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
THE PLAN FOR GROUP INSURANCE

1b Three-digit plan number (PN) ▶ 580

1c Effective date of plan 01/01/2002

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)
VERIZON COMMUNICATIONS INC.

ONE VERIZON WAY,
BASKING RIDGE, NJ 07920

2b Employer Identification Number (EIN) 23-2259884

2c Plan Sponsor's telephone number 908-559-3342

2d Business code (see instructions) 517000

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.	10/13/2026	ARLEEN PRESTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

CHAIRPERSON OF THE VERIZON EMPLOYEE BENEFITS COMMITTEE

ONE VERIZON WAY,
BASKING RIDGE, NJ 07920

3b Administrator's EIN: 30-0940361

3c Administrator's telephone number: 908-559-3342

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	74041
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)**	69001
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	58787
b	Retired or separated participants receiving benefits	**6b**	7817
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	66604
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [X] **A** (Insurance Information) – Number Attached 27
- (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
THE PLAN FOR GROUP INSURANCE

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
VERIZON COMMUNICATIONS INC.

D Employer Identification Number (EIN)
23-2259884

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0144481	201	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
0	165

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

AMERICAN BENEFITS & COMP SYSTEMS
101 PARK AVE
14TH FLOOR
NEW YORK, NY 10178

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	165	NON-MONETARY COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	
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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
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)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
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)**	
(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)**	
(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**	36746
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
THE PLAN FOR GROUP INSURANCE

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
VERIZON COMMUNICATIONS INC.

D Employer Identification Number (EIN)
23-2259884

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-5581829	65978	119015	3341	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
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	
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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
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)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	5245219	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	-35866	
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	5209353
b	Benefit charges (1) Claims paid	9b(1)	6769391	
	(2) Increase (decrease) in claim reserves	9b(2)	3265373	
	(3) Incurred claims (add (1) and (2))		9b(3)	10034764
	(4) Claims charged		9b(4)	10034764
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)	1260663	
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)	-6086074	
	(H) Total retention		9c(1)(H)	-4825411
	(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)	75933504
	(2) Claim reserves		9d(2)	133110726
	(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 [X] No

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
THE PLAN FOR GROUP INSURANCE

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
VERIZON COMMUNICATIONS INC.

D Employer Identification Number (EIN)
23-2259884

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
PRUDENTIAL INSURANCE COMPANY OF AMERICA

(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
22-1211670	68241	50904-1	21060	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
26632	0

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

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

AMERICAN BENEFITS & COMP SYSTEMS
101 PARK AVENUE
14TH FLOOR
NEW YORK, NY 10178

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26632			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	
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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
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)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
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)**	
(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)**	
(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**	10419651
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
THE PLAN FOR GROUP INSURANCE

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
VERIZON COMMUNICATIONS INC.

D Employer Identification Number (EIN)
23-2259884

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
PRUDENTIAL INSURANCE COMPANY OF AMERICA

(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
22-1211670	68241	50904-2	2175	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
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	
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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
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)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
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)**	
(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)**	
(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**	1294678
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
THE PLAN FOR GROUP INSURANCE

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
VERIZON COMMUNICATIONS INC.

D Employer Identification Number (EIN)
23-2259884

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
PRUDENTIAL INSURANCE COMPANY OF AMERICA

(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
22-1211670	68241	51389-LTC	145	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
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	
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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
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)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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)	
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)	
	(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)	
	(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	519094
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
THE PLAN FOR GROUP INSURANCE

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
VERIZON COMMUNICATIONS INC.

D Employer Identification Number (EIN)
23-2259884

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
ACE AMERICAN 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
95-2371728	22667	N1087712A	65929	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
21993	0

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

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

MERCER HEALTH & BENEFITS LLC
1166 AVENUE OF THE AMERICAS
23RD FLOOR
NEW YORK, NY 10036

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
21993			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	
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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
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)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

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) ▶ ACCIDENTAL DEATH & DISMEMBERMENT

9 Experience-rated contracts:

a	Premiums: (1) Amount received	**9a(1)**		
	(2) Increase (decrease) in amount due but unpaid	**9a(2)**		
	(3) Increase (decrease) in unearned premium reserve	**9a(3)**		
	(4) Earned (**(1)** + **(2)** - **(3)**)		**9a(4)**	
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)**	
	(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)**	
	(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**	219934
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
THE PLAN FOR GROUP INSURANCE

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
VERIZON COMMUNICATIONS INC.

D Employer Identification Number (EIN)
23-2259884

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
AETNA LIFE INSURANCE CO.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
06-6033492	60054	0719987	152466	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
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	
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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
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)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [X] Dental
- **c** [ ] Vision
- **d** [ ] 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)	
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)	
(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)	
(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	61694152
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
THE PLAN FOR GROUP INSURANCE

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
VERIZON COMMUNICATIONS INC.

D Employer Identification Number (EIN)
23-2259884

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
AETNA HEALTH INC

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
23-2169745	95109	E00063633396	2	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
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	
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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
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)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] 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)	
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)	
(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)	
(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	6226
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
THE PLAN FOR GROUP INSURANCE

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
VERIZON COMMUNICATIONS INC.

D Employer Identification Number (EIN)
23-2259884

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
AETNA LIFE INSURANCE CO.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
06-6033492	60054	E00067097567PPO	1799	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
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	
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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
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)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [X] 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)	
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)	
(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)	
(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	159579
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
THE PLAN FOR GROUP INSURANCE

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
VERIZON COMMUNICATIONS INC.

D Employer Identification Number (EIN)
23-2259884

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
CIGNA HEALTH AND 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
59-1031071	67369	08358C	2	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
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	
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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
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)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [X] 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)	
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)	
(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)	
(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	22397
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
THE PLAN FOR GROUP INSURANCE

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
VERIZON COMMUNICATIONS INC.

D Employer Identification Number (EIN)
23-2259884

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY (DAVIS VISION)

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-5581829	65978	710	707	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
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	
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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
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)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
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)	
(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)	
(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	5675
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
THE PLAN FOR GROUP INSURANCE

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
VERIZON COMMUNICATIONS INC.

D Employer Identification Number (EIN)
23-2259884

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
EYEMED VISION CARE (EYEMED)

(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
43-0949844	71870	9762881	16	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	
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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
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)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
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)	
(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)	
(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	621
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

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

A Name of plan
THE PLAN FOR GROUP INSURANCE

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
VERIZON COMMUNICATIONS INC.

D Employer Identification Number (EIN)
23-2259884

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
HEALTH NET

(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
95-4402957	95567	5028DA/5028BN	64	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
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	
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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
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)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] 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)	
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)	
(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)	
(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	1013896
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
THE PLAN FOR GROUP INSURANCE

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
VERIZON COMMUNICATIONS INC.

D Employer Identification Number (EIN)
23-2259884

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
HIGHMARK INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1294723	54771	014119	1	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
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	
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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
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)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] 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)	
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)	
(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)	
(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	768
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
THE PLAN FOR GROUP INSURANCE

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
VERIZON COMMUNICATIONS INC.

D Employer Identification Number (EIN)
23-2259884

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
HAWAII MEDICAL SERVICE ASSOCIATION

(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
99-0040115	49948	017670-1	90	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
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	
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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
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)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [X] 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)	
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)	
(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)	
(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	1163317
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
THE PLAN FOR GROUP INSURANCE

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
VERIZON COMMUNICATIONS INC.

D Employer Identification Number (EIN)
23-2259884

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
HUMANA 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
39-1263473	73288	176230	15	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
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	
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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
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)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [X] 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)	
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)	
(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)	
(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	44415
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
THE PLAN FOR GROUP INSURANCE

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
VERIZON COMMUNICATIONS INC.

D Employer Identification Number (EIN)
23-2259884

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
HUMANA MEDICAL PLAN, INC.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
61-1103898	95270	176230	17	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
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	
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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
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)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] 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)	
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)	
(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)	
(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	6217
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
THE PLAN FOR GROUP INSURANCE

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
VERIZON COMMUNICATIONS INC.

D Employer Identification Number (EIN)
23-2259884

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

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF GEORGIA

(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
58-1592076	96237	10066	686	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
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	
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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
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)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] 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)	
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)	
(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)	
(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	5564273
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
THE PLAN FOR GROUP INSURANCE

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
VERIZON COMMUNICATIONS INC.

D Employer Identification Number (EIN)
23-2259884

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

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN, INC. (HAWAII)

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
94-1340523	60053	00097	32	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
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	
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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
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)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] 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)	
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)	
(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)	
(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	508992
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
THE PLAN FOR GROUP INSURANCE

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
VERIZON COMMUNICATIONS INC.

D Employer Identification Number (EIN)
23-2259884

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

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
52-0954463	95639	14455	731	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
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	
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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
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)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] 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)	
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)	
(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)	
(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	6016343
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
THE PLAN FOR GROUP INSURANCE

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
VERIZON COMMUNICATIONS INC.

D Employer Identification Number (EIN)
23-2259884

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

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN INC, (NORTHERN CA)

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
94-1340523	00000	33222/33227	1245	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
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	
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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
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)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] 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)	
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)	
(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)	
(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	9695957
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
THE PLAN FOR GROUP INSURANCE

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
VERIZON COMMUNICATIONS INC.

D Employer Identification Number (EIN)
23-2259884

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

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

(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
93-0798039	95540	1344	107	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
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	
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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
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)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] 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)	
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)	
(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)	
(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	761259
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
THE PLAN FOR GROUP INSURANCE

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
VERIZON COMMUNICATIONS INC.

D Employer Identification Number (EIN)
23-2259884

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

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN, INC. (SOUTHERN CA)

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
94-1340523	00000	106000	2349	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
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	
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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
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)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] 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)	
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)	
(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)	
(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	16107530
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

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

A Name of plan
THE PLAN FOR GROUP INSURANCE

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
VERIZON COMMUNICATIONS INC.

D Employer Identification Number (EIN)
23-2259884

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
PRUDENTIAL INSURANCE COMPANY OF AMERICA

(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
22-1211670	68241	50901 APA		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
0	0

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

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

(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	3459385
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
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)	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
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)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
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)**	
(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)**	
(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 [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

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

A Name of plan
THE PLAN FOR GROUP INSURANCE

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
VERIZON COMMUNICATIONS INC.

D Employer Identification Number (EIN)
23-2259884

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
PRUDENTIAL INSURANCE COMPANY OF AMERICA

(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
22-1211670	68241	50901-1	66385	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
146787	7161

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

AMERICAN BENEFITS & COMPENSATION SYSTEMS INC.
101 PARK AVE 14TH FLOOR
NEW YORK, NY 10178

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
146787			3

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

IMG
2960 NORTH MERIDIAN STREET
INDIANAPOLIS, IN 46208

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	7161	THIRD PARTY ADMINISTRATION FEES	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	
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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
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)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
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)**	
(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)**	
(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**	14244772
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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▶ **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

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

A Name of plan
THE PLAN FOR GROUP INSURANCE

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
VERIZON COMMUNICATIONS INC.

D Employer Identification Number (EIN)
23-2259884

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
PRUDENTIAL INSURANCE COMPANY OF AMERICA

(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
22-1211670	68241	50901-2	55002	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
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	
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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
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)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
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)**	
(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)**	
(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**	31383889
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
THE PLAN FOR GROUP INSURANCE

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
VERIZON COMMUNICATIONS INC.

D Employer Identification Number (EIN)
23-2259884

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
UNITEDHEALTHCARE BENEFITS OF TEXAS, INC.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
33-0115163	95174	H0609	1	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
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	
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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
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)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] 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)	
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)	
(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)	
(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	3183
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE PLAN FOR GROUP INSURANCE

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
VERIZON COMMUNICATIONS INC.

D Employer Identification Number (EIN)
23-2259884

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GMO EMER COUNTRY DEBT FUND CLASS IV

04-6757436

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GMO HIGH YIELD FUND CLASS VI

82-4512611

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GMO MULTI-ASSET CREDIT FND CLASS IV

33-1368504

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GMO MULTI-SECTOR FIXED INCOME FUND

04-3363496

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GMO OPPORTUNISTIC INCOME FUND

76-0719520

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

GRANTHAM,MAYO,VAN OTTERLOO&CO (GMO)

04-2691242

(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 52 55 57 59 71	NONE	369997	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

ALLIANCE BERNSTEIN LP.

13-4064930

(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	207085	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

AON HEWITT INVESTMENT

36-3109431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	108290	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

THE BANK OF NEW YORK 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?
18 19 21 28 49 50 51	TRUSTEE	107499	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

VERIZON COMMUNICATIONS INC.

23-2259884

(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?
14 50	EMPLOYER	49835	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

THOMPSON HINE LLP

34-0575300

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	8837	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)

COMPSYCH

35-3739783

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 73	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	6273	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
COMPSYCH	13 73	6273
(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.	
PRUDENTIAL INSURANCE CO OF AMERICA 22-1211670	THIRD PARTY ADMINISTRATION FEES	

(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
THE PLAN FOR GROUP INSURANCE

B Three-digit plan number (PN) ▶ 580

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
VERIZON COMMUNICATIONS INC.

D Employer Identification Number (EIN)
23-2259884

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: CF SL ACWI FUND

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

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)
35-6787007-001	C	72117708

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE PLAN FOR GROUP INSURANCE

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
VERIZON COMMUNICATIONS INC.

D Employer Identification Number (EIN)
23-2259884

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	61549	86882
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	29180	13420
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	18489640	16613125
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	69671464	76902944
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	90224026	101538512
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	53558497	72117708
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2967218	2574025
(15) Other	1c(15)	2836392	3376206

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	237837966	273222822
Liabilities			
1g Benefit claims payable	1g	137146000	141326000
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	137146000	141326000
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	100691966	131896822

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)	1438331319	
(B) Participants	2a(1)(B)	251106132	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1689437451
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3710542	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3710542
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	2425700	
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2425700
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	12966290	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		12966290
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	9625877	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		9625877

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		14132526
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		12914
d Total income. Add all **income** amounts in column (b) and enter total	2d		1732311300
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1528880098	
(2) To insurance carriers for the provision of benefits	2e(2)	169527638	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1698407736
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	1831595	
(2) Contract administrator fees	2i(2)	53047	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	676515	
(6) Bank or trust company trustee/custodial fees	2i(6)	16028	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	8682	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	112841	
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2698708
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1701106444
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		31204856
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MITCHELL & TITUS, LLP **(2)** EIN: 13-2781641

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		100000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

EIN 23-2259884 P/N 580

THE PLAN FOR GROUP INSURANCE

Financial Statements and Supplemental Schedules
As of December 31, 2025 and 2024 and
For the Year Ended December 31, 2025
With Independent Auditor's Report

EIN 23-2259884 P/N 580

THE PLAN FOR GROUP INSURANCE

December 31, 2025 and 2024

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* *All other schedules required by Section 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted as they are not applicable or not required.*

MITCHELL TITUS

INDEPENDENT AUDITOR'S REPORT

Verizon Employee Benefits Committee
The Plan for Group Insurance

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of The Plan for Group Insurance (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and benefit obligations as of December 31, 2025 and 2024, the related statements of changes in net assets available for benefits and changes in benefit obligations for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 1 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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MITCHELL TITUS

- The information in the accompanying financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by 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 Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

Management is also responsible for maintaining a current plan instrument, including all Plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions,

misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

MITCHELL TITUS

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2025 and of reportable transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedules related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Mitchell & Titus, LLP

October 12, 2026

EIN 23-2259884 P/N 580

THE PLAN FOR GROUP INSURANCE

Statements of Net Assets Available for Benefits

As of December 31, 2025 and 2024

(in thousands)

	2025	2024
Assets		
Investments, at fair value		
Welfare Trust for the Verizon Long-Term Disability VEBA	$ 270,649	$ 234,871
Assets held by the insurance carrier	2,574	2,967
Total assets	273,223	237,838
Net assets available for benefits	**$ 273,223**	**$ 237,838**

The accompanying notes are an integral part of these financial statements.

EIN 23-2259884 P/N 580

THE PLAN FOR GROUP INSURANCE

Statement of Changes in Net Assets Available for Benefits

For the year ended December 31, 2025

(in thousands)

	2025
Investment income	
Net increase in Plan's interest in Welfare Trust for the Verizon Long-Term Disability VEBA	$ 41,865
Interest income	159
Total investment income	42,024
Contributions	
Employer	1,438,331
Participants	251,106
Total contributions	1,689,437
Deductions	
Benefits paid to participants	1,524,700
Payments to insurance carriers	169,528
Administrative expenses	1,848
Total deductions	1,696,076
Net increase	35,385
Net assets available for benefits - beginning of year	237,838
Net assets available for benefits - end of year	**$ 273,223**

The accompanying notes are an integral part of these financial statements.

EIN 23-2259884 P/N 580

THE PLAN FOR GROUP INSURANCE

Statements of Plan's Benefit Obligations

As of December 31, 2025 and 2024

(in thousands)

	2025	2024
Amounts currently payable		
Claims incurred but not reported	$ 141,326	$ 137,146
Total amounts currently payable	141,326	137,146
Postretirement benefit obligations, net of amounts currently payable		
Current retirees	204,249	212,762
Other participants fully eligible for benefits	19,091	18,366
Other participants not yet fully eligible for benefits	6,112	6,520
Total postretirement benefit obligations	229,452	237,648
Long-term disability benefits		
Claims incurred but not reported reserve	9,853	9,844
Long-term disability benefits reserve	135,558	131,090
Total long-term disability benefits obligations	145,411	140,934
Plan's total benefit obligations	**$ 516,189**	**$ 515,728**

The accompanying notes are an integral part of these financial statements.

EIN 23-2259884 P/N 580

THE PLAN FOR GROUP INSURANCE

Statement of Changes in Plan's Benefit Obligations

For the year ended December 31, 2025

(in thousands)

		2025
Amounts currently payable		
Balance at beginning of year	$	137,146
Claims and benefits reported and approved for payment, including benefits reclassified from benefit obligations		1,698,408
Claims and premiums paid		(1,694,228)
Balance at end of year		141,326
Postretirement benefit obligations, net of amounts currently payable		
Balance at beginning of year	$	237,648
Increase/(decrease) in postretirement benefits attributable to:		
Benefits reclassified to amounts currently payable		(23,266)
Benefits earned		278
Interest		12,537
Changes in actuarial assumptions and other (gains)/losses		2,255
Net decrease		(8,196)
Balance at end of year		229,452
Long-term disability benefits		
Balance at beginning of year	$	140,934
Increase/(decrease) in postretirement benefits attributable to:		
Benefits reclassified to amounts currently payable		(24,097)
Benefits earned		24,577
Interest		6,362
Changes in actuarial assumptions and other (gains)/losses		(2,365)
Net increase		4,477
Balance at end of year		145,411
Plan's total benefit obligations at end of year	**$**	**516,189**

The accompanying notes are an integral part of these financial statements.

1. Plan Description

The following description of The Plan for Group Insurance (the "Plan") provides only general information on the Plan's provisions. Participants should refer to the applicable summary plan description and plan document for a complete description of the Plan's provisions. The Plan is an employee welfare benefit plan subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Plan Benefits

The Plan covers active employees and certain retired employees of Verizon Communications Inc. or its subsidiaries (the "Company"). The Plan provides the following benefits: (1) Active and non-Medicare eligible disabled Management employees: medical, dental, vision, short-term disability ("STD") and long-term disability ("LTD"), long-term care ("LTC"), basic life insurance, basic accidental death and dismemberment ("AD&D") insurance, supplemental life insurance, supplemental AD&D insurance and business travel accident ("BTA") insurance; (2) Active and disabled West Associate Employees: medical, dental, vision, STD and LTD, basic and supplemental life insurance, basic AD&D insurance for certain union populations, supplemental AD&D insurance and BTA insurance; and (3) West Associate Retirees (with a retirement date on or after January 1, 2011): medical, dental, vision, and West Associate Retirees (regardless of retirement date): basic and supplemental life insurance.

Current medical and dental claim payments of active and retired participants, their dependents and beneficiaries may be fully insured under group insurance contracts with multiple Health Maintenance Organizations ("HMOs") including Medicare Advantage plans in different geographic regions, a national Group Medicare Advantage PPO and one regional Dental Maintenance Organization ("DMO"). The Plan transfers 100% of the risk of payment for services to the national Group Medicare Advantage PPO insurer or these individual HMOs and DMO. Certain medical and dental plans are self-insured. Participant's benefits are based on their employment status or union contract. Additionally, the LTD plans provide benefits that are self-insured. The life insurance benefits are fully insured under the group insurance contracts with Prudential Insurance Company of America ("Prudential" or the "Insurance Carrier"). The Plan has "non-experience-rated" contracts. In the collective bargaining agreements ratified in June 2016, Verizon's annual postretirement benefit obligation ("PBO") for retiree healthcare remains capped at the levels established by the previous contracts ratified in 2012. Effective January 2016, certain retirees began to pay for the costs of retiree healthcare in accordance with the provisions relating to caps in the previous contracts. In reaching new collective bargaining agreements in 2016, there is a mutual understanding that the substantive postretirement benefit plans provide that Verizon's annual PBO for retiree healthcare is capped and, accordingly, the Plan began accounting for the contractual healthcare caps in June 2016.

Funding Policy

Company and participant contributions are intended to fund current claims and insurance premiums under the Plan. The Company and active employees and retirees make contributions to the Plan on a monthly basis. Employee and retiree contributions to the Plan are established by the Company and are based upon the number of dependents covered and the level of coverage selected. Employer contributions are made each year, in addition to employee and retiree contributions to cover current benefit payments.

Retiree contributions were as follows:

West Post-2010 Retirees (Subject to the 1995 and 1996 subsidy caps) (Pre-Medicare and Medicare eligible participants)	Varies by multiple factors such as collective bargaining agreement, contract effective date, years of service, age, age at retirement and Medicare eligibility. Company subsidy ranges from a monthly fixed rate to a service subsidy rate ranging from 20% to 100%.

Retiree contributions were approximately $2.7 million for the year ended December 31, 2025.

The Plan's deficiency of net assets over benefit obligations as of December 31, 2025 and 2024, relates primarily to its PBO and will be funded in accordance with the terms of the Plan. However, such payments are subject to the Company's right to amend or terminate the Plan, subject to any applicable collective bargaining obligations.

Plan Assets

Voluntary Employees' Beneficiary Association Trust ("VEBA"), as defined in Section 501(c)(9) of the Internal Revenue Code (the "IRC"), is the vehicle through which the Company funds certain benefits of the Plan.

Plan assets covering the participants are held in one or more of the following trusts: (1) the Welfare Trust for the Verizon Long-Term Disability VEBA (the "LTD Trust"), (2) the WorldCom Welfare Trust (the "WorldCom Trust"), and (3) the Welfare Trust for the GTE Bargained Retired Group Insurance Plan (the "Bargained Retired Trust"). The LTD Trust, WorldCom Trust and Bargained Retired Trust (collectively the "Trusts") were established as VEBAs. The Bank of New York (the "Trustee") is the trustee of the Trusts.

As of December 31, 2025 and 2024, the Bargained Retired Trust held no assets.

The Plan has a 100% interest in the WorldCom Trust's investments and investment activities. As of December 31, 2025 and 2024, the trust held no assets.

Additional Plan assets were held by Prudential in the Advance Premium Account ("APA").

Information Certified by the Trustee

As of December 31, 2025 and 2024, and for the year ended December 31, 2025, the investments in the Trusts and the related investment activities, which are included in the financial statements, have been obtained or derived from information certified as complete and accurate by the Trustee.

Information Certified by Prudential

As of December 31, 2025 and 2024, and for the year ended December 31, 2025, the investment assets held in the APA and the related investment income or loss, which are disclosed in the accompanying financial statements and supplemental schedules, have been obtained or derived from information certified as complete and accurate by Prudential.

Plan Termination

Although it has not expressed any intention to do so, the Verizon Employee Benefits Committee or the Company reserves the right to amend or terminate the Plan subject to the provisions of ERISA and the collective bargaining agreements. No amendment to or termination of the Plan shall cause or permit the assets of the Plan held in the Trusts to be used for any purpose other than the defrayal of administrative expenses and payments of benefits on behalf of participants. Upon termination, the assets of the Plan shall be used to pay benefits that participants have become entitled to receive and pay administrative expenses incurred by the Plan and Trusts in connection with the termination.

2. Summary of Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting and in conformity with generally accepted accounting principles in the United States ("U.S. GAAP").

Use of Estimates

U.S. GAAP requires Plan management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Administrative Expenses

Administrative expenses are paid either out of the Plan's assets or by the Company.

Payment of Benefits and Premiums

Benefits and premiums are recorded when paid.

Claims Incurred But Not Reported

Plan obligations at year end for claims incurred but not reported ("IBNR") are estimated by the Plan's actuary in accordance with generally accepted actuarial principles based on existing Plan provisions and claims data provided by the Plan's third-party claims administrators. IBNR claims represent estimated benefits that have been earned by participants but not yet received, processed, or paid on behalf of the Plan.

Investment Valuation and Income Recognition

The Statement of Changes in Net Assets Available for Benefits reflects the Plan's share in the investment activities of the assets held by Prudential and the net increase/(decrease) in the Plan's interest in the Trusts, which consist of the realized gains or losses and unrealized appreciation/(depreciation) in fair value of investments as well as interest and dividends earned. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation/(depreciation) includes gains and losses on investments bought and sold, as well as held during the year.

3. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2 – Inputs to the valuation methodology include

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specific (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

4. Postretirement Benefit Obligations

A PBO has been recognized for retiree welfare benefits for eligible participants and their dependents upon retirement. The PBO, which is determined by an actuary, represents the actuarial present value of those estimated future benefits, net of retiree contributions, which are attributed to employee service rendered through December 31, 2025 and 2024. Postretirement benefits include future benefits expected to be paid to (1) currently retired or terminated employees and their dependents or beneficiaries, and (2) active employees and their dependents or beneficiaries after retirement from service with the Company. Prior to an active employee's full eligibility date, the PBO is the portion of the expected PBO that is attributed to that employee's service rendered to the valuation date. The PBO also includes an amount that results from applying actuarial assumptions to company-provided retiree life insurance benefits.

The gross medical cost trend rates in 2025 for postretirement benefits were approximately 8.80% (pre-65) and 10.50% (post-65). The rates are assumed to decrease to an ultimate rate of 4.50% by 2034 for pre-65 and post-65.

The gross medical cost trend rates in 2024 for postretirement benefits were approximately 7.80% (pre-65) and 9.70% (post-65). The rates in 2024 were assumed to decrease to an ultimate rate of 4.50% by 2034 for pre-65 and post-65.

A one-percentage point increase in the assumed healthcare cost trend rates for each future year would have decreased the accumulated PBO by approximately $4.1 million and $4.6 million as of December 31, 2025 and 2024, respectively.

The assumed discount rate used to measure the accumulated PBO for retiree medical and life insurance benefits was 5.19% and 5.54% as of December 31, 2025 and 2024, respectively.

The mortality table used for the December 31, 2025 PBO was the PRI-2012 fully generational table with a blue collar version for associates and a white collar version for managers. The projection scale used was the MP-2021, with a long-term COVID-19 adjustment.

The mortality table used for the December 31, 2024 PBO was the PRI-2012 fully generational table with a blue collar version for associates and a white collar version for managers. The projection scale used was the MP-2021, with a long-term COVID-19 adjustment.

Long-Term Disability Benefit Obligations

A benefit obligation has been recognized for LTD benefits for eligible participants and their dependents. The benefit obligation, which is determined by an actuary, represents the actuarial present value of those estimated future benefits, net of retiree contributions, for those employees currently on LTD. This includes welfare continuation benefits as well as life insurance continuation benefits and income replacement benefits for certain employees.

The benefit obligation is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual claims-costs per participant adjusted for the time value of money and the probability of payment between the valuation date and the expected date of payment. The benefit obligation also includes an amount that results from applying actuarial assumptions to company-provided life insurance benefits as well as company-provided income replacement benefits.

The assumed discount rate to measure the benefit obligation for LTD benefits was 5.53% and 4.93% as of December 31, 2025 and 2024, respectively. The gross medical cost trend rate in 2025 for medical continuation benefits was approximately 7.50%. The rate is assumed to decrease to an ultimate rate of 4.70% by 2034. The mortality/recovery table used in both 2025 and 2024 is the 2012 Group Long-Term Disability Table.

When necessary, the Company contributes to the Plan an amount sufficient to provide for the Plan benefit obligations as they become due.

The foregoing assumptions are based on the presumption that the Plan will continue. Should the Plan terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the PBO and the LTD benefit obligations.

5. Assets held by Prudential

Assets held in the APA are recorded at contract value as determined by Prudential. Contract value equals contributions and reinvested income, less any withdrawals plus accrued interest. The contract value of the investment contracts as of December 31, 2025 and 2024 approximates fair value due to the short-term nature of the funds.

The APA was established with funds that were transferred from the former carrier, Metropolitan Life Insurance Company's ("MetLife") Premium Stabilization Reserves ("PSR"), which represent accumulated employee paid program surpluses from prior years that may be used to supplement or replace employee premiums for life insurance benefits. The funds are included in the general account and the interest earned is aligned with the expected yield of short-term Federal Government Treasury instruments since these funds can be withdrawn on demand from the APA at the Company's discretion.

The fair value of the assets held in the APA was $2.6 million and $3.0 million as of December 31, 2025 and 2024, respectively, consisting of short-term investments measured under the fair value guidance at Level 2. The investment income of the APA for the year ended December 31, 2025 was $159,409.

6. Welfare Trust for the Verizon Long-Term Disability VEBA

The Plan has a 100% interest in the LTD Trust's investments and investment activities. The investments measured at NAV of $72.1 million and $53.6 million as of December 31, 2025 and 2024, respectively, consist of U.S. equity securities with a daily redemption frequency and redemption notice.

Commingled funds not traded on national exchanges are valued by the custodian or fund administrator at their NAV. Commingled funds held by third-party custodians appointed by the fund managers provide the fund managers with a NAV. The fund managers have the responsibility for providing this information to the custodian of the respective plan. Commingled funds for which fair value is measured using the NAV per share as a practical expedient are not leveled within the fair value hierarchy and are included as a component of the total investments in the LTD Trust.

The following table sets forth by level, within the fair value hierarchy, the investments of the LTD Trust and an interest in a Non-taxable Limited Partnership (the "NLP") at December 31, 2025 and 2024, was as follows (in thousands):

	2025	2024
Cash and cash equivalents	$ 3,255	$ 8,091
Total investments in the fair value hierarchy	**3,255**	**8,091**
Investments measured at NAV	72,118	53,558
Interest in NLP	195,189	173,160
Plus: Net receivables	87	62
Total net assets at fair value	**$ 270,649**	**$ 234,871**

Cash and cash equivalents are measured under the fair value guidance at Level 2. The net investment income of the LTD Trust for the year ended December 31, 2025, including interest and net appreciation in the fair value of investments, was approximately $41.9 million.

7. Limited Partnership

Certain VEBAs formed a NLP to enhance investment returns. Each participating VEBA has a partnership interest in proportion to its VEBA assets held by the NLP. The Plan's interest in the NLP was approximately $195.2 million and $173.2 million as of December 31, 2025 and 2024, respectively.

The Plan's interest in the fair value of the investments in the NLP and the related investment gains or losses are reported in "Investments, at fair value" and "Investment income (loss)" in the Statements of Net Assets Available for Benefits and in the Statement of Changes in Net Assets Available for Benefits, respectively.

The accounting records of the NLP are maintained in U.S. dollars. Foreign currency denominated assets and liabilities are translated into U.S. dollars at the prevailing rates of exchange at the end of each accounting period, with the impact of fluctuations in foreign exchange rates reflected as an unrealized gain or loss in the fair value of the investments.

Cash receipts and payments derived from investment trades involving foreign currency denominated investments are translated into U.S. dollars at the prevailing exchange rate on the respective transaction date. Net realized gains and losses on foreign currency transactions result from the disposition of foreign currency denominated investments that arise from fluctuations in foreign exchange rates between the trade and settlement dates and the difference between the amount of net investment income accrued and the U.S. dollar amount actually received.

The foreign exchange effect on foreign currency denominated investments is not segregated from the impact of changes in market prices in the Statement of Changes in Net Assets Available for Benefits.

Valuation of Investments

Cash and cash equivalents include short-term investment funds (less than 90 days to maturity), primarily in diversified portfolios of investment grade money market instruments and are valued using quoted market prices or other valuation methods. The carrying value of cash equivalents approximates fair value due to the short-term nature of these investments.

Investments in securities traded on national and foreign securities exchanges are valued by the custodian at the last reported sale prices on the last business day of the year or, if no sales were reported on that date, at the last reported bid prices.

Government obligations, corporate bonds and international bonds are valued using matrix prices with input from independent third-party valuation sources. Over-the-counter securities are valued at the bid and ask prices or the average of the bid and ask prices on the last business day of the year from published sources or, if not available, from other sources considered reliable such as multiple broker quotes.

Commingled funds not traded on national exchanges are valued by the custodian or fund administrator at their NAV. Commingled funds held by third-party custodians appointed by the fund managers provide the fund manager with a NAV. The fund managers have the responsibility for providing this information to the custodian of the respective plan. Commingled funds for which fair value is measured using the NAV per share as a practical expedient are not leveled within the fair value hierarchy and are included as a component of the total investments in the NLP.

The following table sets forth by level, within the fair value hierarchy, the NLP's investments at fair value as of December 31, 2025 (in thousands):

	Assets at Fair Value at December 31, 2025		
	Level 1	**Level 2**	**Total**
Investments			
Cash and cash equivalents	$ —	$ 40,340	$ 40,340
Equity securities:			
U.S. equities	114,933	—	114,933
International equities	215,233	216	215,449
Fixed income securities:			
U.S. treasuries and agencies	209,604	20,916	230,520
U.S. fixed income	31,049	23,882	54,931
U.S. private placements	—	13,364	13,364
International fixed income	11,971	5,570	17,541
International private placements	—	2,636	2,636
Derivatives	(116)	241	125
Total investments in the fair value hierarchy	582,674	107,165	689,839
Investments measured at NAV			12,065
Less: Net payables			(11,095)
Total partnership net assets at fair value	**$ 582,674**	**$ 107,165**	**$ 690,809**

Interest and dividend income for the NLP was $20.9 million for the year ended December 31, 2025. The total net appreciation of $81.3 million for the year ended December 31, 2025 includes gains and losses on investments bought and sold as well as held during the year for all the NLP investments.

The following table summarizes redemption restrictions for investments in the NLP for which fair value is estimated using NAV per share as of December 31, 2025 (in thousands):

Asset Type	**Fair Value**	**Unfunded Commitments**	**Redemption Frequency**	**Redemption Notice**
Commingled funds:				
Hedge funds	$ 12,065	N/A	Monthly	10 days
Total	**$ 12,065**			

The Plan's principal financial instruments subject to credit risk are the investments in the NLP. The degree and concentration of credit risk varies by investment depending upon the type and diversity.

The following table sets forth by level, within the fair value hierarchy, the NLP's investments at fair value as of December 31, 2024 (in thousands):

	Assets at Fair Value at December 31, 2024		
	Level 1	**Level 2**	**Total**
Investments			
Cash and cash equivalents	$ 149	$ 26,460	$ 26,609
Equity securities:			
U.S. equities	105,337	—	105,337
International equities	200,923	212	201,135
Fixed income securities:			
U.S. treasuries and agencies	185,968	19,383	205,351
U.S. fixed income	43,338	18,913	62,251
U.S. private placements	—	11,868	11,868
International fixed income	15,568	4,783	20,351
International private placements	—	2,556	2,556
Derivatives	(232)	(417)	(649)
Total investments in the fair value hierarchy	551,051	83,758	634,809
Investments measured at NAV			10,674
Less: Net payables			(8,003)
Total partnership net assets at fair value	**$ 551,051**	**$ 83,758**	**$ 637,480**

The following table summarizes redemption restrictions for investments in the NLP for which fair value is estimated using NAV per share as of December 31, 2024 (in thousands):

Asset Type	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice
Commingled funds:				
Hedge funds	$ 10,674	N/A	Monthly	10 days
Total	**$ 10,674**			

In the normal course of operations, the NLP's assets may include derivative financial instruments. Derivatives are synthetic instruments used to get various market exposures with limited margin requirements and therefore with leverage risk involved. The notional amounts disclosed in this footnote provide a measure of the NLP's' involvement in such instruments but are not indicative of potential exposure. The intent is to use derivative financial instruments to gain market exposure or as economic hedges to manage various risks associated with the NLP's investment assets or to express investment managers' views of future market movements efficiently.

At December 31, 2025 and 2024, the NLP utilized futures and forwards derivatives to manage risks such as price risk and foreign currency exchange rate risk. At December 31, 2025 and 2024, the gross notional value of the derivative instruments was $313.9 million and $245.8 million, respectively. At December 31, 2025 and 2024, the fair value of the derivative instruments, and the related gains/losses, were not significant.

8. Securities Lending

The NLP maintains a Securities Lending Agreement (the "Agreement") with the Trustee. The Agreement permits the Trustee to loan certain domestic and international securities held by the NLP to borrowing counterparties who provide collateral for the loans. There is generally no stated repayment term for such loans and either party can terminate the loans at any time. Upon loan termination, the loan securities are returned to the NLP and the collateral is paid back to the borrowing counterparty.

Risk of credit loss from securities lending is mitigated by obtaining sufficient collateral, transacting only with borrowing counterparties of high credit quality and being indemnified against borrowing counterparty default by the Trustee. During the years ended December 31, 2025 and 2024, the NLP did not experience any losses arising from securities lending transactions.

The securities on loan may be sold at the manager's discretion, in which case the Trustee will reallocate or recall positions in order to satisfy sale delivery. Securities on loan may not be re-pledged by the NLP.

Securities on loan continue to be recorded as assets in the LTD Trust and are included in the listing of investments in Note 6. The LTD Trust recognizes loan collateral, held in separate accounts managed by the Trustee, as an asset and also recognize an equal and offsetting liability, representing their obligation to return the collateral upon termination of the loan. The collateral and offsetting liability are not reflected in the LTD Trust listing of investments but are detailed below. Loan collateral can be in the form of cash equivalents or non-cash assets. Collateral in cash equivalents can be invested and reinvested in approved investments by the Trustee according to guidelines set forth in the Agreement. Non-cash collateral is held in the form received and not subject to investing activities by the Trustee. Collateral received are not sold or pledged as loaned securities. Investment gains are shared amongst the NLP, Trustee and borrowing counterparties based on an agreed allocation. Investment losses, if any, arising from such investing activities are borne by the NLP.

The Agreement requires collateral ranges from an amount equal to or greater than 102% to 105% of the fair value of the securities loaned for U.S. and non-U.S. securities, respectively. Additional collateral is required if the fair value of the borrowed securities increase.

The NLP fees earned from this Agreement amounted to approximately $22,042 and $25,984 for the years ended December 31, 2025 and 2024, respectively. The Plan's portion of fees earned amounted to approximately $6,172 and $7,058 for the years ended December 31, 2025 and 2024, respectively. These earnings are included in the Statement of Changes in Net Assets in the Net investment activities for the Trust.

Total securities on loan were approximately $3.7 million and $7.3 million as of December 31, 2025 and 2024, respectively. Total collateral assets to repay borrowing counterparties were approximately $3.8 million and $7.6 million as of December 31, 2025 and 2024, respectively. The percentage of collateral was approximately 105% and 104% of the fair value of securities on loan as of December 31, 2025 and 2024. As of December 31, 2025 and 2024, total fair value of collateral included cash equivalents of $1.6 million and $2.5 million, of which $451,321 and $690,733, respectively, represents the Plan's estimated allocated interest. Cash equivalents collateral is generally held in U.S. and foreign currency denominations and non-cash collateral is generally held in U.S. and international fixed income securities. Cash equivalents collateral assets are classified as Level 2 fair value measurements.

9. Related-Party Transactions

Verizon Investment Management Corp. ("VIMCO"), an indirect, wholly-owned subsidiary of Verizon Communications Inc., qualifies as a related party. VIMCO is the investment advisor for certain investment funds and received no compensation from the Plan other than reimbursement of certain expenses directly attributable to its investment advisory and investment management services rendered to the Plan.

The Company is the Plan Sponsor. The Company employs the administrator of the Plan and members of the administrator's staff. The Company received no compensation from the Plan other than reimbursement of certain expenses directly attributable to administrative services rendered to the Plan.

The Trustee rendered various trustee services to the Trusts for which it was compensated in accordance with its agreements with the Company and VIMCO.

The related-party transactions described in this section are exempt from the prohibited transaction rules.

10. Income Tax Status

The Company has received tax determination letters from the Internal Revenue Service ("IRS") for the VEBAs that hold the Plan's assets, or are designated to receive future assets from terminated trusts, as identified below with the respective exemption letter dates. The letters state that the trusts are exempt from federal income tax under the IRC for qualifying VEBAs. The Plan and Trusts are required to operate in conformity with the IRC to maintain the tax-exempt status of the Trusts. The Plan Administrator believes the Plan is operating in compliance with the applicable requirements of the IRC, and therefore, believes that the related trusts are tax-exempt.

Trust Name	Dates of IRS Determination Letter
Welfare Trust for the Verizon Long-Term Disability VEBA	November 17, 2005
WorldCom Welfare Trust	February 1, 2004
Welfare Trust for the GTE Bargained Retired Group Insurance Plan	June 15, 1993

U.S. GAAP requires the Plan's management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan Administrator has analyzed tax positions taken by the Plan and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to 2022.

11. Risks and Uncertainties

Plan contributions and the Plan benefit obligations are determined based on certain actuarial assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the financial statements.

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported and disclosed in the financial statements and notes.

12. Subsequent Events

Management has evaluated subsequent events for the Plan through October 12, 2026, the date the financial statements were available to be issued.

Verizon acquired Frontier Communications Parent, Inc. ("Frontier") on January 20, 2026. Effective January 1, 2027 certain Frontier employees will be eligible to participate in the Plan.

No other material subsequent events have occurred that require recognition or disclosures in these financial statements.

13. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2025 and 2024 (in thousands):

	2025	2024
Net assets available for benefits per the financial statements	$ 273,223	$ 237,838
Less: Claims incurred but not reported	(141,326)	(137,146)
Net assets available for benefits per the Form 5500	**$ 131,897**	**$ 100,692**

Claims incurred but not reported are not considered liabilities under U.S. GAAP and therefore are not presented as benefits paid in the accompanying financial statements, but are recorded on the Form 5500 as benefits claims payable.

The following is a reconciliation of benefits paid to participants per the financial statements to the Form 5500 for the year ended December 31, 2025 (in thousands):

	2025
Benefits paid to participants per the financial statements	$ 1,524,700
Add: Claims incurred but not reported as of December 31, 2025	141,326
Less: Claims incurred but not reported as of December 31, 2024	(137,146)
Total benefits paid to participants per the Form 5500	**$ 1,528,880**

THE PLAN FOR GROUP INSURANCE

EIN 23-2259884/ P/N 580

SCHEDULE H, PART IV - LINE 4i

SCHEDULE OF ASSETS
(HELD FOR INVESTMENT AT END OF YEAR)
AS OF DECEMBER 31, 2025

. EIN 23-2259884 P/N 580

The Plan for Group Insurance

Schedule H, Part IV, Line 4i—Schedule of Assets
(Held at End of Year)
As of December 31, 2025

Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investments including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Fair Value
The Prudential Insurance Company of America	Advance Premium Accounts (interest-bearing cash)	$2,574,025

Description	Cost	Market Value	Unrealized Gain/Loss
GENERAL INVESTMENTS			
INTEREST-BEARING CASH	3,241,952.93	3,241,952.93	0.00
TOTAL GENERAL INVESTMENTS	**3,241,952.93**	**3,241,952.93**	**0.00**
CERTAIN INVESTMENT ARRANGEMENTS			
COMMON/COLLECTIVE TRUST	39,142,301.90	72,117,707.71	32,975,405.81
MASTER TRUSTS	195,188,834.30	195,188,834.30	0.00
TOTAL CERTAIN INVESTMENT ARRANGEMENTS	**234,331,136.20**	**267,306,542.01**	**32,975,405.81**
GRAND TOTALS	**237,573,089.13**	**270,548,494.94**	**32,975,405.81**

	Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
INTEREST-BEARING CASH						
VONF08088102	07799AAC1	BELL ATLANTIC VEBA COLLECTIVE 10.000% 12/31/2049 DD 08/01/98	3,473.470	3,473.47	3,473.47	0.00
VONF30020002	07799AAC1	BELL ATLANTIC VEBA COLLECTIVE 10.000% 12/31/2049 DD 08/01/98	3,238,479.460	3,238,479.46	3,238,479.46	0.00
TOTAL INTEREST-BEARING CASH				**3,241,952.93**	**3,241,952.93**	**0.00**
COMMON/COLLECTIVE TRUST						
VONF08088102	990057143	BNYM-M CF SL ACWI FUND	212,940.344	39,142,301.90	72,117,707.71	32,975,405.81
TOTAL COMMON/COLLECTIVE TRUST				**39,142,301.90**	**72,117,707.71**	**32,975,405.81**
MASTER TRUSTS						
VONF30010002	990034415	LIMITED PARTNERSHIP N	195,188,834.300	195,188,834.30	195,188,834.30	0.00
TOTAL MASTER TRUSTS				**195,188,834.30**	**195,188,834.30**	**0.00**
GRAND TOTAL				**237,573,089.13**	**270,548,494.94**	**32,975,405.81**

0.00 C

32,975,405.81 I

EIN 23-2259884 PN 580

THE PLAN FOR GROUP INSURANCE

STATEMENT OF ASSETS HELD AS OF DECEMBER 31, 2025

SCHEDULE H, PART IV, LINE 4 (i)

VERIZON NON-TAXABLE LIMITED PARTNERSHIP - SUMMARY PAGE

INVESTMENT SUB CATEGORY	COST	MARKET VALUE	UNREALIZED GAIN/LOSS
INTEREST-BEARING CASH	48,500,654	48,529,854	29,200
U. S. GOVERNMENT SECURITIES	230,638,199	234,382,156	3,743,957
CORPORATE DEBT INSTRUMENTS - PREFERRED	18,540,242	18,784,045	243,803
CORPORATE DEBT INSTRUMENTS	21,540,009	21,952,251	412,242
CORPORATE STOCK - PREFERRED	766,705	832,996	66,291
CORPORATE STOCK - COMMON	276,688,012	323,016,842	46,328,830
PARTNERSHIP/JOINT VENTURE INTEREST	10,674,180	12,064,658	1,390,478
OTHER INVESTMENTS	893,506	920,320	26,814
COMMON/COLLECTIVE TRUST	1,022,121	-	(1,022,121)
REGISTERED INVESTMENT COMPANIES	53,007,172	49,552,048	(3,455,124)
TOTAL ASSETS	**662,270,800**	**710,035,170**	**47,764,370**

EIN 23-2259884 PN 580

THE PLAN FOR GROUP INSURANCE

STATEMENT OF ASSETS HELD AS OF DECEMBER 31, 2025

SCHEDULE H, PART IV, LINE 4 (i)

VERIZON NON-TAXABLE LIMITED PARTNERSHIP					
SECURITY DESCRIPTION		**PAR SHARES/ UNITS**	**COST**	**MARKET VALUE**	**UNREALIZED GAIN/LOSS**
BELL ATLANTIC VEBA COLLECTIVE	10.000% 12/31/2049 DD 08/01/98	20,479,620	20,479,620	20,479,620	-
BELL ATLANTIC VEBA COLLECTIVE	10.000% 12/31/2049 DD 08/01/98	1,646,311	1,646,311	1,646,311	-
GBP (GREAT BRITISH POUNDS)		22	30	30	-
DKK (DANISH KRONE)		20,762	3,241	3,265	24
EUR (EURO)		2	3	3	-
BELL ATLANTIC VEBA COLLECTIVE	10.000% 12/31/2049 DD 08/01/98	631,579	631,579	631,579	-
AUD (AUSTRALIAN DOLLARS)		4,538	3,015	3,026	11
CHF (SWISS FRANC)		3,731	4,702	4,709	7
GBP (GREAT BRITISH POUNDS)		11,123	14,960	14,962	2
HKD (HONG KONG DOLLARS)		71,734	9,218	9,216	(2)
JPY (JAPANESE YEN)		581,869	3,738	3,712	(26)
SGD (SINGAPORE DOLLARS)		1,511	1,170	1,175	5
CAD (CANADIAN DOLLARS)		5,953	4,302	4,343	41
DKK (DANISH KRONE)		3,608	568	567	(1)
NOK (NORWEGIAN KRONE)		73,393	7,283	7,276	(7)
EUR CURRENCY AT BROKER		3	3	4	-
BELL ATLANTIC VEBA COLLECTIVE	10.000% 12/31/2049 DD 08/01/98	40	40	40	-
BELL ATLANTIC VEBA COLLECTIVE	10.000% 12/31/2049 DD 08/01/98	1,450	1,450	1,450	-
BELL ATLANTIC VEBA COLLECTIVE	10.000% 12/31/2049 DD 08/01/98	6,580,635	6,580,635	6,580,635	-
BELL ATLANTIC VEBA COLLECTIVE	10.000% 12/31/2049 DD 08/01/98	204	204	204	-
BELL ATLANTIC VEBA COLLECTIVE	10.000% 12/31/2049 DD 08/01/98	5	5	5	-
EUR (EURO)		267	311	314	3
BELL ATLANTIC VEBA COLLECTIVE	10.000% 12/31/2049 DD 08/01/98	1,671,719	1,671,719	1,671,719	-
ILS (ISRAELI SHEKEL)		323	96	101	5
BELL ATLANTIC VEBA COLLECTIVE	10.000% 12/31/2049 DD 08/01/98	174,617	174,617	174,617	-
BELL ATLANTIC VEBA COLLECTIVE	10.000% 12/31/2049 DD 08/01/98	35,866	35,866	35,866	-
BELL ATLANTIC VEBA COLLECTIVE	10.000% 12/31/2049 DD 08/01/98	1,085,645	1,085,645	1,085,645	-
AUD (AUSTRALIAN DOLLARS)		12,151	8,103	8,103	-
NZD (NEW ZEALAND DOLLAR)		912	511	525	14
CHF (SWISS FRANC)		3,339	4,226	4,215	(11)
GBP (GREAT BRITISH POUNDS)		3,140	4,230	4,224	(6)
HKD (HONG KONG DOLLARS)		23,591	3,032	3,031	(2)
JPY (JAPANESE YEN)		547,791	3,502	3,495	(7)
SGD (SINGAPORE DOLLARS)		4,219	3,264	3,281	17
ILS (ISRAELI SHEKEL)		9,289	2,903	2,915	12
CAD (CANADIAN DOLLARS)		1,803	1,315	1,315	-
DKK (DANISH KRONE)		5,441	853	856	3
NOK (NORWEGIAN KRONE)		36,425	3,588	3,611	23
SEK (SWEDISH KRONA)		77,499	8,347	8,407	59
EUR (EURO)		7,369	8,664	8,654	(10)
BELL ATLANTIC VEBA COLLECTIVE	10.000% 12/31/2049 DD 08/01/98	226,508	226,508	226,508	-
BELL ATLANTIC VEBA COLLECTIVE	10.000% 12/31/2049 DD 08/01/98	2,445,376	2,445,376	2,445,376	-
BELL ATLANTIC VEBA COLLECTIVE	10.000% 12/31/2049 DD 08/01/98	1,247,495	1,247,495	1,247,495	-
BELL ATLANTIC VEBA COLLECTIVE	10.000% 12/31/2049 DD 08/01/98	2,759,788	2,759,788	2,759,788	-
AUD CURRENCY AT BROKER		178,892	119,458	119,294	(164)
GBP CURRENCY AT BROKER	0.000%	35,529	47,141	47,789	647
JPY CURRENCY AT BROKER		23,279,228	151,264	148,517	(2,748)
CAD CURRENCY AT BROKER		153,546	111,105	112,016	911
EUR CURRENCY AT BROKER		96,548	112,424	113,391	967
BELL ATLANTIC VEBA COLLECTIVE	10.000% 12/31/2049 DD 08/01/98	1,083,452	1,083,452	1,083,452	-
BNY MELLON CASH RESERVE	0.100% 12/31/2049 DD 06/26/97	374	374	374	-
SWAP COLLATERAL WITH BANK OF	AMERICA (MLI)	290,000	290,000	290,000	-
CCPC COLLATERAL WITH	MORGANSTANLEY	37,841	37,841	37,841	-
AUD CURRENCY AT BROKER		352,366	233,504	234,975	1,471
NZD (NEW ZEALAND DOLLAR)		35,002	20,177	20,128	(49)
PLN CURRENCY AT BROKER	0.000%	346,359	95,064	96,339	1,275
CHF (SWISS FRANC)		519,634	644,812	655,896	11,084
GBP CURRENCY AT BROKER	0.000%	91,932	122,553	123,654	1,100
THB CURRENCY AT BROKER	0.000%	2,900,921	89,853	92,078	2,226
HKD CURRENCY AT BROKER		698,149	89,707	89,696	(11)
JPY CURRENCY AT BROKER		8,034,086	52,551	51,256	(1,295)
SGD CURRENCY AT BROKER		126,387	97,718	98,279	561
MYR CURRENCY AT BROKER		94,120	23,225	23,194	(31)

EIN 23-2259884 PN 580

THE PLAN FOR GROUP INSURANCE

STATEMENT OF ASSETS HELD AS OF DECEMBER 31, 2025

SCHEDULE H, PART IV, LINE 4 (i)

VERIZON NON-TAXABLE LIMITED PARTNERSHIP					
SECURITY DESCRIPTION		**PAR SHARES/ UNITS**	**COST**	**MARKET VALUE**	**UNREALIZED GAIN/LOSS**
ZAR CURRENCY AT BROKER		2,902,880	170,192	175,189	4,997
CAD CURRENCY AT BROKER		160,872	116,167	117,360	1,194
SEK (SWEDISH KRONA)		312,466	32,918	33,894	976
SEK CURRENCY AT BROKER		1,970,277	208,809	213,724	4,915
EUR (EURO)		77	88	90	2
EUR CURRENCY AT BROKER		154,891	180,891	181,912	1,020
CASH-BROKER		5,277,325	5,277,325	5,277,325	-
TOTAL INTEREST-BEARING CASH			**48,500,654**	**48,529,854**	**29,200**
U S TREASURY BOND	4.500% 11/15/2054 DD 11/15/24	13,300,000	12,676,923	12,599,622	(77,301)
U S TREASURY BOND	4.625% 11/15/2044 DD 11/15/24	17,700,000	17,180,263	17,408,304	228,041
U S TREASURY NOTE	4.250% 11/15/2034 DD 11/15/24	12,200,000	11,877,112	12,352,988	475,876
U S TREASURY NOTE	4.125% 11/15/2027 DD 11/15/24	24,600,000	24,473,059	24,883,392	410,333
U S TREASURY NOTE	4.250% 11/30/2026 DD 11/30/24	11,350,000	11,330,407	11,419,689	89,282
U S TREASURY NOTE	4.125% 11/30/2031 DD 11/30/24	17,800,000	17,413,084	18,090,674	677,590
U S TREASURY NOTE	4.125% 11/30/2029 DD 11/30/24	22,400,000	22,125,075	22,801,632	676,557
U S TREASURY NOTE	4.250% 05/15/2035 DD 05/15/25	5,000,000	4,986,532	5,052,350	65,818
U S TREASURY NOTE	4.125% 05/31/2032 DD 05/31/25	4,000,000	4,008,088	4,058,120	50,032
U S TREASURY NOTE	4.000% 05/31/2030 DD 05/31/25	10,100,000	10,139,332	10,236,956	97,624
U S TREASURY NOTE	VAR RT 07/31/2027 DD 07/31/25	6,000,000	5,998,121	6,003,480	5,359
U S TREASURY NOTE	VAR RT 10/31/2027 DD 10/31/25	13,700,000	13,707,833	13,709,590	1,757
U S TREASURY NOTE	4.000% 11/15/2035 DD 11/15/25	1,500,000	1,483,184	1,481,715	(1,469)
U S TREASURY NOTE	3.875% 12/31/2032 DD 12/31/25	1,200,000	1,197,703	1,196,628	(1,075)
COMMIT TO PUR FNMA SF MTG	2.000% 01/01/2056 DD 01/01/26	666,142	541,344	539,235	(2,109)
COMMIT TO PUR FNMA SF MTG	2.500% 01/01/2041 DD 01/01/26	861,259	811,165	815,647	4,482
COMMIT TO PUR FNMA SF MTG	2.500% 01/01/2056 DD 07/31/25	1,232,271	1,046,179	1,043,968	(2,211)
COMMIT TO PUR FNMA SF MTG	3.500% 01/01/2056 DD 01/01/26	1,539,925	1,410,475	1,426,325	15,850
COMMIT TO PUR FNMA SF MTG	4.000% 01/01/2056 DD 01/01/26	997,597	948,146	947,438	(708)
COMMIT TO PUR FNMA SF MTG	4.500% 01/01/2056 DD 01/01/26	842,000	817,661	822,937	5,276
COMMIT TO PUR FNMA SF MTG	5.000% 01/01/2056 DD 01/01/26	1,229,326	1,222,843	1,227,261	4,418
COMMIT TO PUR FNMA SF MTG	5.500% 01/01/2056 DD 01/01/26	2,404,127	2,429,083	2,439,251	10,168
COMMIT TO PUR FNMA SF MTG	6.000% 01/01/2056 DD 01/01/26	1,147,482	1,175,273	1,178,475	3,203
COMMIT TO PUR FNMA SF MTG	6.500% 01/01/2056 DD 01/01/26	439,000	454,999	456,261	1,262
COMMIT TO PUR GNMA II JUMBOS	4.500% 01/20/2056 DD 01/01/26	1,102,462	1,071,929	1,075,286	3,357
COMMIT TO PUR GNMA II JUMBOS	5.000% 01/20/2056 DD 01/01/26	1,105,181	1,096,676	1,103,402	6,725
COMMIT TO PUR GNMA II JUMBOS	5.500% 01/20/2056 DD 01/01/26	740,428	745,605	747,884	2,279
COMMIT TO PUR GNMA II JUMBOS	6.000% 01/20/2056 DD 01/01/26	918,146	933,030	936,031	3,001
FEDERAL HOME LN BK CONS BD	4.000% 06/30/2028 DD 07/14/23	840,000	832,205	850,836	18,631
FHLMC POOL #SD-8212	2.500% 05/01/2052 DD 04/01/22	248,723	206,518	211,870	5,352
FHLMC POOL #SD-8213	3.000% 05/01/2052 DD 04/01/22	480,059	407,748	427,008	19,260
FHLMC POOL #QC-9154	3.000% 10/01/2051 DD 10/01/21	486,662	419,327	439,524	20,196
FHLMC POOL #QD-5194	3.000% 01/01/2052 DD 01/01/22	472,770	405,169	424,581	19,412
FHLMC POOL #QE-0805	2.500% 04/01/2052 DD 04/01/22	190,550	156,165	163,556	7,391
FHLMC POOL #QE-0808	2.500% 04/01/2052 DD 04/01/22	114,922	94,753	99,001	4,248
FEDERAL FARM CR BK CONS BD	4.125% 01/22/2026 DD 01/22/24	2,000,000	1,995,280	2,000,500	5,220
FHLMC POOL #RA-6138	2.500% 10/01/2051 DD 10/01/21	477,083	393,732	411,565	17,833
FEDERAL NATL MTG ASSN	6.625% 11/15/2030 DD 11/03/00	200,000	221,650	225,682	4,032
FEDERAL NATL MTG ASSN	0.750% 10/08/2027 DD 10/09/20	1,700,000	1,542,665	1,620,865	78,200
FNMA POOL #0BU1240	3.000% 03/01/2052 DD 03/01/22	543,271	465,795	487,890	22,095
FNMA POOL #0BU1349	3.000% 02/01/2052 DD 02/01/22	428,925	367,786	385,205	17,419
FNMA POOL #0BU8919	2.500% 04/01/2052 DD 04/01/22	116,052	95,762	99,974	4,213
FNMA POOL #0BU8922	2.500% 04/01/2052 DD 04/01/22	146,727	120,710	126,304	5,595
FNMA POOL #0CB1113	2.000% 07/01/2051 DD 06/01/21	623,137	487,380	507,501	20,121
FNMA POOL #0FS0329	3.000% 01/01/2052 DD 01/01/22	452,398	387,959	406,362	18,404
FNMA POOL #0MA4492	2.000% 11/01/2051 DD 11/01/21	987,798	771,283	802,951	31,669
GNMA II POOL #0MA8801	5.500% 04/20/2053 DD 04/01/23	322,501	320,744	327,810	7,066
U S TREASURY BILL	0.000% 01/02/2026 DD 07/03/25	4,253,900	4,212,448	4,212,448	-
U S TREASURY BILL	0.000% 03/12/2026 DD 09/11/25	6,992,300	6,927,998	6,927,998	-
U S TREASURY BOND	1.875% 02/15/2051 DD 02/15/21	1,807,900	988,061	1,015,317	27,255
U S TREASURY BOND	2.000% 08/15/2051 DD 08/15/21	2,221,300	1,271,605	1,278,802	7,197
U S TREASURY BOND	1.750% 08/15/2041 DD 08/15/21	5,678,800	3,681,680	3,846,706	165,026
U S TREASURY BOND	4.000% 11/15/2042 DD 11/15/22	418,900	377,320	385,338	8,018
U S TREASURY BOND	3.625% 02/15/2053 DD 02/15/23	1,118,000	907,470	909,202	1,732
U S TREASURY BOND	3.625% 05/15/2053 DD 05/15/23	1,445,000	1,176,664	1,174,178	(2,485)

EIN 23-2259884 PN 580

THE PLAN FOR GROUP INSURANCE

STATEMENT OF ASSETS HELD AS OF DECEMBER 31, 2025

SCHEDULE H, PART IV, LINE 4 (i)

VERIZON NON-TAXABLE LIMITED PARTNERSHIP					
SECURITY DESCRIPTION		**PAR SHARES/ UNITS**	**COST**	**MARKET VALUE**	**UNREALIZED GAIN/LOSS**
U S TREASURY BOND	4.375% 08/15/2043 DD 08/15/23	2,171,900	2,045,734	2,082,049	36,314
U S TREASURY BOND	4.750% 11/15/2043 DD 11/15/23	391,400	386,860	392,852	5,992
U S TREASURY BOND	4.500% 02/15/2044 DD 02/15/24	480,000	458,626	466,051	7,426
US TREAS-CPI INFLAT	0.250% 07/15/2029 DD 07/15/19	1,549,658	1,438,676	1,494,258	55,582
US TREAS-CPI INFLAT	0.125% 07/15/2030 DD 07/15/20	455,876	430,935	430,684	(251)
U S TREASURY NOTE	4.125% 11/15/2032 DD 11/15/22	488,600	476,556	494,937	18,381
U S TREASURY NOTE	3.500% 04/30/2028 DD 04/30/23	689,100	678,777	689,128	10,350
U S TREASURY NOTE	3.875% 08/15/2033 DD 08/15/23	1,031,200	981,779	1,024,394	42,615
U S TREASURY NOTE	4.625% 09/30/2028 DD 09/30/23	4,042,500	4,079,772	4,158,075	78,303
U S TREASURY NOTE	4.875% 10/31/2028 DD 10/31/23	165,600	168,556	171,525	2,969
U S TREASURY NOTE	4.500% 11/15/2033 DD 11/15/23	925,400	921,356	957,178	35,822
U S TREASURY NOTE	4.375% 11/30/2028 DD 11/30/23	397,900	398,007	407,072	9,064
U S TREASURY NOTE	3.750% 12/31/2028 DD 12/31/23	736,400	719,772	740,863	21,090
U S TREASURY NOTE	4.000% 02/15/2034 DD 02/15/24	336,800	322,499	336,366	13,866
U S TREASURY NOTE	4.250% 02/28/2029 DD 02/29/24	592,000	589,158	604,231	15,072
U S TREASURY NOTE	4.625% 04/30/2029 DD 04/30/24	1,808,300	1,825,388	1,867,558	42,170
U S TREASURY NOTE	4.375% 05/15/2034 DD 05/15/24	460,700	453,716	471,678	17,963
U S TREASURY NOTE	4.500% 05/31/2029 DD 05/31/24	1,011,100	1,015,526	1,040,685	25,159
U S TREASURY NOTE	3.875% 07/31/2030 DD 07/31/25	2,514,500	2,520,304	2,535,219	14,916
U S TREASURY NOTE	3.875% 07/31/2027 DD 07/31/25	1,249,700	1,252,438	1,257,073	4,635
U S TREASURY BILL	0.000% 02/19/2026 DD 02/20/25	2,500,000	2,476,397	2,476,397	-
U S TREASURY BILL	0.000% 03/19/2026 DD 03/20/25	4,500,000	4,460,366	4,460,366	-
TOTAL U. S. GOVERNMENT SECURITIES			**230,638,199**	**234,382,156**	**3,743,957**
AEP TRANSMISSION CO LLC	5.150% 04/01/2034 DD 03/13/24	75,000	73,737	76,562	2,825
AEP TRANSMISSION CO LLC	5.375% 06/15/2035 DD 05/14/25	54,000	53,752	55,826	2,073
ACM AUTO TRUST 2025- 1A A 144A	5.380% 06/20/2029 DD 01/31/25	37,227	37,226	37,213	(13)
ACM AUTO TRUST 2025- 3A A 144A	5.010% 01/22/2030 DD 08/28/25	150,161	150,157	149,951	(206)
ALPHABET INC	4.700% 11/15/2035 DD 11/06/25	35,000	34,952	35,077	125
ALPHABET INC	5.450% 11/15/2055 DD 11/06/25	64,000	63,578	62,984	(593)
ALPHABET INC	5.700% 11/15/2075 DD 11/06/25	64,000	63,527	63,248	(279)
ALTRIA GROUP INC	4.800% 02/14/2029 DD 02/14/19	117,000	115,639	119,060	3,421
ALTRIA GROUP INC	2.450% 02/04/2032 DD 02/04/21	53,000	43,626	46,925	3,299
AMAZON.COM INC	4.650% 11/20/2035 DD 11/20/25	240,000	239,412	239,426	14
AMERICAN CREDIT ACCEP 2 B 144A	4.850% 05/14/2029 DD 05/22/25	206,000	205,983	207,242	1,259
AMERICAN EXPRESS CO	4.900% 02/13/2026 DD 02/16/23	27,000	27,083	27,027	(56)
AMERICAN EXPRESS CO	VAR RT 02/16/2028 DD 02/16/24	220,000	221,283	222,603	1,320
APPLE INC	4.100% 08/08/2062 DD 08/08/22	137,000	109,563	107,990	(1,573)
APPLIED MATERIALS INC	4.000% 01/15/2031 DD 09/18/25	240,000	239,213	239,042	(170)
AREIT 2022-CRE6 TR CRE6 A 144A	VAR RT 01/20/2037 DD 01/27/22	203,266	202,231	202,889	659
ATHENE GLOBAL FUNDING 144A	2.550% 11/19/2030 DD 11/19/20	20,000	17,159	18,061	902
ATHENE GLOBAL FUNDING 144A	1.985% 08/19/2028 DD 08/19/21	77,000	68,816	72,340	3,524
ATHENE GLOBAL FUNDING 144A	2.717% 01/07/2029 DD 01/07/22	31,000	28,117	29,340	1,224
ATHENE GLOBAL FUNDING 144A	5.583% 01/09/2029 DD 01/09/24	7,000	7,079	7,195	116
ATHENE GLOBAL FUNDING 144A	5.620% 05/08/2026 DD 05/09/24	131,000	132,200	131,622	(578)
ATHENE GLOBAL FUNDING 144A	5.033% 07/17/2030 DD 07/17/25	4,000	4,000	4,033	33
BALLYROCK CLO 27 27A A1A 144A	VAR RT 10/25/2037 DD 08/29/24	250,000	250,000	250,262	262
BANK OF AMERICA CORP	VAR RT 04/27/2028 DD 04/27/22	183,000	181,040	183,748	2,708
BP CAPITAL MARKETS AMERICA INC	5.017% 11/17/2027 DD 05/17/24	110,000	111,194	112,195	1,001
BROADCOM INC	5.050% 07/12/2027 DD 07/12/24	88,000	88,805	89,586	781
BROADCOM INC	4.150% 02/15/2028 DD 10/02/24	34,000	33,434	34,124	690
BROADCOM INC	4.900% 07/15/2032 DD 07/11/25	43,000	42,884	43,964	1,081
CARVANA AUTO RECEIVABLES P4 A2	4.620% 02/10/2028 DD 12/17/24	24,673	24,693	24,690	(3)
CATERPILLAR FINANCIAL SERVICES	4.450% 10/16/2026 DD 08/16/24	238,000	238,055	239,250	1,195
CENTERPOINT ENERGY HOUSTON ELE	4.950% 04/01/2033 DD 03/23/23	8,000	7,819	8,161	342
CENTERPOINT ENERGY HOUSTON ELE	5.050% 03/01/2035 DD 11/04/24	196,000	191,690	198,266	6,576
CENTERPOINT ENERGY HOUSTON ELE	4.950% 08/15/2035 DD 08/07/25	9,000	8,966	9,085	119
CISCO SYSTEMS INC	4.750% 02/24/2030 DD 02/24/25	213,000	212,840	219,200	6,360
CITIGROUP INC	VAR RT 05/07/2028 DD 05/07/25	219,000	219,000	220,785	1,785
CITIGROUP INC	VAR RT 11/05/2030 DD 11/05/19	151,000	142,000	143,917	1,916
COLLEGE AVE STUDENT C A2 144A	2.320% 07/26/2055 DD 11/23/21	101,832	90,200	93,216	3,016
COMISION FEDERAL DE ELECT 144A	4.688% 05/15/2029 DD 02/15/22	293,000	275,212	290,243	15,031
CONNECTICUT AVENU R05 2M1 144A	VAR RT 07/25/2045 DD 07/28/25	186,123	186,123	186,123	-
CONNECTICUT AVENU R04 1M1 144A	VAR RT 05/25/2044 DD 05/30/24	49,210	49,244	49,179	(65)

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SCHEDULE H, PART IV, LINE 4 (i)

VERIZON NON-TAXABLE LIMITED PARTNERSHIP					
SECURITY DESCRIPTION		**PAR SHARES/ UNITS**	**COST**	**MARKET VALUE**	**UNREALIZED GAIN/LOSS**
CONNECTICUT AVENU R02 1M1 144A	VAR RT 02/25/2044 DD 03/13/24	34,335	34,410	34,314	(96)
CONNECTICUT AVENU R02 1A1 144A	VAR RT 02/25/2045 DD 03/12/25	56,413	56,413	56,499	86
CONNECTICUT AVENU R03 2M1 144A	VAR RT 03/25/2045 DD 04/22/25	115,293	115,293	115,435	142
CONNECTICUT AVENU R06 1A1 144A	VAR RT 09/25/2045 DD 10/15/25	75,934	75,934	75,986	52
CONNECTICUT AVENU R06 1M1 144A	VAR RT 09/25/2045 DD 10/15/25	99,686	99,686	99,739	54
CONNECTICUT AVENU R02 1M1 144A	VAR RT 01/25/2043 DD 02/10/23	56,701	58,333	57,810	(524)
CONNECTICUT AVENU R06 1M1 144A	VAR RT 09/25/2044 DD 09/26/24	10,620	10,721	10,617	(104)
CONNECTICUT AVENU R04 1A1 144A	VAR RT 05/25/2045 DD 06/11/25	51,577	51,577	51,629	52
CONNECTICUT AVENU R04 1M1 144A	VAR RT 05/25/2045 DD 06/11/25	80,243	80,243	80,427	184
CONNECTICUT AVENU R01 1M1 144A	VAR RT 12/25/2042 DD 01/17/23	93,490	96,763	95,347	(1,416)
CONNECTICUT AVENU R03 2M1 144A	VAR RT 03/25/2044 DD 04/17/24	64,730	64,737	64,773	35
CONOCOPHILLIPS CO	5.650% 01/15/2065 DD 12/05/24	212,000	200,503	204,326	3,822
UBS GROUP AG 144A	VAR RT 09/23/2031 DD 09/23/25	240,000	240,000	239,059	(941)
DR HORTON INC	5.000% 10/15/2034 DD 08/14/24	145,000	140,234	146,989	6,756
DR HORTON INC	4.850% 10/15/2030 DD 05/05/25	58,000	57,966	59,311	1,346
DTE ELECTRIC CO	5.250% 05/15/2035 DD 05/14/25	94,000	96,401	96,818	417
ENI SPA 144A	5.750% 05/19/2035 DD 05/19/25	217,000	215,229	227,520	12,291
ENTERGY MISSISSIPPI LLC	5.800% 04/15/2055 DD 03/13/25	217,000	216,920	218,823	1,903
ENTERPRISE PRODUCTS OPERATING	5.200% 01/15/2036 DD 06/20/25	237,000	239,933	241,674	1,741
FIGRE TRUST 2025-HE HE8 A 144A	VAR RT 11/25/2055 DD 11/01/25	234,393	234,393	234,475	82
META PLATFORMS INC	5.550% 08/15/2064 DD 08/09/24	238,000	233,007	221,535	(11,472)
META PLATFORMS INC	5.500% 11/15/2045 DD 11/03/25	24,000	23,934	23,392	(542)
META PLATFORMS INC	5.750% 11/15/2065 DD 11/03/25	24,000	23,954	22,982	(973)
FIGRE TRUST 2025-HE HE7 A 144A	VAR RT 11/25/2055 DD 11/01/25	235,109	234,837	235,847	1,010
FLAGSHIP CREDIT AUTO 3 A 144A	4.880% 11/15/2028 DD 11/07/24	34,229	34,287	34,201	(86)
FLORIDA POWER & LIGHT CO	5.300% 06/15/2034 DD 06/03/24	74,000	74,081	77,684	3,603
FREDDIE MAC STACR HQA3 A1 144A	VAR RT 11/25/2043 DD 11/13/23	184,666	186,870	186,339	(531)
FREDDIE MAC STAC DNA7 M1A 144A	VAR RT 03/25/2052 DD 09/30/22	55,144	57,216	55,692	(1,524)
FREDDIE MAC STACR DNA7 M2 144A	VAR RT 11/25/2041 DD 11/12/21	339,042	342,219	341,568	(651)
FREDDIE MAC STAC DNA1 M1A 144A	VAR RT 03/25/2043 DD 03/10/23	54,400	55,482	55,072	(410)
FREDDIE MAC STAC DNA2 M1A 144A	VAR RT 04/25/2043 DD 04/21/23	206,324	209,693	209,180	(513)
FREDDIE MAC STAC DNA4 M1B 144A	VAR RT 05/25/2042 DD 05/13/22	149,389	156,279	154,152	(2,127)
FREDDIE MAC STAC DNA5 M1B 144A	VAR RT 06/25/2042 DD 06/17/22	269,670	289,173	283,666	(5,507)
FREDDIE MAC STACR DNA1 M1 144A	VAR RT 02/25/2044 DD 02/09/24	78,789	79,009	78,814	(196)
FREDDIE MAC STACR HQA1 M1 144A	VAR RT 03/25/2044 DD 03/19/24	68,711	68,849	68,690	(159)
FREDDIE MAC STACR HQA2 M1 144A	VAR RT 08/25/2044 DD 09/10/24	106,028	106,137	106,112	(25)
FREDDIE MAC STACR DNA1 A1 144A	VAR RT 01/25/2045 DD 01/21/25	58,856	58,855	58,856	-
FREDDIE MAC STACR HQA1 A1 144A	VAR RT 02/25/2045 DD 02/18/25	104,072	104,072	104,005	(67)
FREDDIE MAC STACR DNA2 A1 144A	VAR RT 05/25/2045 DD 05/20/25	50,466	50,466	50,579	113
FREDDIE MAC STACR DNA2 M1 144A	VAR RT 05/25/2045 DD 05/20/25	48,826	48,826	48,810	(16)
FREDDIE MAC STACR DNA3 A1 144A	VAR RT 09/25/2045 DD 09/16/25	212,836	212,836	212,893	57
FREDDIE MAC STACR DNA4 M1 144A	VAR RT 10/25/2045 DD 10/29/25	179,473	179,473	179,615	142
GENERAL ELECTRIC CO	4.900% 01/29/2036 DD 07/29/25	90,000	89,635	91,570	1,935
GENERAL MOTORS FINANCIAL CO IN	6.100% 01/07/2034 DD 12/07/23	77,000	78,152	81,771	3,619
GILEAD SCIENCES INC	5.100% 06/15/2035 DD 11/20/24	424,000	417,598	435,507	17,910
GOLDMAN SACHS GROUP INC/THE	VAR RT 04/23/2028 DD 04/23/25	115,000	115,000	116,332	1,332
HSBC HOLDINGS PLC	VAR RT 05/24/2032 DD 05/24/21	200,000	169,974	183,164	13,190
HONDA MOTOR CO LTD	4.436% 07/08/2028 DD 07/02/25	220,000	220,000	222,204	2,204
INTERNATIONAL BUSINESS MACHINE	4.500% 02/06/2026 DD 02/06/23	167,000	166,868	167,100	232
JPMORGAN CHASE & CO	VAR RT 01/25/2033 DD 01/25/22	146,000	126,205	134,181	7,976
JPMORGAN CHASE & CO	VAR RT 10/22/2027 DD 10/23/23	210,000	214,880	213,316	(1,565)
JP MORGAN MORTGAGE HE3 A1 144A	VAR RT 03/20/2056 DD 11/28/25	233,264	233,264	233,334	70
JP MORGAN MORTGA CES7 A1A 144A	VAR RT 04/25/2056 DD 12/01/25	240,481	240,477	240,979	503
LENDBUZZ SECURITIZA 3A A2 144A	7.500% 12/15/2028 DD 10/12/23	36,679	37,616	37,338	(277)
LENDBUZZ SECURITIZA 1A A2 144A		135,877	135,873	135,885	12
LENDBUZZ SECURITIZA 2A A2 144A	5.180% 05/15/2030 DD 06/23/25	139,174	139,158	139,828	670
ELI LILLY & CO	4.000% 10/15/2028 DD 08/20/25	235,000	234,885	236,657	1,772
LLOYDS BANKING GROUP PLC	VAR RT 11/26/2028 DD 11/26/24	212,000	212,210	216,064	3,854
MVW 2021-2 LLC 2A B 144A	1.830% 05/20/2039 DD 11/18/21	36,607	34,436	34,900	463
MASTERCARD INC	4.550% 01/15/2035 DD 09/05/24	155,000	148,123	155,256	7,133
MET TOWER GLOBAL FUNDING 144A	4.200% 09/16/2030 DD 09/16/25	240,000	239,474	239,122	(353)
MIZUHO FINANCIAL GROUP INC	VAR RT 05/26/2030 DD 02/26/24	219,000	221,225	226,685	5,460
MOODY'S CORP	5.000% 08/05/2034 DD 08/05/24	123,000	120,386	125,632	5,246

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SCHEDULE H, PART IV, LINE 4 (i)

VERIZON NON-TAXABLE LIMITED PARTNERSHIP					
SECURITY DESCRIPTION		**PAR SHARES/ UNITS**	**COST**	**MARKET VALUE**	**UNREALIZED GAIN/LOSS**
MORGAN STANLEY BANK NA	VAR RT 05/26/2028 DD 05/30/24	250,000	253,485	255,013	1,528
NMEF FUNDING 2024-A A A2 144A	5.150% 12/15/2031 DD 08/28/24	129,493	129,746	130,299	553
NATWEST GROUP PLC	VAR RT 05/23/2031 DD 05/23/25	200,000	200,000	205,434	5,434
NORTHROP GRUMMAN CORP	5.250% 07/15/2035 DD 05/29/25	69,000	68,810	71,616	2,806
NOVARTIS CAPITAL CORP	3.900% 11/05/2028 DD 11/05/25	241,000	240,947	241,858	911
OCCU AUTO RECEIVABL 1A A2 144A	4.820% 04/17/2028 DD 08/08/25	119,157	119,153	119,490	337
OCP CLO 2024-34 LT 34A A1 144A	VAR RT 10/15/2037 DD 08/20/24	250,000	240,902	250,520	9,618
OCTANE RECEIVABLES T 2A B 144A	2.020% 09/20/2028 DD 11/05/21	57,077	55,848	56,970	1,123
ONCOR ELECTRIC DELIVERY CO LLC	4.650% 11/01/2029 DD 11/13/24	213,000	210,936	216,617	5,681
PACIFICORP	5.450% 02/15/2034 DD 01/05/24	232,000	235,524	235,870	346
PARKER-HANNIFIN CORP	4.500% 09/15/2029 DD 06/15/22	176,000	173,538	178,592	5,055
PHILIP MORRIS INTERNATIONAL IN	5.625% 11/17/2029 DD 11/17/22	22,000	22,667	23,144	477
PRESTIGE AUTO RECEI 1A A2 144A	4.870% 12/15/2027 DD 04/29/25	117,388	117,385	117,409	23
PRINCIPAL LIFE GLOBAL FUN 144A	5.100% 01/25/2029 DD 01/25/24	163,000	163,355	167,000	3,645
PUBLIC SERVICE ELECTRIC AND GA	4.900% 08/15/2035 DD 08/11/25	222,000	221,888	223,760	1,873
REALTY INCOME CORP	5.125% 04/15/2035 DD 04/10/25	24,000	23,609	24,461	852
REPUBLIC SERVICES INC	4.750% 07/15/2030 DD 03/24/25	217,000	216,442	222,128	5,686
SBNA AUTO RECEIVABL SF1 B 144A	5.120% 03/17/2031 DD 06/26/25	10,216	10,216	10,223	7
SMB PRIVATE EDUCATI E A1A 144A	1.680% 02/15/2051 DD 11/09/21	71,644	66,094	68,260	2,167
SIMON PROPERTY GROUP LP	4.750% 09/26/2034 DD 09/26/24	125,000	118,401	124,613	6,211
DELTA AIR LINES INC / SKY 144A	4.750% 10/20/2028 DD 09/23/20	122,000	120,351	122,754	2,403
SUMITOMO MITSUI FINANCIAL GROU	5.316% 07/09/2029 DD 07/09/24	275,000	278,080	284,958	6,878
TSMC ARIZONA CORP	3.875% 04/22/2027 DD 04/22/22	200,000	196,424	200,000	3,576
TESLA AUTO LEASE TRU A A3 144A	5.300% 06/21/2027 DD 03/13/24	38,040	38,261	38,163	(98)
TORONTO-DOMINION BANK/THE	5.298% 01/30/2032 DD 01/31/25	151,000	151,000	157,866	6,866
TORONTO-DOMINION BANK/THE	VAR RT 09/15/2031 DD 09/15/16	219,000	216,663	217,765	1,102
TOYOTA MOTOR CREDIT CORP	4.800% 05/15/2030 DD 05/15/25	217,000	216,753	222,818	6,065
UNITED AUTO CREDIT SE 1 A 144A	4.800% 06/10/2027 DD 03/12/25	56,354	56,353	56,394	41
UNITEDHEALTH GROUP INC	4.400% 06/15/2028 DD 06/20/25	61,000	60,972	61,708	736
VIRGINIA ELECTRIC AND POWER CO	4.900% 09/15/2035 DD 09/10/25	202,000	201,729	201,463	(267)
WASTE MANAGEMENT INC	4.500% 03/15/2028 DD 11/04/24	213,000	211,699	215,890	4,192
WELLS FARGO & CO	VAR RT 05/22/2028 DD 05/22/17	62,000	60,086	61,599	1,513
WELLS FARGO & CO	VAR RT 03/02/2033 DD 03/02/22	273,000	239,380	255,146	15,766
WISCONSIN ELECTRIC POWER CO	3.950% 03/01/2029 DD 12/05/25	103,000	102,987	103,093	106
SWISS RE FINANCE LUXEMBOU REGS	VAR RT 04/02/2049	200,000	198,343	201,423	3,080
TOTAL CORPORATE DEBT INSTRUMENTS - PREFERRED			**18,540,242**	**18,784,045**	**243,803**
AES ANDES SA 144A	6.250% 03/14/2032 DD 03/14/25	200,000	199,876	208,426	8,550
AT&T INC	4.500% 05/15/2035 DD 05/04/15	54,000	49,950	51,967	2,017
ADVANCE AUTO PARTS INC 144A	7.000% 08/01/2030 DD 08/04/25	132,000	132,834	132,715	(118)
*AFFIRM ASSET SECURIT X2 A 144A	5.220% 12/17/2029 DD 12/03/24	5,489	5,497	5,491	(6)
AIR LEASE CORP	2.875% 01/15/2026 DD 08/17/20	65,000	63,616	64,965	1,349
AIRCASTLE LTD	4.250% 06/15/2026 DD 06/13/19	62,000	61,338	61,998	660
*ALA TRUST 2025-OAN OANA A 144A	VAR RT 06/15/2040 DD 06/13/25	153,619	153,235	154,195	960
ALLY FINANCIAL INC	VAR RT 06/13/2029 DD 06/13/23	109,000	113,588	115,130	1,542
ALLY FINANCIAL INC	VAR RT 01/17/2031 DD 12/05/24	35,000	34,577	35,834	1,257
ALLY FINANCIAL INC	VAR RT 05/15/2029 DD 05/15/25	45,000	45,079	46,157	1,077
ALTRIA GROUP INC	3.400% 05/06/2030 DD 05/06/20	257,000	235,911	247,666	11,755
AMERICAN ELECTRIC POWER CO INC	VAR RT 12/15/2054 DD 06/20/24	67,000	69,249	71,713	2,464
AMERICAN ELECTRIC POWER CO INC	VAR RT 03/15/2056 DD 09/25/25	38,000	37,301	37,336	35
AMERICAN HOMES 4 RENT LP	5.250% 03/15/2035 DD 12/09/24	106,000	103,173	107,777	4,604
AMERICAN TOWER CORP	2.100% 06/15/2030 DD 06/03/20	19,000	16,280	17,258	978
AMERICAN TOWER CORP	3.650% 03/15/2027 DD 04/01/22	51,000	49,787	50,777	990
AMERICAN TOWER CORP	5.550% 07/15/2033 DD 05/25/23	9,000	9,074	9,439	365
AMERICAN TOWER CORP	5.200% 02/15/2029 DD 03/07/24	88,000	88,511	90,612	2,101
*ARIVO ACCEPTANCE AU 1A A2 144A	4.920% 05/15/2029 DD 08/06/25	110,000	109,997	109,935	(62)
AUTONATION INC	4.450% 01/15/2029 DD 11/14/25	52,000	51,920	52,175	255
*AUTONATION FINANCE 1A A2 144A	4.720% 04/10/2028 DD 05/21/25	154,618	154,611	154,955	344
*BHG SECURITIZATION TR A D 144A	3.560% 02/20/2035 DD 02/09/22	150,000	137,367	146,273	8,906
BAT CAPITAL CORP	4.625% 03/22/2033 DD 09/22/25	64,000	63,672	63,732	60
BAT CAPITAL CORP	7.750% 10/19/2032 DD 10/19/22	19,000	22,216	22,220	4
BAT CAPITAL CORP	5.350% 08/15/2032 DD 03/13/25	131,000	130,895	136,312	5,417
BPCE SA 144A	VAR RT 01/18/2035 DD 01/18/24	250,000	250,575	265,480	14,905
*BREX COMMERCIAL CHAR 1 A1 144A	6.050% 07/15/2027 DD 03/20/24	115,000	116,319	115,347	(972)

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SCHEDULE H, PART IV, LINE 4 (i)

VERIZON NON-TAXABLE LIMITED PARTNERSHIP					
SECURITY DESCRIPTION		**PAR SHARES/ UNITS**	**COST**	**MARKET VALUE**	**UNREALIZED GAIN/LOSS**
BANCO BILBAO VIZCAYA ARGENTARI	VAR RT 11/15/2034 DD 11/15/23	200,000	219,284	232,974	13,690
BANCO SANTANDER SA	VAR RT 03/24/2028 DD 03/24/22	200,000	195,826	200,088	4,262
BANK OF AMERICA CORP	VAR RT 02/12/2036 DD 02/12/25	34,000	34,000	35,501	1,501
BANK OF MONTREAL	VAR RT 01/10/2037 DD 01/10/22	269,000	236,190	242,183	5,993
BANK OF NEW YORK MELLON CORP/T	VAR RT 12/31/2049 DD 11/03/20	130,000	126,042	129,598	3,557
BARCLAYS PLC	VAR RT 03/12/2028 DD 03/12/24	220,000	222,730	223,945	1,214
BAXTER INTERNATIONAL INC	5.650% 12/15/2035 DD 12/04/25	144,000	144,484	146,159	1,675
*BHMS COMMERCIAL MO ATLS A 144A	VAR RT 08/15/2042 DD 08/15/25	113,000	113,000	113,425	425
BOEING CO/THE	3.250% 02/01/2028 DD 11/02/20	101,000	95,029	99,296	4,267
CIGNA GROUP/THE	4.375% 10/15/2028 DD 04/15/19	118,000	115,636	119,103	3,467
CNH INDUSTRIAL CAPITAL LLC	5.100% 04/20/2029 DD 03/21/24	49,000	49,007	50,116	1,109
CVS HEALTH CORP	VAR RT 12/10/2054 DD 12/10/24	7,000	6,864	7,311	447
CVS HEALTH CORP	VAR RT 03/10/2055 DD 12/10/24	97,000	97,326	101,758	4,432
CAPITAL ONE FINANCIAL CORP	VAR RT 02/01/2029 DD 02/01/23	49,000	49,337	50,326	990
CAPITAL ONE FINANCIAL CORP	VAR RT 06/08/2034 DD 06/08/23	128,000	132,957	138,569	5,612
CELANESE US HOLDINGS LLC	VAR RT 11/15/2028 DD 08/24/23	2,000	2,049	2,092	44
CELANESE US HOLDINGS LLC	VAR RT 11/15/2030 DD 08/24/23	3,000	3,107	3,176	69
CENOVUS ENERGY INC	5.400% 03/20/2036 DD 11/20/25	124,000	123,787	124,079	293
CHARTER COMMUNICATIONS OPERATI	2.250% 01/15/2029 DD 10/12/21	80,000	70,546	74,950	4,404
CITIGROUP INC	VAR RT 12/31/2049 DD 10/27/21	143,000	135,984	141,175	5,191
CONNECTICUT AVENU R03 1M2 144A	VAR RT 03/25/2042 DD 03/30/22	170,730	179,267	175,335	(3,932)
CONNECTICUT AVENU R03 1M2 144A	VAR RT 12/25/2041 DD 12/29/21	200,000	202,056	201,096	(960)
*CONNECTICUT AVENU R02 2M1 144A	VAR RT 01/25/2042 DD 02/09/22	3,705	3,706	3,703	(2)
CONNECTICUT AVENU R05 2M2 144A	VAR RT 04/25/2042 DD 05/11/22	404,658	419,404	413,593	(5,811)
CONNECTICUT AVENU R01 1M2 144A	VAR RT 10/25/2041 DD 10/27/21	201,560	203,039	202,377	(662)
CONNECTICUT AVENU R05 2M1 144A	VAR RT 07/25/2044 DD 07/26/24	15,573	15,600	15,563	(37)
CONNECTICUT AVENU R01 1A1 144A	VAR RT 01/25/2045 DD 01/29/25	183,231	183,231	183,231	(0)
CONTINENTAL RESOURCES INC 144A	5.750% 01/15/2031 DD 11/25/20	97,000	95,834	99,548	3,714
CONTINENTAL RESOURCES INC 144A	2.875% 04/01/2032 DD 11/22/21	234,000	192,222	204,135	11,913
JOHN DEERE CAPITAL CORP	4.550% 06/05/2030 DD 06/05/25	217,000	216,885	220,815	3,930
DELL INTERNATIONAL LLC / EMC C	4.350% 02/01/2030 DD 10/08/24	218,000	210,898	218,327	7,429
DELL INTERNATIONAL LLC / EMC C	5.300% 04/01/2032 DD 04/01/25	15,000	14,986	15,447	461
DELL INTERNATIONAL LLC / EMC C	5.500% 04/01/2035 DD 04/01/25	31,000	30,901	32,005	1,104
DEUTSCHE BANK AG/NEW YORK NY	VAR RT 11/20/2029 DD 11/20/23	150,000	156,987	159,977	2,990
DEVON ENERGY CORP	5.600% 07/15/2041 DD 07/12/11	162,000	150,020	157,171	7,151
*DIAMOND ISSUER LLC 1A A 144A	2.305% 11/20/2051 DD 11/22/21	272,757	252,988	261,773	8,786
CAPITAL ONE FINANCIAL CORP	VAR RT 11/02/2034 DD 11/02/23	153,000	178,895	180,448	1,553
ENEL FINANCE INTERNATIONA 144A	6.000% 10/07/2039 DD 10/07/09	229,000	237,194	240,949	3,756
ENERGY TRANSFER LP	5.600% 09/01/2034 DD 06/21/24	231,000	230,797	238,163	7,367
ENTEGRIS INC 144A	4.750% 04/15/2029 DD 04/14/22	141,000	135,009	141,474	6,465
*EQUIFY ABS 2024-1 LL 1A A 144A	5.430% 04/18/2033 DD 10/24/24	48,494	48,504	48,572	69
EXPEDIA GROUP INC	4.625% 08/01/2027 DD 02/01/21	120,000	119,489	120,896	1,408
FISERV INC	3.500% 07/01/2029 DD 06/24/19	187,000	175,438	181,467	6,029
FISERV INC	4.550% 02/15/2031 DD 08/11/25	26,000	25,915	25,752	(163)
FLOWSERVE CORP	2.800% 01/15/2032 DD 09/23/21	137,000	116,534	122,727	6,194
FORD MOTOR CO	3.250% 02/12/2032 DD 11/12/21	88,000	73,196	77,650	4,455
FREDDIE MAC STACR DNA3 A1 144A	VAR RT 10/25/2044 DD 10/16/24	108,795	109,187	108,898	(289)
GLP CAPITAL LP / GLP FINANCING	4.000% 01/15/2031 DD 06/25/20	41,000	37,532	39,294	1,762
GLP CAPITAL LP / GLP FINANCING	3.250% 01/15/2032 DD 12/13/21	141,000	120,764	127,594	6,830
GLP CAPITAL LP / GLP FINANCING	5.250% 02/15/2033 DD 08/27/25	53,000	52,810	53,205	395
GENERAL MILLS INC	4.700% 01/30/2027 DD 01/30/24	62,000	61,978	62,466	488
GENERAL MILLS INC	4.875% 01/30/2030 DD 11/21/24	149,000	148,058	152,497	4,439
GENERAL MOTORS FINANCIAL CO IN	5.750% 02/08/2031 DD 02/08/24	222,000	224,935	233,786	8,851
GLOBAL PAYMENTS INC	4.500% 11/15/2028 DD 11/14/25	45,000	44,974	45,102	128
GLOBAL PAYMENTS INC	4.875% 11/15/2030 DD 11/14/25	64,000	63,978	64,141	164
GLOBAL PAYMENTS INC	5.200% 11/15/2032 DD 11/14/25	65,000	64,891	65,099	208
GOLDMAN SACHS GROUP INC/THE	VAR RT 12/31/2049 DD 10/29/21	105,000	100,352	104,003	3,651
HSBC HOLDINGS PLC	VAR RT 11/03/2028 DD 11/03/22	200,000	212,054	211,462	(592)
HASBRO INC	6.050% 05/14/2034 DD 05/14/24	57,000	57,259	60,579	3,320
HEWLETT PACKARD ENTERPRISE CO	4.400% 09/25/2027 DD 09/26/24	89,000	88,077	89,449	1,372
HILTON DOMESTIC OPERATING 144A	5.875% 04/01/2029 DD 03/26/24	53,000	52,908	54,198	1,290
HILTON DOMESTIC OPERATING 144A	6.125% 04/01/2032 DD 03/26/24	32,000	31,910	33,136	1,226
ING GROEP NV	VAR RT 03/28/2028 DD 03/28/22	285,000	279,140	285,088	5,948

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SCHEDULE H, PART IV, LINE 4 (i)

VERIZON NON-TAXABLE LIMITED PARTNERSHIP					
SECURITY DESCRIPTION		**PAR SHARES/ UNITS**	**COST**	**MARKET VALUE**	**UNREALIZED GAIN/LOSS**
INTESA SANPAOLO SPA 144A	7.200% 11/28/2033 DD 11/28/23	215,000	232,581	245,949	13,369
IQVIA INC	6.250% 02/01/2029 DD 02/01/24	70,000	72,376	73,826	1,450
KINDER MORGAN INC	5.850% 06/01/2035 DD 05/01/25	49,000	48,845	51,963	3,118
LYB INTERNATIONAL FINANCE III	6.150% 05/15/2035 DD 05/15/25	38,000	38,003	39,005	1,003
LAS VEGAS SANDS CORP	5.625% 06/15/2028 DD 05/06/25	60,000	60,031	61,533	1,502
LAS VEGAS SANDS CORP	6.000% 06/14/2030 DD 05/06/25	52,000	52,094	54,548	2,454
*LENDBUZZ SECURITIZA 1A A2 144A	6.920% 08/15/2028 DD 02/23/23	63,809	64,832	64,460	(373)
*LOBEL AUTOMOBILE RECE 1 A 144A	5.060% 11/15/2027 DD 03/19/25	68,021	68,018	68,140	122
SEKISUI HOUSE US INC	6.000% 01/15/2043 DD 01/10/13	108,000	107,676	101,227	(6,449)
MPLX LP	5.400% 09/15/2035 DD 08/11/25	178,000	176,119	179,620	3,501
MANULIFE FINANCIAL CORP	VAR RT 02/24/2032 DD 02/24/17	143,000	141,431	142,545	1,114
MARRIOTT INTERNATIONAL INC/MD	4.200% 07/15/2027 DD 08/20/25	235,000	235,058	235,877	818
*MISSION LANE CREDIT A A1 144A	6.200% 08/15/2029 DD 06/25/24	114,000	114,651	114,716	65
*MISSION LANE CREDIT C B A 144A	5.880% 01/15/2030 DD 11/06/24	214,000	213,792	215,485	1,693
*MISSION LANE CREDIT C A A 144A	5.800% 05/15/2030 DD 03/26/25	104,000	103,992	105,187	1,194
MONDELEZ INTERNATIONAL INC	4.500% 05/06/2030 DD 05/06/25	136,000	135,260	137,548	2,288
NRG ENERGY INC 144A	4.734% 10/15/2030 DD 10/08/25	43,000	43,000	43,061	61
NATIONAL RURAL UTILITIES COOPE	3.950% 12/10/2027 DD 12/10/25	242,000	241,821	242,941	1,120
NATWEST GROUP PLC	VAR RT 11/28/2035 DD 08/28/20	219,000	189,367	201,600	12,233
*NEIGHBORLY ISSUER 2 1A A2 144A	3.695% 01/30/2052 DD 01/19/22	192,500	174,330	182,267	7,937
*NEIGHBORLY ISSUER 2 1A A2 144A	7.308% 01/30/2053 DD 02/03/23	158,518	160,919	160,651	(268)
NELNET STUDENT LOAN DA B 144A	2.900% 04/20/2062 DD 10/27/21	270,000	229,603	243,977	14,375
NIAGARA MOHAWK POWER CORP 144A	4.647% 10/03/2030 DD 07/03/25	138,000	137,942	138,999	1,057
NIAGARA MOHAWK POWER CORP 144A	5.290% 01/17/2034 DD 01/17/24	81,000	79,231	82,504	3,273
OCCIDENTAL PETROLEUM CORP	5.200% 08/01/2029 DD 07/26/24	75,000	74,399	76,859	2,459
OCHSNER LSU HEALTH SYSTEM OF N	2.510% 05/15/2031 DD 07/27/21	208,000	160,580	178,306	17,726
OMEGA HEALTHCARE INVESTORS INC	5.200% 07/01/2030 DD 06/20/25	39,000	38,656	39,722	1,066
ONEOK INC	4.000% 07/13/2027 DD 07/13/17	184,000	180,706	183,810	3,104
ONEOK INC	6.350% 01/15/2031 DD 05/07/20	53,000	55,753	56,945	1,191
ONEOK INC	5.400% 10/15/2035 DD 08/12/25	134,000	133,679	135,680	2,001
ONEOK PARTNERS LP	6.125% 02/01/2041 DD 01/26/11	53,000	52,826	54,552	1,726
*OPORTUN ISSUANCE TRUS 2 A 144A	5.860% 02/09/2032 DD 08/29/24	3,663	3,672	3,664	(8)
*OPORTUN FUNDING TRUST 3 A 144A	5.260% 08/15/2029 DD 10/24/24	10,643	10,653	10,648	(6)
*OPORTUN FUNDING TRUST 1 A 144A	4.960% 08/16/2032 DD 02/10/25	46,826	46,826	46,886	61
*OPORTUN ISSUANCE TRUS B A 144A	4.880% 05/09/2033 DD 06/05/25	209,000	208,964	209,788	824
ORACLE CORP	2.950% 04/01/2030 DD 04/01/20	212,000	198,540	195,935	(2,605)
ORACLE CORP	5.500% 08/03/2035 DD 02/03/25	178,000	178,080	174,796	(3,284)
ORGANON & CO / ORGANON FO 144A	4.125% 04/30/2028 DD 04/22/21	244,000	229,218	237,763	8,545
*PAGAYA AI DEBT TRUST 2 A 144A	6.319% 08/15/2031 DD 02/16/24	22,753	23,240	22,833	(407)
*PAGAYA AI DEBT GRANTO 1 A 144A	VAR RT 07/15/2032 DD 01/29/25	69,337	69,337	69,928	591
*PAGAYA AI DEBT GRANTO 9 B 144A	5.306% 03/15/2032 DD 09/17/24	121,409	120,871	121,815	943
*PAGAYA AI DEBT TRUST 3 A 144A	6.258% 10/15/2031 DD 03/12/24	26,558	26,909	26,644	(265)
*PAGAYA AI DEBT GRANTO 5 A 144A	VAR RT 03/15/2033 DD 07/25/25	149,969	149,969	150,368	399
SUNCOR ENERGY INC	6.800% 05/15/2038 DD 05/15/08	104,000	110,749	115,120	4,371
PHILIP MORRIS INTERNATIONAL IN	5.375% 02/15/2033 DD 02/15/23	188,000	188,408	196,917	8,509
PLAINS ALL AMERICAN PIPELINE L	5.700% 09/15/2034 DD 06/27/24	232,000	231,522	239,663	8,141
PUBLIC SERVICE CO OF COLORADO	5.150% 09/15/2035 DD 08/07/25	222,000	221,578	225,430	3,852
*RESEARCH-DRIVEN PAGA 4A A 144A	7.540% 03/25/2032 DD 11/21/23	84,177	85,364	84,335	(1,029)
*RESEARCH-DRIVEN PAGA 1A A 144A	7.090% 06/25/2032 DD 03/06/24	33,546	34,386	33,718	(668)
*RESEARCH-DRIVEN PAG 4A A2 144A	5.124% 04/25/2034 DD 07/22/25	221,515	221,515	222,377	862
ROSS STORES INC	4.700% 04/15/2027 DD 04/06/20	296,000	291,853	297,643	5,790
RYDER SYSTEM INC	5.375% 03/15/2029 DD 02/29/24	176,000	178,225	182,244	4,020
SANTANDER UK GROUP HOLDINGS PL	VAR RT 01/11/2028 DD 01/11/22	202,000	191,332	198,520	7,187
SANTANDER HOLDINGS USA INC	VAR RT 03/20/2029 DD 03/20/25	7,000	6,994	7,157	162
SANTANDER HOLDINGS USA INC	VAR RT 03/20/2031 DD 03/20/25	105,000	105,000	108,737	3,737
CHARLES SCHWAB CORP/THE	VAR RT 12/31/2049 DD 03/18/21	391,000	378,570	388,611	10,041
SIRIUS XM RADIO LLC 144A	4.000% 07/15/2028 DD 06/21/21	200,000	184,272	195,530	11,258
*SOFI CONSUMER LOAN PR 4 A 144A	4.240% 08/25/2035 DD 10/17/25	118,629	118,622	118,756	134
SOUTHWEST AIRLINES CO	4.375% 11/15/2028 DD 11/03/25	70,000	69,966	70,166	200
STANDARD CHARTERED PLC 144A		209,000	209,000	214,499	5,499
STARBUCKS CORP	4.850% 02/08/2027 DD 02/08/24	222,000	223,039	223,991	952
SUNOCO LP 144A	5.625% 03/15/2031 DD 09/18/25	83,000	83,000	83,612	612
SYNCHRONY FINANCIAL	VAR RT 03/06/2031 DD 03/06/25	69,000	69,000	70,797	1,797

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SCHEDULE H, PART IV, LINE 4 (i)

VERIZON NON-TAXABLE LIMITED PARTNERSHIP					
SECURITY DESCRIPTION		**PAR SHARES/ UNITS**	**COST**	**MARKET VALUE**	**UNREALIZED GAIN/LOSS**
T-MOBILE USA INC	3.875% 04/15/2030 DD 04/15/21	39,000	36,694	38,393	1,699
TAKEDA US FINANCING INC	5.200% 07/07/2035 DD 07/02/25	220,000	219,217	224,497	5,280
TARGA RESOURCES CORP	6.500% 03/30/2034 DD 11/09/23	255,000	269,678	278,748	9,070
TELUS CORP	VAR RT 10/15/2055 DD 06/27/25	89,000	89,274	92,635	3,361
TIME WARNER CABLE LLC	4.500% 09/15/2042 DD 08/10/12	62,000	46,424	47,833	1,409
TRICOLOR AUTO SECURI 2A A 144A	6.360% 12/15/2027 DD 05/22/24	16,095	16,217	15,410	(807)
TRICOLOR AUTO SECURI 1A A 144A	4.940% 02/15/2029 DD 03/20/25	76,238	76,236	51,077	(25,159)
TRICOLOR AUTO SECURI 2A A 144A	5.120% 01/16/2029 DD 06/18/25	196,755	196,745	131,822	(64,923)
RTX CORP	4.125% 11/16/2028 DD 08/16/18	298,000	290,023	299,100	9,077
*VFI ABS 2025-1 LLC 1A A 144A	4.780% 06/24/2030 DD 08/18/25	100,288	100,280	100,751	472
VENTURE GLOBAL PLAQUEMINE 144A	6.125% 12/15/2030 DD 12/09/25	71,000	71,000	72,326	1,326
VIATRIS INC	2.700% 06/22/2030 DD 06/22/21	117,000	101,746	107,025	5,278
VISTRA OPERATIONS CO LLC 144A	4.300% 07/15/2029 DD 06/11/19	239,000	235,948	237,485	1,537
VISTRA OPERATIONS CO LLC 144A	4.375% 05/01/2029 DD 05/10/21	246,000	231,614	242,893	11,279
WEIBO CORP	3.375% 07/08/2030 DD 07/08/20	200,000	179,168	189,922	10,754
WELLS FARGO & CO	VAR RT 12/31/2049 DD 01/26/21	132,000	128,198	131,589	3,391
WESTINGHOUSE AIR BRAKE TECHNOL	4.900% 05/29/2030 DD 05/29/25	217,000	217,085	221,937	4,852
WRKCO INC	4.000% 03/15/2028 DD 09/15/18	122,000	118,274	121,732	3,457
WILLIAMS COS INC/THE	4.800% 11/15/2029 DD 08/13/24	108,000	106,536	110,122	3,587
WILLIAMS COS INC/THE	4.625% 06/30/2030 DD 06/30/25	110,000	109,902	111,191	1,290
WOODSIDE FINANCE LTD	5.400% 05/19/2030 DD 05/19/25	33,000	32,900	33,919	1,019
WOODSIDE FINANCE LTD	6.000% 05/19/2035 DD 05/19/25	82,000	81,176	85,552	4,376
TOTAL CORPORATE DEBT INSTRUMENTS			**21,540,009**	**21,952,251**	**412,242**
DRAEGERWERK AG & CO KGAA		140	6,741	11,411	4,670
VOLKSWAGEN AG		4,322	491,202	525,617	34,415
BAYERISCHE MOTOREN WERKE AG		748	56,078	80,382	24,304
METLIFE CAPITAL TRUST IV 144A	7.875% 12/15/2067 DD 12/12/07	195,000	212,685	215,586	2,902
TOTAL CORPORATE STOCK - PREFERRED			**766,705**	**832,996**	**66,291**
ACCO BRANDS CORP		3,368	17,682	12,563	(5,119)
ACM RESEARCH INC		3,861	105,527	152,316	46,789
ABBOTT LABORATORIES		5,047	573,029	632,339	59,309
COVISTA INC		2,368	215,133	245,017	29,884
BREAD FINANCIAL HOLDINGS INC		1,407	88,809	104,160	15,351
ALLISON TRANSMISSION HOLDINGS		3,717	363,383	363,894	511
ALLSTATE CORP/THE		3,513	724,805	731,231	6,426
ALPHABET INC		12,445	2,412,482	3,905,241	1,492,759
ALPHABET INC		16,094	3,017,557	5,037,422	2,019,865
ALTIMMUNE INC		46,110	203,119	166,457	(36,662)
ALTRIA GROUP INC		27,811	1,563,734	1,603,582	39,848
AMAZON.COM INC		20,918	4,443,731	4,828,293	384,562
AMENTUM HOLDINGS INC		5,208	126,673	151,032	24,359
AMERICAN ELECTRIC POWER CO INC		2,237	263,168	257,948	(5,220)
AMERICAN EXPRESS CO		2,060	665,162	762,097	96,935
ELEVANCE HEALTH INC		2,608	896,359	914,234	17,875
APPLE INC		35,649	8,744,746	9,691,537	946,791
APPLIED MATERIALS INC		7,145	1,233,038	1,836,194	603,156
AXCELIS TECHNOLOGIES INC		2,475	218,774	198,842	(19,932)
BANK OF AMERICA CORP		25,316	1,223,540	1,392,380	168,840
BANK OF NEW YORK MELLON CORP/T		7,339	573,376	851,985	278,609
H&R BLOCK INC		2,956	156,195	128,822	(27,373)
BOOKING HOLDINGS INC		45	252,118	240,990	(11,128)
BORGWARNER INC		29,446	1,072,761	1,326,837	254,075
BRISTOL-MYERS SQUIBB CO		10,382	541,699	560,005	18,307
BROADCOM INC		6,482	1,891,737	2,243,420	351,683
CIGNA GROUP/THE		1,666	449,878	458,533	8,655
CVS HEALTH CORP		21,512	1,512,479	1,707,192	194,713
CACI INTERNATIONAL INC		598	241,628	318,620	76,993
CAL-MAINE FOODS INC		1,112	121,867	88,482	(33,385)
CAPITAL CITY BANK GROUP INC		700	25,655	29,799	4,144
CAPITAL ONE FINANCIAL CORP		6,035	1,213,842	1,462,643	248,801
CARDINAL HEALTH INC		1,124	203,521	230,982	27,461
CARTER'S INC		2,379	119,459	77,151	(42,308)
CIRRUS LOGIC INC		2,154	243,637	255,249	11,612

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SCHEDULE H, PART IV, LINE 4 (i)

VERIZON NON-TAXABLE LIMITED PARTNERSHIP				
SECURITY DESCRIPTION	**PAR SHARES/ UNITS**	**COST**	**MARKET VALUE**	**UNREALIZED GAIN/LOSS**
CISCO SYSTEMS INC	40,540	2,399,549	3,122,796	723,247
CITIGROUP INC	21,384	1,637,045	2,495,299	858,254
COCA-COLA CO/THE	8,655	606,397	605,071	(1,326)
COGNIZANT TECHNOLOGY SOLUTIONS	12,647	964,281	1,049,701	85,420
CONSTELLATION BRANDS INC	2,357	498,423	325,172	(173,251)
CROCS INC	1,148	103,160	98,177	(4,983)
CUMMINS INC	4,934	1,680,211	2,518,560	838,349
DR HORTON INC	3,350	583,761	482,501	(101,260)
DELUXE CORP	7,388	166,895	164,974	(1,921)
EBAY INC	29,066	1,822,170	2,531,649	709,479
EMCOR GROUP INC	277	182,829	169,466	(13,363)
ENACT HOLDINGS INC	2,846	92,153	112,815	20,662
ENERSYS	1,054	109,249	154,675	45,425
ENOVA INTERNATIONAL INC	3,817	365,974	600,032	234,058
ETHAN ALLEN INTERIORS INC	3,559	100,043	81,288	(18,756)
EXELON CORP	16,874	771,464	735,538	(35,926)
EXELIXIS INC	19,738	785,314	865,117	79,803
META PLATFORMS INC	9,372	5,499,465	6,186,363	686,898
FARMERS NATIONAL BANC CORP	4,900	69,678	65,268	(4,410)
FEDERATED HERMES INC	1,694	88,397	88,207	(191)
FERGUSON ENTERPRISES INC	1,950	338,462	434,129	95,667
FIRST FINANCIAL CORP	600	27,714	36,252	8,538
FORD MOTOR CO	178,705	2,042,562	2,344,610	302,047
FIGURE TECHNOLOGY SOLUTIONS IN	2,028	96,188	82,824	(13,364)
FRONTDOOR INC	1,684	93,525	97,150	3,625
GARRETT MOTION INC	5,855	77,291	102,053	24,762
GENERAL MILLS INC	8,130	414,016	378,045	(35,971)
GENERAL MOTORS CO	31,294	1,592,000	2,544,828	952,828
GENTEX CORP	12,711	326,553	295,785	(30,768)
GILEAD SCIENCES INC	2,294	278,300	281,566	3,266
GLOBE LIFE INC	916	110,945	128,112	17,167
GOLDMAN SACHS GROUP INC/THE	1,159	670,553	1,018,761	348,208
GOODYEAR TIRE & RUBBER CO/THE	11,983	90,864	104,971	14,108
GRAHAM HOLDINGS CO	188	163,921	206,537	42,616
WW GRAINGER INC	64	67,459	64,579	(2,880)
HNI CORP	12	485	504	20
HP INC	5,889	158,707	131,207	(27,500)
HARTFORD INSURANCE GROUP INC/T	4,418	502,703	608,800	106,098
HERITAGE INSURANCE HOLDINGS IN	3,539	82,032	103,551	21,519
HEWLETT PACKARD ENTERPRISE CO	28,675	629,063	688,774	59,711
HILTON WORLDWIDE HOLDINGS INC	1,323	329,258	380,032	50,773
HONEYWELL INTERNATIONAL INC	6,530	1,363,892	1,273,938	(89,955)
ICF INTERNATIONAL INC	1,542	183,822	131,533	(52,289)
INDEPENDENT BANK CORP/MI	851	29,640	27,683	(1,957)
INTERNATIONAL BUSINESS MACHINE	6,539	1,526,751	1,936,917	410,166
INTUITIVE SURGICAL INC	717	373,341	406,080	32,739
JPMORGAN CHASE & CO	6,626	1,706,854	2,135,030	428,176
JACKSON FINANCIAL INC	1,003	98,812	106,970	8,158
JOHNSON & JOHNSON	18,377	3,057,954	3,803,120	745,166
KLA CORP	1,316	1,289,127	1,599,045	309,918
KENNAMETAL INC	5,237	108,000	148,783	40,783
KROGER CO/THE	2,914	180,181	182,067	1,885
LAM RESEARCH CORP	27,150	2,527,459	4,647,537	2,120,078
LEAR CORP	2,237	229,977	256,360	26,383
LEIDOS HOLDINGS INC	5,311	768,009	958,104	190,096
LENNAR CORP	7,331	963,025	753,627	(209,398)
LEVI STRAUSS & CO	5,070	112,921	105,152	(7,769)
ELI LILLY & CO	424	325,033	455,664	130,632
LULULEMON ATHLETICA INC	2,244	426,026	466,326	40,300
MGIC INVESTMENT CORP	32,986	785,316	963,851	178,535
M/I HOMES INC	889	136,394	113,748	(22,647)
MAPLEBEAR INC	1,372	58,870	61,713	2,842
MATSON INC	1,260	169,898	155,673	(14,225)

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SCHEDULE H, PART IV, LINE 4 (i)

VERIZON NON-TAXABLE LIMITED PARTNERSHIP				
SECURITY DESCRIPTION	**PAR SHARES/ UNITS**	**COST**	**MARKET VALUE**	**UNREALIZED GAIN/LOSS**
MATTEL INC	15,800	303,496	313,472	9,976
MERCK & CO INC	36,653	3,379,670	3,858,095	478,425
MERITAGE HOMES CORP	659	52,337	43,362	(8,975)
MICROSOFT CORP	17,355	7,498,553	8,393,225	894,672
MICRON TECHNOLOGY INC	4,679	928,227	1,335,433	407,206
MUELLER INDUSTRIES INC	7,642	678,784	877,302	198,518
MUELLER WATER PRODUCTS INC	3,667	88,507	87,348	(1,159)
NMI HOLDINGS INC	5,656	207,915	230,708	22,794
NEWMARKET CORP	483	388,827	331,947	(56,881)
NEWMARK GROUP INC	4,801	61,501	83,249	21,749
NORTHROP GRUMMAN CORP	749	414,494	427,087	12,594
NUCOR CORP	3,773	569,362	615,414	46,052
NVIDIA CORP	42,229	5,813,866	7,875,709	2,061,843
ONEMAIN HOLDINGS INC	1,890	103,996	127,670	23,673
OSHKOSH CORP	748	103,794	93,971	(9,823)
PACCAR INC	462	45,175	50,594	5,419
PERDOCEO EDUCATION CORP	11,831	313,167	347,003	33,837
PFIZER INC	101,672	2,629,577	2,531,633	(97,944)
PHINIA INC	2,016	110,058	126,383	16,325
PRIMORIS SERVICES CORP	916	104,967	113,712	8,746
PROG HOLDINGS INC	4,171	176,266	123,003	(53,264)
PROGRESS SOFTWARE CORP	3,013	196,297	129,438	(66,858)
PULTEGROUP INC	1,941	260,755	227,602	(33,153)
QNITY ELECTRONICS INC	10,543	870,202	860,836	(9,366)
QUALCOMM INC	13,317	2,069,289	2,277,873	208,584
QUEST DIAGNOSTICS INC	1,116	168,360	193,659	25,300
RADIAN GROUP INC	20,972	665,232	754,782	89,550
RALPH LAUREN CORP	357	130,430	126,239	(4,191)
REGENERON PHARMACEUTICALS INC	1,007	607,721	777,273	169,552
RESIDEO TECHNOLOGIES INC	1,509	57,075	52,996	(4,079)
RESOURCES CONNECTION INC	23,254	192,790	117,200	(75,590)
RYERSON HOLDING CORP	2,279	42,184	57,340	15,155
SLM CORP	14,633	410,522	395,969	(14,553)
SALESFORCE INC	2,352	722,099	623,068	(99,031)
SANDISK CORP/DE	386	27,209	91,629	64,420
SKYWORKS SOLUTIONS INC	8,609	643,397	545,897	(97,501)
STATE STREET CORP	10,952	1,021,209	1,412,918	391,708
STRIDE INC	2,752	261,660	178,687	(82,973)
SYNCHRONY FINANCIAL	28,300	1,773,617	2,361,069	587,452
TJX COS INC/THE	2,321	280,400	356,529	76,129
TRI POINTE HOMES INC	3,131	111,569	98,533	(13,037)
TARGET CORP	7,655	717,176	748,276	31,101
TAYLOR MORRISON HOME CORP	486	29,748	28,611	(1,137)
TEXAS INSTRUMENTS INC	2,915	546,592	505,723	(40,868)
THERMO FISHER SCIENTIFIC INC	1,461	736,603	846,576	109,974
TRADEWEB MARKETS INC	1,502	205,420	161,525	(43,895)
TRAVELERS COS INC/THE	449	126,150	130,237	4,087
UGI CORP	16,426	580,061	614,825	34,764
US BANCORP	10,657	502,277	568,658	66,380
UBER TECHNOLOGIES INC	3,436	288,394	280,756	(7,638)
UNITED PARCEL SERVICE INC	19,088	1,793,240	1,893,339	100,098
UNITEDHEALTH GROUP INC	1,624	743,811	536,099	(207,712)
UNIVERSAL CORP/VA	2,916	163,786	153,819	(9,967)
UPWORK INC	14,483	210,870	287,053	76,183
URBAN OUTFITTERS INC	2,558	132,916	192,515	59,599
VISA INC	1,550	489,862	543,601	53,739
WELLS FARGO & CO	3,644	253,047	339,621	86,574
WORTHINGTON ENTERPRISES INC	1,458	94,788	75,189	(19,599)
XCEL ENERGY INC	1,876	145,111	138,561	(6,549)
YELP INC	3,280	103,582	99,679	(3,903)
SAP SE	1,969	481,792	481,808	16
KNORR-BREMSE AG	881	64,179	98,451	34,272
AMADEUS IT GROUP SA	1,906	134,604	140,667	6,064

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VERIZON NON-TAXABLE LIMITED PARTNERSHIP					
SECURITY DESCRIPTION		**PAR SHARES/ UNITS**	**COST**	**MARKET VALUE**	**UNREALIZED GAIN/LOSS**
LVMH MOET HENNESSY LOUIS VUITT		502	319,622	380,275	60,653
SAFRAN SA		1,348	296,061	470,831	174,771
DASSAULT SYSTEMES SE		6,739	244,064	188,685	(55,379)
ASML HOLDING NV		317	223,761	343,038	119,276
NESTLE SA		3,387	279,855	336,627	56,772
DIAGEO PLC		10,456	316,869	225,514	(91,355)
COMPASS GROUP PLC		14,311	477,113	455,047	(22,066)
HALEON PLC		84,025	395,124	423,591	28,467
MAGNUM ICE CREAM CO NV/THE		1,482	20,354	23,472	3,118
UNILEVER PLC		6,590	401,917	430,740	28,824
ACCENTURE PLC		2,070	703,879	555,381	(148,498)
CIMPRESS PLC		726	52,069	48,344	(3,724)
APTIV PLC		1,245	101,747	94,732	(7,015)
GATES INDUSTRIAL CORP PLC		8,339	201,383	179,038	(22,345)
IBEX HOLDINGS LTD		2,742	67,852	104,690	36,837
INVESCO LTD		3,247	71,604	85,299	13,694
SHARKNINJA INC		1,362	148,370	152,408	4,038
TE CONNECTIVITY PLC		6,315	1,319,786	1,436,726	116,940
BUNGE GLOBAL SA		2,390	224,733	212,901	(11,832)
GARMIN LTD		3,498	710,153	709,569	(584)
NXP SEMICONDUCTORS NV		1,502	321,817	326,024	4,207
NOVO NORDISK A/S		3,559	257,371	182,018	(75,353)
BARRICK MINING CORP		21,782	688,778	948,606	259,828
BRITISH AMERICAN TOBACCO PLC	ADR	27,808	1,006,131	1,574,489	568,358
GSK PLC	ADR	22,635	996,180	1,110,020	113,840
HSBC HOLDINGS PLC	ADR	1,296	74,325	101,956	27,631
KINROSS GOLD CORP		4,754	74,764	133,873	59,108
MAGNA INTERNATIONAL INC		3,561	174,596	189,801	15,205
OPEN TEXT CORP		5,054	157,150	164,659	7,509
RIO TINTO PLC	ADR	11,751	812,615	940,433	127,817
SANDOZ GROUP AG	ADR	3,272	132,516	238,120	105,604
STMICROELECTRONICS NV		16,190	418,505	419,969	1,463
VODAFONE GROUP PLC	ADR	119,193	1,011,412	1,574,540	563,128
FORTESCUE LTD		54,610	704,013	801,531	97,518
GRAINCORP LTD		8,371	38,043	40,080	2,038
BHP GROUP LTD		18,672	517,384	566,415	49,031
RIO TINTO LTD		223	16,218	21,833	5,615
JB HI-FI LTD		2,844	163,197	182,483	19,287
SUPER RETAIL GROUP LTD		3,952	37,144	42,245	5,102
BRAMBLES LTD		33,045	412,130	505,948	93,818
KBC GROUP NV		726	85,952	94,857	8,906
UCB SA		129	37,290	36,149	(1,141)
BEKAERT SA		1,585	54,917	70,551	15,634
DEUTSCHE POST AG		779	41,675	42,753	1,078
MERCEDES-BENZ GROUP AG		2,075	147,715	146,390	(1,325)
SIEMENS AG		2,017	503,255	566,514	63,259
DEUTSCHE BANK AG		41,625	738,902	1,618,631	879,729
TOTALENERGIES SE		346	18,871	22,890	4,019
KLOECKNER & CO SE		1,853	8,519	17,671	9,152
RTL GROUP SA		585	16,174	23,669	7,495
INDRA SISTEMAS SA		11,473	448,303	654,051	205,747
BANCO BILBAO VIZCAYA ARGENTARI		81,652	799,173	1,922,719	1,123,546
BANCO SANTANDER SA		88,291	861,956	1,044,192	182,236
MAPFRE SA		40,152	185,214	201,924	16,710
CAIXABANK SA		34,614	356,177	424,614	68,437
DERICHEBOURG SA		6,190	34,324	49,399	15,074
SCHNEIDER ELECTRIC SE		437	109,011	120,559	11,548
QUADIENT SA		886	17,211	15,067	(2,144)
SANOFI SA		14,713	1,428,565	1,429,375	810
SOCIETE GENERALE SA		4,648	296,619	375,132	78,513
TELEVISION FRANCAISE 1 SA		2,264	17,149	22,149	5,000
BNP PARIBAS SA		4,652	425,308	441,400	16,091
CIE DE SAINT-GOBAIN SA		9,291	824,505	948,891	124,386

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SCHEDULE H, PART IV, LINE 4 (i)

VERIZON NON-TAXABLE LIMITED PARTNERSHIP					
SECURITY DESCRIPTION		**PAR SHARES/ UNITS**	**COST**	**MARKET VALUE**	**UNREALIZED GAIN/LOSS**
IPSEN SA		239	34,411	33,403	(1,009)
LEGRAND SA		720	112,506	107,603	(4,903)
EIFFAGE SA		549	75,891	78,920	3,029
TOTALENERGIES SE		4,147	229,182	270,748	41,566
VALEO SE		2,394	33,302	32,713	(589)
CIE GENERALE DES ETABLISSEMENT		6,518	240,504	216,715	(23,789)
INTESA SANPAOLO SPA		65,743	306,826	457,171	150,346
STMICROELECTRONICS NV		12,793	338,985	337,681	(1,304)
BANCA IFIS SPA		2,456	53,865	73,207	19,343
SNAM SPA		6,278	41,112	41,703	590
ESPRINET SPA		3,420	15,313	24,823	9,510
LEONARDO SPA		715	33,134	41,281	8,147
UNIPOL ASSICURAZIONI SPA		39,888	515,324	963,632	448,308
OVS SPA		8,514	29,958	48,576	18,619
BANCO BPM SPA		17,991	256,561	275,106	18,546
PROSUS NV		18,504	714,881	1,148,537	433,656
EXOR NV		5,275	497,308	448,844	(48,464)
NN GROUP NV		8,132	569,079	627,858	58,779
ARCELORMITTAL SA		7,741	291,980	355,384	63,404
ABN AMRO BANK NV		7,350	227,834	257,153	29,320
SIGNIFY NV		5,621	133,046	138,369	5,324
ING GROEP NV		19,729	529,937	556,329	26,392
SONAE SGPS SA		28,364	26,845	53,699	26,854
NAVIGATOR CO SA/THE		9,543	35,476	35,192	(283)
NOVARTIS AG		2,338	287,616	323,439	35,823
ABB LTD		20,135	1,308,385	1,505,074	196,689
ROCHE HOLDING AG		2,737	771,645	1,133,838	362,193
LOGITECH INTERNATIONAL SA		840	69,554	86,455	16,900
IMPERIAL BRANDS PLC		25,859	961,688	1,084,840	123,151
MORGAN ADVANCED MATERIALS PLC		4,616	15,725	13,535	(2,189)
MORGAN SINDALL GROUP PLC		920	44,936	57,541	12,605
BT GROUP PLC		435,345	783,870	1,077,725	293,855
KINGFISHER PLC		9,346	38,113	39,309	1,196
IG GROUP HOLDINGS PLC		4,666	61,423	82,529	21,107
FERREXPO PLC		26,389	34,966	26,301	(8,665)
3I GROUP PLC		21,102	941,899	926,145	(15,754)
VESUVIUS PLC		5,541	29,354	29,573	219
GSK PLC		8,984	195,114	220,471	25,357
VSTECS HOLDINGS LTD	HK/00856	22,000	29,190	22,047	(7,143)
BOC HONG KONG HOLDINGS LTD	HK/02388	98,500	463,058	498,859	35,801
SUN HUNG KAI PROPERTIES LTD	HK/00016	14,000	171,060	170,335	(726)
VTECH HOLDINGS LTD	HK/00303	3,000	20,391	23,646	3,255
TECHTRONIC INDUSTRIES CO LTD	HK/00669	22,500	283,214	259,877	(23,338)
UNITED LABORATORIES INTERNATIO	HK/03933	50,000	101,151	74,452	(26,698)
SITC INTERNATIONAL HOLDINGS CO	HK/01308	33,000	112,039	118,119	6,080
IGG INC	HK/00799	25,000	13,034	12,237	(797)
KLN LOGISTICS GROUP LTD	HK/00636	9,000	7,971	8,198	227
WH GROUP LTD	HK/00288	524,000	411,289	583,681	172,392
JOHNSON ELECTRIC HOLDINGS LTD	HK/00179	5,500	7,718	21,001	13,283
CK HUTCHISON HOLDINGS LTD	HK/00001	136,500	755,879	928,589	172,710
CK ASSET HOLDINGS LTD	HK/01113	7,000	35,568	35,362	(206)
AOKI HOLDINGS INC		1,700	14,473	19,641	5,168
CANON INC		13,400	434,717	396,071	(38,646)
CANON MARKETING JAPAN INC		500	16,448	21,950	5,501
CHUGOKU MARINE PAINTS LTD		2,100	31,668	59,150	27,482
KDDI CORP		59,200	958,797	1,022,956	64,159
SCREEN HOLDINGS CO LTD		1,800	152,070	175,010	22,941
DTS CORP		2,000	13,346	15,682	2,335
CAWACHI LTD		800	13,031	15,311	2,280
EBARA CORP		2,300	64,776	54,057	(10,719)
FUJI ELECTRIC CO LTD		500	34,160	37,800	3,640
FUJITSU LTD		9,100	182,851	251,325	68,474
HEIWADO CO LTD		900	13,137	16,554	3,417

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SCHEDULE H, PART IV, LINE 4 (i)

VERIZON NON-TAXABLE LIMITED PARTNERSHIP					
SECURITY DESCRIPTION		**PAR SHARES/ UNITS**	**COST**	**MARKET VALUE**	**UNREALIZED GAIN/LOSS**
ITOCHU CORP		73,000	751,178	919,806	168,628
KAGA ELECTRONICS CO LTD		800	14,737	19,777	5,041
KAJIMA CORP		2,400	87,011	89,343	2,331
KITZ CORP		2,500	18,087	27,736	9,649
KOMERI CO LTD		1,300	27,338	28,365	1,026
KOMATSU LTD		24,500	811,365	781,524	(29,841)
KONAMI GROUP CORP		4,000	484,002	544,324	60,322
KYOCERA CORP		2,800	38,348	39,237	889
MARUBENI CORP		20,300	527,298	563,756	36,458
PANASONIC HOLDINGS CORP		114,000	1,197,070	1,471,683	274,613
MITSUBISHI ELECTRIC CORP		14,000	370,473	409,519	39,046
MITSUI & CO LTD		6,100	167,081	180,690	13,609
MURATA MANUFACTURING CO LTD		5,500	96,697	113,898	17,201
NITERRA CO LTD		3,000	124,366	131,889	7,523
RENESAS ELECTRONICS CORP		12,700	154,425	173,390	18,965
NICHIHA CORP		700	13,006	14,581	1,575
DENSO CORP		5,900	87,454	81,229	(6,225)
NEC CORP		40,300	708,427	1,365,230	656,803
NISSHIN OILLIO GROUP LTD/THE		900	29,607	30,145	538
NTT INC		91,200	99,094	91,756	(7,338)
SEKISUI CHEMICAL CO LTD		29,500	504,708	495,917	(8,791)
SEKISUI HOUSE LTD		1,000	24,065	22,317	(1,748)
SINKO INDUSTRIES LTD		2,100	17,064	18,971	1,907
SUMITOMO ELECTRIC INDUSTRIES L		28,800	877,360	1,162,142	284,783
SUMITOMO FORESTRY CO LTD		37,000	415,453	378,746	(36,708)
SUMITOMO CORP		1,300	38,116	44,886	6,770
SUZUKI MOTOR CORP		17,400	253,545	259,149	5,604
TDK CORP		8,600	130,757	121,309	(9,448)
TOKYO ELECTRON LTD		200	42,719	43,791	1,072
TOYO TIRE CORP		5,800	160,798	160,407	(391)
TOYOTA TSUSHO CORP		30,300	577,427	1,019,504	442,077
YAMAHA MOTOR CO LTD		28,300	252,910	209,345	(43,565)
YOKOGAWA ELECTRIC CORP		1,000	29,937	32,001	2,065
MCJ CO LTD		1,900	17,349	19,540	2,191
BANDAI NAMCO HOLDINGS INC		12,300	407,678	327,383	(80,295)
INPEX CORP		3,400	69,232	67,829	(1,404)
RECRUIT HOLDINGS CO LTD		2,000	141,646	112,884	(28,762)
COMFORTDELGRO CORP LTD		54,600	59,235	62,837	3,602
OVERSEA-CHINESE BANKING CORP L		33,800	413,519	519,353	105,834
YANGZIJIANG SHIPBUILDING HOLDI		318,300	709,413	861,341	151,928
FIRST RESOURCES LTD		13,800	15,073	22,428	7,355
SHENG SIONG GROUP LTD		10,100	12,142	20,656	8,514
BANK HAPOALIM BM		27,382	546,905	619,018	72,113
MIZRAHI TEFAHOT BANK LTD		601	44,161	41,939	(2,222)
ASML HOLDING NV		1,447	1,474,743	1,548,087	73,344
BANK OF NOVA SCOTIA		1,400	101,109	103,390	2,282
CANADIAN TIRE CORP LTD	CL A	2,300	256,803	291,856	35,053
COGECO INC	SUB-VTG	200	8,201	9,336	1,136
FINNING INTERNATIONAL INC		1,900	81,943	103,084	21,142
IGM FINANCIAL INC		4,500	142,734	202,914	60,180
MANULIFE FINANCIAL CORP		2,500	76,763	90,899	14,137
POWER CORP CANADA		27,100	865,673	1,442,236	576,563
TORONTO DOMINION BANK	NEW	15,200	1,197,793	1,434,450	236,657
KINROSS GOLD CORP		1,000	14,899	28,204	13,305
BARRICK MINING CORP		6,700	251,514	292,244	40,729
DPM METALS INC		7,100	81,014	219,721	138,706
SPIN MASTER CORP	SUB VTG	1,600	37,680	22,236	(15,444)
GENMAB A/S		319	100,129	101,675	1,546
MATAS A/S		1,142	21,471	22,446	975
NOKIA OYJ		232,968	1,029,417	1,524,551	495,134
EQUINOR ASA		13,727	319,768	322,529	2,761
SPAREBANK 1 NORD NORGE		1,741	18,929	26,218	7,289
ORKLA ASA		8,086	76,163	90,184	14,021

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THE PLAN FOR GROUP INSURANCE

STATEMENT OF ASSETS HELD AS OF DECEMBER 31, 2025

SCHEDULE H, PART IV, LINE 4 (i)

VERIZON NON-TAXABLE LIMITED PARTNERSHIP					
SECURITY DESCRIPTION		**PAR SHARES/ UNITS**	**COST**	**MARKET VALUE**	**UNREALIZED GAIN/LOSS**
ELKEM ASA		8,816	13,600	26,640	13,040
HOEGH AUTOLINERS ASA		7,453	74,285	72,447	(1,837)
EUROPRIS ASA		1,959	12,540	18,606	6,066
ABBOTT LABORATORIES		1,970	254,262	246,821	(7,441)
CONTRA ABIOMED INC		941	960	2,376	1,416
ALPHABET INC		8,112	1,555,875	2,545,546	989,671
AMAZON.COM INC		10,100	2,216,649	2,331,282	114,633
APPLE INC		4,633	1,246,090	1,259,527	13,437
APPLIED MATERIALS INC		747	125,581	191,972	66,391
APPLOVIN CORP		490	172,291	330,172	157,881
ARGENX SE	ADR	120	97,879	100,914	3,035
ASTERA LABS INC		620	67,804	103,143	35,339
BROADRIDGE FINANCIAL SOLUTIONS		760	191,551	169,609	(21,942)
BROADCOM INC		5,124	1,155,862	1,773,416	617,554
CBOE GLOBAL MARKETS INC		1,194	237,184	299,694	62,510
CADENCE DESIGN SYSTEMS INC		798	236,258	249,439	13,181
CAVA GROUP INC		2,100	129,981	123,249	(6,732)
CELSIUS HOLDINGS INC		5,390	182,847	246,539	63,691
CHIPOTLE MEXICAN GRILL INC		8,224	444,014	304,288	(139,726)
COPART INC		3,317	186,448	129,861	(56,587)
COSTCO WHOLESALE CORP		626	574,150	539,825	(34,325)
DEXCOM INC		1,730	117,163	114,820	(2,343)
META PLATFORMS INC		2,520	1,479,014	1,663,427	184,413
GENMAB A/S	ADR	3,235	67,822	99,638	31,816
HOME DEPOT INC/THE		1,366	532,373	470,041	(62,332)
INTUIT INC		369	265,417	244,433	(20,984)
INTUITIVE SURGICAL INC		932	484,622	527,848	43,225
ELI LILLY & CO		956	742,471	1,027,394	284,923
MANHATTAN ASSOCIATES INC		867	220,260	150,260	(70,000)
MCKESSON CORP		484	345,688	397,020	51,332
METTLER-TOLEDO INTERNATIONAL I		200	251,171	278,838	27,667
MICROSOFT CORP		5,646	2,388,462	2,730,519	342,057
MONSTER BEVERAGE CORP		7,918	416,170	607,073	190,903
MOTOROLA SOLUTIONS INC		243	111,999	93,147	(18,852)
NETFLIX INC		9,760	892,090	915,098	23,007
NVIDIA CORP		16,597	2,304,612	3,095,341	790,729
OTIS WORLDWIDE CORP		1,709	157,952	149,281	(8,670)
PROCORE TECHNOLOGIES INC		1,910	137,914	138,933	1,019
PROGRESSIVE CORP/THE		1,030	283,852	234,552	(49,300)
QUALCOMM INC		1,522	234,361	260,338	25,977
REDDIT INC		750	130,385	172,403	42,017
SAIA INC		621	250,049	202,769	(47,280)
SERVICENOW INC		1,455	299,558	222,891	(76,667)
SHERWIN-WILLIAMS CO/THE		967	328,447	313,337	(15,110)
SHOPIFY INC		1,301	141,763	209,422	67,659
STRYKER CORP		1,174	436,017	412,626	(23,391)
TJX COS INC/THE		2,440	351,774	374,808	23,035
TAIWAN SEMICONDUCTOR MANUFACTU	ADR	2,212	462,213	672,205	209,992
TEXAS INSTRUMENTS INC		1,900	359,495	329,631	(29,864)
TEXAS ROADHOUSE INC		900	162,464	149,400	(13,064)
TOAST INC		2,890	119,687	102,624	(17,063)
TRACTOR SUPPLY CO		4,461	243,573	223,095	(20,479)
TREX CO INC		1,809	122,556	63,460	(59,096)
UNITED RENTALS INC		219	161,479	177,241	15,762
UNITEDHEALTH GROUP INC		572	267,476	188,823	(78,653)
VEEVA SYSTEMS INC		1,670	382,517	372,794	(9,723)
VERISK ANALYTICS INC		1,515	408,071	338,890	(69,181)
VERTEX PHARMACEUTICALS INC		927	383,256	420,265	37,008
VISA INC		3,591	1,135,689	1,259,400	123,710
WATERS CORP		412	149,979	156,490	6,511
GARMIN LTD		410	97,359	83,169	(14,191)
ON HOLDING AG		3,050	153,561	141,764	(11,797)
ASML HOLDING NV		201	145,195	215,042	69,847

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SCHEDULE H, PART IV, LINE 4 (i)

VERIZON NON-TAXABLE LIMITED PARTNERSHIP				
SECURITY DESCRIPTION	**PAR SHARES/ UNITS**	**COST**	**MARKET VALUE**	**UNREALIZED GAIN/LOSS**
FERRARI NV	626	273,340	231,345	(41,996)
AES CORP/THE	2,330	29,227	33,412	4,185
AT&T INC	2,062	52,619	51,220	(1,399)
ABBOTT LABORATORIES	866	111,165	108,501	(2,664)
ADOBE INC	232	91,305	81,198	(10,107)
AECOM	809	93,478	77,122	(16,356)
ADVANCED MICRO DEVICES INC	346	81,833	74,099	(7,733)
ALBERTSONS COS INC	1,771	34,867	30,408	(4,459)
ALLSTATE CORP/THE	141	27,428	29,349	1,921
ALPHABET INC	3,449	623,957	1,082,296	458,339
ALPHABET INC	587	105,106	183,731	78,625
ALTRIA GROUP INC	824	47,283	47,512	229
AMAZON.COM INC	2,309	515,174	532,963	17,789
AMEREN CORP	4,267	391,203	426,103	34,900
AMERICAN ELECTRIC POWER CO INC	5,491	553,911	633,167	79,257
AMERICAN EXPRESS CO	191	67,355	70,660	3,305
AMERICAN TOWER CORP	210	40,583	36,870	(3,713)
AMERIPRISE FINANCIAL INC	125	66,623	61,293	(5,330)
ANALOG DEVICES INC	255	63,159	69,156	5,997
ELEVANCE HEALTH INC	235	85,061	82,379	(2,682)
APPLIED MATERIALS INC	302	68,547	77,611	9,064
ATMOS ENERGY CORP	177	27,036	29,671	2,635
AUTOMATIC DATA PROCESSING INC	390	120,174	100,320	(19,854)
AUTOZONE INC	136	481,328	461,244	(20,084)
BAKER HUGHES CO	5,226	216,007	237,992	21,985
BANK OF AMERICA CORP	16,209	745,216	891,495	146,279
BANK OF NEW YORK MELLON CORP/T	537	41,258	62,340	21,083
BATH & BODY WORKS INC	6,768	226,815	135,901	(90,913)
BELLRING BRANDS INC	834	27,722	22,293	(5,429)
BERKSHIRE HATHAWAY INC	1,348	640,510	677,572	37,062
BEST BUY CO INC	702	58,113	46,985	(11,128)
H&R BLOCK INC	1,604	83,804	69,902	(13,902)
BOSTON SCIENTIFIC CORP	633	63,120	60,357	(2,764)
BROADRIDGE FINANCIAL SOLUTIONS	127	29,542	28,343	(1,200)
CH ROBINSON WORLDWIDE INC	1,582	169,604	254,322	84,718
CME GROUP INC	1,532	378,803	418,359	39,556
CARPENTER TECHNOLOGY CORP	123	33,961	38,725	4,764
CENTENE CORP	1,478	84,967	60,820	(24,148)
EXPAND ENERGY CORP	289	32,517	31,894	(623)
CHEVRON CORP	919	132,697	140,065	7,368
CISCO SYSTEMS INC	2,046	131,206	157,603	26,398
CITIGROUP INC	1,913	168,756	223,228	54,472
CIVITAS RESOURCES INC	976	28,661	26,440	(2,221)
CLOROX CO/THE	924	134,153	93,167	(40,986)
COCA-COLA CONSOLIDATED INC	259	34,462	39,705	5,243
COCA-COLA CO/THE	5,312	354,833	371,362	16,528
COLGATE-PALMOLIVE CO	1,371	122,764	108,336	(14,428)
COMCAST CORP	5,321	174,523	159,045	(15,478)
CONCENTRIX CORP	1,683	79,477	69,979	(9,498)
CONOCOPHILLIPS	607	55,326	56,821	1,496
CONSTELLATION ENERGY CORP	155	45,262	54,757	9,495
COREBRIDGE FINANCIAL INC	10,890	334,068	328,551	(5,517)
CORNING INC	724	62,100	63,393	1,293
COPT DEFENSE PROPERTIES	5,235	158,930	145,533	(13,397)
CORTEVA INC	7,150	431,513	479,265	47,752
DXC TECHNOLOGY CO	2,725	36,258	39,921	3,663
DAVITA INC	284	36,521	32,265	(4,256)
DEERE & CO	1,030	466,004	479,537	13,533
DELTA AIR LINES INC	2,152	123,632	149,349	25,717
DEVON ENERGY CORP	866	28,377	31,722	3,344
DIGITAL REALTY TRUST INC	1,451	254,112	224,484	(29,628)
WALT DISNEY CO/THE	6,950	769,417	790,702	21,284
DOLLAR GENERAL CORP	300	31,966	39,831	7,865

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SCHEDULE H, PART IV, LINE 4 (i)

VERIZON NON-TAXABLE LIMITED PARTNERSHIP				
SECURITY DESCRIPTION	**PAR SHARES/ UNITS**	**COST**	**MARKET VALUE**	**UNREALIZED GAIN/LOSS**
DOLLAR TREE INC	3,825	337,202	470,513	133,311
DUKE ENERGY CORP	980	125,375	114,866	(10,509)
EOG RESOURCES INC	4,616	556,616	484,726	(71,890)
EAGLE MATERIALS INC	1,711	355,160	353,629	(1,530)
EDISON INTERNATIONAL	2,091	113,366	125,502	12,136
ELECTRONIC ARTS INC	150	30,060	30,650	590
EMERSON ELECTRIC CO	497	65,692	65,962	269
ENCOMPASS HEALTH CORP	2,618	255,181	277,875	22,694
EQUINIX INC	75	64,619	57,462	(7,157)
ESSENTIAL UTILITIES INC	759	31,614	29,115	(2,499)
EVERUS CONSTRUCTION GROUP INC	353	22,936	30,203	7,267
EXELON CORP	2,631	116,724	114,685	(2,038)
EXTRA SPACE STORAGE INC	2,045	297,574	266,300	(31,274)
EXXON MOBIL CORP	7,465	811,116	898,338	87,222
META PLATFORMS INC	558	410,289	368,330	(41,959)
FACTSET RESEARCH SYSTEMS INC	403	117,926	116,947	(979)
FEDEX CORP	421	102,875	121,610	18,735
F5 INC	138	41,182	35,226	(5,956)
FIRST CITIZENS BANCSHARES INC/	157	314,074	336,950	22,877
FISERV INC	403	75,829	27,070	(48,759)
FORD MOTOR CO	6,892	71,845	90,423	18,578
GE VERNOVA INC	101	33,222	66,011	32,789
GENERAL MOTORS CO	1,780	101,679	144,750	43,070
GLOBAL PAYMENTS INC	1,362	125,643	105,419	(20,224)
GLOBUS MEDICAL INC	529	33,014	46,187	13,173
GOLDMAN SACHS GROUP INC/THE	148	106,484	130,092	23,608
GRAPHIC PACKAGING HOLDING CO	1,548	34,668	23,313	(11,355)
AMERICAN HEALTHCARE REIT INC	4,438	159,878	208,852	48,974
HCA HEALTHCARE INC	161	69,632	75,164	5,532
HP INC	3,328	99,782	74,148	(25,634)
HEXCEL CORP	7,529	437,380	556,393	119,013
HOME DEPOT INC/THE	121	46,400	41,636	(4,764)
HONEYWELL INTERNATIONAL INC	590	116,434	115,103	(1,331)
HUMANA INC	150	43,904	38,420	(5,485)
ILLINOIS TOOL WORKS INC	522	134,142	128,569	(5,573)
INTEL CORP	2,227	84,458	82,176	(2,281)
INTERCONTINENTAL EXCHANGE INC	849	132,892	137,504	4,612
INTERNATIONAL BUSINESS MACHINE	395	112,022	117,003	4,981
INTUITIVE SURGICAL INC	169	90,813	95,715	4,902
INVITATION HOMES INC	1,033	29,693	28,707	(985)
IQVIA HOLDINGS INC	270	58,648	60,861	2,212
JPMORGAN CHASE & CO	1,107	291,530	356,698	65,168
JOHNSON & JOHNSON	2,490	389,886	515,306	125,419
KENVUE INC	11,217	199,630	193,493	(6,137)
LABCORP HOLDINGS INC	1,839	437,236	461,368	24,133
LAM RESEARCH CORP	4,718	404,369	807,627	403,258
LITHIA MOTORS INC	96	30,188	31,904	1,715
LOWE'S COS INC	3,163	801,883	762,789	(39,094)
LUMENTUM HOLDINGS INC	186	30,318	68,558	38,239
M&T BANK CORP	1,202	225,369	242,179	16,810
MGM RESORTS INTERNATIONAL	1,239	40,407	45,211	4,804
MARATHON PETROLEUM CORP	402	73,866	65,377	(8,489)
MARTIN MARIETTA MATERIALS INC	99	62,456	61,643	(813)
MARVELL TECHNOLOGY INC	414	34,784	35,182	398
MASTERCARD INC	198	110,104	113,034	2,930
MATADOR RESOURCES CO	674	29,539	28,605	(934)
MATCH GROUP INC	863	25,359	27,866	2,507
MCDONALD'S CORP	1,840	540,069	562,359	22,290
MERCK & CO INC	8,996	772,274	946,919	174,645
METLIFE INC	1,655	131,183	130,646	(537)
MICRON TECHNOLOGY INC	594	121,176	169,534	48,358
MOLINA HEALTHCARE INC	186	44,911	32,278	(12,632)
MORGAN STANLEY	3,832	521,734	680,295	158,561

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SCHEDULE H, PART IV, LINE 4 (i)

VERIZON NON-TAXABLE LIMITED PARTNERSHIP				
SECURITY DESCRIPTION	**PAR SHARES/ UNITS**	**COST**	**MARKET VALUE**	**UNREALIZED GAIN/LOSS**
MOTOROLA SOLUTIONS INC	114	48,557	43,698	(4,858)
MURPHY USA INC	97	36,012	39,141	3,130
NETFLIX INC	900	111,511	84,384	(27,127)
NEWMONT CORP	359	31,090	35,846	4,757
NIKE INC	589	44,329	37,525	(6,804)
NORTHERN TRUST CORP	807	104,641	110,228	5,587
GEN DIGITAL INC	10,671	302,845	290,144	(12,701)
NUTANIX INC	599	41,319	30,962	(10,357)
OCCIDENTAL PETROLEUM CORP	642	31,696	26,399	(5,297)
ORACLE CORP	1,427	251,448	278,137	26,689
OSHKOSH CORP	684	92,565	85,931	(6,634)
PG&E CORP	2,014	35,001	32,365	(2,636)
PPG INDUSTRIES INC	1,016	105,950	104,099	(1,851)
PACCAR INC	3,246	329,805	355,469	25,665
PARK HOTELS & RESORTS INC	5,302	57,968	55,459	(2,509)
PAYCHEX INC	895	136,980	100,401	(36,578)
PAYPAL HOLDINGS INC	2,170	169,450	126,685	(42,766)
PEPSICO INC	578	75,298	82,955	7,656
PERFORMANCE FOOD GROUP CO	293	25,342	26,347	1,005
PHILIP MORRIS INTERNATIONAL IN	189	27,809	30,316	2,507
PINTEREST INC	942	31,669	24,388	(7,280)
PROCTER & GAMBLE CO/THE	1,567	251,076	224,567	(26,509)
PROGRESSIVE CORP/THE	682	157,940	155,305	(2,635)
PROLOGIS INC	464	50,446	59,234	8,788
QUALCOMM INC	438	69,413	74,920	5,507
RAYONIER INC	2,264	54,555	49,016	(5,539)
RTX CORP	5,029	678,504	922,319	243,814
REALTY INCOME CORP	1,327	79,933	74,803	(5,130)
REGENERON PHARMACEUTICALS INC	184	102,340	142,024	39,684
RELIANCE INC	1,353	433,917	390,841	(43,076)
RESMED INC	193	51,999	46,488	(5,511)
REXFORD INDUSTRIAL REALTY INC	737	27,163	28,537	1,373
ROBINHOOD MARKETS INC	212	28,214	23,977	(4,236)
ROPER TECHNOLOGIES INC	75	42,950	33,385	(9,565)
RYMAN HOSPITALITY PROPERTIES I	1,981	203,138	187,442	(15,695)
SBA COMMUNICATIONS CORP	425	92,308	82,208	(10,100)
SALESFORCE INC	533	143,925	141,197	(2,728)
SANDISK CORP/DE	1,389	60,365	329,721	269,356
SLB LTD	3,493	117,186	134,061	16,875
CHARLES SCHWAB CORP/THE	7,270	577,371	726,346	148,975
SHERWIN-WILLIAMS CO/THE	94	32,729	30,459	(2,270)
SOFI TECHNOLOGIES INC	1,147	32,714	30,028	(2,686)
SOLSTICE ADVANCED MATERIALS IN	147	6,987	7,141	155
SOUTHERN CO/THE	532	51,847	46,390	(5,456)
STRYKER CORP	247	93,456	86,813	(6,643)
TJX COS INC/THE	285	37,855	43,779	5,924
T-MOBILE US INC	1,365	309,691	277,150	(32,542)
TAKE-TWO INTERACTIVE SOFTWARE	117	30,434	29,956	(478)
TALEN ENERGY CORP	152	58,826	56,976	(1,851)
TAPESTRY INC	268	31,407	34,242	2,836
TARGA RESOURCES CORP	181	27,373	33,395	6,021
TEXAS INSTRUMENTS INC	283	53,339	49,098	(4,242)
THERMO FISHER SCIENTIFIC INC	1,021	495,268	591,618	96,351
UBER TECHNOLOGIES INC	1,125	105,784	91,924	(13,861)
ULTA BEAUTY INC	71	37,396	42,956	5,560
UNION PACIFIC CORP	439	109,661	101,549	(8,111)
UNITED PARCEL SERVICE INC	1,690	177,977	167,631	(10,346)
UNITEDHEALTH GROUP INC	2,552	1,149,371	842,441	(306,930)
VERISK ANALYTICS INC	416	126,995	93,055	(33,940)
VERTIV HOLDINGS CO	730	126,579	118,267	(8,311)
VISA INC	329	117,268	115,384	(1,884)
WALMART INC	10,792	1,005,901	1,202,337	196,436
WARNER BROS DISCOVERY INC	1,552	16,434	44,729	28,295

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SCHEDULE H, PART IV, LINE 4 (i)

VERIZON NON-TAXABLE LIMITED PARTNERSHIP					
SECURITY DESCRIPTION		**PAR SHARES/ UNITS**	**COST**	**MARKET VALUE**	**UNREALIZED GAIN/LOSS**
WELLS FARGO & CO		9,417	704,689	877,664	172,975
WELLTOWER INC		336	50,268	62,365	12,097
WESTERN DIGITAL CORP		3,010	168,115	518,533	350,417
WESTERN UNION CO/THE		9,792	84,053	91,164	7,110
ZILLOW GROUP INC		407	28,417	27,770	(647)
ZOOM COMMUNICATIONS INC		720	56,853	62,129	5,275
ANGLOGOLD ASHANTI PLC		488	34,120	41,617	7,497
ARCH CAPITAL GROUP LTD		681	59,730	65,322	5,591
ACCENTURE PLC		576	142,842	154,541	11,698
CRH PLC		912	85,272	113,818	28,546
EATON CORP PLC		1,234	398,191	393,041	(5,150)
EVEREST GROUP LTD		1,258	424,676	426,902	2,226
JAMES HARDIE INDUSTRIES PLC		3,541	77,464	73,476	(3,988)
ICON PLC		1,318	267,688	240,166	(27,522)
LINDE PLC		226	100,761	96,364	(4,396)
MEDTRONIC PLC		3,507	287,167	336,882	49,715
RENAISSANCERE HOLDINGS LTD		181	43,695	50,890	7,195
SENSATA TECHNOLOGIES HOLDING P		3,680	104,719	122,507	17,788
SMURFIT WESTROCK PLC		794	40,017	30,704	(9,313)
WILLIS TOWERS WATSON PLC		1,304	409,802	428,494	18,693
XP INC		1,789	30,571	29,286	(1,285)
BUNGE GLOBAL SA		629	59,827	56,031	(3,796)
CHUBB LTD		590	158,397	184,151	25,754
MILLICOM INTERNATIONAL CELLULA		1,133	53,013	62,814	9,801
CNH INDUSTRIAL NV		22,556	272,738	207,966	(64,771)
NXP SEMICONDUCTORS NV		1,710	363,831	371,173	7,341
ADT INC		4,663	32,221	37,630	5,409
ACADIA REALTY TRUST		1,885	45,542	38,718	(6,824)
ACI WORLDWIDE INC		560	28,472	26,774	(1,698)
ADVANSIX INC		1,246	31,911	21,556	(10,356)
ADVANCED ENERGY INDUSTRIES INC		234	46,249	48,993	2,743
AEROVIRONMENT INC		140	21,859	33,865	12,006
ALKAMI TECHNOLOGY INC		1,121	37,156	25,861	(11,295)
ALLEGRO MICROSYSTEMS INC		470	12,925	12,399	(527)
ALLIANCE LAUNDRY HOLDINGS INC		135	3,113	2,747	(365)
AMALGAMATED FINANCIAL CORP		935	32,613	29,948	(2,665)
AMBIQ MICRO INC		198	4,843	5,643	800
AMPLITUDE INC		2,969	36,011	34,381	(1,630)
APOGEE THERAPEUTICS INC		293	13,003	22,116	9,113
ARCBEST CORP		498	45,970	36,947	(9,024)
ARMSTRONG WORLD INDUSTRIES INC		140	19,786	26,754	6,968
ASCENDIS PHARMA A/S	ADR	79	11,407	16,846	5,439
ATRICURE INC		945	29,146	37,384	8,239
AUTONATION INC		113	20,373	23,332	2,959
AVIENT CORP		725	29,799	22,649	(7,150)
AVNET INC		550	26,727	26,444	(283)
BANK OF MARIN BANCORP		884	21,186	22,993	1,807
BETA TECHNOLOGIES INC		44	1,467	1,241	(225)
BILLIONTOONE INC		105	8,436	8,593	157
BIO-TECHNE CORP		663	38,605	38,991	386
BLOOM ENERGY CORP		534	54,025	46,399	(7,626)
BLUE BIRD CORP		627	23,587	29,469	5,882
BOISE CASCADE CO		446	33,361	32,826	(535)
BOOT BARN HOLDINGS INC		244	38,739	43,059	4,319
BORGWARNER INC		632	20,091	28,478	8,387
BOWMAN CONSULTING GROUP LTD		269	9,346	8,882	(463)
BRAZE INC		1,191	40,514	40,839	325
BRIDGEBIO PHARMA INC		544	16,075	41,611	25,536
BRIDGEWATER BANCSHARES INC		1,209	20,051	21,194	1,143
BRIGHTVIEW HOLDINGS INC		2,662	42,028	33,728	(8,300)
BRIGHTSPRING HEALTH SERVICES I		1,206	21,750	45,165	23,414
BROADSTONE NET LEASE INC		1,616	25,630	28,070	2,440
CALIX INC		359	15,635	19,002	3,366

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THE PLAN FOR GROUP INSURANCE

STATEMENT OF ASSETS HELD AS OF DECEMBER 31, 2025

SCHEDULE H, PART IV, LINE 4 (i)

VERIZON NON-TAXABLE LIMITED PARTNERSHIP				
SECURITY DESCRIPTION	**PAR SHARES/ UNITS**	**COST**	**MARKET VALUE**	**UNREALIZED GAIN/LOSS**
CALLAWAY GOLF CO	3,739	30,093	43,634	13,541
CARDINAL INFRASTRUCTURE GROUP	373	8,947	9,019	72
CELCUITY INC	200	8,277	19,948	11,671
CELSIUS HOLDINGS INC	625	23,374	28,588	5,214
CG ONCOLOGY INC	416	11,752	17,272	5,520
CHEFS' WAREHOUSE INC/THE	621	32,688	38,707	6,019
CHESAPEAKE UTILITIES CORP	258	33,846	32,188	(1,658)
CIVISTA BANCSHARES INC	955	20,207	21,220	1,013
CONSTRUCTION PARTNERS INC	323	28,173	35,062	6,889
COPT DEFENSE PROPERTIES	1,610	49,026	44,758	(4,268)
CRANE NXT CO	628	34,529	29,560	(4,969)
CRITEO SA	575	22,066	11,851	(10,215)
CYTOKINETICS INC	278	17,971	17,664	(306)
DENALI THERAPEUTICS INC	880	17,216	14,529	(2,687)
DIANTHUS THERAPEUTICS INC	368	8,183	15,165	6,982
DONNELLEY FINANCIAL SOLUTIONS	654	29,435	30,535	1,100
DUCOMMUN INC	392	31,915	37,291	5,376
DUTCH BROS INC	683	37,263	41,813	4,551
D-WAVE QUANTUM INC	554	18,824	14,487	(4,337)
EAGLE BANCORP INC	992	20,249	21,249	1,000
EDGEWISE THERAPEUTICS INC	291	7,072	7,221	149
ELEMENT SOLUTIONS INC	2,457	60,518	61,400	882
ENPRO INC	157	29,828	33,618	3,790
ENVISTA HOLDINGS CORP	1,941	34,101	42,139	8,038
ESAB CORP	194	23,268	21,674	(1,595)
ESCO TECHNOLOGIES INC	168	34,269	32,826	(1,443)
EVERUS CONSTRUCTION GROUP INC	371	21,351	31,743	10,392
EXTREME NETWORKS INC	1,732	30,147	28,838	(1,309)
FTI CONSULTING INC	201	37,099	34,337	(2,762)
FEDERATED HERMES INC	590	24,199	30,721	6,522
FIRST ADVANTAGE CORP	2,060	29,711	29,932	221
FIRST BANCORP/PUERTO RICO	1,576	29,298	32,670	3,373
FIRST BANCORP/SOUTHERN PINES N	813	35,662	41,292	5,630
1ST SOURCE CORP	597	35,096	37,307	2,211
FORMFACTOR INC	476	18,861	26,551	7,691
FIGURE TECHNOLOGY SOLUTIONS IN	270	10,835	11,027	192
FRANKLIN COVEY CO	1,757	51,226	29,482	(21,744)
FRONTDOOR INC	61	3,548	3,519	(29)
FTAI INFRASTRUCTURE INC	7,265	35,145	33,492	(1,654)
GXO LOGISTICS INC	700	27,086	36,848	9,762
GIBRALTAR INDUSTRIES INC	561	36,672	27,736	(8,936)
GLAUKOS CORP	435	56,701	49,116	(7,585)
GLOBUS MEDICAL INC	484	28,832	42,258	13,426
GRID DYNAMICS HOLDINGS INC	3,135	45,627	28,309	(17,318)
AMERICAN HEALTHCARE REIT INC	646	19,473	30,401	10,928
GUARDANT HEALTH INC	534	50,844	54,543	3,699
GULFPORT ENERGY CORP	96	18,702	19,967	1,265
HALOZYME THERAPEUTICS INC	203	9,801	13,662	3,861
HA SUSTAINABLE INFRASTRUCTURE	1,420	37,843	44,631	6,787
HARMONIC INC	3,288	41,949	32,518	(9,431)
HEARTFLOW INC	538	11,679	15,683	4,003
HERITAGE FINANCIAL CORP/WA	1,683	41,234	39,803	(1,431)
HOMETRUST BANCSHARES INC	486	19,892	20,869	976
HORACE MANN EDUCATORS CORP	811	36,715	37,452	737
HOULIHAN LOKEY INC	136	23,714	23,690	(24)
IPG PHOTONICS CORP	460	28,628	32,936	4,308
ITT INC	196	28,782	34,008	5,226
IDACORP INC	316	34,532	39,993	5,460
INDEPENDENCE REALTY TRUST INC	2,444	48,489	42,721	(5,768)
INDEPENDENT BANK CORP	538	34,112	39,317	5,205
INTEGER HOLDINGS CORP	365	41,853	28,627	(13,226)
IONQ INC	372	27,598	16,692	(10,907)
JBT MAREL CORP	287	35,305	43,242	7,938

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SCHEDULE H, PART IV, LINE 4 (i)

VERIZON NON-TAXABLE LIMITED PARTNERSHIP					
SECURITY DESCRIPTION		**PAR SHARES/ UNITS**	**COST**	**MARKET VALUE**	**UNREALIZED GAIN/LOSS**
KARMAN HOLDINGS INC		349	10,075	25,536	15,461
KIRBY CORP		354	36,877	39,004	2,126
KLAVIYO INC		1,133	43,939	36,789	(7,150)
KNIGHT-SWIFT TRANSPORTATION HO		726	33,262	37,955	4,693
KRATOS DEFENSE & SECURITY SOLU		614	47,258	46,609	(650)
KYMERA THERAPEUTICS INC		253	16,008	19,686	3,678
LAUREATE EDUCATION INC		1,370	33,167	46,128	12,961
LEGENCE CORP		421	11,788	18,120	6,332
LEGEND BIOTECH CORP	ADR	401	12,977	8,718	(4,259)
LOAR HOLDINGS INC		362	26,928	24,616	(2,312)
LUMEXA IMAGING HOLDINGS INC		932	17,254	17,242	(12)
LUMENTUM HOLDINGS INC		74	8,232	27,276	19,043
MACOM TECHNOLOGY SOLUTIONS HOL		218	28,281	37,339	9,058
MAGNOLIA OIL & GAS CORP		1,764	41,329	38,614	(2,715)
MATADOR RESOURCES CO		981	54,263	41,634	(12,630)
PEDIATRIX MEDICAL GROUP INC		1,118	14,668	23,914	9,246
METHANEX CORP		857	39,671	34,040	(5,631)
MID PENN BANCORP INC		783	23,376	24,289	912
MINERALYS THERAPEUTICS INC		402	11,452	14,589	3,137
MODINE MANUFACTURING CO		332	38,350	44,325	5,975
MONTROSE ENVIRONMENTAL GROUP I		1,257	15,655	31,211	15,557
NCR ATLEOS CORP		929	31,426	35,404	3,978
NATIONAL STORAGE AFFILIATES TR		495	18,765	13,964	(4,802)
NATIONAL VISION HOLDINGS INC		1,326	36,377	34,237	(2,140)
NEPTUNE INSURANCE HOLDINGS INC		639	13,508	18,633	5,126
NETSKOPE INC		91	2,032	1,596	(436)
NETSTREIT CORP		1,379	19,400	24,326	4,926
FLAGSTAR BANK NA		2,459	29,695	30,959	1,264
NEXTPOWER INC		423	44,304	36,848	(7,456)
NEXGEN ENERGY LTD		2,657	17,510	24,444	6,935
NICOLET BANKSHARES INC		289	30,845	35,056	4,210
NORTHERN OIL & GAS INC		1,238	46,411	26,580	(19,831)
NUVALENT INC		210	20,412	21,124	712
O-I GLASS INC		2,997	32,919	44,236	11,317
OCULAR THERAPEUTIX INC		1,223	14,991	14,847	(144)
ONE GAS INC		629	46,733	48,590	1,857
OXFORD INDUSTRIES INC		657	24,184	22,469	(1,714)
PENGUIN SOLUTIONS INC		1,742	33,389	34,074	684
PERMIAN RESOURCES CORP		115	1,654	1,613	(40)
PIPER SANDLER COS		142	42,015	48,239	6,224
PORTILLO'S INC		2,557	36,554	11,609	(24,945)
PRIMORIS SERVICES CORP		348	26,444	43,201	16,757
PROCEPT BIOROBOTICS CORP		900	54,621	28,314	(26,307)
RH		127	34,482	22,752	(11,730)
RAMBUS INC		471	49,356	43,280	(6,075)
RAPPORT THERAPEUTICS INC		351	7,082	10,649	3,568
REPLIGEN CORP		259	36,079	42,440	6,360
RHYTHM PHARMACEUTICALS INC		249	19,979	26,653	6,674
ROBERT HALF INC		1,232	33,069	33,461	392
ROCKY BRANDS INC		779	23,440	22,848	(592)
RUBRIK INC		384	27,896	29,368	1,473
RUSH STREET INTERACTIVE INC		2,111	31,244	41,017	9,773
RYMAN HOSPITALITY PROPERTIES I		185	19,260	17,505	(1,755)
SPX TECHNOLOGIES INC		265	39,039	53,016	13,976
SAIA INC		19	6,000	6,204	204
SCHOLASTIC CORP		1,491	38,141	44,178	6,037
SELECT WATER SOLUTIONS INC		3,739	38,671	39,334	663
GENEDX HOLDINGS CORP		110	10,555	14,307	3,752
SEMTECH CORP		697	37,045	51,362	14,317
SENECA FOODS CORP		316	36,830	34,959	(1,871)
SERVICETITAN INC		320	32,951	34,080	1,129
SITIME CORP		122	23,734	43,089	19,355
STAG INDUSTRIAL INC		605	20,461	22,240	1,779

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SCHEDULE H, PART IV, LINE 4 (i)

VERIZON NON-TAXABLE LIMITED PARTNERSHIP					
SECURITY DESCRIPTION		**PAR SHARES/ UNITS**	**COST**	**MARKET VALUE**	**UNREALIZED GAIN/LOSS**
STEPSTONE GROUP INC		546	31,985	35,037	3,052
STIFEL FINANCIAL CORP		323	34,368	40,446	6,078
STRATTEC SECURITY CORP		283	20,749	21,548	799
STRUCTURE THERAPEUTICS INC	ADR	240	7,232	16,692	9,460
STUBHUB HOLDINGS INC		1,130	24,736	15,289	(9,448)
TWFG INC		544	16,685	15,651	(1,034)
TAYLOR MORRISON HOME CORP		436	29,786	25,667	(4,119)
TEREX CORP		376	20,356	20,071	(285)
TERNS PHARMACEUTICALS INC		329	11,600	13,292	1,692
TEXAS CAPITAL BANCSHARES INC		387	30,596	35,039	4,443
TEXAS ROADHOUSE INC		18	3,253	2,988	(265)
TREVI THERAPEUTICS INC		1,403	8,940	17,566	8,625
TRICO BANCSHARES		785	34,112	37,185	3,073
UMB FINANCIAL CORP		466	48,214	53,609	5,394
USA RARE EARTH INC		458	8,684	5,450	(3,234)
VERA THERAPEUTICS INC		317	14,152	16,053	1,901
PURSUIT ATTRACTIONS AND HOSPIT		773	28,198	26,035	(2,163)
VIA TRANSPORTATION INC		273	12,018	7,920	(4,099)
VIRIDIAN THERAPEUTICS INC		600	11,502	18,672	7,170
VOYAGER TECHNOLOGIES INC		494	17,228	12,913	(4,315)
WD-40 CO		185	43,692	36,427	(7,265)
WSFS FINANCIAL CORP		672	35,703	37,121	1,418
WALKER & DUNLOP INC		550	50,483	33,083	(17,400)
WAFD INC		1,175	36,265	37,635	1,370
WILLSCOT HOLDINGS CORP		1,503	30,290	28,301	(1,988)
WINGSTOP INC		133	35,292	31,719	(3,573)
WINMARK CORP		107	43,204	43,329	125
WINNEBAGO INDUSTRIES INC		722	33,381	29,255	(4,125)
WORTHINGTON STEEL INC		1,331	42,368	46,079	3,711
XENON PHARMACEUTICALS INC		428	16,312	19,183	2,871
YETI HOLDINGS INC		557	24,953	24,603	(350)
ZURN ELKAY WATER SOLUTIONS COR		889	41,539	41,330	(209)
ACCELERANT HOLDINGS		78	1,120	1,275	155
AXALTA COATING SYSTEMS LTD		978	30,849	31,599	750
BULLISH		204	11,374	7,725	(3,648)
CREDO TECHNOLOGY GROUP HOLDING		523	40,639	75,254	34,615
FABRINET		129	43,331	58,731	15,400
GENIUS SPORTS LTD		2,615	30,316	28,817	(1,499)
KESTRA MEDICAL TECHNOLOGIES LT		658	11,851	17,450	5,600
MAREX GROUP PLC		846	30,733	32,453	1,719
NIQ GLOBAL INTELLIGENCE PLC		1,682	31,266	27,736	(3,530)
NOMAD FOODS LTD		1,199	20,226	14,999	(5,226)
SEADRILL LTD		1,286	40,555	44,496	3,941
SHARKNINJA INC		403	35,082	45,096	10,013
TECHNIPFMC PLC		188	5,441	8,377	2,937
JFROG LTD		565	22,871	35,290	12,419
TOWER SEMICONDUCTOR LTD		73	6,715	8,572	1,856
NEWAMSTERDAM PHARMA CO NV		339	8,207	11,892	3,686
NETSKOPE INC		367	6,973	6,437	(536)
BETA TECHNOLOGIES INC		523	17,802	14,754	(3,048)
ALLIANCE LAUNDRY HOLDINGS INC		637	14,279	12,963	(1,316)
PALVELLA THERAPEUTICS INC		122	9,814	12,770	2,956
BULLISH		179	6,623	6,779	156
ACCELERANT HOLDINGS		674	15,344	11,020	(4,324)
CARDINAL INFRASTRUCTURE GROUP		1,073	22,533	22,533	-
STAR BULK CARRIERS CORP		1,851	32,051	35,576	3,525
BOOKING HOLDINGS INC		8	39,747	42,843	3,095
PHILIP MORRIS INTERNATIONAL IN		596	71,729	95,598	23,870
BHP GROUP LTD		4,646	136,178	140,936	4,759
ORIGIN ENERGY LTD		23,410	183,980	179,370	(4,610)
COMMONWEALTH BANK OF AUSTRALIA		99	10,481	10,601	120
RIO TINTO LTD		981	74,530	96,047	21,517
ARISTOCRAT LEISURE LTD		3,770	155,470	146,266	(9,204)

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SCHEDULE H, PART IV, LINE 4 (i)

VERIZON NON-TAXABLE LIMITED PARTNERSHIP				
SECURITY DESCRIPTION	**PAR SHARES/ UNITS**	**COST**	**MARKET VALUE**	**UNREALIZED GAIN/LOSS**
PRO MEDICUS LTD	96	18,511	14,140	(4,371)
QANTAS AIRWAYS LTD	24,563	143,039	170,023	26,983
QBE INSURANCE GROUP LTD	7,541	113,883	100,021	(13,862)
NORTHERN STAR RESOURCES LTD	10,608	168,520	189,087	20,567
EVOLUTION MINING LTD	22,741	162,143	192,290	30,147
SCENTRE GROUP	64,922	155,678	181,832	26,154
MEDIBANK PVT LTD	37,810	93,512	120,773	27,261
OMV AG	1,524	83,200	85,054	1,854
BAWAG GROUP AG	1,111	145,782	168,321	22,539
KBC GROUP NV	1,898	157,631	247,988	90,357
FRESENIUS SE & CO KGAA	1,357	61,797	78,061	16,264
RWE AG	273	14,160	14,511	351
SAP SE	1,485	367,812	363,375	(4,437)
HOCHTIEF AG	219	83,313	86,678	3,365
ALLIANZ SE	232	105,208	106,400	1,193
SIEMENS AG	196	46,510	55,050	8,541
DEUTSCHE BANK AG	6,327	236,230	246,032	9,802
RATIONAL AG	220	169,221	170,918	1,697
MTU AERO ENGINES AG	455	169,116	189,863	20,747
BRENNTAG SE	1,200	71,922	69,847	(2,075)
TALANX AG	1,331	172,076	177,891	5,815
LEG IMMOBILIEN SE	1,006	72,164	73,548	1,385
SIEMENS ENERGY AG	1,101	152,447	155,686	3,238
QIAGEN NV	3,935	170,273	179,567	9,293
ENDESA SA	4,585	168,677	164,938	(3,739)
BANCO BILBAO VIZCAYA ARGENTARI	13,169	138,063	310,100	172,037
NATURGY ENERGY GROUP SA	5,932	172,471	180,580	8,109
REPSOL SA	9,301	171,305	173,958	2,652
BANCO SANTANDER SA	900	10,487	10,644	157
CAIXABANK SA	1,214	12,682	14,892	2,210
AMADEUS IT GROUP SA	1,811	127,895	133,656	5,761
INTERNATIONAL CONSOLIDATED AIR	30,070	139,875	167,714	27,839
INDUSTRIA DE DISENO TEXTIL SA	6,758	369,099	447,167	78,067
AIRBUS SE	1,345	252,615	313,400	60,785
LVMH MOET HENNESSY LOUIS VUITT	45	32,320	34,088	1,768
SCHNEIDER ELECTRIC SE	814	205,352	224,565	19,213
SOCIETE GENERALE SA	2,909	180,503	234,780	54,277
AXA SA	4,302	182,399	206,950	24,551
CREDIT AGRICOLE SA	9,253	173,046	190,719	17,674
BNP PARIBAS SA	2,813	261,338	266,908	5,570
KLEPIERRE SA	2,116	79,977	83,849	3,872
COVIVIO SA/FRANCE	1,418	94,427	94,343	(84)
SAFRAN SA	1,449	432,481	506,109	73,628
IPSEN SA	1,207	170,234	168,690	(1,545)
EIFFAGE SA	1,224	158,327	175,953	17,626
TOTALENERGIES SE	1,505	98,734	98,258	(476)
VINCI SA	846	110,155	119,280	9,125
DANONE SA	1,308	115,285	117,948	2,663
EURONEXT NV	1,348	165,537	202,644	37,107
EUROFINS SCIENTIFIC SE	1,145	80,955	83,912	2,957
ENEL SPA	44,576	333,516	464,731	131,215
PRYSMIAN SPA	1,818	116,077	184,434	68,357
UNIPOL ASSICURAZIONI SPA	7,491	177,789	180,971	3,182
LOTTOMATICA GROUP SPA	4,984	133,201	131,117	(2,084)
UNICREDIT SPA	5,814	319,666	484,260	164,594
BANCA MEDIOLANUM SPA	7,815	154,540	178,702	24,162
WOLTERS KLUWER NV	930	152,137	96,488	(55,648)
KONINKLIJKE KPN NV	26,295	95,708	122,787	27,079
ASML HOLDING NV	699	619,641	756,415	136,773
KONINKLIJKE AHOLD DELHAIZE NV	5,276	195,759	216,068	20,309
PROSUS NV	4,029	235,802	250,079	14,277
NN GROUP NV	2,900	155,611	223,904	68,293
AEGON LTD	21,540	164,926	167,976	3,050

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SCHEDULE H, PART IV, LINE 4 (i)

VERIZON NON-TAXABLE LIMITED PARTNERSHIP					
SECURITY DESCRIPTION		**PAR SHARES/ UNITS**	**COST**	**MARKET VALUE**	**UNREALIZED GAIN/LOSS**
ING GROEP NV		9,122	207,007	257,227	50,221
NOVARTIS AG		4,472	460,341	618,657	158,316
ABB LTD		6,264	341,803	468,229	126,425
ROCHE HOLDING AG		434	163,539	183,625	20,086
ROCHE HOLDING AG		1,240	366,279	513,686	147,408
HOLCIM AG		1,192	99,886	116,996	17,110
NESTLE SA		970	89,778	96,406	6,628
LOGITECH INTERNATIONAL SA		1,636	155,305	168,380	13,076
CIE FINANCIERE RICHEMONT SA		1,320	278,850	286,660	7,810
GALDERMA GROUP AG		1,008	180,820	206,244	25,424
UBS GROUP AG		273	10,838	12,736	1,898
GALENICA AG		665	58,783	82,008	23,225
GLANBIA PLC		9,472	121,742	167,978	46,236
BAE SYSTEMS PLC		11,348	222,184	261,619	39,435
BRITISH AMERICAN TOBACCO PLC		3,273	166,956	185,515	18,559
HALMA PLC		1,904	82,783	90,607	7,825
STANDARD CHARTERED PLC		9,027	169,429	221,223	51,794
IMPERIAL BRANDS PLC		4,605	154,704	193,189	38,485
HSBC HOLDINGS PLC		17,303	239,073	273,183	34,110
PEARSON PLC		11,376	181,873	160,664	(21,209)
PRUDENTIAL PLC		11,145	134,463	171,567	37,105
RIO TINTO PLC		3,288	226,645	265,086	38,441
BP PLC		45,263	268,717	263,493	(5,224)
WEIR GROUP PLC/THE		3,363	119,530	128,736	9,206
ASTRAZENECA PLC		2,106	296,577	390,626	94,049
BARCLAYS PLC		41,732	169,332	267,158	97,826
NEXT PLC		1,037	159,121	190,811	31,690
J SAINSBURY PLC		15,400	67,301	67,320	18
CENTRICA PLC		67,057	117,758	152,926	35,168
IG GROUP HOLDINGS PLC		10,047	132,643	177,705	45,063
BUNZL PLC		2,956	106,816	82,541	(24,275)
LONDON STOCK EXCHANGE GROUP PL		610	86,213	73,449	(12,764)
RECKITT BENCKISER GROUP PLC		818	66,395	66,037	(358)
RELX PLC		5,406	252,028	219,594	(32,433)
FRESNILLO PLC		179	5,142	8,027	2,885
GLENCORE PLC		6,539	33,341	35,757	2,416
ROLLS-ROYCE HOLDINGS PLC		16,611	253,294	256,940	3,646
COMPASS GROUP PLC		5,700	190,579	181,243	(9,336)
NATIONAL GRID PLC		11,268	134,064	173,006	38,942
RIGHTMOVE PLC		10,184	107,283	71,175	(36,108)
TESCO PLC		57,014	304,425	338,802	34,376
NATWEST GROUP PLC		50,692	259,828	444,419	184,591
INFORMA PLC		15,437	163,004	183,550	20,546
HALEON PLC		21,467	101,465	108,220	6,755
GSK PLC		10,831	253,167	265,797	12,630
SHELL PLC		6,355	199,170	234,210	35,039
AUTOTRADER GROUP PLC		8,199	81,429	64,669	(16,760)
BEAZLEY PLC		10,432	122,291	116,743	(5,549)
KERRY GROUP PLC		873	79,659	79,973	314
BANK OF IRELAND GROUP PLC		3,002	57,848	57,733	(115)
AIB GROUP PLC		40,837	346,109	441,241	95,132
RYANAIR HOLDINGS PLC		3,298	100,396	114,457	14,061
TAIWAN SEMICONDUCTOR MANUFACTU		5,675	181,295	279,953	98,658
HONG KONG EXCHANGES & CLEARING	HK/00388	4,000	199,707	209,469	9,761
AIA GROUP LTD	HK/01299	14,700	123,531	150,900	27,369
HKT TRUST & HKT LTD	HK/06823	84,000	122,736	124,217	1,480
WH GROUP LTD	HK/00288	106,000	86,972	118,073	31,101
BOC AVIATION LTD	HK/02588	17,200	139,169	160,874	21,704
AGC INC		5,100	170,561	168,964	(1,597)
LY CORP		65,000	184,987	173,007	(11,980)
TREND MICRO INC/JAPAN		3,900	173,345	161,777	(11,568)
OBIC CO LTD		4,400	158,606	138,166	(20,440)
CHUGAI PHARMACEUTICAL CO LTD		1,500	66,271	78,883	12,612

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SCHEDULE H, PART IV, LINE 4 (i)

VERIZON NON-TAXABLE LIMITED PARTNERSHIP					
SECURITY DESCRIPTION		**PAR SHARES/ UNITS**	**COST**	**MARKET VALUE**	**UNREALIZED GAIN/LOSS**
SCREEN HOLDINGS CO LTD		1,700	130,335	165,288	34,953
DAIWA SECURITIES GROUP INC		20,600	166,097	180,116	14,019
MITSUBISHI UFJ FINANCIAL GROUP		12,400	152,041	197,220	45,178
FUJI ELECTRIC CO LTD		2,300	157,221	173,881	16,660
NOMURA RESEARCH INSTITUTE LTD		2,400	71,148	92,191	21,043
DENTSU GROUP INC		7,600	175,120	161,169	(13,951)
HONDA MOTOR CO LTD		8,700	84,974	85,254	280
ISUZU MOTORS LTD		5,200	81,124	80,930	(194)
JAPAN TOBACCO INC		5,600	198,393	201,499	3,106
KAJIMA CORP		4,800	134,740	178,685	43,945
KIRIN HOLDINGS CO LTD		2,800	42,642	41,943	(699)
KUBOTA CORP		12,400	179,632	175,346	(4,286)
SUMITOMO MITSUI FINANCIAL GROU		4,900	117,356	157,587	40,231
MITSUI CHEMICALS INC		13,200	146,631	168,595	21,963
MITSUI FUDOSAN CO LTD		17,800	154,183	202,194	48,011
NIDEC CORP		1,500	19,716	20,403	686
BIPROGY INC		3,900	118,246	134,707	16,461
NOMURA HOLDINGS INC		19,700	139,547	163,512	23,965
RICOH CO LTD		10,300	107,311	90,288	(17,022)
ROHM CO LTD		12,500	133,563	177,039	43,476
SOFTBANK GROUP CORP		2,800	78,105	78,599	494
SONY GROUP CORP		7,200	161,688	184,840	23,152
SUMITOMO CHEMICAL CO LTD		42,100	96,742	119,683	22,941
TAISEI CORP		2,000	87,799	189,288	101,489
TAKEDA PHARMACEUTICAL CO LTD		10,500	303,524	323,886	20,362
TORAY INDUSTRIES INC		26,000	171,523	169,192	(2,331)
TOYO SUISAN KAISHA LTD		1,800	118,592	123,449	4,857
MAZDA MOTOR CORP		21,700	145,100	168,760	23,661
TOYOTA MOTOR CORP		1,900	38,217	40,680	2,463
MITSUBISHI CHEMICAL GROUP CORP		29,700	163,624	173,393	9,769
SUMCO CORP		16,300	124,659	149,226	24,568
INPEX CORP		9,200	115,897	183,536	67,640
IDEMITSU KOSAN CO LTD		22,700	151,576	171,323	19,748
TIS INC		600	19,271	20,123	852
PERSOL HOLDINGS CO LTD		79,500	144,735	147,390	2,656
ENEOS HOLDINGS INC		16,600	98,002	117,236	19,234
OPEN HOUSE GROUP CO LTD		3,120	118,241	183,165	64,925
SOFTBANK CORP		147,700	221,590	202,405	(19,185)
KIOXIA HOLDINGS CORP		600	35,247	39,944	4,696
JAPAN POST HOLDINGS CO LTD		18,000	171,591	189,537	17,946
JAPAN POST BANK CO LTD		4,900	47,860	69,055	21,195
SINGAPORE EXCHANGE LTD		14,900	155,466	196,504	41,038
JARDINE MATHESON HOLDINGS LTD		2,480	136,073	169,607	33,534
OVERSEA-CHINESE BANKING CORP L		27,200	368,548	417,941	49,393
YANGZIJIANG SHIPBUILDING HOLDI		62,100	147,563	168,047	20,484
BANK LEUMI LE-ISRAEL BM		9,216	131,060	202,994	71,934
NICE LTD		666	108,597	74,622	(33,975)
CHECK POINT SOFTWARE TECHNOLOG		966	184,609	179,251	(5,358)
CANADIAN TIRE CORP LTD	CL A	1,039	123,953	131,843	7,890
ROYAL BANK OF CANADA		581	76,035	99,178	23,143
STANTEC INC		1,882	153,938	177,827	23,889
TORONTO DOMINION BANK	NEW	1,411	117,883	133,158	15,276
CONSTELLATION SOFTWARE INC		61	187,255	146,916	(40,339)
DANSKE BANK A/S		4,095	199,181	205,149	5,968
GENMAB A/S		335	108,776	106,775	(2,001)
PANDORA A/S		1,552	243,514	172,683	(70,831)
VESTAS WIND SYSTEMS A/S		1,926	51,851	52,514	663
NOVO NORDISK A/S		2,173	174,015	111,134	(62,881)
TRYG A/S		7,804	173,063	204,316	31,253
NORDEA BANK ABP		12,437	207,539	234,948	27,408
SALMAR ASA		1,024	48,733	62,687	13,955
SWEDBANK AB		1,675	55,880	58,342	2,462
TELEFONAKTIEBOLAGET LM ERICSSO		20,018	168,075	196,732	28,657

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VERIZON NON-TAXABLE LIMITED PARTNERSHIP					
SECURITY DESCRIPTION		**PAR SHARES/ UNITS**	**COST**	**MARKET VALUE**	**UNREALIZED GAIN/LOSS**
ESSITY AB		1,285	34,393	36,966	2,573
ATLAS COPCO AB		9,488	164,161	170,899	6,738
NORDEA BANK ABP		10,671	131,427	201,352	69,924
TOTAL CORPORATE STOCK - COMMON			**276,688,012**	**323,016,842**	**46,328,830**
AB MERGERS ARB FUND		12,064,658	10,674,180	12,064,658	1,390,478
TOTAL PARTNERSHIP/JOINT VENTURE INTEREST			**10,674,180**	**12,064,658**	**1,390,478**
E-MINI RUSS 1000 FUTURE (CME)	EXP MAR 26	(14)	-	7,370	7,370
E-MINI RUSS 1000 FUTURE (CME)	EXP MAR 26	43	-	27,843	27,843
E-MINI RUSS 2000 FUTURE (CME)	EXP MAR 26	(21)	-	58,590	58,590
COLOMBIA GOVERNMENT INTERNATIO	3.125% 04/15/2031 DD 06/04/20	218,000	172,983	188,788	15,805
PANAMA GOVERNMENT INTERNATIONA	9.375% 04/01/2029 DD 03/31/99	186,000	204,972	211,715	6,743
ROMANIAN GOVERNMENT INTER 144A	5.750% 09/16/2030 DD 07/16/25	208,000	207,761	214,394	6,633
MEXICO GOVERNMENT INTERNATIONA	5.375% 03/22/2033 DD 09/22/25	240,000	239,122	237,840	(1,282)
ULTRA 10YR US TREAS NT FUT CBT	EXP MAR 26	(4)	-	3,219	3,219
US 10YR TREAS NTS FUTURE (CBT)	EXP MAR 26	(2)	-	2,156	2,156
US 5YR TREAS NTS FUTURE (CBT)	EXP MAR 26	103	-	(10,148)	(10,148)
US 2YR TREAS NTS FUT (CBT)	EXP MAR 26	14	-	(1,359)	(1,359)
US ULTRA BOND (CBT)	EXP MAR 26	26	-	(74,641)	(74,641)
US TREAS BD FUTURE (CBT)	EXP MAR 26	8	-	(6,906)	(6,906)
US 5YR TREAS NTS FUTURE (CBT)	EXP MAR 26	10	-	(328)	(328)
US 2YR TREAS NTS FUT (CBT)	EXP MAR 26	3	-	297	297
TRS EL LBUSTRUU INDEX	P SOFR +20BPS 2026 APR 16	10,432	-	24,502,291	24,502,291
CCP_CDX. SP UL CDX.NA.IG.45_V1	REC 100BPS 2030 DEC 20	530,000	12,193	12,012	(181)
US 10YR TREAS NTS FUTURE (CBT)	EXP MAR 26	20	-	(14,826)	(14,826)
S & P 500 EMINI INDEX FUT(CME)	EXP MAR 26	23	-	(85,815)	(85,815)
US ULTRA BOND (CBT)	EXP MAR 26	2	-	(5,844)	(5,844)
MSCI EMGMKT FUTURE (NYF)	EXP MAR 26	53	-	53,265	53,265
AUST 10Y BOND FUTURE (SFE)	EXP MAR 26	32	-	7,028	7,028
SPI 200 INDEX FUTURE (SFE)	EXP MAR 26	(8)	-	(10,944)	(10,944)
EURO STOXX 50 FUTURE (EUX)	EXP MAR 26	(18)	-	(20,405)	(20,405)
EURO-BUXL 30Y BND FUTURE (EUX)	EXP MAR 26	(2)	-	(3,195)	(3,195)
FTSE 100 INDEX FUTURE (ICF)	EXP MAR 26	(3)	-	(9,215)	(9,215)
LONG GILT FUTURE (ICF)	EXP MAR 26	4	-	3,968	3,968
TOPIX INDEX FUTURE (OSE)	EXP MAR 26	8	-	10,268	10,268
10YR MINI JGB FUTURE (SGX)	EXP MAR 26	(117)	-	78,069	78,069
CCP_CDX. SP UL CDX.NA.HY.45_V1	REC 500BPS 2030 DEC 20	1,700,000	130,017	129,889	(128)
CANADA 10YR BOND FUTURE (MSE)	EXP MAR 26	41	-	(3,502)	(3,502)
S&P/TSE 60 INDEX FUTURES (MSE)	EXP MAR 26	(2)	-	(2,473)	(2,473)
LEAD FUTURE (LME)	EXP FEB 26	(2)	-	(2,954)	(2,954)
US 10YR TREAS NTS FUTURE (CBT)	EXP MAR 26	(5)	-	5,148	5,148
LOW SU GASOIL G FUTURE (ICE)	EXP MAR 26	1	-	(423)	(423)
PLATINUM FUTURE (NYM)	EXP APR 26	(2)	-	(36,270)	(36,270)
LEAN HOGS FUTURE (CME)	EXP APR 26	(5)	-	(3,880)	(3,880)
COFFEE 'C' FUTURE (NYB)	EXP MAY 26	1	-	(9,420)	(9,420)
COCOA FUTURE (NYB)	EXP MAY 26	(5)	-	(9,383)	(9,383)
CATTLE FEEDER FUTURE (CME)	EXP MAR 26	(1)	-	(13,847)	(13,847)
LIVE CATTLE FUTURE (CME)	EXP APR 26	4	-	9,077	9,077
SOYBEAN OIL FUTURE (CBT)	EXP MAY 26	(15)	-	25,996	25,996
SOYBEAN MEAL FUTURE (CBT)	EXP MAY 26	(2)	-	1,883	1,883
SOYBEAN FUTURE (CBT)	EXP MAY 26	7	-	(10,490)	(10,490)
KC HRW WHEAT FUTURE (CBT)	EXP MAY 26	(7)	-	6,923	6,923
COTTON NO 2 FUTURE (NYB)	EXP MAY 26	(7)	-	905	905
WTI CRUDE FUTURE (NYM)	EXP MAR 26	2	-	(1,013)	(1,013)
HEATING OIL FUTURE (NYM)	EXP MAR 26	(2)	-	10,767	10,767
BRENT CRUDE OIL (ICE)	EXP APR 26	2	-	(1,573)	(1,573)
WHEAT FUTURE (CBT)	EXP MAY 26	(2)	-	(75)	(75)
GASOLINE RBOB FUTURE (NYM)	EXP MAR 26	3	-	1,191	1,191
GOLD 100 OZ FUTURE (CMX)	EXP FEB 26	1	-	(2,560)	(2,560)
NATURAL GAS FUTR (NYM)	EXP MAR 26	3	-	(2,651)	(2,651)
PALLADIUM FUTURE (NYM)	EXP MAR 26	(1)	-	(15,923)	(15,923)
S & P 500 EMINI INDEX FUT(CME)	EXP MAR 26	(7)	-	(4,392)	(4,392)
COPPER FUTURE (LME)	EXP FEB 26	2	-	48,243	48,243
NICKEL FUTURE (LME)	EXP FEB 26	2	-	17,261	17,261

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SCHEDULE H, PART IV, LINE 4 (i)

VERIZON NON-TAXABLE LIMITED PARTNERSHIP					
SECURITY DESCRIPTION		PAR SHARES/ UNITS	COST	MARKET VALUE	UNREALIZED GAIN/LOSS
ALUMINUM HG FUTURE (LME)	EXP FEB 26	(1)	-	(3,424)	(3,424)
FTSE TAIWAN INDEX FUTURE (SGX)	EXP JAN 26	(21)	-	(37,045)	(37,045)
IFSC NIFTY 50 FUT (NGC)	EXP JAN 26	38	-	(6,447)	(6,447)
AUST 10Y BOND FUTURE (SFE)	EXP MAR 26	(7)	-	(732)	(732)
SPI 200 INDEX FUTURE (SFE)	EXP MAR 26	26	-	14,979	14,979
CCP_IRS. P NZD-BKBM FRA 3M CME	REC 4.09% 2035 JUL 11	439,000	-	650	650
CCP_IRS. P NZD-BKBM FRA 3M CME	REC 4.13% 2035 JUL 18	319,000	-	1,098	1,098
CCP_IRS. P NZD-BKBM FRA 3M CME	REC 4.1% 2035 JUL 22	383,000	-	754	754
CCP_IRS. P NZD-BKBM FRA 3M CME	REC 4.05% 2035 APR 22	425,000	-	133	133
CCP_IRS. R NZD-BKBM FRA 3M CME	PAY 4.15% 2035 MAR 26	6,000	-	(31)	(31)
CCP_IRS. P NZD-BKBM FRA 3M CME	REC 3.73% 2035 SEP 30	127,000	39	(2,036)	(2,075)
CCP_IRS. P NZD-BKBM FRA 3M CME	REC 4.06% 2035 JUL 25	399,000	231	-	(231)
CCP_IRS. R NZD-BKBM FRA 3M CME	PAY 4.05% 2035 APR 22	425,000	-	(133)	(133)
CCP_IRS. R NZD-BKBM FRA 3M CME	PAY 4.09% 2035 JUL 11	439,000	-	(650)	(650)
CCP_IRS. R NZD-BKBM FRA 3M CME	PAY 3.73% 2035 SEP 30	127,000	1,708	2,036	328
CCP_IRS. P NZD-BKBM FRA 3M CME	REC 4.15% 2035 MAR 26	6,000	51	31	(20)
CCP_IRS. R NZD-BKBM FRA 3M CME	PAY 4.13% 2035 JUL 18	319,000	-	(1,098)	(1,098)
CCP_IRS. R NZD-BKBM FRA 3M CME	PAY 4.1% 2035 JUL 22	383,000	-	(754)	(754)
CCP_IRS. R NZD-BKBM FRA 3M CME	PAY 3.96% 2035 DEC 03	134,000	-	806	806
CCP_IRS. R NZD-BKBM FRA 3M CME	PAY 4.04% 2035 DEC 04	542,000	-	1,063	1,063
CCP_IRS. R NZD-BKBM FRA 3M CME	PAY 4.19% 2035 DEC 12	725,000	-	(3,787)	(3,787)
CCP_IRS. R NZD-BKBM FRA 3M CME	PAY 4.13% 2035 DEC 23	237,000	340	(430)	(770)
EURO-BUND FUTURE (EUX)	EXP MAR 26	4	-	(880)	(880)
EURO STOXX 50 FUTURE (EUX)	EXP MAR 26	(33)	-	(35,506)	(35,506)
WIG20 INDEX FUTURE (WSE)	EXP MAR 26	(30)	-	(11,481)	(11,481)
CCP_OIS. P CHF-SARON-OIS COMPO	REC 0.56% 2035 JUL 29	136,000	-	(1,240)	(1,240)
TRS EL SWISS MKT IDX FUT CONT.	P 0% 2026 MAR 20	240	-	4,000,858	4,000,858
FTSE 100 INDEX FUTURE (ICF)	EXP MAR 26	(4)	-	(12,245)	(12,245)
LONG GILT FUTURE (ICF)	EXP MAR 26	3	-	974	974
SET50 FUTURES (TEF)	EXP MAR 26	301	-	(6,093)	(6,093)
HANG SENG INDEX FUTURE (HKG)	EXP JAN 26	(6)	-	7,085	7,085
TOPIX INDEX FUTURE (OSE)	EXP MAR 26	(4)	-	(142)	(142)
10YR MINI JGB FUTURE (SGX)	EXP MAR 26	27	-	(18,455)	(18,455)
MSCI SING IX ETS FUTURE (SGX)	EXP JAN 26	(53)	-	1,395	1,395
FTSE KLCI FUTURE (MDE)	EXP JAN 26	(16)	-	311	311
FTSE/JSE TOP 40 FUTURE (SAF)	EXP MAR 26	38	-	34,564	34,564
TRS EL IBOVESPA FUT CONT.	P 0% 2026 FEB 18	7	-	209,409	209,409
TRS EL IBOVESPA FUT CONT.	P 0% 2026 FEB 18	9	-	269,240	269,240
CANADA 10YR BOND FUTURE (MSE)	EXP MAR 26	(6)	-	(3,181)	(3,181)
S&P/TSE 60 INDEX FUTURES (MSE)	EXP MAR 26	9	-	1,936	1,936
CCP_IRS. R NOK-NIBOR 6M CME	PAY 4.06% 2035 JUN 10	1,323,000	-	877	877
CCP_IRS. R NOK-NIBOR 6M CME	PAY 4.03% 2035 JUN 12	699,000	-	588	588
CCP_IRS. R NOK-NIBOR 6M CME	PAY 4.1% 2035 OCT 01	2,376,000	83	855	772
CCP_IRS. R NOK-NIBOR 6M CME	PAY 4.09% 2035 SEP 30	1,212,000	77	498	421
CCP_IRS. R NOK-NIBOR 6M CME	PAY 4.06% 2035 OCT 14	881,000	-	563	563
CCP_IRS. R NOK-NIBOR 6M CME	PAY 4.04% 2035 SEP 26	2,106,000	-	1,675	1,675
CCP_IRS. P SEK-STIBOR 3M CME	REC 2.94% 2035 MAR 17	1,276,000	-	758	758
CCP_IRS. P SEK-STIBOR 3M CME	REC 2.99% 2035 MAR 26	1,268,000	40	1,271	1,231
CCP_IRS. P SEK-STIBOR 3M CME	REC 2.58% 2035 JUN 27	1,308,000	-	(3,725)	(3,725)
CCP_IRS. P SEK-STIBOR 3M CME	REC 2.62% 2035 JUN 13	848,000	-	(2,054)	(2,054)
CCP_IRS. P SEK-STIBOR 3M CME	REC 2.64% 2035 AUG 13	797,000	-	(1,948)	(1,948)
CCP_IRS. P SEK-STIBOR 3M CME	REC 2.63% 2035 AUG 15	847,000	-	(2,150)	(2,150)
CCP_IRS. P SEK-STIBOR 3M CME	REC 2.65% 2035 AUG 21	3,391,000	223	(7,888)	(8,112)
CCP_IRS. P SEK-STIBOR 3M CME	REC 2.69% 2035 AUG 29	3,335,000	-	(6,502)	(6,502)
CCP_IRS. P SEK-STIBOR 3M CME	REC 2.7% 2035 SEP 04	1,045,000	-	(1,982)	(1,982)
CCP_IRS. P SEK-STIBOR 3M CME	REC 2.65% 2035 SEP 08	1,517,000	-	(3,562)	(3,562)
CCP_IRS. P SEK-STIBOR 3M CME	REC 2.621% 2035 SEP 16	1,836,000	96	(4,896)	(4,993)
CCP_IRS. P SEK-STIBOR 3M CME	REC 2.94% 2035 DEC 03	718,000	-	135	135
OMXS30 IND FUTURE (SSE)	EXP JAN 26	(76)	-	(56,272)	(56,272)
TRS_FL LBUSTRUU INDEX	P SOFR +20BPS 2026 APR 16	(24,430,000)	-	(24,430,000)	(24,430,000)
SWAP COLLATERAL WITH MORGAN	STANLEY	(58,000)	(58,000)	(58,000)	-
CCP_IRS._R NZD-BKBM FRA 3M CME	PAY 4.15% 2035 MAR 26	(6,000)	(142)	-	142
CCP_IRS._R NZD-BKBM FRA 3M CME	PAY 4.05% 2035 APR 22	(425,000)	(6,767)	-	6,767

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THE PLAN FOR GROUP INSURANCE

STATEMENT OF ASSETS HELD AS OF DECEMBER 31, 2025

SCHEDULE H, PART IV, LINE 4 (i)

VERIZON NON-TAXABLE LIMITED PARTNERSHIP					
SECURITY DESCRIPTION		**PAR SHARES/ UNITS**	**COST**	**MARKET VALUE**	**UNREALIZED GAIN/LOSS**
CCP_IRS._R NZD-BKBM FRA 3M CME	PAY 4.09% 2035 JUL 11	(439,000)	(5,014)	-	5,014
CCP_IRS._R NZD-BKBM FRA 3M CME	PAY 4.06% 2035 JUL 25	(399,000)	(1,752)	-	1,752
CCP_IRS._R NZD-BKBM FRA 3M CME	PAY 4.13% 2035 JUL 18	(319,000)	(2,407)	-	2,407
CCP_IRS._R NZD-BKBM FRA 3M CME	PAY 4.1% 2035 JUL 22	(383,000)	(2,347)	-	2,347
TRS_FL SWISS MKT IDX FUT CONT.	P 0% 2026 MAR 20	(3,125,634)	-	(3,945,262)	(3,945,262)
TRS_FL IBOVESPA FUT CONT.	P 0% 2026 FEB 18	(1,141,545)	-	(208,321)	(208,321)
TRS_FL IBOVESPA FUT CONT.	P 0% 2026 FEB 18	(1,467,546)	-	(267,813)	(267,813)
CCP_IRS._R NOK-NIBOR 6M CME	PAY 4.06% 2035 OCT 14	(881,000)	(1)	-	1
TOTAL OTHER INVESTMENTS			**893,506**	**920,320**	**26,814**
SIGMA CF LIQUIDATING POOL	VAR RT 12/31/2049 DD 05/01/01	1,022,121	1,022,121	-	(1,022,121)
TOTAL COMMON/COLLECTIVE TRUST			**1,022,121**	**-**	**(1,022,121)**
GMO MULTI-SECT FIX INC-IV		895,081	19,084,606	15,717,627	(3,366,979)
GMO EMERG COUNTRY DEBT-IV		532,525	13,058,615	11,971,172	(1,087,443)
GMO OPPORTUNISTIC INCOME-III		487,633	11,754,967	11,927,497	172,530
GMO HIGH YIELD FUND-VI		197,330	3,400,000	3,403,947	3,947
ISHARES MSCI EAFE GROWTH ETF		13,442	1,569,206	1,531,313	(37,894)
ISHARES MSCI EMERGING MARKET		91,400	4,139,778	5,000,494	860,716
TOTAL REGISTERED INVESTMENT COMPANIES			**53,007,172**	**49,552,048**	**(3,455,124)**
NON-TAXABLE LIMITED PARTNERSHIP-TOTAL ASSETS HELD AT THE END OF THE YEAR			**662,270,800**	**710,035,170**	**47,764,370**

THE PLAN FOR GROUP INSURANCE

EIN 23-2259884/ P/N 580

SCHEDULE H, PART IV - LINE 4J

SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2025

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :	**11,743,537.33**						
62	07799AAC1	BELL ATLANTIC VEBA COLLECTIVE 10.000% 12/31/2049 DD 08/01/98	18,848,353.150	18,848,353.15	0.00	0.00	0.00
19	07799AAC1	BELL ATLANTIC VEBA COLLECTIVE 10.000% 12/31/2049 DD 08/01/98	23,668,212.340	0.00	23,668,212.34	23,668,212.34	0.00
20	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	11,112,282.710	11,112,282.71	0.00	0.00	0.00
19	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	11,112,282.710	0.00	11,112,282.71	11,112,282.71	0.00