# 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
FIRST HORIZON CORPORATION HEALTH AND WELFARE BENEFIT PLAN

**1b** Three-digit plan number (PN) ▶ 502

**1c** Effective date of plan 04/23/1978

**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)
FIRST HORIZON CORPORATION

PO BOX 84
MEMPHIS, TN 38101

**2b** Employer Identification Number (EIN) 62-0803242

**2c** Plan Sponsor's telephone number 901-523-5909

**2d** Business code (see instructions) 522110

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/09/2026 | COURTNEY MECKES |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

**3b** Administrator's EIN

**3c** Administrator's telephone number

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

**a** Sponsor's name

**4b** EIN

**c** Plan Name

**4d** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 5568 |
| **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)** | 5556 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 5623 |
| **b** | Retired or separated participants receiving benefits | **6b** | 8 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 0 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 5631 |
| **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

**9a** Plan funding arrangement (check all that apply)

- **(1)** [ ] 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)** [ ] 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)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**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
FIRST HORIZON CORPORATION HEALTH AND WELFARE BENEFIT PLAN

**B** Three-digit plan number (PN) ▶ 502

**C** Plan sponsor's name as shown on line 2a of Form 5500
FIRST HORIZON CORPORATION

**D** Employer Identification Number (EIN)
62-0803242

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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**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)

BCBSTN

1 CAMERON HILL CIRCLE
CHATTANOOGA, TN 37402-0001

| (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? |
|---|---|---|---|---|---|---|
| 49 | NONE | 1986678 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

QUANTUM HEALTH INC

20-8423895

| (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? |
|---|---|---|---|---|---|---|
| 49 | NONE | 1564344 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

HEALTHNEXT LLC

PO BOX 706
UNIONVILLE, PA 19375

27-0887301

| (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? |
|---|---|---|---|---|---|---|
| 49 | NONE | 298800 | 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)

TRULIFECARE LLC

PO BOX 2946
BRENTWOOD, TN 37024-2496

45-4924871

| (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? |
|---|---|---|---|---|---|---|
| 49 | NONE | 177156 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

SIMPLE HEALTH LLC

5 PORTOFINO DRIVE
PENSACOLA BEACH, FL 32561

46-1659606

| (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? |
|---|---|---|---|---|---|---|
| 49 | NONE | 166381 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

WELLNESS CONSULTANTS

4772 AYNSLEY DR.
MEMPHIS, TN 38817

| (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? |
|---|---|---|---|---|---|---|
| 49 | NONE | 154395 | 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)

MCGRIFF INSURANCE SERVICES

PO BOX 890978
CHARLOTTE, NC 28289-0978

86-1623293

| (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? |
|---|---|---|---|---|---|---|
| 49 | NONE | 114520 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

COMPSYCH CORPORATION

36-3272141

| (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? |
|---|---|---|---|---|---|---|
| 49 | NONE | 111265 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

LIFESPEAK

49 WELLINGTON STREET EAST SUITE 301
TORONTO, ONTARIO MSE 1C9 CA

| (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? |
|---|---|---|---|---|---|---|
| 49 | NONE | 110524 | 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)

KRISTIAN ROBINSON

408 E. BRINKLEY LOOP
MARION, AR 72364

| (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? |
|---|---|---|---|---|---|---|
| 49 | WELLNESS STAFF/INTERN | 63864 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

UKG INC

65-0694077

| (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? |
|---|---|---|---|---|---|---|
| 49 | NONE | 63201 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

MILLIMAN-CONSULTING H&W BENEFITS

2670 UNION AVENUE EXT, SUITE 100
MEMPHIS, TN 38112

| (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? |
|---|---|---|---|---|---|---|
| 49 | NONE | 59284 | 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)

VANDERBILT UNIVERSITY MED CENTER

35-2528741

| (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? |
|---|---|---|---|---|---|---|
| 49 | NONE | 48443 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

CBIZ CPAS P.C.

5100 POPLAR AVENUE 30TH FLOOR
MEMPHIS, TN 38137

43-1947695

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 10 | AUDITOR | 47345 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

KAREN SONES

8518 PLEASANT HILL RD
OLIVE BRANCH, MS 38654

| (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 | NONE | 26498 | 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)

HAWAII MEDICAL SERVICE ASSN

PO BOX 2981
HONOLULU, HI 96820-2210

99-0040115

| (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? |
|---|---|---|---|---|---|---|
| 49 | NONE | 21225 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

BAKER, DONELSON, BEARMAN, CALDWELL

165 MADISON AVENUE
MEMPHIS, TN 38103

62-1047356

| (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 | LEGAL | 14345 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

COVENANT HEALTH

1400 CENTERPOINT BLVD, BLDG C
KNOXVILLE, TN 37932

| (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? |
|---|---|---|---|---|---|---|
| 49 | NONE | 13997 | 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)

HEALTHCARE TN

4728 SPOTTSWOOD AVE, #376
MEMPHIS, TN 38117

| (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? |
|---|---|---|---|---|---|---|
| 49 | NONE | 10000 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

FIRST HORIZON BANK TRUST DIVISION

62-0201385

| (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? |
|---|---|---|---|---|---|---|
| 21 50 | AFFILIATE | 9151 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

BAPTIST MEMORIAL MEDICAL GROUP

6027 WALNUT GROVE RD
MEMPHIS, TN 38120

| (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? |
|---|---|---|---|---|---|---|
| 49 | NONE | 5663 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

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

**A** Name of plan
FIRST HORIZON CORPORATION HEALTH AND WELFARE BENEFIT PLAN

**B** Three-digit plan number (PN) ▶ 502

**C** Plan sponsor's name as shown on line 2a of Form 5500
FIRST HORIZON CORPORATION

**D** Employer Identification Number (EIN)
62-0803242

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 1647079 | 2262462 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 2832644 | 0 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **1e** Buildings and other property used in plan operation | 1e | | |
| **1f** Total assets (add all amounts in lines 1a through 1e) | 1f | 4479723 | 2262462 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | 7343868 | 7002064 |
| **1h** Operating payables | 1h | | |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | 56016 | 744540 |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 7399884 | 7746604 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | -2920161 | -5484142 |

## 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) | 45213807 | |
| **(B)** Participants | 2a(1)(B) | 26807359 | |
| **(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) | | 72021166 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 128729 | |
| **(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) | | 128729 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (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 | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 72149895 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 69667539 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | 1422088 | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 71089627 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 3551830 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | 47345 | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 7120 | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | 14344 | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 3620639 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 74710266 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | -2560371 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | 3610 |

## 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)** [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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: CBIZ CPAS P.C. **(2)** EIN: 43-1947695

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | **4a** | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | **4b** | | X | |
| **c** Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | **4c** | | X | |
| **d** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | **4d** | | X | |
| **e** Was this plan covered by a fidelity bond? | **4e** | X | | 30000000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | **4j** | X | | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | X | |
| **n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | **4n** | | | |

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

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

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

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| FIRST HORIZON CORPORATION HEALTH REIMBURSEMENT ARRANGEMENT | 62-0803242 | 516 |
| | | |
| | | |
| | | |

**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 _____.

# FIRST HORIZON CORPORATION HEALTH AND WELFARE BENEFIT PLAN

## FINANCIAL STATEMENTS

Years Ended December 31, 2025 and 2024

**FIRST HORIZON CORPORATION HEALTH AND WELFARE BENEFIT PLAN**

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CBIZ CPAs P.C.

5100 Poplar Avenue
30th Floor
Memphis, TN 38137

P: 901.685.5575

# INDEPENDENT AUDITORS' REPORT

To the Pension, Savings, and Flexible Compensation Committee
**First Horizon Corporation Health and Welfare Benefit Plan**

## *Opinion*

We have audited the financial statements of First Horizon Corporation Health and Welfare Benefit Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and statements of plan's benefit obligations as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and statements of changes in plan's benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan and the plan's benefit obligations as of December 31, 2025 and 2024, and the changes in its net assets available for benefits and changes in plan's benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

## *Basis for Opinion*

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 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 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.

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

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

***Auditors' Responsibilities for the Audit of the Financial Statements***

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

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

***Other Matter - Supplemental Schedule Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Reportable Transactions for the year ended December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 has been subjected to the 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.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

CBIZ CPAs P.C.

Memphis, Tennessee
October 13, 2026

**FIRST HORIZON CORPORATION HEALTH AND WELFARE BENEFIT PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

December 31, 2025 and 2024

| | 2025 | 2024 |
|---|---|---|
| Assets | | |
| Investments, at Fair Value | | |
| Money market fund | $ -- | $ 2,832,644 |
| Receivables | | |
| Rebates | 2,257,880 | 1,636,018 |
| Accrued interest and dividends | 4,582 | 11,061 |
| | 2,262,462 | 1,647,079 |
| Total Assets | 2,262,462 | 4,479,723 |
| Liabilities | | |
| Administrative fees payable | 27,688 | -- |
| Due to HRA Plan | 28 | 1,416 |
| Trustee fees payable | 110 | 2,141 |
| Other payables | 716,714 | 52,459 |
| Total Liabilities | 744,540 | 56,016 |
| Net assets available for benefits | $ 1,517,922 | $ 4,423,707 |

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

**FIRST HORIZON CORPORATION HEALTH AND WELFARE BENEFIT PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

For the Years Ended December 31, 2025 and 2024

| | 2025 | 2024 |
|---|---|---|
| Additions: | | |
| Contributions | | |
| Employer | $ 45,213,807 | $ 47,985,728 |
| Participants | 26,807,359 | 25,230,356 |
| | 72,021,166 | 73,216,084 |
| Investment income | | |
| Interest and dividends | 128,729 | 90,311 |
| | 128,729 | 90,311 |
| Total additions | 72,149,895 | 73,306,395 |
| Deductions: | | |
| Payments for | | |
| Health claims | 70,009,343 | 66,328,499 |
| Administrative expenses | 3,640,398 | 3,223,919 |
| Other employee benefits | 1,395,209 | 1,713,971 |
| Trustee fees | 7,120 | 7,718 |
| Total deductions | 75,052,070 | 71,274,107 |
| Net increase (decrease) in net assets before provision for income taxes | (2,902,175) | 2,032,288 |
| Provision for income taxes | -- | (2,000) |
| Net increase (decrease) in net assets | (2,902,175) | 2,030,288 |
| Transfers to HRA Plan | (3,610) | (4,934) |
| Net assets available for benefits | | |
| Beginning of year | 4,423,707 | 2,398,353 |
| End of year | $ 1,517,922 | $ 4,423,707 |

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

**FIRST HORIZON CORPORATION HEALTH AND WELFARE BENEFIT PLAN**

**STATEMENTS OF PLAN'S BENEFIT OBLIGATIONS**

December 31, 2025 and 2024

| | 2025 | 2024 |
|---|---|---|
| Amounts currently payable: | | |
| Claims incurred but not paid | $ 7,002,064 | $ 7,343,868 |
| Postemployment benefit obligations | | |
| Participants currently on long term disability | 240,900 | 645,700 |
| Total plan benefit obligations | $ 7,242,964 | $ 7,989,568 |

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

**FIRST HORIZON CORPORATION HEALTH AND WELFARE BENEFIT PLAN**

**STATEMENTS OF CHANGES IN PLAN'S BENEFIT OBLIGATIONS**

For the Years Ended December 31, 2025 and 2024

| | 2025 | 2024 |
|---|---|---|
| Amounts currently payable: | | |
| Balance at beginning of year | $ 7,343,868 | $ 5,769,990 |
| Claims reported and approved for payment, net | 69,667,539 | 67,902,377 |
| Claims paid | (70,009,343) | (66,328,499) |
| Balance at end of year | 7,002,064 | 7,343,868 |
| Postemployment benefit obligations: | | |
| Balance at beginning of year | 645,700 | 664,700 |
| Benefits earned and other changes, net | (404,800) | (19,000) |
| Balance at end of year | 240,900 | 645,700 |
| Total plan benefit obligations at year end | $ 7,242,964 | $ 7,989,568 |

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

## NOTE 1 - DESCRIPTION OF PLAN

The following description of First Horizon Corporation Health and Welfare Benefit Plan provides only general information. Readers should refer to the plan agreement for a more complete description of the Plan's provisions.

### *GENERAL*

First Horizon Corporation (the "Company") established First Horizon Corporation Health and Welfare Benefit Plan (the "Plan"), formerly First Tennessee National Corporation Health and Welfare Benefit Plan, as a self-insured medical plan for the benefit of all eligible employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Certain Plan assets are held in a voluntary employees' beneficiary association (VEBA) trust.

On December 23, 1983, First Horizon Corporation Employees' Health Care and Welfare Trust (the "Trust"), formerly First Tennessee National Corporation Employees' Health Care and Welfare Trust, was adopted to fund the Plan. The Plan is administered by a committee appointed by the Board of Directors of the Company. Funds are held by First Horizon Bank as trustee. The Trust is designed to hold and invest such funds and to pay benefits under the provisions of the Plan. The majority of claim payments are administered by BlueCross BlueShield of Tennessee and CVS Caremark.

Active full-time employees, active prime-time employees, disabled employees, and, prior to January 1, 2016, retirees constitute eligible employees under the Plan. Effective January 1, 2016, retirees and their dependents were no longer eligible for benefits under the Plan. Dependents of eligible employees who meet certain requirements are also eligible for coverage. Coverage becomes effective on the first day of the month following the employee's date of hire provided the employee has enrolled in the Plan.

Effective January 1, 2024, the Plan was amended to include eligibility for part-time associates who are scheduled to work 20 hours per week.

### *CONTRIBUTIONS*

The plan agreement provides that the Company makes monthly contributions to the Trust based upon the number of participants and the contribution rates for coverages as determined by the service provider. In addition, the Company makes contributions to the Trust in amounts required to fund monthly disbursements on an as-needed basis, to cover the benefit obligations of the Plan. The participating employees are charged a portion of the monthly contributions as determined by the plan administrator. Participant contributions are obtained through payroll deductions.

## NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

***BENEFITS***

Eligible employees are provided with insurance benefits under various plan options based on availability by geographic location. The medical options included two Consumer-Driven Health Plan options, with other Medicare eligible retiree and disabled participants offered coverage through a third-party insurance exchange. Additionally, employees are provided other employee benefits such as prescription drug benefits, employee assistance programs, and other wellness related educational benefits.

A separate health benefits account has been established under the Trust for which the trustee provides medical benefits for eligible employees, including their entitled spouses and dependents, who retired on or before December 31, 1992. Trust assets allocated to the separate account for the payment of retiree medical benefits may not be used for, or diverted to, any other purpose prior to the satisfaction of all liabilities to provide for the payment of retiree medical benefits. The funds in this separate account were consumed in 2022.

On September 28, 2015, the Company announced to all eligible pre-65 retirees and their dependents who retained medical coverage through the Plan, that beginning January 1, 2016, pre-65 coverage would transition to a third-party insurance exchange, thereby replacing coverage under the Plan. After that time a defined contribution subsidy model was used to help fund premiums and other eligible medical expenses for eligible participants and covered beneficiaries. Certain pre-2009 retirees who did not elect coverage through the Plan may elect to opt back in to the Plan on a one-time basis and receive the defined contributions under the Health Reimbursement Arrangements established if medical coverage is elected through the exchange. For those retirees, eligibility to enroll at a later date is maintained if coverage is not elected for 2016, but once an opt-in right is exercised if the participant subsequently exits the Plan re-entry into the Plan will not be allowed.

The First Horizon Corporation Health Reimbursement Arrangement Plan (the “HRA Plan”) was established effective January 1, 2014, related to the funding of defined contributions due to eligible post-65 retirees, their Medicare eligible dependents, and disabled employees’ health reimbursement accounts as discussed above. Funding for the HRA Plan may occur out of assets held in trust under the First Horizon Corporation Health and Welfare Benefit Plan or the 401(h) account in the Company's pension plan, or benefits may be provided by the Company out of its general assets. However, no assets have been segregated for the purpose of providing such benefits as the assets held in trust are also available to provide other eligible medical benefits.

## NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

### *BENEFITS (CONTINUED)*

See the statements of net assets available for benefits and the statements of changes in net assets available for benefits, respectively, for presentation of the amounts due to be transferred to the HRA Plan as of December 31, 2025 and 2024, and the HRA benefits funded through a transfer out of the assets held in the trust under the Health and Welfare Benefit Plan during 2025 and 2024. Following the changes in medical benefits available for retirees disclosed above and allowing time for all run-out claims to be captured, the net assets of the 401(h) account of the Company's pension plan were reassigned to the HRA Plan in 2018.

### *PLAN TERMINATION*

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

The Company also has the right to modify the benefits provided to active employees and retirees and their dependents.

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### *BASIS OF ACCOUNTING*

The financial statements of the Plan are prepared on the accrual method of accounting and in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 965, *Health and Welfare Benefit Plans*. Under FASB ASC 965, the Plan does not report benefit obligations as liabilities in the statements of net assets. Instead, information regarding benefit obligations and the changes in benefit obligations is presented in separate statements.

### *INVESTMENT VALUATION AND INCOME RECOGNITION*

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis.

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

### *BENEFIT OBLIGATIONS*

Plan obligations for health claims incurred but not paid at year end represent the actuarial present value of those estimated future benefits under the Company's self-funded medical plan. The computation was made as of December 31, 2025 and 2024.

The postemployment benefit obligations represent the actuarial present value of those estimated future health insurance related benefits that are attributed to participants on disability. The weighted average discount rates used to develop the postemployment benefit obligations were 3.50% and 4.20% as of December 31, 2025 and 2024, respectively.

Beginning January 1, 2013, there is a two-year maximum benefit period for all subsequent long-term disability participants. After the two-year maximum benefit period, employment will end and the employee will no longer be considered a participant in the Plan.

### *USE OF ESTIMATES*

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

### *PAYMENT OF BENEFITS*

Benefits paid are recorded as payments for health claims and other employee benefits in the accompanying statements of changes in net assets available for benefits.

Claim payments are recorded when paid by the third-party claims administrators.

### *REBATES*

The Plan utilizes a pharmacy benefit manager to help control drug costs. Rebates from the benefit manager are recorded when earned. Rebates due as of the financial statement date have been reported as receivables in the accompanying statements of net assets available for benefits. Pharmacy rebates approximating $8,100,000 in 2025 and $3,800,000 in 2024 have been netted with health claims in the accompanying statements of changes in net assets available for benefits.

### *ADMINISTRATIVE EXPENSES*

The Plan pays administrative expenses that consist primarily of administrative fees paid to third-party claims administrators. These expenses are reported on the statements of changes in net assets available for benefits as administrative expenses. Certain expenses of the Plan are paid by the Company and are not included in the statements of changes in net assets available for benefits.

## NOTE 3 - FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

**Level 2:** Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

**Level 3:** Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

*Money market fund*: Valued at cost, which approximates fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although plan management believes its valuation methodologies are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

## NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's investments, at fair value as of December 31, 2024. There were no investments held by the Plan as of December 31, 2025.

| | Investments at Fair Value as of December 31, 2024 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Money market fund | $ 2,832,644 | $ -- | $ -- | $ 2,832,644 |

## NOTE 4 - RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

First Horizon Bank, a subsidiary of the Company, is the trustee as defined by the Plan, and therefore, these services qualify as party-in-interest transactions. Amounts paid by the Plan to the trustee totaled $7,120 for 2025 and $7,718 for 2024.

The Plan also has several arrangements with other service providers who provide services considered to be party-in-interest transactions under ERISA. Fees paid to these service providers totaled $3,316,521 in 2025 and $3,223,919 in 2024.

The Company provides the Plan with certain management and administrative services for which no fees are charged.

## NOTE 5 - RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets available for benefits for financial reporting purposes to net liabilities reported on Form 5500 as filed by the Plan for the years ended December 31, 2025 and 2024:

| | 2025 | 2024 |
|---|---|---|
| Net assets available for benefits for financial reporting purposes | $ 1,517,922 | $ 4,423,707 |
| Payable for claims incurred but not paid | (7,002,064) | (7,343,868) |
| Net liabilities per Form 5500 | $ (5,484,142) | $ (2,920,161) |

## NOTE 5 - RECONCILIATION TO FORM 5500 (CONTINUED)

The following is a reconciliation of health claims paid for financial reporting purposes to benefits paid to participants as reported on Form 5500 as filed by the Plan for the years ended December 31, 2025 and 2024:

| | 2025 | 2024 |
|---|---|---|
| Health claims paid for financial reporting purposes | $ 70,009,343 | $ 66,328,499 |
| Add: claims incurred but not paid at end of year | 7,002,064 | 7,343,868 |
| Less: claims incurred but not paid at beginning of year | (7,343,868) | (5,769,990) |
| Benefits paid to participants per Form 5500 | $ 69,667,539 | $ 67,902,377 |

## NOTE 6 - TAX STATUS

The Trust funding the Plan constitutes a VEBA under section 501(c)(9) of the Internal Revenue Code (IRC), and, accordingly, is exempt from federal income tax under section 501(a) of the Code; however, the earnings on the separate account holding the Plan assets for participants that retired on or before December 31, 1992 are subject to federal income taxes at a 35 percent (35%) rate. The separate account holding the Plan assets for retired participants that retired on or before December 31, 1992, held no investments as of December 31, 2025 and 2024.

The Trust for retired employees who retired on or before December 31, 1992, has received a favorable tax determination letter from the Internal Revenue Service (IRS) dated January 9, 1985. Management believes that the Plan, as amended, and the Trusts continue to operate in compliance with the applicable requirements of the IRC. Management is not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status.

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

## NOTE 7 - RISKS, UNCERTAINTIES AND CONCENTRATIONS

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

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

As of December 31, 2024, approximately 100% of the Plan's investments were invested in the Goldman Sachs Fin Sq Govt-Instl Fund.

## NOTE 8 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 13, 2026, which is the date that the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.

# SUPPLEMENTAL SCHEDULE

# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2025**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

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

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

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
FIRST HORIZON CORPORATION HEALTH AND WELFARE BENEFIT PLAN

**1b** Three-digit plan number (PN) ▶ 502

**1c** Effective date of plan 04/23/1978

**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)

FIRST HORIZON CORPORATION

PO BOX 84

MEMPHIS TN 38101

**2b** Employer Identification Number (EIN) 62-0803242

**2c** Plan Sponsor's telephone number 901-523-5909

**2d** Business code (see instructions) 522110

**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** | Courtney Meckes | 10/9/2026 | COURTNEY MECKES |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

| | | | |
|---|---|---|---|
| **3a** | Plan administrator's name and address [X] Same as Plan Sponsor | **3b** | Administrator's EIN |
| | | **3c** | Administrator's telephone number |
| **4** | If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: | **4b** | EIN |
| **a** | Sponsor's name | **4d** | PN |
| **c** | Plan Name | | |
| **5** | Total number of participants at the beginning of the plan year | **5** | 5,568 |
| **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)** | 5,556 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 5,623 |
| **b** | Retired or separated participants receiving benefits | **6b** | 8 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 0 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 5,631 |
| **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

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** [ ] | Insurance | **(1)** [ ] | Insurance |
| **(2)** [ ] | Code section 412(e)(3) insurance contracts | **(2)** [ ] | Code section 412(e)(3) insurance contracts |
| **(3)** [X] | Trust | **(3)** [X] | Trust |
| **(4)** [X] | General assets of the sponsor | **(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)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

**FIRST HORIZON CORPORATION HEALTH AND WELFARE BENEFIT PLAN**

**SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS EIN: 62-0803242 / PLAN NUMBER: 502**

For the Year Ended December 31, 2025

| (a) Identity of party involved | (b) Description of asset | (c) Purchase price | (d) Selling price | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or loss |
|---|---|---|---|---|---|---|
| Single security transactions in excess of 5% of Plan assets | | | | | | |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | $ -- | $ 1,491,035 | $ 1,491,035 | $ 1,491,035 | $ -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 874,099 | 874,099 | 874,099 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | 1,378,895 | -- | 1,378,895 | 1,378,895 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 745,843 | 745,843 | 745,843 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 408,033 | 408,033 | 408,033 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 436,157 | 436,157 | 436,157 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | 2,504,206 | -- | 2,504,206 | 2,504,206 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 259,006 | 259,006 | 259,006 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 908,333 | 908,333 | 908,333 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 246,819 | 246,819 | 246,819 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 653,522 | 653,522 | 653,522 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | 2,740,701 | -- | 2,740,701 | 2,740,701 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 554,380 | 554,380 | 554,380 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 642,242 | 642,242 | 642,242 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 482,175 | 482,175 | 482,175 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 789,867 | 789,867 | 789,867 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | 2,617,215 | -- | 2,617,215 | 2,617,215 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 1,028,174 | 1,028,174 | 1,028,174 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | 2,256,346 | -- | 2,256,346 | 2,256,346 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 713,657 | 713,657 | 713,657 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | 2,734,696 | -- | 2,734,696 | 2,734,696 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 281,257 | 281,257 | 281,257 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 920,228 | 920,228 | 920,228 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 468,695 | 468,695 | 468,695 | -- |

**FIRST HORIZON CORPORATION HEALTH AND WELFARE BENEFIT PLAN**

**SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS EIN: 62-0803242 / PLAN NUMBER: 502**

For the Year Ended December 31, 2025

| (a) Identity of party involved | (b) Description of asset | (c) Purchase price | (d) Selling price | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or loss |
|---|---|---|---|---|---|---|
| Single security transactions in excess of 5% of Plan assets | | | | | | |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 955,128 | 955,128 | 955,128 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | 2,790,925 | -- | 2,790,925 | 2,790,925 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 1,314,812 | 1,314,812 | 1,314,812 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 664,339 | 664,339 | 664,339 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 392,526 | 392,526 | 392,526 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | 2,686,595 | -- | 2,686,595 | 2,686,595 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 1,231,301 | 1,231,301 | 1,231,301 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 688,390 | 688,390 | 688,390 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 1,085,065 | 1,085,065 | 1,085,065 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 436,614 | 436,614 | 436,614 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | 2,740,644 | -- | 2,740,644 | 2,740,644 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 975,230 | 975,230 | 975,230 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 459,181 | 459,181 | 459,181 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 1,085,390 | 1,085,390 | 1,085,390 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | 1,426,113 | -- | 1,426,113 | 1,426,113 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 923,494 | 923,494 | 923,494 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 426,681 | 426,681 | 426,681 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 844,601 | 844,601 | 844,601 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | 2,709,453 | -- | 2,709,453 | 2,709,453 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 547,701 | 547,701 | 547,701 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 1,285,513 | 1,285,513 | 1,285,513 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 691,002 | 691,002 | 691,002 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 1,115,728 | 1,115,728 | 1,115,728 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | 546,208 | -- | 546,208 | 546,208 | -- |

**FIRST HORIZON CORPORATION HEALTH AND WELFARE BENEFIT PLAN**

**SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS EIN: 62-0803242 / PLAN NUMBER: 502**

For the Year Ended December 31, 2025

| (a) Identity of party involved | (b) Description of asset | (c) Purchase price | (d) Selling price | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or loss |
|---|---|---|---|---|---|---|
| Single security transactions in excess of 5% of Plan assets | | | | | | |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | 4,469,235 | -- | 4,469,235 | 4,469,235 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 420,779 | 420,779 | 420,779 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 717,082 | 717,082 | 717,082 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 842,727 | 842,727 | 842,727 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 981,795 | 981,795 | 981,795 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | 2,743,399 | -- | 2,743,399 | 2,743,399 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 1,629,667 | 1,629,667 | 1,629,667 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 758,603 | 758,603 | 758,603 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 826,012 | 826,012 | 826,012 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | 2,741,919 | -- | 2,741,919 | 2,741,919 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 941,243 | 941,243 | 941,243 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 647,460 | 647,460 | 647,460 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 1,381,062 | 1,381,062 | 1,381,062 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | 2,808,976 | -- | 2,808,976 | 2,808,976 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 762,697 | 762,697 | 762,697 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 572,880 | 572,880 | 572,880 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 983,344 | 983,344 | 983,344 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | 2,075,404 | -- | 2,075,404 | 2,075,404 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 1,337,434 | 1,337,434 | 1,337,434 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 714,057 | 714,057 | 714,057 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 1,326,576 | 1,326,576 | 1,326,576 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | 2,759,402 | -- | 2,759,402 | 2,759,402 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 456,468 | 456,468 | 456,468 | -- |

**FIRST HORIZON CORPORATION HEALTH AND WELFARE BENEFIT PLAN**

**SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS EIN: 62-0803242 / PLAN NUMBER: 502**

For the Year Ended December 31, 2025

| (a) Identity of party involved | (b) Description of asset | (c) Purchase price | (d) Selling price | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or loss |
|---|---|---|---|---|---|---|
| Single security transactions in excess of 5% of Plan assets | | | | | | |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 690,667 | 690,667 | 690,667 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | 1,745,927 | -- | 1,745,927 | 1,745,927 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 725,942 | 725,942 | 725,942 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 1,269,436 | 1,269,436 | 1,269,436 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 812,840 | 812,840 | 812,840 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 226,214 | 226,214 | 226,214 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | 2,758,735 | -- | 2,758,735 | 2,758,735 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 1,712,035 | 1,712,035 | 1,712,035 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 708,552 | 708,552 | 708,552 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 637,726 | 637,726 | 637,726 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | 2,762,085 | -- | 2,762,085 | 2,762,085 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 1,001,858 | 1,001,858 | 1,001,858 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 621,557 | 621,557 | 621,557 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 1,207,119 | 1,207,119 | 1,207,119 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 494,817 | 494,817 | 494,817 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | 2,756,675 | -- | 2,756,675 | 2,756,675 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 1,167,692 | 1,167,692 | 1,167,692 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 655,075 | 655,075 | 655,075 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 826,948 | 826,948 | 826,948 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | 2,090,744 | -- | 2,090,744 | 2,090,744 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 1,198,073 | 1,198,073 | 1,198,073 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 888,621 | 888,621 | 888,621 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | 1,595,720 | -- | 1,595,720 | 1,595,720 | -- |

**FIRST HORIZON CORPORATION HEALTH AND WELFARE BENEFIT PLAN**

**SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS EIN: 62-0803242 / PLAN NUMBER: 502**

For the Year Ended December 31, 2025

| (a) Identity of party involved | (b) Description of asset | (c) Purchase price | (d) Selling price | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or loss |
|---|---|---|---|---|---|---|
| Single security transactions in excess of 5% of Plan assets | | | | | | |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 964,099 | 964,099 | 964,099 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | 1,497,691 | -- | 1,497,691 | 1,497,691 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 1,144,972 | 1,144,972 | 1,144,972 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | 2,235,200 | -- | 2,235,200 | 2,235,200 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 627,369 | 627,369 | 627,369 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 1,381,077 | 1,381,077 | 1,381,077 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | 549,914 | -- | 549,914 | 549,914 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 1,126,974 | 1,126,974 | 1,126,974 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | 1,617,766 | -- | 1,617,766 | 1,617,766 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 1,445,851 | 1,445,851 | 1,445,851 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | 2,235,334 | -- | 2,235,334 | 2,235,334 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 1,737,772 | 1,737,772 | 1,737,772 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | 2,337,767 | -- | 2,337,767 | 2,337,767 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 1,203,488 | 1,203,488 | 1,203,488 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 805,183 | 805,183 | 805,183 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | 795,524 | -- | 795,524 | 795,524 | -- |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | -- | 1,351,832 | 1,351,832 | 1,351,832 | -- |
| Series of transactions in same security in excess of 5% of Plan assets | | | | | | |
| Goldman Sachs Fin Sq Govt-Instl | Money market fund | $ 624,986 | $ -- | $ 624,986 | $ 624,986 | $ -- |