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
CONNECTICUT DISTRIBUTORS, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 03/31/1985

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)
CONNECTICUT DISTRIBUTORS, INC.

333 LORDSHIP BOULEVARD
STRATFORD, CT 06615

2b Employer Identification Number (EIN)
06-0303100

2c Plan Sponsor's telephone number
203-380-3632

2d Business code (see instructions)
424800

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.	10/14/2026	SAMANTHA DINIHANIAN
	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**	387
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)**	296
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	276
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	111
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	387
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	387
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)**	358
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)**	370
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
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:

2S 2E 3D 2G 2J 2K 2R 2F 2T 3F

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan
CONNECTICUT DISTRIBUTORS, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CONNECTICUT DISTRIBUTORS, INC.

D Employer Identification Number (EIN)
06-0303100

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

THE VANGUARD GROUP, INC.

23-1945930

(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)

MJP WEALTH ADVISORS

06-1038339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	43886	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

THE VANGUARD GROUP, INC.

23-1945930

(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?
64 99 37 15 60 52 68 50	NONE	39603	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
CONNECTICUT DISTRIBUTORS, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CONNECTICUT DISTRIBUTORS, INC.

D Employer Identification Number (EIN)
06-0303100

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM INSIGHT STABLE VALUE M

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
11-3152987-561	C	1706300

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
CONNECTICUT DISTRIBUTORS, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CONNECTICUT DISTRIBUTORS, INC.

D Employer Identification Number (EIN)
06-0303100

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)	21259	28996
(2) Participant contributions	1b(2)	34530	35652
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	862	144632
(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)	884704	934579
(9) Value of interest in common/collective trusts	1c(9)		1706300
(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)	40338438	45217350
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1714932	1868023

		(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	42994725	49935532
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	42994725	49935532

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)	963538	
(B) Participants	2a(1)(B)	1690947	
(C) Others (including rollovers)	2a(1)(C)	13462	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2667947
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	13407	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	71110	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		84517
(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)	850608	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		850608
(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)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		43609
(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)		5888325
c Other income	2c		110408
d Total income. Add all **income** amounts in column (b) and enter total	2d		9645414
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2621118	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2621118
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)	39603	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	43886	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		83489
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2704607
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6940807
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: LOEWENWARTER & CO LLP **(2)** EIN: 13-5553617

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		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
CONNECTICUT DISTRIBUTORS, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CONNECTICUT DISTRIBUTORS, INC.

D Employer Identification Number (EIN)
06-0303100

Part I Distributions

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

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

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

EIN(s): 45-0404698

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703678A .

CONNECTICUT DISTRIBUTORS, INC.
401(K) PROFIT SHARING PLAN

FINANCIAL STATEMENT AND SUPPLEMENTAL SCHEDULE
FOR THE YEARS ENDED

DECEMBER 31, 2025 AND 2024

CONNECTICUT DISTRIBUTORS, INC.
401(K) PROFIT SHARING PLAN

DECEMBER 31, 2025 AND 2024

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ERNEST D LOEWENWARTER & CO LLP
CERTIFIED PUBLIC ACCOUNTANTS

200 Old Country Road, Suite 274
Mineola, New York 11501

• Email: cpa@edlcpa.com • Website: EDLCPA.com • Office: (516) 739-9777 • Fax: (516) 739-7388

Independent Auditor's Report

To the Board of Trustees
Connecticut Distributors, Inc. 401(k) Profit Sharing Plan
333 Lordship Boulevard
Stratford, CT 06615

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

We have performed an audit of the financial statements of Connecticut Distributors, Inc. 401(k) Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statement of net assets available for benefits as of December 31, 2025, and 2024, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Connecticut Distributors, Inc. 401(k) Profit Sharing Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2025, and 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

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

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Connecticut Distributors, Inc. 401(k) Profit Sharing Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Connecticut Distributors, Inc. 401(k) Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Connecticut Distributors, Inc. 401(k) Profit Sharing 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 Connecticut Distributors, Inc. 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter—Supplemental Schedule Required by ERISA

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

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

In our opinion—

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



ERNEST D. LOEWENWARTER & CO. LLP
Mineola, NY

October 5, 2026

CONNECTICUT DISTRIBUTORS, INC.
401(K) PROFIT SHARING PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS:		
Investments, at Fair Value		
Registered Investment Companies	$ 45,217,350	$ 40,338,438
Self-Directed brokerage Accounts	1,868,023	1,714,932
Common/Collective Trusts	1,706,300	-
Interest Bearing Cash	144,632	862
Total Investments	48,936,305	42,054,232
Contributions Receivable		
Employer Receivables	28,996	21,259
Employee Receivables	35,652	34,530
Participants' Notes Receivable	934,579	884,704
Total Assets	$ 49,935,532	$ 42,994,725
LIABILITIES:		
Total Liabilities	-	-
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 49,935,532	$ 42,994,725

See Independent Auditor's Report.
The accompanying notes are an integral part of this financial statement.

CONNECTICUT DISTRIBUTORS, INC.
401(K) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
Additions to Net Assets Attributed To:		
Investment Income (Loss):		
Net Appreciation (Depreciation) in Fair Value of Investments and Earnings on Mutual Funds	$ 5,888,325	$ 4,643,904
Net Appreciation (Depreciation) in Fair Value of Investments and Earnings on Common/Collective Trusts	43,609	-
Other Income	110,408	27,797
Interest	13,407	4,436
Dividends	850,608	735,637
Net Investment Income (Loss)	6,906,357	5,411,774
Contributions:		
Employer	963,538	1,006,071
Participants	1,690,947	1,688,176
Rollovers	13,462	66,932
Total Contributions	2,667,947	2,761,179
Interest on Participant Loans	71,110	55,867
Total Additions	9,645,414	8,228,820
Deduction from net assets attributed to:		
Benefits Paid to Participants or Beneficiaries Including Direct Rollovers	2,621,118	1,508,783
Administrative Expenses	83,489	75,407
Other Expenses	-	-
	2,704,607	1,584,190
Increase (Decrease) in Net Assets	6,940,807	6,644,630
NET ASSETS AVAILABLE FOR PLAN BENEFITS:		
Beginning of Year	42,994,725	36,350,095
NET ASSETS AVAILABLE FOR PLAN BENEFITS:		
End of Year	$ 49,935,532	$ 42,994,725

See Independent Auditor's Report.
The accompanying notes are an integral part of this financial statement.

CONNECTICUT DISTRIBUTORS, INC.
401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

1. DESCRIPTION OF PLAN

The following description of Connecticut Distributors, Inc. 401(K) Profit Sharing Plan provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

A. General - The plan is a 401(k) plan (i.e. a defined contribution plan) which covers all employees of Connecticut Distributors, Inc. (the Employer) other than those under a collective bargaining agreement, nonresident aliens without United States source earned income from the Employer, leased employees and interns. Participants may enter the plan on the first day of the month following their reaching eligibility. Prior to April 1, 2022, participants were automatically enrolled in the plan at a 2% contribution once eligibility is reached unless they opt out of the plan. As of April 1, 2022, participants will not be automatically enrolled into the plan upon reaching eligibility (Note 2). The Plan was adopted in 1985. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

B. Contributions - Each participant may elect to contribute up to 80% of their compensation, as defined by the Plan and within IRS limitations, as either pre-tax or Roth contributions. The employer is required to make a safe harbor matching contribution equal to the sum of 100% of the portion of the participant's salary reduction, not to exceed 5% of the participant's compensation. Rollovers and catch-up payments are allowed by the plan but are not matched by the employer. The employer may also make a discretionary profit-sharing contribution which is allocated based on the ratio that each participant's compensation bears to the total compensation of all participants. Only participants who are employed on the last day of the plan year are eligible to receive the discretionary profit-sharing contribution. Forfeitures of terminated participant's non-vested accounts may be used to reduce the employer's required matching contribution. Total Employer contributions for the years ending December 31, 2025, and 2024, totaled $963,538 and $1,006,071, respectively.

C. Participant Accounts - Each participant account is credited or charged with the participant's elective contribution, the employer matching contribution and an allocation of the employer discretionary contribution, and individual account earnings or losses, and an allocation of administrative expenses. Allocations are based on participant earnings, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

D. Vesting - Participants are immediately vested in their elective contributions and related earnings and in the employer safe harbor matching contributions and related earnings. Vesting in the employer's discretionary contributions and related earnings is based on years of continuous service by which vested amounts increase by 20%

1. DESCRIPTION OF PLAN - (Continued)

for each continuous year until the fifth year of service is completed. A participant is 100% vested after five years of service.

E. Notes Receivable from Participants – Participants may borrow from their investment accounts a minimum of $1,000 up to a maximum amount equal to the lesser of 50% of their vested account balance, reduced by any outstanding loan balance, or $50,000, reduced by the highest outstanding loan balance during the one-year period ending on the day before the loan is made. The loans are secured by the balance in the participant's account and bear interest at 4.25%-9.50% for the years ended December 31, 2025, and 2024. Principal and interest are paid ratably through bi-weekly payroll deductions.

F. Investment Option – Upon enrollment in the Plan, the participants direct the investment of 100% of the contributions in accordance with The Ascensus Trust Company basic qualified plan document. Participants may change their investment options periodically.

G. Plan Benefits – Participants are entitled to a lump sum distribution of their vested employer profit sharing contributions account balance at 59 ½. Participants are entitled to a lump sum distribution of their entire vested account balance at the Plan's normal retirement age (65). A participant whose employment with the Organization terminates for reasons other than retirement, death or disability shall be entitled to receive the vested value of their account in a lump sum distribution, through installment payments, or through ad-hoc distributions. Balances of $5,000 or less will be treated as cash-out balances and are required to be cashed out. The participants are entitled to take in service withdrawals which include rollovers to other plans.

H. Forfeited Accounts – For the year ending December 31, 2025, forfeitures of $553 from nonvested accounts had occurred with an ending forfeiture balance of $3. In 2025, plan expenses were not reduced by forfeited funds. For the year ending December 31, 2024, forfeitures of $21 from nonvested accounts had occurred with an ending forfeiture balance of $77. In 2024, plan expenses were not reduced by forfeited funds.

2. SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting – The financial statements of the Plan are prepared under the accrual method of accounting.

Investments held by a defined contribution plan are required to be reported at fair value with

2. SUMMARY OF ACCOUNTING POLICIES (Continued)

the exception of fully benefit-responsive investment contracts, when present, which are required to be reported at contract value. Contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Estimates – The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures, including contingent assets and liabilities, when applicable. Accordingly, actual results may differ from those estimates.

Investment Valuation – The Plan's investments, with the exception of fully benefit responsive contracts, when present, are stated 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.

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

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued, but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2025 or 2024.

Excess Contributions- Amounts in excess of the IRS limits are distributed to participants by the plan's year end. The plan distributed the 2025 excess to the applicable participants prior to December 31, 2025.

Payment of Benefits – Benefits to Participants are recorded when paid.

Administrative Expenses - Certain expenses for maintaining the Plan are paid by the Plan, unless otherwise paid by the employer. Expenses paid by the employer are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's accounts and are included in administrative expenses. Certain participant-initiated transaction fees may apply to participant transactions and are charged to the participant's account. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

2. SUMMARY OF ACCOUNTING POLICIES (Continued)

Plan Restatement – The IRS requires plans to be restated from time to time, allowing for incorporation of any current regulations. The Plan was restated and the restatement effective November 15, 2021. As such, the Plan is in compliance with the requirements for periodic restatement.

The Plan was further amended on April 1, 2022, with the most significant change being the reduction in the automatic deferral percentage as discussed in Note 1. There were no significant changes to the terms of the adoption agreement for the plan following the amendment.

New Accounting Pronouncements - The management of the Plan has reviewed ASC 326 as prescribed by the AICPA and has concluded that all receivables to the plan have no significant risk of loss under the plan document, and as such, the pronouncement has no economic impact to the plan.

Subsequent Events – There were no material subsequent events in relation to the Plan. Subsequent events were evaluated through October 5, 2026 which is the date the financial statements were available to be issued.

3. INVESTMENTS

Fair value is defined as the price that would be received upon sale of an asset or paid upon transfer of a liability in an orderly transaction between market participants at the measurement date. When determining fair value, the Plan considers the principal or most advantageous market in which the Plan would transact, and the Plan considers assumptions that market participants would use when pricing the asset or liability, such as inherent risk, transfer restrictions, redemption restrictions, and risk of non-performance.

In addition to determining fair value, the Plan is required to establish a fair value hierarchy for valuation inputs. The hierarchy prioritizes the inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Each fair value measurement is reported in one of the three levels, which is determined by the lowest level input that is significant to the fair value measurement in its entirety. These levels are:

Level 1 — unadjusted quoted prices in active markets for identical assets or liabilities;

Level 2 — quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, and inputs that are derived principally from or corroborated by observable market data by correlation or other means;

Level 3 — unobservable inputs to the valuation methodology that are significant to the measurement of the fair value of assets or liabilities.

3. INVESTMENTS (Continued)

Below is a description of the valuation methodologies used for fair value measurements. The Plan's investments are reported at fair value in the accompanying statement of net assets available for plan benefits. For the plan year ending December 31, 2025 and 2024, $1,868,023 and $1,714,932 investments were assessed as Level 2, respectively. Some of these investments were previously part of the Level 1 investments in the prior period.

Other than above, no material transfers occurred between Level 1, Level 2, or Level 3 investments during the plan year ending December 31, 2025.

Input levels by investment category are as follows:

Fair Value Measurements Using:

	Fair Value	(Level 1)	(Level 2)
December 31, 2025:			
Registered Investment Companies	$ 45,217,350	$ 45,217,350	$ -
Common/Collective Trusts	1,706,300	-	-
Money Market Funds	144,632	144,632	-
Self-Directed Brokerage Accounts	1,868,023	-	1,868,023
Total Investments	$ 48,936,305	$ 45,361,982	$ 1,868,023
December 31, 2024:			
Registered Investment Companies	$ 40,338,438	$ 40,338,438	$ -
Common/Collective Trusts	-	-	-
Money Market Funds	862	862	-
Self-Directed Brokerage Accounts	1,714,932	-	1,714,932
Total Investments	$ 42,054,232	$ 40,339,300	$ 1,714,932

Registered Investment Companies – These accounts represent publicly traded mutual funds and cash equivalents issued by registered investment companies. They are actively traded on public exchanges and shown at their fair market value at the end of any given day. A schedule of the various funds, which is not a required part of the financial statements, is attached as supplemental information to this report as required by ERISA.

Common/Collective Trusts – In accordance with ASC Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

3. INVESTMENTS (Continued)

Additional disclosure related to plan investments whose fair value is estimated using the NAV expedient per share (or its equivalent) are as follows.

December 31, 2025	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common/Collective Trusts	$ 1,706,300	-	Daily	N/A

For the plan year ending December 31, 2025 and 2024, one participant chose to use the self-directed investment fund option, as permitted by the plan, which is maintained and managed by a custodian as directed by a participant. As these assets are composed of investments with observable quoted prices but are not, themselves, openly traded assets they have been assessed as a Level 2 investment. These investments are included in the certified plan assets (Note 6).

4. FEDERAL INCOME TAX STATUS

The Plan has adopted a prototype "standardized" plan and the prototype sponsor has received an advisory letter from the Internal Revenue Service, dated June 30, 2020, indicating that the Plan is a qualified plan meeting the requirements of applicable sections of the Internal Revenue Code. Accordingly, Plan management believes the Plan is currently designed and operates in compliance with the applicable requirements of the Internal Revenue Code.

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 Internal Revenue Service.

The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. Employee benefit plans are subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress for the Plan. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2023.

5. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the plan to discontinue its contributions at any time and to terminate the plan subject to the provisions of ERISA. In the event of a plan termination, participants will become 100% vested in their accounts.

6. INVESTMENTS CERTIFIED BY PLAN TRUSTEE (UNAUDITED)

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator has obtained for the plan years ending December 31, 2025 and 2024 certifications from Ascensus LLC. (as agent of the trustee Ascensus Trust Company). The following data included in the accompanying financial statements and supplemental schedule are certified as complete and accurate.

Investments Certified by Plan's Trustee (Unaudited)

	2025	2024
Investments at Fair Value		
Cash Equivalents	$ 1,850,931	$ 1,619,985
Mutual Funds	45,217,351	38,719,315
Self-Directed Investment Fund	1,822,862	1,670,180
Self-Directed Money Market Fund	45,161	44,752
Total Investments at Fair Value	$ 48,936,305	$ 42,054,232
Notes Receivable from Participants	$ 945,064	$ 903,389

Investment Income (Loss)

	2025	2024
Capital Gains	$ 503,355	$ 309,575
Dividend and Interest Income	907,624	777,204
Realized Gain (Loss)	1,215,182	1,145,994
Self-Directed Investment Income	109,425	27,789
Unrealized Appreciation (Depreciation)	4,169,563	3,151,208
Total Investment Income (Loss)	$ 6,905,149	$ 5,411,770
Interest Income on Notes Receivable from Participants	$ 63,833	$ 51,124

Reconciliation of Financial Information to Form 5500

	2025	2024
Net assets available for benefits per the custodian financial Information	49,881,356	42,957,622
Contributions receivable, employee	35,652	34,530
Contributions receivable, employer	28,996	21,259
Accrued interest on participant loans	13,477	11,181
Adjustment for previously deemed offset loans (Note 8)	(29,962)	(29,962)
Accrued interest on offset loans	6,004	92
Forgiven Loans	(4)	3
Miscellaneous Adjustments	7	-
Rounding	5	-
Total Adjustments	54,175	37,103
Net assets available for benefits per Form 5500	49,935,532	42,994,725

7. RISKS AND UNCERTAINTIES

The participants, through the Plan, invest in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

8. CHANGE IN RECORD KEEPER AND TRANSFER OF ASSETS

During the plan year ending December 31, 2020 the Plan changed record keepers and transferred the assets held by the prior trustee to a new trustee associated with the new record keeper. All plan assets were transferred during the month of March 2020. Adoption of a new prototype plan document was made, with all major terms and requirements materially the same as the preceding prototype plan.

In relation to the transfer, the participant loans received by the new record keeper were recorded at an amount $71,166 larger than the plan level participant loan balances transferred out by the preceding record keeper. The difference relates specifically to two participants whose loans in the aggregate amount to $32,673. These amounts were tax reported in prior years and recorded as distributed on the plan level but were maintained on the participants

8. CHANGE IN RECORD KEEPER AND TRANSFER OF ASSETS (Continued)

loan schedules due to the potential for them to be paid back with "phantom interest" as prescribed in IRC 72(p).

From the date of the transfer, one of the two participants repaid their offset loan in order to take out a new participant loan, as is appropriate per IRC 72(p). The plan level records still show the total unrepaid balance and cumulative remaining correction amount in the plan level loan balance. The remaining balance due is properly notated on the participant level, and as the remaining loan has already been reported as a taxable distribution, it is adjusted from the plan level assets to arrive at the assets reported on the plan's 5500 (Note 6).

The plan administrator has evaluated the effects of the above-mentioned error in light of the following circumstances. The above error occurred during a non-recurring transfer of assets to the new record keeper. The remaining effects of the error are limited to one participant whose loan was uniquely maintained under certain provisions of IRC 72(p) and is properly notated in the participant level loan schedule. Lastly, the remaining net amount of $29,962 related to this event and adjusted to arrive at the 5500 reported balances, is not considered material in regard to the plan as a whole. As such, the plan administrator maintains that the plan is correct and accurate in all material respects.

CONNECTICUT DISTRIBUTORS, INC.
401(K) PROFIT SHARING PLAN
December 31, 2025

Plan: 002
EIN: 06-0303100

SCHEDULE H, LINE 1f - Schedule of Assets (Held At End of Year)

(a)	(b) Identity of issue, borrower, lessor, etc	(c) Description of Investment including maturity date, rate of interest, collateral, par, or maturity value	Shares	(d) Cost	(e) Current Value (USD)
*	Employer Contributions	Contributions receivable			28,996.00
*	Participant Contributions	Contributions receivable			35,652.00
				n/a	64,648.00
*	Schwab Self-Direct Invest Fund V	Self-Directed Brokerage Account	1,822,862.11		1,822,862.11
*	Schwab Self-Direct Cash Fund V	Self-Directed Brokerage Account	45,161.11		45,161.11
				n/a	1,868,023.22
*	Vanguard Federal Money Market Inv.	Interest Bearing Cash	144,601.59		144,631.59
BNYM	BNYM Insight Stable Value M	Common/Collective Trust	1,706,299.77		1,706,299.77
PIMIX	PIMCO Income Instl	Registered Investment Company	127,281.92		1,398,841.25
FSMDX	Fidelity Mid Cap Index	Registered Investment Company	24,726.79		913,160.43
FXAIX	Fidelity 500 Index Fund	Registered Investment Company	12,256.48		2,913,609.24
* VVIAX	Vanguard Value Index Adm	Registered Investment Company	31,983.87		2,383,118.45
* VIGAX	Vanguard Growth Index Adm	Registered Investment Company	19,596.20		4,921,390.67
JMGMX	JPMorgan Mid Cap Growth R6	Registered Investment Company	34,508.08		1,785,447.80
MGRDX	MFS International Growth R6	Registered Investment Company	149.41		7,093.99
JLGMX	JPMorgan Large Cap Growth R6	Registered Investment Company	6,097.74		527,088.73
FXNAX	Fidelity U.S. Bond Index Fund	Registered Investment Company	53,070.63		560,425.86
DFSTX	DFA U.S. Small Cap Portfolio I	Registered Investment Company	1,206.63		63,082.56
ANODX	American Century Small Cap Gr R6	Registered Investment Company	56,222.63		1,324,605.14
FSKAX	Fidelity Total Market Index Fund	Registered Investment Company	13,496.54		2,521,693.35
RNPGX	American Funds New Perspective R6	Registered Investment Company	22,577.21		1,595,531.29
PGMSX	T. Rowe Price Global Multi-Sect I	Registered Investment Company	12,709.40		127,602.36
* VTMGX	Vanguard Developed Mkts Index Adm	Registered Investment Company	3,565.00		71,549.63
DIPSX	DFA Inflation-Protected Sec Port I	Registered Investment Company	19,364.07		215,134.77
* VSIAX	Vanguard Small-Cap Value Index Adm	Registered Investment Company	11,825.98		1,076,400.97
DFIVX	DFA International Value Portfolio I	Registered Investment Company	52,342.39		1,496,468.84
* VEMAX	Vanguard Emerging Mkts Stock Idx Adm	Registered Investment Company	11,481.32		512,181.51
* VTWNX	Vanguard Target Retirement 2020	Registered Investment Company	7,897.66		216,790.85
* VTTVX	Vanguard Target Retirement 2025	Registered Investment Company	28,543.84		569,449.69
* VTHRX	Vanguard Target Retirement 2030	Registered Investment Company	86,448.36		3,659,359.21
* VTTHX	Vanguard Target Retirement 2035	Registered Investment Company	94,665.87		2,591,951.58
* VFORX	Vanguard Target Retirement 2040	Registered Investment Company	54,737.33		2,734,129.38
* VTIVX	Vanguard Target Retirement 2045	Registered Investment Company	126,185.20		4,383,673.85
* VFIFX	Vanguard Target Retirement 2050	Registered Investment Company	40,434.73		2,396,970.50
* VFFVX	Vanguard Target Retirement 2055	Registered Investment Company	34,118.49		2,257,279.56
* VTTSX	Vanguard Target Retirement 2060	Registered Investment Company	11,950.25		728,726.12
* VLXVX	Vanguard Target Retirement 2065	Registered Investment Company	6,428.86		257,347.31
* VSVNX	Vanguard Target Retirement 2070	Registered Investment Company	56.25		1,789.97
* VTINX	Vanguard Target Retirement Income	Registered Investment Company	72,491.39		1,005,455.62
				n/a	46,923,650.25
*	Participant Loans	Interest Rates (4.25-9.50%)	n/a	-	934,579.00
*	Parties in Interest			n/a	49,935,532.06

Attachment to 2025 Form 5500

Assets Held at Year End

Plan Name CONNECTICUT DISTRIBUTORS, INC. 401(K) PROFIT SHARING PLAN
Plan Sponsor Name Connecticut Distributors, Inc.
EIN 06-0303100
PN 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	DFA	DFA Inflation-Protected Sec Port I	0	215,135
	PIMCO	PIMCO Income Instl	0	1,398,828
	Fidelity	Fidelity U.S. Bond Index Fund	0	560,426
	Fidelity	Fidelity Total Market Index Fund	0	2,521,694
	Vanguard	Vanguard Value Index Adm	0	2,383,119
	Fidelity	Fidelity 500 Index Fund	0	2,913,610
	Vanguard	Vanguard Growth Index Adm	0	4,921,392
	Fidelity	Fidelity Mid Cap Index	0	913,160
	Vanguard	Vanguard Small-Cap Value Index Adm	0	1,076,401
	Vanguard	Vanguard Developed Mkts Index Adm	0	71,550
	Vanguard	Vanguard Emerging Mkts Stock Idx Adm	0	512,183
	BNYM	BNYM Insight Stable Value M	0	1,706,300
	American Funds	American Funds New Perspective R6	0	1,595,532
	Vanguard	Vanguard Target Retirement 2070 Fund	0	1,790
	Vanguard	Vanguard Target Retirement 2065 Fund	0	257,347
	Vanguard	Vanguard Target Retirement 2060 Fund	0	728,726
	Vanguard	Vanguard Target Retirement 2055 Fund	0	2,257,282
	Vanguard	Vanguard Target Retirement 2050 Fund	0	2,396,971
	Vanguard	Vanguard Target Retirement 2045 Fund	0	4,383,674
	Vanguard	Vanguard Target Retirement 2040 Fund	0	2,734,131
	Vanguard	Vanguard Target Retirement 2035 Fund	0	2,591,952
	Vanguard	Vanguard Target Retirement 2030 Fund	0	3,659,360
	Vanguard	Vanguard Target Retirement 2025 Fund	0	569,450
	Vanguard	Vanguard Target Retirement 2020 Fund	0	216,791
	Vanguard	Vanguard Target Retirement Income Fund	0	1,005,456
	JP Morgan	JPMorgan Large Cap Growth R6	0	527,089
	American Century	American Century Small Cap Gr R6	0	1,324,605
	DFA	DFA U.S. Small Cap Portfolio I	0	63,083
	Vanguard	Vanguard Federal Money Market Inv	0	144,602
	Schwab	Schwab Self-Direct Cash Fund V	0	45,161
	Schwab	Schwab Self-Direct Invest Fund V	0	1,822,862
	JP Morgan	JPMorgan Mid Cap Growth R6	0	1,785,448
	DFA	DFA International Value Portfolio I	0	1,496,470
	T. Rowe Price	T. Rowe Price Global Multi-Sect I	0	127,602
	MFS	MFS International Growth R6	0	7,094

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Participant's Loan Account	Various Rates and Maturities	0	934,579
	Ascensus Trust Company	Contribution Account	0	30