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
MYMICHIGAN HEALTH PENSION PLAN FOR ARMC EMPLOYEES

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 04/01/2016

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)
MYMICHIGAN HEALTH

4000 WELLNESS DRIVE
MIDLAND, MI 48670

2b Employer Identification Number (EIN)
38-2459948

2c Plan Sponsor's telephone number
989-839-3937

2d Business code (see instructions)
622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2026	JULIE WARD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

5	Total number of participants at the beginning of the plan year	**5**	696
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)**	54
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
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**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	0
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:

1H

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

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

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
MYMICHIGAN HEALTH PENSION PLAN FOR ARMC EMPLOYEES

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
MYMICHIGAN HEALTH

D Employer Identification Number (EIN)
38-2459948

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
MASSACHUSETTS MUTUAL 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
04-1590850	65935	TFO 45294	642	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	176417509
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. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☒ other (specify) ▶ GROUP IMMEDIATE ANNUITY

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	
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** ☐ Other (specify) ▶

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

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
MYMICHIGAN HEALTH PENSION PLAN FOR ARMC EMPLOYEES

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MYMICHIGAN HEALTH

D Employer Identification Number (EIN)
38-2459948

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	193253291
b Actuarial value	**2b**	197954410

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	586	170291268	170291268
b For terminated vested participants	62	9380256	9380256
c For active participants	54	20066723	20336506
d Total	702	199738247	200008030

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	696018
c Target normal cost	**6c**	696018

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

10/08/2026
Date

KAITLIN KOWALSKI
Type or print name of actuary

26-08773
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

248-936-7700
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	15115141
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1102974
9	Amount remaining (line 7 minus line 8)	0	14012167
10	Interest on line 9 using prior year's actual return of 0.83 %	0	116301
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.10 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	14128468

Part III Funding Percentages

14	Funding target attainment percentage	14	91.90 %
15	Adjusted funding target attainment percentage	15	91.90 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	97.84 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/25/2025	8000000	0			
			Totals ► 18(b)	8000000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	7800994

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	61

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	696018
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	16182088	764681
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1460699

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	275744	275744

36 Additional cash requirement (line 34 minus line 35)	**36**	1184955
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	7800994

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	6616039
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	275744
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

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
MYMICHIGAN HEALTH PENSION PLAN FOR ARMC EMPLOYEES

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
MYMICHIGAN HEALTH

D Employer Identification Number (EIN)
38-2459948

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	913840	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BNY MELLON

13-5160382

(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?
19 21 50	NONE	41726	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LGIM

20-8058531

(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 51	NONE	28258	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MILLER, JOHNSON, SNELL

38-1603110

(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 17 50	NONE	17875	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
MYMICHIGAN HEALTH PENSION PLAN FOR ARMC EMPLOYEES

B Three-digit plan number (PN) ▶ 004

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MYMICHIGAN HEALTH

D Employer Identification Number (EIN)
38-2459948

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: NCS GROUP TRUST - GLOBAL FUND

b Name of sponsor of entity listed in (a): BNY MELLON INVESTMENT MANAGEMENT CAYMAN LTD

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
76-6192146-003	E	0

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LONG TERM CREDIT BD INDX

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-3118550-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: LG LONG DUR US CREDIT CIT FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-7085469-020	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: US STRIPS 20+ YEAR BOND INDEX FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-3227381-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK US DEBT INDEX

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-6589507-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMIDIATE TERMCREDIT BD INDX FND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-3118549-001	C	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
MYMICHIGAN HEALTH PENSION PLAN FOR ARMC EMPLOYEES

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
MYMICHIGAN HEALTH

D Employer Identification Number (EIN)
38-2459948

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	275002	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	17019162	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	89044608	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	16948505	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	69966016	1918605
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	193253293	1918605
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	1918605
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	1918605
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	193253293	0

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)	6081395	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		6081395
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1043344	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1043344
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	16603559	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	17694686	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-1091127
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	1263944	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1263944

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-3287363
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		1066172
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5002663
c Other income	2c		1091127
d Total income. Add all **income** amounts in column (b) and enter total	2d		11170155
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	26941466	
(2) To insurance carriers for the provision of benefits	2e(2)	176417509	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		203358975
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	41726	
(7) Actuarial fees	2i(7)	931715	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	91032	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1064473
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		204423448
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-193253293
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: PLANTE MORAN, PLLC **(2)** EIN: 33-1498605

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		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? [X] Yes [ ] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 585331.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
MYMICHIGAN HEALTH PENSION PLAN FOR ARMC EMPLOYEES

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
MYMICHIGAN HEALTH

D Employer Identification Number (EIN)
38-2459948

Part I Distributions

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

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

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

EIN(s): 42-1741646

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 53

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

MyMichigan Health Pension Plan for ARMC Employees

Financial Report

December 31, 2025

MyMichigan Health Pension Plan for ARMC Employees

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Independent Auditor's Report

To the Plan Administrator
MyMichigan Health Pension Plan for
ARMC Employees

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

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

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

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

Opinion

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

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

Basis for Opinion

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

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To the Plan Administrator
MyMichigan Health Pension Plan for
ARMC Employees

Emphasis of Matter

As discussed in Note 7 to the financial statements, the plan sponsor of MyMichigan Health Pension Plan for ARMC Employees terminated the Plan effective June 30, 2025, and management determined that liquidation is imminent. As a result, the Plan changed its basis of accounting from the going concern basis of accounting used in presenting the December 31, 2024 financial statements to the liquidation basis of accounting used in presenting the December 31, 2025 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audits of the Financial Statements

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

In performing audits in accordance with GAAS, we:

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

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

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

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

To the Plan Administrator
MyMichigan Health Pension Plan for
ARMC Employees

Supplemental Schedules Required by ERISA

The supplemental schedules of assets held at end of year (in liquidation) as of December 31, 2025 and reportable transactions (in liquidation) for the year ended December 31, 2025 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental 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 DOL'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 DOL'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).

Plante & Moran, PLLC

Flint, Michigan
October 2, 2026

MyMichigan Health Pension Plan for ARMC Employees

Statement of Net Assets

December 31, 2025 and 2024

	2025 (In Liquidation)	2024 (Ongoing)
Assets		
Investments at fair value (Note 5)	$ 1,918,605	$ 192,978,291
Due from broker for securities sold	-	275,002
Liabilities - Due to Plan Sponsor	1,918,605	-
Net Assets	**$ -**	**$ 193,253,293**

See notes to financial statements.

MyMichigan Health Pension Plan for ARMC Employees

Statement of Changes in Net Assets

Years Ended December 31, 2025 and 2024

	2025 (In Liquidation)	2024 (Ongoing)
Additions		
Contributions - Employer	$ 6,081,395	$ -
Investment income (loss):		
Interest and dividends	1,043,344	2,614,305
Net realized and unrealized gains (losses) on investments	4,045,416	(982,953)
Net investment income	5,088,760	1,631,352
Total additions	11,170,155	1,631,352
Deductions		
Benefits paid directly to participants or beneficiaries	26,941,466	15,017,683
Purchase of annuity contracts	176,417,509	-
Administrative expenses	1,064,473	763,138
Total deductions	204,423,448	15,780,821
Net Decrease	(193,253,293)	(14,149,469)
Net Assets		
Beginning of year (ongoing)	193,253,293	207,402,762
End of year (in liquidation)	**$ -**	**$ 193,253,293**

See notes to financial statements.

Note 1 - Plan Description

The following description of MyMichigan Health Pension Plan for ARMC Employees (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

The Plan was terminated effective June 30, 2025. Accordingly, the descriptions below are provisions of the Plan prior to termination. See Note 7 for additional information.

General

The Plan is a defined benefit plan covering eligible employees of MyMichigan Medical Center Alpena (formerly MidMichigan Medical Center - Alpena or Alpena Regional Medical Center), a related employer of MyMichigan Health (f/k/a MidMichigan Health). During 2016, MyMichigan Health acquired Alpena Regional Medical Center (ARMC), which became MidMichigan Medical Center - Alpena. In connection with this acquisition, MyMichigan Health established MyMichigan Health Pension Plan for ARMC Employees (f/k/a MidMichigan Health Pension Plan for ARMC Employees). Participants in the previous ARMC plan were transferred to the newly established MyMichigan Health Pension Plan for ARMC Employees.

The retirement plans administrative committee and corporate investments committee of the board of directors of MyMichigan Health provides fiduciary oversight for the Plan and oversees its investments. Management is responsible for day-to-day plan administration. The Bank of New York Mellon/BNY Mellon, N.A. serves as the trustee of the Plan and, together with investment managers, manages the Plan's investments. Plan investments include a diversified blend of equity and fixed-income investments. An independent investment consultant is used to measure and report on investment performance, recommend changes to funds, and inform MyMichigan Health's retirement plans administrative committee and corporate investments committee of current investment trends and issues. The Plan can be terminated by MyMichigan Health’s board of directors subject to certain notification requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective June 30, 2022, the Plan froze participant accrued benefits, and participants will no longer earn any additional accrued benefit. Additionally, participants are not allowed to make additional contributions subsequent to the effective date. The following plan description relates to the period prior to June 30, 2022.

Eligibility and Vesting

Eligible employees are those employees who were participants in the previous ARMC plan. No other employees are eligible to participate in the Plan. Credited service is credited as of March 31, 2016 plus one-twelfth year for each subsequent calendar month in which the participant has 80 hours of service. Vesting service is as of March 31, 2016 plus one-twelfth year for each subsequent calendar month in which the participant has 80 hours of service. For participants earning at least one hour of service after April 1, 2016, benefits accrued through the date of termination will be vested if the participant has earned five years of vesting service (includes vesting service as of March 31, 2016).

Normal Retirement Benefits

Eligible employees are entitled to normal annual pension benefits beginning at age 60 for those participants with full vesting service or age 65 and five years of participation in the Plan or the previous ARMC plan, as described in the plan agreement. The individual pension benefit is equal to a percentage, as specified in the plan agreement, of the final average compensation multiplied by the participant's credited service. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity, a single life annuity, or a period certain and life annuity.

Note 1 - Plan Description (Continued)

Early Retirement

Participants with at least 15 years of vesting service at age 55 or at least 25 years of vesting service at age 50 are eligible for early retirement. The monthly retirement benefit is the accrued normal benefit reduced for each calendar month by which commencement of payment precedes the normal retirement date.

Disability Retirement

Participants are eligible for total and permanent disability upon termination of employment with MyMichigan Health because of total and permanent disability provided they are fully vested and apply for benefits within two years after terminating employment.

Death Benefits

If an active or terminated employee who has a vested interest in the Plan dies prior to his or her normal retirement age, generally a death benefit equal to 85 percent of the accrued benefit the employee would have received had they retired on the day immediately preceding the date of his or her death will be paid to the surviving spouse.

Funding and Contributions

The Plan provides for employee and employer contributions. Employer contributions are made by MyMichigan Health in actuarially determined amounts. MyMichigan Health's policy is to make contributions necessary to satisfy ERISA funding standards. Annual contributions meet the minimum funding requirements of ERISA.

Employee contributions are made by participants based on a percentage compensation, as outlined in the plan agreement. Employee contributions are recorded in the same period MyMichigan Health withholds payroll deductions from the participants. Participants are always 100 percent vested in employee contributions. Accumulated contributions of current participants at December 31, 2025 and 2024 were approximately $0 and $1,400,000, respectively, including interest credited at an interest rate of 4.37 percent in 2024.

Payment of Benefits

A participant is eligible to request payment of benefits in accordance with the terms of the plan agreement upon retirement, death, disability, or termination of employment.

Related to the termination and liquidation of the Plan, the plan sponsor offered a lump-sum window during the year ended December 31, 2025. Lump sums, included in benefit payments paid directly to participants that were elected during this window, were paid out during July 2025 in the amount of approximately $15,000,000.

Party-in-interest Transactions

Certain plan assets are in investment funds managed by The Bank of New York Mellon/BNY Mellon, N.A. (trustee of the Plan) and the investment managers. These transactions qualify as exempt party-in-interest transactions, as defined under ERISA guidelines.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

As discussed in Note 7 to the financial statements, the plan sponsor terminated the Plan effective June 30, 2025. As a result, the financial statements and supplemental schedules were prepared on the liquidation basis of accounting.

Note 2 - Summary of Significant Accounting Policies (Continued)

Under the liquidation basis of accounting, assets are measured to reflect the estimated amount of cash expected to be collected in settling or disposing of the assets during the liquidation process and liabilities are measured using the accrual basis of accounting and would include any expected costs of the disposal of assets and other costs expected to be incurred during the liquidation process.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value.

Mutual funds are valued based on quoted market prices. The money market fund is valued at fair value based on outstanding balances. The common/collective trust funds and 103-12 investment entity are valued at net asset value per share (NAV) (or its equivalent) of the funds, which is based on the fair value of the funds' underlying assets. There are no redemption restrictions or unfunded commitments on these investments. Investments in limited partnerships and the limited liability company are valued at net asset value per share (or its equivalent) of the funds based on audited financial statements of the funds, where available, with adjustments to account for partnership activity and other applicable valuation adjustments. See Note 5 for additional information.

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

Due to Plan Sponsor

Under the liquidation basis of accounting, the Plan records a liability for amounts expected to be returned to the plan sponsor when a reasonable basis exists to estimate excess assets that will not be required to satisfy participant benefits and remaining liquidation obligations. As of December 31, 2025, the Plan recognized a payable to the plan sponsor representing management's estimate of excess assets expected to revert to the sponsor upon completion of the Plan's termination process.

Benefit Payments

Benefits are recorded when paid.

Administrative Expense

Various administrative costs are paid for or reimbursed by MyMichigan Health.

Actuarial Assumptions

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation of the Plan at December 31, 2025 and 2024 are summarized as follows:

Actuarial cost method	Traditional unit credit
Discount rate	5.10 for 2025 and 2024
Mortality basis	Pri-2012 generationally projected using MP-2021 projection scale for 2025 and 2024
Interest rate on employee contributions	4.37 percent for 2025 and 2024

As discussed in Note 7, the Plan was terminated as of June 30, 2025. Prior to this date, the foregoing actuarial assumptions are based on the presumption that the Plan will continue.

Note 2 - Summary of Significant Accounting Policies (Continued)

Use of Estimates

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

Risks and Uncertainties

Contributions to the Plan and the accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. It is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the financial statements.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including October 2, 2026, which is the date the financial statements were available to be issued.

Note 3 - Certified Information

The Bank of New York Mellon/BNY Mellon, N.A. (the "Trustee") holds the Plan's investments, other than the limited partnerships and limited liability companies, and executes all related investment transactions. The investment balances and related investment results included in the accompanying financial statements, supplemental schedule of assets held at end of year (in liquidation), and supplemental schedule of reportable transactions (in liquidation), other than the limited partnerships and limited liability companies, are based solely on information certified by the Trustee.

The Plan's investments in limited partnerships and limited liability companies totaling $0 and $17,019,163 at December 31, 2025 and 2024, respectively, and related investment income of approximately $1,091,127 and $1,263,000 for the years ended December 31, 2025 and 2024, respectively, were not certified by The Bank of New York Mellon/BNY Mellon, N.A.

Note 4 - Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees with vested interests and present employees or their respective beneficiaries. Benefits payable under all circumstances, retirement, death, disability, and termination of employment, are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits as of December 31, 2025 and 2024 and components of the net changes in the actuarial present value of accumulated plan benefits for the years then ended are as follows:

	2025 (In Liquidation)	2024 (Ongoing)
Actuarial present value of accumulated plan benefits - Vested benefits:		
Participants currently receiving benefit payments	$ -	$ 185,161,132
Other vested participants	-	21,521,588
Total actuarial present value of accumulated plan benefits	$ -	$ 206,682,720

A summary of significant changes in the actuarial present value of accumulated plan benefits during the years ended December 31, 2025 and 2024 is as follows:

	2025 (In Liquidation)	2024 (Ongoing)
Actuarial present value of accumulated plan benefits - Beginning of year	$ 206,682,720	$ 188,694,602
Increase (decrease) during the period attributable to:		
Increase due to the decrease in the discount period	6,053,120	11,414,703
Changes in actuarial assumptions	-	19,703,037
Actuarial (losses) gains	(9,376,865)	1,888,061
Benefits paid	(203,358,975)	(15,017,683)
Net (decrease) increase	(206,682,720)	17,988,118
Actuarial present value of accumulated plan benefits - End of year	$ -	$ 206,682,720

The actuarial present value of accumulated plan benefits and changes in the actuarial present value of accumulated plan benefits disclosed above takes into account the plan termination (see Note 7). The benefits paid reflected above represents the purchase of annuity contract and benefits paid directly to participants or beneficiaries for the year ended December 31, 2025.

The change in actuarial assumptions for the year ended December 31, 2024 is primarily due to changes in the discount rate from 6.30 percent to 5.10 percent.

Note 5 - Fair Value Measurements

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value should be based on assumptions that market participants would use, including a consideration of nonperformance risk.

Note 5 - Fair Value Measurements (Continued)

To determine fair value, the Plan uses various valuation methodologies based on market inputs. For many instruments, pricing inputs are readily available in the market; the valuation methodology is widely accepted by market participants and involves little or no judgment. For other investments, pricing inputs are less observable in the marketplace. These inputs can be subjective in nature and involve uncertainties and matters of considerable judgment. Accordingly, the estimates presented herein are not necessarily indicative of the amounts the Plan could realize in a current market exchange. The use of different assumptions, judgments, and/or estimation methodologies may have a material effect on the estimated fair value amounts.

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

Level 1

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

Level 2

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

Level 3

Unobservable inputs that cannot be corroborated by observable market data. These Level 3 fair value measurements are based primarily on management’s own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

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

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

	Assets Measured at Fair Value on a Recurring Basis at December 31, 2025		
	Investments (at Fair Value)	Level 1	Level 2
Money market fund	$ 1,918,605	$ -	$ 1,918,605

Note 5 - Fair Value Measurements (Continued)

	Assets Measured at Fair Value on a Recurring Basis at December 31, 2024		
	Investments (at Fair Value)	Level 1	Level 2
Mutual funds	$ 68,656,112	$ 68,656,112	$ -
Money market fund	1,309,904	-	1,309,904
Total	69,966,016	$ 68,656,112	$ 1,309,904
Investments measured at NAV:			
103-12 investment entity (1)	16,948,505		
Common/collective trust funds - Debt investments (2)	89,044,607		
Limited partnerships and limited liability companies:			
CBRE U.S. Core Partners, LP (5)	9,688,239		
PGIM PRISA LP (3)	6,240,272		
Lion Industrial Trust Properties LP (4)	1,090,652		
Total investments at fair value	$ 192,978,291		

(1) This class represents an investment in an actively managed 103-12 investment entity that invests in fixed-income investments, which primarily include corporate bonds.

(2) This class represents investments in actively managed common/collective trust funds that invest in a variety of fixed-income investments, which may include corporate bonds, both U.S. and non-U.S. municipal securities, interest rate swaps, options, and futures.

(3) The PGIM PRISA LP offers clients a U.S. core equity real estate portfolio that produces a total return over full cycle that exceeds the National Council of Real Estate Investment Fiduciaries Fund Index - Open-End Diversified Core Equity (NFI-ODCE) while maintaining a core risk profile consistent with the NFI-ODCE guidelines.

(4) Lion Industrial Trust Properties LP is a real estate core fund focused on industrial asset class investments with an emphasis placed on making investments with a greater proportion of expected return generated from current income and cash flow than from capital gain.

(5) CBRE U.S. Core Partners, LP is an open-ended, commercial real estate investment vehicle with the objective to generate consistent income from a diversified portfolio.

Redemption restrictions and unfunded commitments related to the limited partnerships are as follows:

CBRE U.S. Core Partners, LP - Withdrawals are permitted quarterly, with 60 days' notice. There are no unfunded commitments for this investment.

PGIM PRISA LP - Withdrawals are permitted to be requested on a quarterly basis, with no less than three months' advance written notice. There are no unfunded commitments for this investment.

Lion Industrial Trust Properties LP - Withdrawals are permitted to be requested on a quarterly basis, with no less than 90 days' advance written notice. There are no unfunded commitments for this investment.

Note 6 - Tax Status

The Plan has received a determination letter dated March 26, 2018 from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Note 6 - Tax Status (Continued)

Subsequent to year end, the IRS issued a favorable determination letter dated March 18, 2026 related to the termination of the plan.

Note 7 - Termination - Liquidation Basis

Effective June 30, 2025, the plan sponsor elected to terminate the Plan in accordance with the Pension Benefit Guaranty Corporation provisions and reporting requirements. The net assets of the Plan will be allocated as prescribed by ERISA and its related regulations. As of the effective date of the termination, participants were 100 percent vested in plan benefits.

Liquidation of assets occurred through distributions to participants, an annuity contract purchase, and expenses accrued in liquidation. In accordance with the Plan's termination, participants were also allowed to take a lump-sum payment of their benefit. Full liquidation is expected to occur in 2026.

MyMichigan Health Pension Plan for ARMC Employees

Schedule of Assets Held at End of Year - In Liquidation Basis

Form 5500, Schedule H, Line 4i
EIN 38-2459948, Plan No. 004
December 31, 2025

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
BNY Mellon, N.A.	Money market fund - Federal Government Obligation Fund	$ 1,918,605	$ 1,918,605

MyMichigan Health Pension Plan for ARMC Employees

Schedule of Reportable Transactions - In Liquidation

Form 5500, Schedule H, Line 4j
EIN 38-2459948, Plan No. 004
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net (Loss) Gain
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
BNY Mellon, N.A.	Baird Ultra Short Bond-Inst	$ 23,000,000	$ -	$ 23,000,000	$ 23,000,000	$ -
BNY Mellon, N.A.	Baird Ultra Short Bond-Inst	-	16,043,857	16,074,847	16,043,857	(30,990)
BNY Mellon, N.A.	iShares MSCI Total International Index Fund Class K	-	14,722,131	11,452,484	14,722,131	3,269,647
BNY Mellon, N.A.	iShares Total U.S. Stock Market Index Fund Class K	-	17,130,818	7,835,353	17,130,818	9,295,465
BNY Mellon, N.A.	FH Government Obligations-IS	69,980,114	-	69,980,114	69,980,114	-
BNY Mellon, N.A.	FH Government Obligations-IS	-	22,900,540	22,900,540	22,900,540	-
BNY Mellon, N.A.	FH Government Obligations-IS	29,342,814	-	29,342,814	29,342,814	-
BNY Mellon, N.A.	FH Government Obligations-IS	-	75,000,000	75,000,000	75,000,000	-
BNY Mellon, N.A.	FH Government Obligations-IS	15,610,020	-	15,610,020	15,610,020	-
BNY Mellon, N.A.	FH Government Obligations-IS	-	15,700,000	15,700,000	15,700,000	-
BNY Mellon, N.A.	FH Government Obligations-IS	-	15,464,914	15,464,914	15,464,914	-
BNY Mellon, N.A.	FH Government Obligations-IS	152,997,764	-	152,997,764	152,997,764	-
BNY Mellon, N.A.	FH Government Obligations-IS	-	160,934,405	160,934,405	160,934,405	-
BNY Mellon, N.A.	PIMCO Long-Term Credit Bond Fund-Inst	-	29,471,167	35,434,488	29,471,167	(5,963,321)
BNY Mellon, N.A.	BNY Mellon Cash Reserve 0.100% 12/31/2049 DD 06/26/97	16,043,857	-	16,043,857	16,043,857	-
BNY Mellon, N.A.	BNY Mellon Cash Reserve 0.100% 12/31/2049 DD 06/26/97	-	16,043,857	16,043,857	16,043,857	-
BNY Mellon, N.A.	Long Term Credit Bond Index Fund	75,000,000	-	75,000,000	75,000,000	-
BNY Mellon, N.A.	Long Term Credit Bond Index Fund	-	101,045,963	102,849,547	101,045,963	(1,803,584)
BNY Mellon, N.A.	Walter Scott Group Trust Global Fund	-	16,576,443	9,385,209	16,576,243	7,191,034
BNY Mellon, N.A.	BlackRock US Debt Index	-	18,980,543	17,148,067	18,980,543	1,832,476
BNY Mellon, N.A.	Legal & General Long Duration US Credit Fund	-	29,340,247	30,268,243	29,340,247	(927,996)
BNY Mellon, N.A.	US STRIPS 20+ Year Bond Index Fund	-	10,250,000	10,666,693	10,250,000	(416,693)
BNY Mellon, N.A.	Intermediate Term Credit Bond Index Fund	10,250,000	-	10,250,000	10,250,000	-
BNY Mellon, N.A.	Intermediate Term Credit Bond Index Fund	18,980,543	-	18,980,543	18,980,543	-
BNY Mellon, N.A.	Intermediate Term Credit Bond Index Fund	15,700,000	-	15,700,000	15,700,000	-
BNY Mellon, N.A.	Intermediate Term Credit Bond Index Fund	-	45,899,785	44,930,543	45,899,785	969,242

Schedule of Reportable Transactions - In Liquidation (Continued)

Form 5500, Schedule H, Line 4j
EIN 38-2459948, Plan No. 004
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net (Loss) Gain
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
BNY Mellon, N.A.	iShares MSCI Total International Index Fund Class K					
	Sales - 1	$ -	$ 14,722,131	$ 11,452,484	$ 14,722,131	$ 3,269,647
BNY Mellon, N.A.	iShares Total U.S. Stock Market Index Fund Class K					
	Sales - 1	-	17,130,818	7,835,353	17,130,818	9,295,465
BNY Mellon, N.A.	FH Government Obligations-IS					
	Purchases - 4	267,930,712	-	267,930,712	267,930,712	-
	Sales - 5	-	289,999,859	289,999,859	289,999,859	-
BNY Mellon, N.A.	Intermediate Term Credit Bond Index Fund					
	Purchases - 3	44,930,543	-	44,930,543	44,930,543	-
	Sales -1	-	45,899,785	44,930,543	45,899,785	969,242
BNY Mellon, N.A.	Baird Ultra Short Bond-Inst					
	Purchases - 1	23,000,000	-	23,000,000	23,000,000	-
	Sales - 1	-	16,043,857	16,074,847	16,043,857	(30,990)
BNY Mellon, N.A.	PIMCO Long-Term Credit Bond Fund-Inst					
	Sales - 1	-	29,471,167	35,434,488	29,471,167	(5,963,321)
BNY Mellon, N.A.	BNY Mellon Cash Reserve 0.100% 12/31/2049 DD 06/26/97					
	Purchases - 1	16,043,857	-	16,043,857	16,043,857	-
	Sales - 1	-	16,043,857	16,043,857	16,043,857	-
BNY Mellon, N.A.	Long Term Credit Bond Index Fund					
	Purchases - 1	75,000,000	-	75,000,000	75,000,000	-
	Sales - 1	-	101,045,963	102,849,547	101,045,963	(1,803,584)
BNY Mellon, N.A.	Walter Scott Group Trust Global Fund					
	Sales - 1	-	16,576,443	9,385,209	16,576,243	7,191,034
BNY Mellon, N.A.	BlackRock US Debt Index					
	Sales - 1	-	18,980,543	17,148,067	18,980,543	1,832,476

Schedule of Reportable Transactions - In Liquidation (Continued)

Form 5500, Schedule H, Line 4j
EIN 38-2459948, Plan No. 004
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net (Loss) Gain
BNY Mellon, N.A.	Legal & General Long Duration US Credit Fund Sales - 1	$ -	$ 29,340,247	$ 30,268,243	$ 29,340,247	$ (927,996)
BNY Mellon, N.A.	US STRIPS 20+ Year Bond Index Fund Sales - 1	-	10,250,000	10,666,693	10,250,000	(416,693)

There were no Category (ii) or (iv) reportable transactions during the year.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	1	0	0	0	0	0	0	1
45-49	0	0	0	1	0	4	0	0	0	0	5
50-54	0	0	0	1	1	7	7	2	0	0	18
55-59	0	0	0	0	0	5	8	4	0	0	17
60-64	0	0	0	0	0	1	2	4	3	0	10
65-69	0	0	0	0	0	0	3	0	0	0	3
70 & over	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	3	1	17	20	10	3	0	54

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: MyMichigan Health Pension Plan for ARMC Employees
EIN / PN: 38-2459948/004
Plan Sponsor: MyMichigan Health
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Plan Sponsor

MyMichigan Health

Statement of Assumptions

The assumptions disclosed in this Appendix are for the plan year beginning January 1, 2025.

Economic Assumptions

Interest rate basis

• Applicable month	September	
• Yield curve basis	3-Segment Rates	
Interest rates	**Reflecting Stabilization**	**Not Reflecting Stabilization**
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.35%	5.32%

Annual rates of increase

• Interest rate on employee contributions	4.24%
• Statutory limits on compensation and benefits	2.50%
Plan-related expenses	$696,018

SCHEDULE SB ATTACHMENTS

Demographic and Other Assumptions

Inclusion date	Any person who was a participant in the Alpena Regional Medical Center pension program under the Municipal Employees' Retirement System as of March 31, 2016. No other person is eligible to participate in the Plan.
New or rehired employees	Plan provisions preclude new entry or re-entry into the Plan; no new or rehired employees are anticipated in the valuation.
Benefit commencement dates	
• Preretirement death benefit	Immediately if vested on date of death.
• Deferred vested benefit	Earliest age at which the participant is eligible for unreduced benefits.
• Disability benefit	N/A
• Retirement benefit	Upon termination of employment.
Form of payment	50% of participants are assumed to receive retirement benefits in the form of a single life annuity, and 50% are assumed to receive benefits in the form a joint-and-100%- survivor annuity.
Percent married	100% of males and 100% of females are assumed to have a beneficiary of the opposite gender.
Spouse age	Female is assumed to be 3 years younger than male.
Plan compensation	Pensionable earnings are frozen as of June 30, 2022.

Demographic Assumptions

Mortality:	
• Healthy and disabled lives	Separate rates for non-annuitants (based on Pri-2012 "Employees" table without collar or amount adjustments and then projected forward with generational projection using adjusted Scale MP-2021) and annuitants (based on Pri-2012 "Healthy Annuitants" table (participants and beneficiaries combined) without collar or amount adjustments, projected forward with generational projection using adjusted Scale MP-2021. The rate of future mortality improvement at any age for any year beginning on or after the valuation date is capped at 0.78%.

SCHEDULE SB ATTACHMENTS

Disability rates

None.

Termination (not due to disability or retirement) rates

The following table illustrates the withdrawal assumption for the first five years of employment:

Service	Rate
1	.175
2	.150
3	.120
4	.120

Sample rates after completion of 5 year of Vesting Service are as follows:

Service	Rate
25	.127
30	.101
35	.082
40	.062
45	.067
50	.061
54	.055
55	.000

SCHEDULE SB ATTACHMENTS

Retirement

Rates at which participants are assumed to retire by age are shown below:

Age	Rate
55	.08
56	.08
57	.08
58	.08
59	.08
60	.12
61	.14
62	.22
63	.20
64	.22
65	.45
66	.32
67	.32
68	.25
69	.25
70	1.00

Additional Assumptions

Cash flow

- Timing of benefit payments — Annuity payments are payable monthly at the beginning of the month.
- Amount and timing of contributions — Contributions are assumed to be made throughout the year based on a schedule determined by the plan sponsor.

Methods

Census date — January 1, 2025

Funding target — Present value of accrued benefits as required by regulations under IRC §430.

Target normal cost — Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

SCHEDULE SB ATTACHMENTS

Decrement timing

The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Actuarial value of assets

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

Disability benefits have not been explicitly valued; early and normal retirement valuation provisions are assumed to make adequate provision of these benefits. Non-spousal preretirement death benefits have not been valued, on the basis of their expected incidental impact. All other benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with the Company and, based on that review, is not aware of any other significant benefits required to be valued that were not.

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

Participant data was extracted from the administrative system maintained by the sponsor as of January 1, 2025. Information of assets, contributions and plan provisions was supplied by the plan sponsor. Data were reviewed for reasonableness and consistency, but no audit was performed. We are not aware of any errors or omissions in the data that would have a significant effect on the results our calculations. Contribution information and plan benefits paid during the prior year were provided by the plan sponsor.

Plan Name	**MYMICHIGAN HEALTH PENSION PLAN FOR ARMC EMPLOYEES**
Plan Sponsor EIN	**38-2459948**
ERISA Plan #	**004**
Plan Year Ending	**12/31/2025**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
MYMICHIGAN HEALTH PENSION PLAN FOR ARMC EMPLOYEES

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MYMICHIGAN HEALTH

D Employer Identification Number (EIN)
38-2459948

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	193,253,291
b Actuarial value	**2b**	197,954,410

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	586	170,291,268	170,291,268
b For terminated vested participants	62	9,380,256	9,380,256
c For active participants	54	20,066,723	20,336,506
d Total	702	199,738,247	200,008,030

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	696,018
c Target normal cost	**6c**	696,018

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Kaitlin Kowalski KK
Signature of actuary

10/8/2026
Date

Kaitlin Kowalski
Type or print name of actuary

2608773
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

248-936-7700
Telephone number (including area code)

PO Box 674401

Houston TX 77267
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	15,115,141
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1,102,974
9	Amount remaining (line 7 minus line 8)	0	14,012,167
10	Interest on line 9 using prior year's actual return of 0.83 %	0	116,301
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.10 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	14,128,468

Part III Funding Percentages

14	Funding target attainment percentage	14	91.90 %
15	Adjusted funding target attainment percentage	15	91.90 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	97.84 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/25/2025	8,000,000	0			
		Totals ► 18(b)	8,000,000	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	7,800,994

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	61

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	696,018
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	16,182,088	764,681
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1,460,699

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	275,744	275,744

36 Additional cash requirement (line 34 minus line 35)	**36**	1,184,955
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	7,800,994

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	6,616,039
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	275,744
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-50}p_{50} = l_x / l_{50}$	$q_x^r * l_x / l_{50}$	$x * q_x * l_x / l_{50}$
55	0.08	1,000	1.000000	0.080000	4.400000
56	0.08	920	0.920000	0.073600	4.121600
57	0.08	846	0.846400	0.067712	3.859584
58	0.08	779	0.778688	0.062295	3.613112
59	0.08	716	0.716393	0.057311	3.381375
60	0.12	659	0.659082	0.079090	4.745387
61	0.14	580	0.579992	0.081199	4.953129
62	0.22	499	0.498793	0.109734	6.803535
63	0.20	389	0.389058	0.077812	4.902137
64	0.22	311	0.311247	0.068474	4.382354
65	0.45	243	0.242772	0.109248	7.101095
66	0.32	134	0.133525	0.042728	2.820045
67	0.32	91	0.090797	0.029055	1.946686
68	0.25	62	0.061742	0.015435	1.049612
69	0.25	46	0.046306	0.011577	0.798786
70	1.00	35	0.034730	0.034730	2.431087

Average age at retirement	61.309525
Rounded for Schedule SB item 22	61

Plan Name:	MyMichigan Health Pension Plan for ARMC Employees
EIN / PN:	38-2459948/004
Plan Sponsor:	MyMichigan Health
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Plan Sponsor

MyMichigan Health

Statement of Assumptions

The assumptions disclosed in this Appendix are for the plan year beginning January 1, 2025.

Economic Assumptions

Interest rate basis

• Applicable month	September	
• Yield curve basis	3-Segment Rates	
Interest rates	**Reflecting Stabilization**	**Not Reflecting Stabilization**
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.35%	5.32%

Annual rates of increase

• Interest rate on employee contributions	4.24%
• Statutory limits on compensation and benefits	2.50%
Plan-related expenses	$696,018

SCHEDULE SB ATTACHMENTS

Demographic and Other Assumptions

Inclusion date	Any person who was a participant in the Alpena Regional Medical Center pension program under the Municipal Employees' Retirement System as of March 31, 2016. No other person is eligible to participate in the Plan.
New or rehired employees	Plan provisions preclude new entry or re-entry into the Plan; no new or rehired employees are anticipated in the valuation.
Benefit commencement dates	
• Preretirement death benefit	Immediately if vested on date of death.
• Deferred vested benefit	Earliest age at which the participant is eligible for unreduced benefits.
• Disability benefit	N/A
• Retirement benefit	Upon termination of employment.
Form of payment	50% of participants are assumed to receive retirement benefits in the form of a single life annuity, and 50% are assumed to receive benefits in the form a joint-and-100%- survivor annuity.
Percent married	100% of males and 100% of females are assumed to have a beneficiary of the opposite gender.
Spouse age	Female is assumed to be 3 years younger than male.
Plan compensation	Pensionable earnings are frozen as of June 30, 2022.

Demographic Assumptions

Mortality:	
• Healthy and disabled lives	Separate rates for non-annuitants (based on Pri-2012 "Employees" table without collar or amount adjustments and then projected forward with generational projection using adjusted Scale MP-2021) and annuitants (based on Pri-2012 "Healthy Annuitants" table (participants and beneficiaries combined) without collar or amount adjustments, projected forward with generational projection using adjusted Scale MP-2021. The rate of future mortality improvement at any age for any year beginning on or after the valuation date is capped at 0.78%.

SCHEDULE SB ATTACHMENTS

Disability rates

None.

Termination (not due to disability or retirement) rates

The following table illustrates the withdrawal assumption for the first five years of employment:

Service	Rate
1	.175
2	.150
3	.120
4	.120

Sample rates after completion of 5 year of Vesting Service are as follows:

Service	Rate
25	.127
30	.101
35	.082
40	.062
45	.067
50	.061
54	.055
55	.000

SCHEDULE SB ATTACHMENTS

Retirement

Rates at which participants are assumed to retire by age are shown below:

Age	Rate
55	.08
56	.08
57	.08
58	.08
59	.08
60	.12
61	.14
62	.22
63	.20
64	.22
65	.45
66	.32
67	.32
68	.25
69	.25
70	1.00

Additional Assumptions

Cash flow

- Timing of benefit payments — Annuity payments are payable monthly at the beginning of the month.
- Amount and timing of contributions — Contributions are assumed to be made throughout the year based on a schedule determined by the plan sponsor.

Methods

Census date — January 1, 2025

Funding target — Present value of accrued benefits as required by regulations under IRC §430.

Target normal cost — Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

SCHEDULE SB ATTACHMENTS

Decrement timing

The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Actuarial value of assets

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

Disability benefits have not been explicitly valued; early and normal retirement valuation provisions are assumed to make adequate provision of these benefits. Non-spousal preretirement death benefits have not been valued, on the basis of their expected incidental impact. All other benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with the Company and, based on that review, is not aware of any other significant benefits required to be valued that were not.

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

Participant data was extracted from the administrative system maintained by the sponsor as of January 1, 2025. Information of assets, contributions and plan provisions was supplied by the plan sponsor. Data were reviewed for reasonableness and consistency, but no audit was performed. We are not aware of any errors or omissions in the data that would have a significant effect on the results our calculations. Contribution information and plan benefits paid during the prior year were provided by the plan sponsor.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions was effective June 30, 2025. Benefit responsibilities accrued through March 31, 2016 and related assets were transferred from a predecessor plan, the Municipal Employees' Retirement Plan.

Plan year

The twelve-month period commencing with any January 1 and ending the following December 31.

Covered employees

Any person who was a participant in the Alpena Regional Medical Center pension program under the Municipal Employees' Retirement System as of March 31, 2016. No other person is eligible to participate in the Plan.

Definitions

Credited service

Credited Service as of March 31, 2016, plus 1/12 year for each subsequent calendar month in which the participant has 80 hours of service. Credited Service is frozen as of June 30, 2022.

Vesting service

Vesting Service as of March 31, 2016, plus 1/12 year for each subsequent calendar month in which the participant has 80 hours of service.

Hours of service

Hours of service include:

a. All hours for which an Employee is paid or entitled to payment for the performance of duties for the Medical Center or MidMichigan Health during the applicable computation period.

b. All hours for periods of time during which no duties are performed, up to 501 hours, such as vacation, holiday, illness, incapacity (including disability), layoff, jury duty, military duty or leave of absence.

c. All hours for which back pay is either awarded or agreed to by the Medical Center or MidMichigan Health.

d. Up to 501 hours for absence due to maternity or paternity reasons, for purposes of determining whether a break in service has occurred.

SCHEDULE SB ATTACHMENTS

Pensionable earnings	Salary, wages, longevity and overtime pay, shift differentials, performance and merit pay, pre-tax salary deferrals under Code Sections 125, 132(f), 403(b), and 457(f). Pensionable earnings are frozen as of June 30, 2022.
Final average compensation	The average of the highest 60 consecutive calendar months of Pensionable Earnings while working in Covered Employment. For a participant who has less than five years of Credited Service, the Final Average Compensation is the aggregate of the Pensionable earnings earned while earning Credited Service divided by the amount of the participant's Credited Service.
Normal retirement date (NRD)	First of month following the attainment of the earlier of age 60 with 10 years of Credited Service or age 65 with five years of Credited Service.
Accrued benefit	2% of the Final Average Compensation multiplied by the Credited Service (in years and months). Accrued benefits were frozen as of June 30, 2022.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement after both attaining age 55 and completing 15 years of Vesting Service; or after both attaining age 50 and completing 25 years of Vesting Service.
Postponed retirement	Retirement after NRD.
Disability retirement	Upon total and permanent disability resulting in inability of the participant (as determined by the Plan Administrator) to perform the functions of the same or similar job.
Vested termination	For participants earning at least one Hour of Service after April 1, 2016, benefits accrued through the date of termination will be vested if the participant has earned 5 years of Vesting Service. Benefits are payable commencing at NRD, or upon retirement after satisfaction of early retirement criteria.

Preretirement death	Upon death, if Accrued Benefit is vested.

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD.
Early retirement	Accrued Benefit determined as of the early retirement date, reduced ½% for each month by which commencement precedes Full Retirement Age. For this purpose, 'Full Retirement Age' means the earlier of the age at the Normal Retirement date or, if earlier, after both attaining age 55 and completing 25 years of Credited Service.
Postponed retirement	The monthly pension benefit determined as of the actual retirement date.
Disability retirement	Accrued Benefit as of the date of disability payable commencing immediately for life; certain offsets apply.
Vested termination	Final Average Accrued Benefit as of the date of termination, reduced ½% for each month by which commencement precedes Full Retirement Age. For this purpose, 'Full Retirement Age' means the earlier of the age at the Normal Retirement date or, if earlier, after both attaining age 55 and completing 25 years of Credited Service.
Preretirement death	The surviving spouse of a Participant who dies with a vested benefit shall be eligible to receive a lifetime pension equal to 85% of the participant's Accrued Benefit commencing on the first day of the month after the date of death (for participants actively employed at death), or at the participant's Full Retirement Age (for participants terminated prior the date of death). Smaller nonspousal death benefits are payable in lieu of spousal benefits under certain circumstances.

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment	Normal form of payment: Single life annuity unless married. If married, an actuarially reduced 100% Joint & Survivor benefit unless both the Participant and spouse elect otherwise. Optional forms of payment: 50% and 75% Joint & Spousal Survivor annuities with pop-up, 50%, 75% and 100% Joint & Non-Spousal Survivor annuities with pop-up, Period Certain & Life annuities (60, 120, 180 or 240 minimum monthly payments).
Pension increases	None.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for funding or AFTAP purposes.

Future Plan Changes

The plan was terminated effective June 30, 2025 and assets were distributed in July 2025.

Changes in Benefits Valued Since Prior Year

None.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	1	0	0	0	0	0	0	1
45-49	0	0	0	1	0	4	0	0	0	0	5
50-54	0	0	0	1	1	7	7	2	0	0	18
55-59	0	0	0	0	0	5	8	4	0	0	17
60-64	0	0	0	0	0	1	2	4	3	0	10
65-69	0	0	0	0	0	0	3	0	0	0	3
70 & over	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	3	1	17	20	10	3	0	54

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: MyMichigan Health Pension Plan for ARMC Employees
EIN / PN: 38-2459948/004
Plan Sponsor: MyMichigan Health
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
Shortfall	01/01/2025	11,973,215	15.00000	11,973,215	558,184
Shortfall	01/01/2024	4,106,103	14.00000	3,825,514	186,787
Shortfall	01/01/2023	430,220	13.00000	383,359	19,700
Total				16,182,088	764,681

Plan Name: MyMichigan Health Pension Plan for ARMC Employees
EIN / PN: 38-2459948/004
Plan Sponsor: MyMichigan Health
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-50}p_{50} = l_x / l_{50}$	$q_x^r * l_x / l_{50}$	$x * q_x * l_x / l_{50}$
55	0.08	1,000	1.000000	0.080000	4.400000
56	0.08	920	0.920000	0.073600	4.121600
57	0.08	846	0.846400	0.067712	3.859584
58	0.08	779	0.778688	0.062295	3.613112
59	0.08	716	0.716393	0.057311	3.381375
60	0.12	659	0.659082	0.079090	4.745387
61	0.14	580	0.579992	0.081199	4.953129
62	0.22	499	0.498793	0.109734	6.803535
63	0.20	389	0.389058	0.077812	4.902137
64	0.22	311	0.311247	0.068474	4.382354
65	0.45	243	0.242772	0.109248	7.101095
66	0.32	134	0.133525	0.042728	2.820045
67	0.32	91	0.090797	0.029055	1.946686
68	0.25	62	0.061742	0.015435	1.049612
69	0.25	46	0.046306	0.011577	0.798786
70	1.00	35	0.034730	0.034730	2.431087

Average age at retirement	61.309525
Rounded for Schedule SB item 22	61

Plan Name:	MyMichigan Health Pension Plan for ARMC Employees
EIN / PN:	38-2459948/004
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SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

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Plan year	The twelve-month period commencing with any January 1 and ending the following December 31.
Covered employees	Any person who was a participant in the Alpena Regional Medical Center pension program under the Municipal Employees' Retirement System as of March 31, 2016. No other person is eligible to participate in the Plan.

Definitions

Credited service	Credited Service as of March 31, 2016, plus 1/12 year for each subsequent calendar month in which the participant has 80 hours of service. Credited Service is frozen as of June 30, 2022.
Vesting service	Vesting Service as of March 31, 2016, plus 1/12 year for each subsequent calendar month in which the participant has 80 hours of service.
Hours of service	Hours of service include: a. All hours for which an Employee is paid or entitled to payment for the performance of duties for the Medical Center or MidMichigan Health during the applicable computation period. b. All hours for periods of time during which no duties are performed, up to 501 hours, such as vacation, holiday, illness, incapacity (including disability), layoff, jury duty, military duty or leave of absence. c. All hours for which back pay is either awarded or agreed to by the Medical Center or MidMichigan Health. d. Up to 501 hours for absence due to maternity or paternity reasons, for purposes of determining whether a break in service has occurred.

SCHEDULE SB ATTACHMENTS

Pensionable earnings	Salary, wages, longevity and overtime pay, shift differentials, performance and merit pay, pre-tax salary deferrals under Code Sections 125, 132(f), 403(b), and 457(f). Pensionable earnings are frozen as of June 30, 2022.
Final average compensation	The average of the highest 60 consecutive calendar months of Pensionable Earnings while working in Covered Employment. For a participant who has less than five years of Credited Service, the Final Average Compensation is the aggregate of the Pensionable earnings earned while earning Credited Service divided by the amount of the participant's Credited Service.
Normal retirement date (NRD)	First of month following the attainment of the earlier of age 60 with 10 years of Credited Service or age 65 with five years of Credited Service.
Accrued benefit	2% of the Final Average Compensation multiplied by the Credited Service (in years and months). Accrued benefits were frozen as of June 30, 2022.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement after both attaining age 55 and completing 15 years of Vesting Service; or after both attaining age 50 and completing 25 years of Vesting Service.
Postponed retirement	Retirement after NRD.
Disability retirement	Upon total and permanent disability resulting in inability of the participant (as determined by the Plan Administrator) to perform the functions of the same or similar job.
Vested termination	For participants earning at least one Hour of Service after April 1, 2016, benefits accrued through the date of termination will be vested if the participant has earned 5 years of Vesting Service. Benefits are payable commencing at NRD, or upon retirement after satisfaction of early retirement criteria.

Preretirement death	Upon death, if Accrued Benefit is vested.

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD.
Early retirement	Accrued Benefit determined as of the early retirement date, reduced ½% for each month by which commencement precedes Full Retirement Age. For this purpose, 'Full Retirement Age' means the earlier of the age at the Normal Retirement date or, if earlier, after both attaining age 55 and completing 25 years of Credited Service.
Postponed retirement	The monthly pension benefit determined as of the actual retirement date.
Disability retirement	Accrued Benefit as of the date of disability payable commencing immediately for life; certain offsets apply.
Vested termination	Final Average Accrued Benefit as of the date of termination, reduced ½% for each month by which commencement precedes Full Retirement Age. For this purpose, 'Full Retirement Age' means the earlier of the age at the Normal Retirement date or, if earlier, after both attaining age 55 and completing 25 years of Credited Service.
Preretirement death	The surviving spouse of a Participant who dies with a vested benefit shall be eligible to receive a lifetime pension equal to 85% of the participant's Accrued Benefit commencing on the first day of the month after the date of death (for participants actively employed at death), or at the participant's Full Retirement Age (for participants terminated prior the date of death). Smaller nonspousal death benefits are payable in lieu of spousal benefits under certain circumstances.

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment	Normal form of payment: Single life annuity unless married. If married, an actuarially reduced 100% Joint & Survivor benefit unless both the Participant and spouse elect otherwise. Optional forms of payment: 50% and 75% Joint & Spousal Survivor annuities with pop-up, 50%, 75% and 100% Joint & Non-Spousal Survivor annuities with pop-up, Period Certain & Life annuities (60, 120, 180 or 240 minimum monthly payments).
Pension increases	None.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for funding or AFTAP purposes.

Future Plan Changes

The plan was terminated effective June 30, 2025 and assets were distributed in July 2025.

Changes in Benefits Valued Since Prior Year

None.

Plan Name	**MYMICHIGAN HEALTH PENSION PLAN FOR ARMC EMPLOYEES**
Plan Sponsor EIN	**38-2459948**
ERISA Plan #	**004**
Plan Year Ending	**12/31/2025**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
Shortfall	01/01/2025	11,973,215	15.00000	11,973,215	558,184
Shortfall	01/01/2024	4,106,103	14.00000	3,825,514	186,787
Shortfall	01/01/2023	430,220	13.00000	383,359	19,700
Total				16,182,088	764,681

Plan Name: MyMichigan Health Pension Plan for ARMC Employees
EIN / PN: 38-2459948/004
Plan Sponsor: MyMichigan Health
Valuation Date: January 1, 2025