,478.46
Total Fixed Income							
703,200.61		0.00	7,341,414.37	7,608,892.83	- 267,478.46	0.00	- 267,478.46

Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss Market	 Translation	 Total
Cash and Cash Equivalents							
Funds - short term investment							
United States - USD							
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873							
390,512.35	1.0000000	1,439.78	390,512.35	390,512.35	0.00	0.00	0.00
Total USD		1,439.78	390,512.35	390,512.35	0.00	0.00	0.00
Total United States		1,439.78	390,512.35	390,512.35	0.00	0.00	0.00
Total Funds - Short Term Investment							
390,512.35		1,439.78	390,512.35	390,512.35	0.00	0.00	0.00
Total Cash and Cash Equivalents							
390,512.35		1,439.78	390,512.35	390,512.35	0.00	0.00	0.00
Total							
1,131,459.46		1,728.89	16,808,205.33	13,572,439.59	3,235,765.74	0.00	3,235,765.74

++ Informational Only Asset - an asset that is not held in the account but that is included in Northern Trust's reports at the client's request solely as a matter of convenience to the client. Custodial and other responsibilities for this asset rest solely with the client or another custodian. Northern Trust has no custodial or other responsibilities for this asset, and the asset is not an asset of any Northern Trust account for purposes of the applicable account agreement.