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
WHOLESALERS' GROUP LIFE AND HEALTH BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 06/01/1990

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)
WINSUPPLY INC.

3110 KETTERING BLVD.
DAYTON, OH 45439

2b Employer Identification Number (EIN)
31-1356478

2c Plan Sponsor's telephone number
937-531-5250

2d Business code (see instructions)
423700

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	KATHERINE JOSEPH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	KATHERINE JOSEPH
	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**	6123
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)**	6022
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	6578
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	6578
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
WHOLESALERS' GROUP LIFE AND HEALTH BENEFIT PLAN

B Three-digit plan number (PN) ▶ 501

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

D Employer Identification Number (EIN)
31-1356478

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

1 Coverage Information:

(a) Name of insurance carrier
RELIASTAR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
41-0451140	67105	71240-0	9297	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
646085	0

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

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

USI INSURANCE SERVICES, LLC
PO BOX 62889
VIRGINIA BEACH, VA 23466-2889

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
646085	0	WRITING AGENT	3

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	5342689
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
WHOLESALERS' GROUP LIFE AND HEALTH BENEFIT PLAN

B Three-digit plan number (PN) ▶ 501

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

D Employer Identification Number (EIN)
31-1356478

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
RELIANCE STANDARD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
41-0451140	67105	74280-5	6117	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
89423	0

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

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

USI INSURANCE SERVICES, LLC
PO BOX 62889
VIRGINIA BEACH, VA 23466-2889

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
89423	0	WRITING AGENT	3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned (**(1)** + **(2)** - **(3)**)			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add **(1)** and **(2)**)			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	4471160
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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OMB No. 1210-0110

2025

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

A Name of plan
WHOLESALERS' GROUP LIFE AND HEALTH BENEFIT PLAN

B Three-digit plan number (PN) ▶ 501

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

D Employer Identification Number (EIN)
31-1356478

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

1 Coverage Information:

(a) Name of insurance carrier
VISION SERVICE PLAN

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
06-1227840	39616	12078784	5048	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**	603050		
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	603050
b Benefit charges (1) Claims paid	**9b(1)**	443680		
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	443680
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**	84427		
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	84427
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	0
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
WHOLESALERS' GROUP LIFE AND HEALTH BENEFIT PLAN

B Three-digit plan number (PN) ▶ 501

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

D Employer Identification Number (EIN)
31-1356478

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

1 Coverage Information:

(a) Name of insurance carrier
CURALINC HEALTHCARE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
33-1206383	62419	03849	8700	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	131544
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
WHOLESALERS' GROUP LIFE AND HEALTH BENEFIT PLAN

B Three-digit plan number (PN) ▶ 501

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

D Employer Identification Number (EIN)
31-1356478

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

1 Coverage Information:

(a) Name of insurance carrier
EMPLOYER DIRECT HEALTHCARE, LLC D/B/A/ LANTERN SPECIALTY CARE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
45-3780484	00000	0	6578	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	315265
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan
WHOLESALERS' GROUP LIFE AND HEALTH BENEFIT PLAN

B Three-digit plan number (PN) ▶ 501

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

D Employer Identification Number (EIN)
31-1356478

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

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

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

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

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

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)

QUANTUM HEALTH SERVICES

5240 BLAZER PKWY
DUBLIN, OH 43017

(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?
12 23	NONE	1631754	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

COMMUNITY INSURANCE COMPANY

31-1440175

(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?
12 13 15 49 62	NONE	1567602	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LUCENT HEALTH

39-1997579

(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?
12 23	NONE	1239538	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)

MULTIPLAN

13-3068979

(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?
23	NONE	594705	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

USI INSURANCE SERVICES

312 ELM STREET, 24TH FLOOR
CINCINNATI, OH 45202

(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?
23	NONE	279484	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

METROPOLITAN LIFE INSURANCE COMPANY

13-5581829

(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?
12 13	NONE	201639	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)

VENTEGRA INC., A CALIFORNIA CORP

38-3713042

(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?
99	NONE	189317	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TELADOC

04-3705970

(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?
23	NONE	162732	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MEDICAL BENEFITS ADMINISTRATORS INC

31-1249371

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	NONE	145484	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)

PROFERO TEAM LLC

45-4664955

(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?
99	NONE	49731	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CLARK SCHAEFER HACKETT AND COMPANY

31-0800053

(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	NONE	34600	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BANK OF AMERICA

94-1687665

(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	NONE	10087	Yes [ ] No [X]	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
WHOLESALERS' GROUP LIFE AND HEALTH BENEFIT PLAN

B Three-digit plan number (PN) ▶ 501

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

D Employer Identification Number (EIN)
31-1356478

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	39678	26270
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3574414	4141524
(2) Participant contributions	1b(2)	1855048	2040152
(3) Other	1b(3)	354973	135332
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	9489845	6244350
(2) U.S. Government securities	1c(2)	319795	309658
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	32373	50965
(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)	104109	121330
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	1241419

		(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	15770235	14311000
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	57057	596630
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	6063264	5419935
1k Total liabilities (add all amounts in lines 1g through1j)	1k	6120321	6016565
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	9649914	8294435

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)	49856285	
(B) Participants	2a(1)(B)	22450567	
(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)		72306852
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	467076	
(B) U.S. Government securities	2b(1)(B)	12801	
(C) Corporate debt instruments	2b(1)(C)	2149	
(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)		482026
(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)	4975	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4975
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	93304368	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	93303718	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		650
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	3366	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		3366

		(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)		1376
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		72799245
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	57183957	
(2) To insurance carriers for the provision of benefits	2e(2)	10863708	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		68047665
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)	6107059	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(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)		6107059
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		74154724
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1355479
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: CLARK, SCHAEFER, HACKETT & CO. **(2)** EIN: 31-0800053

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		1000000
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 _____.

CLARK SCHAEFER HACKETT
BUSINESS ADVISORS

Wholesalers' Group Life and Health Benefit Plan

Financial Statements and Supplemental Schedules

with Independent Auditor's Report

December 31, 2025 and 2024

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Independent Auditor's Report

To the Trustees and Participants of
Wholesalers' Group Life and Health Benefit Plan
Dayton, Ohio

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

We have performed audits of the financial statements of Wholesalers' Group Life and Health Benefit Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and the statements of benefit obligations as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits and the statement of changes in benefit obligations for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

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 Wholesalers' Group Life and Health Benefit 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 Wholesalers' Group Life and Health Benefit Plan’s ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year)as of December 31, 2025 and the supplemental Schedule of Reportable Transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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



Dayton, Ohio
October 14, 2026

Wholesalers' Group Life and Health Benefit Plan

Statements of Net Assets Available for Benefits

As of December 31, 2025 and 2024

	2025	2024
Assets		
Cash	$ 26,270	$ 39,678
Investments at fair value	6,726,303	9,946,122
Receivables		
Participant contributions	2,040,152	1,855,048
Employer contributions	4,141,524	3,574,414
Stop-loss reimbursement	-	96,481
Accrued interest	29,414	4,879
Rebates	105,918	253,613
Total receivables	6,317,008	5,784,435
Deposits at claims processors	1,241,419	-
Total assets	14,311,000	15,770,235
Liabilities		
Administrative expenses payable	987	5,087
Due to claims processors	595,643	51,970
Total liabilities	596,630	57,057
Net assets available for benefits	$ 13,714,370	$ 15,713,178

See accompanying notes to the financial statements.

Wholesalers' Group Life and Health Benefit Plan

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2025

Additions		
Investment income		
Interest and dividends	$	487,001
Net appreciation in fair value of investments		5,392
Total investment income, net		492,393
Contributions		
Participant contributions		22,450,567
Employer contributions		49,856,285
Total contributions		72,306,852
Total additions		72,799,245
Deductions		
Administrative and trustee fees		6,107,059
Payments of claims, net		57,872,335
Insurance premiums		10,818,659
Total deductions		74,798,053
Change in net assets		(1,998,808)
Net assets available for benefits:		
Beginning of year		15,713,178
End of year	$	13,714,370

See accompanying notes to the financial statements.

Wholesalers' Group Life and Health Benefit Plan

Statements of Benefit Obligations

As of December 31, 2025 and 2024

	2025	2024
Amounts currently payable		
Claims payable and claims incurred but not reported	$ 4,889,837	$ 5,578,215
Premiums due to insurers	530,098	485,049
Total benefit obligations	$ 5,419,935	$ 6,063,264

See accompanying notes to the financial statements.

Wholesalers' Group Life and Health Benefit Plan

Statement of Changes in Benefit Obligations

For the Year Ended December 31, 2025

	2025
Changes in amounts currently payable	
Balance at beginning of year	$ 6,063,264
Claims and insurance premiums incurred	68,047,665
Claims and insurance premiums paid	(68,690,994)
Total benefit obligations at end of year	$ 5,419,935

See accompanying notes to the financial statements.

Wholesalers' Group Life and Health Benefit Plan

Notes to the Financial Statements

December 31, 2025 and 2024

1. Description of Plan

The following description of the Wholesalers' Group Life and Health Benefit Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan provides medical benefits, group term life benefits, vision benefits, dental benefits, temporary disability, long-term disability, accident, illness, and life insurance to eligible employees of Winsupply Inc. and associated companies (the “Sponsor” or the “Employer”) and their eligible dependents. Certain Plan assets are held in a voluntary employees’ beneficiary association (“VEBA”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Eligibility

All employees who are providing regular full-time service and family members who qualify as dependents are eligible for participation in the Plan. Full-time employees are employees who work at least 30 hours per week. Employees covered under a collective bargaining agreement are not eligible. Other affiliated companies participate in separate arrangements; therefore, they are excluded from coverage under the plan. The Plan does not offer any postretirement benefits.

Benefits

The Plan provides medical benefits, group term life benefits, vision benefits, dental benefits, temporary disability, long term disability, accident, illness, and life insurance to participating employees and their eligible dependents. Medical benefits, dental benefits, and prescription benefits are self-insured. Claims for self-insured benefits are processed by the Plan’s third-party claims processors under administrative service only arrangements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the Plan’s VEBA trust. Despite the Plan’s utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan. For the years ended December 31, 2025 and 2024, the Plan maintained a stop-loss insurance arrangement with an individual limit of $300,000 to reduce its exposure for self-insured medical benefits.

The Plan utilizes a pharmacy benefit manager (“PBM”) which periodically makes refunds to the Plan based on the Plan’s utilization pattern of specific drugs.

The Plan fully insures group term life benefits, vision benefits, temporary disability, long term disability, accident, illness and life insurance benefits.

Contributions

The Plan is funded by contributions from the Sponsor and through employee withholdings. The contributions are based upon the amounts necessary to provide for the benefits expected to become payable and to pay any premiums becoming due and to the extent allowable under Internal Revenue Code Section 501(c)(9) to fund reasonable reserves with respect to those benefits.

Additionally, under provisions of the Consolidated Omnibus Budget Reconciliation Act, or COBRA, terminated employees may elect to extend coverage for a period not to exceed eighteen months from date of termination by contributing specified amounts as determined annually by the Sponsor. COBRA contributions from terminated participants received during 2025 totaled $479,012. Contributions for active and COBRA participants are determined annually by the plan sponsor.

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

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

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. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Deposits at Claims Processors

Amounts advanced to third-party claims processors to fund the payment of participant claims are reported as deposits at claims processors until such amounts are applied to the payment of claims.

Contributions

Employee contributions are recognized when withheld from employees' compensation. Employer contributions are recognized when authorized by the Sponsor.

Payment of benefits

Claim payments are recorded when paid by the third-party claims processor. Amounts due to claims processors that have not been reimbursed by the Plan are recorded as payable to claims administrators in the accompanying statements of net assets available for benefits. Premium payments paid by either the Employer or the VEBA trust are recorded as premium payments in the accompanying statement of changes in net assets available for benefits.

Expenses

Substantially all administrative expenses and insurance premium payments are paid by the Plan and are recorded when incurred. Certain Plan expenses are paid by the Plan Sponsor and reimbursed by the Plan. These expenses are reimbursed to the Sponsor using Plan cash balances. The Plan reports on the Statement of Changes in Net Assets Available for Benefits such reimbursable expenses as administrative and trustee fees.

Stop-loss coverage

Premiums for stop-loss insurance are included in premium payments in the accompanying statement of changes in net assets available for benefits. Stop-loss reimbursements are recorded as a reduction of medical claims in the accompanying statement of changes in net assets available for benefits. The Plan recognized stop-loss reimbursements of $432,670 during the 2025 plan year.

Rebates

Rebates due from the Plan's PBM are recorded when earned. Rebates due as of the financial statement date have been reported as a receivable, with the offset being netted against claims paid. Pharmacy rebates totaling $1,954,280 have been netted with claims paid in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2025.

Benefit obligations

Plan obligations for claims payable and claims incurred by active participants but not reported at December 31, 2025 and 2024 are based on estimates provided by the Plan's third party administrator as well as review of actual claims paid subsequent to the end of the year that are applicable to the previous year. These amounts are presented based upon historical claims experience and assumptions which are believed to be reasonable. Plan benefit obligations reported include COBRA postemployment benefits. Actual results could differ materially from these estimates making it reasonably possible that a change in these estimates could occur in the near term. Premiums payable to insurance companies are recorded at their present value.

Subsequent Events

Subsequent events were evaluated through October 14, 2026, the date the financial statements were available to be issued.

3. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820, *Fair Value Measurement*, are described as follows:

Level 1 - Inputs to the valuation technique 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 technique include:

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

If the asset or liability has a 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 technique are unobservable and significant to the fair value measurement.

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

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

Money market funds: Valued at the net asset value (NAV) of shares held by the Plan at year end, as reported to the Plan by the trustee. A fund's NAV reflects an exit price, is the same for all holders of the fund and provides the basis for current transactions. The funds seek to maintain a constant NAV of $1 per unit; however, there can be no guarantee that this fund will meet this goal.

Mutual fund: Valued at the daily closing price as reported by the fund. The mutual fund held by the Plan is an open-end mutual fund that is registered with the U.S. Securities and Exchange Commission. This fund is required to publish its daily NAV and to transact at that price. The mutual fund held by the Plan is deemed to be actively traded.

U.S. government securities: Valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures.

Corporate bonds: Valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

Assets at Fair Value as of December 31, 2025	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 121,330	$ -	$ -	$ 121,330
Money market funds	-	6,244,350	-	6,244,350
U.S. government securities	-	309,658	-	309,658
Corporate bonds	-	50,965	-	50,965
Total investments at fair value	$ 121,330	$ 6,604,973	$ -	$ 6,726,303

Assets at Fair Value as of December 31, 2024	Level 1	Level 2	Level 3	Total
Mutual funds	$ 104,109	$ -	$ -	$ 104,109
Money market funds	-	9,489,845	-	9,489,845
U.S. government securities	-	319,795	-	319,795
Corporate bonds	-	32,373	-	32,373
Total investments at fair value	$ 104,109	$ 9,842,013	$ -	$ 9,946,122

4. Information Certified by Trustee

The Plan Trustees have elected to have an audit performed pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, certain information in the Plan's financial statements and supplemental schedules were agreed to or derived from information certified as complete and accurate by Bank of America, N.A., the qualified institution. The certified information includes the Plan's investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024, and the accompanying supplemental Schedule of Assets (Held at End of Year) as of December 31, 2025, and the related investment activity (including net appreciation/depreciation, interest, and dividends) reported in the accompanying Statement of Changes in Net Assets Available for Benefits and the information reported in the accompanying supplemental Schedule of Reportable Transactions for the year ended December 31, 2025.

5. Insurance Premiums

The following is a list of the insurance premiums paid out of the Plan for the years ended December 31, 2025 and 2024:

	2025	2024
Vision	$ 603,050	$ 570,834
Life insurance	2,443,640	2,317,611
Disability insurance	2,854,000	2,745,960
Stop loss insurance	4,471,160	4,073,649
Employee assistance and healthcare	446,809	323,776
Total:	$ 10,818,659	$ 10,031,830

6. Related-Party and Party in Interest Transactions

Total fees incurred for trustee and other professional services rendered by parties in interest amounted to $6,107,059 for the 2025 plan year. Amounts payable for fees to related parties or parties in interest amounted to $-0- as of December 31, 2025 and 2024.

Total premiums paid to parties in interest for insurance coverage amounted to $10,818,659 for the 2025 plan year. Amounts payable for insurance premiums to parties in interest amounted to $530,098 and $485,049 as of December 31, 2025 and 2024, respectively.

Certain Plan investments are managed by the qualified institution, and therefore, these transactions qualify as party in interest transactions.

Certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

7. 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 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 revert to the Sponsor or be used for purposes other than for the exclusive benefit of the Plan’s participants.

8. Tax Status

The VEBA trust funding the benefits of the Plan received an exemption letter from the IRS dated October 21, 1993, stating that the trust is tax-exempt under the provisions of Section 501(c)9 of the Internal Revenue Code (“IRC”). However, as a result of the Plan’s funding policy, from time to time the trust may be subject to income taxes. The Plan Sponsor does not believe that the Plan incurred any unrelated business income that would result in income taxes during the year ended December 31, 2025.

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

9. Risks and Uncertainties

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

10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2025 and 2024, to Form 5500:

	2025	2024
Net assets available for benefits per the financial statements	$ 13,714,370	$ 15,713,178
Less: Claims payable and claims incurred but not reported	(4,889,837)	(5,578,215)
Less: Insurance premiums due to insurers	(530,098)	(485,049)
Net assets available for benefits per Form 5500	$ 8,294,435	$ 9,649,914

The following is a reconciliation of the changes in net assets per the financial statements for the year ended December 31, 2025 to income per the Form 5500:

	2025
Change in net assets per the financial statements	$ (1,998,808)
Change in claims payable and claims incurred but not reported at year-end	688,378
Change in insurance premiums due to insurers at year-end	(45,049)
Change in net assets available for benefits per Form 5500	$ (1,355,479)

Wholesalers' Group Life and Health Benefit Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 31-1356478 Plan Number: 501

As of December 31, 2025

(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
	Blackrock Liquidity Funds	Money Market Fund	$ 13,995	$ 13,995
*	Bank of America Preferred Deposit	Money Market Fund	6,230,355	6,230,355
	U.S. Treasury Note, 3.25%, Matures: 06/30/2029	U.S. Government Security	11,896	11,863
	U.S. Treasury Note, 4.13%, Matures: 09/30/2027	U.S. Government Security	37,663	38,407
	U.S. Treasury Note, 3.50%, Matures: 04/30/2028	U.S. Government Security	15,907	15,997
	U.S. Treasury Note, 4.00%, Matures: 06/30/2028	U.S. Government Security	13,874	14,164
	U.S. Treasury Note, 4.13%, Matures: 07/31/2028	U.S. Government Security	12,778	13,194
	U.S. Treasury Note, 4.63%, Matures: 10/15/2026	U.S. Government Security	10,150	10,081
	U.S. Treasury Note, 4.38%, Matures: 11/30/2028	U.S. Government Security	21,207	21,477
	U.S. Treasury Note, 4.13%, Matures: 02/15/2027	U.S. Government Security	17,854	18,118
	U.S. Treasury Note, 4.25%, Matures: 03/15/2027	U.S. Government Security	25,872	26,221
	U.S. Treasury Note, 4.50%, Matures: 04/15/2027	U.S. Government Security	34,430	34,419
	U.S. Treasury Note, 4.50%, Matures: 05/15/2027	U.S. Government Security	17,155	17,226
	U.S. Treasury Note, 3.75%, Matures: 08/15/2027	U.S. Government Security	14,855	15,062
	U.S. Treasury Note, 3.50%, Matures: 09/30/2026	U.S. Government Security	6,903	6,995
	U.S. Treasury Note, 3.88%, Matures: 10/15/2027	U.S. Government Security	12,083	12,080
	U.S. Treasury Note, 4.13%, Matures: 11/15/2027	U.S. Government Security	10,075	10,114
	U.S. Treasury Note, 3.75%, Matures: 05/15/2028	U.S. Government Security	11,963	12,065
	U.S. Treasury Note, 3.88%, Matures: 06/30/2030	U.S. Government Security	7,055	7,053
	U.S. Treasury Note, 3.88%, Matures: 07/15/2028	U.S. Government Security	10,073	10,084
	U.S. Treasury Note, 3.63%, Matures: 08/15/2028	U.S. Government Security	15,011	15,038
	Broadcom Inc., 5.05%, Matures: 07/12/2027	Corporate Bond Obligation	5,024	5,089
	Goldman Sachs Group Inc., Variable Interest, Matures: 08/23/2028	Corporate Bond Obligation	4,939	5,035
	JPMorgan Chase & Co., Variable Interest, Matures: 04/22/2028	Corporate Bond Obligation	7,072	7,139
	JPMorgan Chase & Co., Variable Interest, Matures: 10/22/2028	Corporate Bond Obligation	5,957	6,059
	Morgan Stanley, Variable Interest, Matures: 01/24/2029	Corporate Bond Obligation	5,825	5,966
	NextEra Energy Capital, 4.85%, Matures: 02/04/2028	Corporate Bond Obligation	6,030	6,110
	T-Mobile USA Inc., 4.85%, Matures: 01/15/2029	Corporate Bond Obligation	4,982	5,107
	Truist Financial Corp., Variable Interest, Matures: 10/30/2029	Corporate Bond Obligation	4,300	4,315
	UnitedHealth Group Inc., 4.80%, Matures: 01/15/2030	Corporate Bond Obligation	6,149	6,145
	Blackrock Allocation Target Shares	Mutual Fund	118,309	121,330
			$ 6,719,741	$ 6,726,303

*Denotes a party-in-interest.

Wholesalers' Group Life and Health Benefit Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 31-1356478 Plan Number: 501

For the Year Ended December 31, 2025

(a)	(b) Description of Asset	(c) Purchase price	(d) Selling price	(g) Cost	(h) Current value	(i) Net gain/(loss)
Category (i) - Single transactions in excess of 5% of the net plan assets:						
*Bank of America	Preferred Deposit	$ 7,392,355	$ -	$ 7,392,355	$ 7,392,355	$ -
*Bank of America	Preferred Deposit	5,580,000	-	5,580,000	5,580,000	-
*Bank of America	Preferred Deposit	4,785,000	-	4,785,000	4,785,000	-
*Bank of America	Preferred Deposit	5,502,000	-	5,502,000	5,502,000	-
*Bank of America	Preferred Deposit	3,590,000	-	3,590,000	3,590,000	-
*Bank of America	Preferred Deposit	3,650,000	-	3,650,000	3,650,000	-
*Bank of America	Preferred Deposit	5,476,779	-	5,476,779	5,476,779	-
*Bank of America	Preferred Deposit	5,504,032	-	5,504,032	5,504,032	-
*Bank of America	Preferred Deposit	5,293,316	-	5,293,316	5,293,316	-
*Bank of America	Preferred Deposit	5,581,681	-	5,581,681	5,581,681	-
*Bank of America	Preferred Deposit	5,555,000	-	5,555,000	5,555,000	-
*Bank of America	Preferred Deposit	5,602,000	-	5,602,000	5,602,000	-
*Bank of America	Preferred Deposit	3,570,000	-	3,570,000	3,570,000	-
*Merrill Lynch	Blackrock Liquidity Funds	1,911,496	-	1,911,496	1,911,496	-
*Merrill Lynch	Blackrock Liquidity Funds	2,392,000	-	2,392,000	2,392,000	-
*Merrill Lynch	Blackrock Liquidity Funds	1,356,000	-	1,356,000	1,356,000	-
*Merrill Lynch	Blackrock Liquidity Funds	1,724,000	-	1,724,000	1,724,000	-
*Merrill Lynch	Blackrock Liquidity Funds	1,792,762	-	1,792,762	1,792,762	-
*Merrill Lynch	Blackrock Liquidity Funds	2,612,935	-	2,612,935	2,612,935	-
*Merrill Lynch	Blackrock Liquidity Funds	5,596,805	-	5,596,805	5,596,805	-
*Merrill Lynch	Blackrock Liquidity Funds	2,035,000	-	2,035,000	2,035,000	-
*Merrill Lynch	Blackrock Liquidity Funds	864,657	-	864,657	864,657	-
*Merrill Lynch	Blackrock Liquidity Funds	945,000	-	945,000	945,000	-
*Bank of America	Preferred Deposit	-	1,365,000	1,365,000	1,365,000	-
*Bank of America	Preferred Deposit	-	880,000	880,000	880,000	-
*Bank of America	Preferred Deposit	-	2,036,000	2,036,000	2,036,000	-

Wholesalers' Group Life and Health Benefit Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 31-1356478 Plan Number: 501

For the Year Ended December 31, 2025

(a)	(b) Description of Asset	(c) Purchase price	(d) Selling price	(g) Cost	(h) Current value	(i) Net gain/(loss)
*Bank of America	Preferred Deposit	-	1,424,000	1,424,000	1,424,000	-
*Bank of America	Preferred Deposit	-	945,000	945,000	945,000	-
*Bank of America	Preferred Deposit	-	872,000	872,000	872,000	-
*Bank of America	Preferred Deposit	-	842,000	842,000	842,000	-
*Bank of America	Preferred Deposit	-	1,997,000	1,997,000	1,997,000	-
*Bank of America	Preferred Deposit	-	1,262,000	1,262,000	1,262,000	-
*Bank of America	Preferred Deposit	-	944,000	944,000	944,000	-
*Bank of America	Preferred Deposit	-	960,000	960,000	960,000	-
*Bank of America	Preferred Deposit	-	956,000	956,000	956,000	-
*Bank of America	Preferred Deposit	-	1,159,000	1,159,000	1,159,000	-
*Bank of America	Preferred Deposit	-	849,000	849,000	849,000	-
*Bank of America	Preferred Deposit	-	825,000	825,000	825,000	-
*Bank of America	Preferred Deposit	-	1,611,000	1,611,000	1,611,000	-
*Bank of America	Preferred Deposit	-	1,240,000	1,240,000	1,240,000	-
*Bank of America	Preferred Deposit	-	1,082,000	1,082,000	1,082,000	-
*Bank of America	Preferred Deposit	-	1,770,000	1,770,000	1,770,000	-
*Bank of America	Preferred Deposit	-	1,068,000	1,068,000	1,068,000	-
*Bank of America	Preferred Deposit	-	964,000	964,000	964,000	-
*Bank of America	Preferred Deposit	-	2,123,000	2,123,000	2,123,000	-
*Bank of America	Preferred Deposit	-	928,000	928,000	928,000	-
*Bank of America	Preferred Deposit	-	1,495,000	1,495,000	1,495,000	-
*Bank of America	Preferred Deposit	-	792,000	792,000	792,000	-
*Bank of America	Preferred Deposit	-	1,605,000	1,605,000	1,605,000	-
*Bank of America	Preferred Deposit	-	1,432,000	1,432,000	1,432,000	-
*Bank of America	Preferred Deposit	-	1,075,000	1,075,000	1,075,000	-
*Bank of America	Preferred Deposit	-	924,000	924,000	924,000	-
*Bank of America	Preferred Deposit	-	920,000	920,000	920,000	-
*Bank of America	Preferred Deposit	-	2,392,000	2,392,000	2,392,000	-

Wholesalers' Group Life and Health Benefit Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 31-1356478 Plan Number: 501

For the Year Ended December 31, 2025

(a)	(b) Description of Asset	(c) Purchase price	(d) Selling price	(g) Cost	(h) Current value	(i) Net gain/(loss)
*Bank of America	Preferred Deposit	-	1,775,000	1,775,000	1,775,000	-
*Bank of America	Preferred Deposit	-	995,729	995,729	995,729	-
*Bank of America	Preferred Deposit	-	980,000	980,000	980,000	-
*Bank of America	Preferred Deposit	-	1,864,000	1,864,000	1,864,000	-
*Bank of America	Preferred Deposit	-	1,356,000	1,356,000	1,356,000	-
*Bank of America	Preferred Deposit	-	2,175,000	2,175,000	2,175,000	-
*Bank of America	Preferred Deposit	-	1,724,000	1,724,000	1,724,000	-
*Bank of America	Preferred Deposit	-	1,890,000	1,890,000	1,890,000	-
*Bank of America	Preferred Deposit	-	2,612,934	2,612,934	2,612,934	-
*Bank of America	Preferred Deposit	-	2,487,000	2,487,000	2,487,000	-
*Bank of America	Preferred Deposit	-	2,035,000	2,035,000	2,035,000	-
*Bank of America	Preferred Deposit	-	7,392,355	7,392,355	7,392,355	-
*Merrill Lynch	Blackrock Liquidity Funds	-	1,940,561	1,940,561	1,940,561	-
*Merrill Lynch	Blackrock Liquidity Funds	-	2,392,373	2,392,373	2,392,373	-
*Merrill Lynch	Blackrock Liquidity Funds	-	1,400,209	1,400,209	1,400,209	-
*Merrill Lynch	Blackrock Liquidity Funds	-	1,723,558	1,723,558	1,723,558	-
*Merrill Lynch	Blackrock Liquidity Funds	-	1,792,987	1,792,987	1,792,987	-
*Merrill Lynch	Blackrock Liquidity Funds	-	2,612,934	2,612,934	2,612,934	-
*Merrill Lynch	Blackrock Liquidity Funds	-	3,570,000	3,570,000	3,570,000	-
*Merrill Lynch	Blackrock Liquidity Funds	-	1,968,088	1,968,088	1,968,088	-
*Merrill Lynch	Blackrock Liquidity Funds	-	2,035,885	2,035,885	2,035,885	-
*Merrill Lynch	Blackrock Liquidity Funds	-	880,102	880,102	880,102	-
*Merrill Lynch	Blackrock Liquidity Funds	-	945,368	945,368	945,368	-

Wholesalers' Group Life and Health Benefit Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 31-1356478 Plan Number: 501

For the Year Ended December 31, 2025

(a)	(b) Description of Asset	(c) Purchase price	(d) Selling price	(g) Cost	(h) Current value	(i) Net gain/(loss)
Category (iii) - Series of transactions in excess of 5% of the net plan assets:						
*Bank of America	Preferred Deposit					
	Purchases	$ 67,382,163	$ -	$ 67,382,163	$ 67,382,163	$ -
	Sales	-	70,361,109	70,361,109	70,361,109	-
*Merrill Lynch	Blackrock Liquidity Funds					
	Purchases	22,477,703	-	22,477,703	22,477,703	-
	Sales	-	22,474,252	22,474,252	22,474,252	-

Note: "Reportable Transactions" as defined in Section 2520.103-6 of The Department of Labor Regulations. There were no reportable category (ii) or (iv) transactions from January 1, 2025 to December 31, 2025. Columns (e) and (f) were excluded as they were not applicable.

*Denotes a party-in-interest.



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
WHOLESALERS' GROUP LIFE AND HEALTH BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 06/01/1990

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)

WINSUPPLY INC.

3110 KETTERING BLVD.

DAYTON OH 45439

2b Employer Identification Number (EIN) 31-1356478

2c Plan Sponsor's telephone number 937-531-5250

2d Business code (see instructions) 423700

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	Katherine Joseph	10/14/2026	KATHERINE JOSEPH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Katherine Joseph	10/14/2026	KATHERINE JOSEPH
	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

CLARK SCHAEFER HACKETT
BUSINESS ADVISORS

Wholesalers' Group Life and Health Benefit Plan

Financial Statements and Supplemental Schedules

with Independent Auditor's Report

December 31, 2025 and 2024

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Independent Auditor's Report

To the Trustees and Participants of
Wholesalers' Group Life and Health Benefit Plan
Dayton, Ohio

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

We have performed audits of the financial statements of Wholesalers' Group Life and Health Benefit Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and the statements of benefit obligations as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits and the statement of changes in benefit obligations for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

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 Wholesalers' Group Life and Health Benefit 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 Wholesalers' Group Life and Health Benefit Plan’s ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year)as of December 31, 2025 and the supplemental Schedule of Reportable Transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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



Dayton, Ohio
October 14, 2026

Wholesalers' Group Life and Health Benefit Plan

Statements of Net Assets Available for Benefits

As of December 31, 2025 and 2024

	2025	2024
Assets		
Cash	$ 26,270	$ 39,678
Investments at fair value	6,726,303	9,946,122
Receivables		
Participant contributions	2,040,152	1,855,048
Employer contributions	4,141,524	3,574,414
Stop-loss reimbursement	-	96,481
Accrued interest	29,414	4,879
Rebates	105,918	253,613
Total receivables	6,317,008	5,784,435
Deposits at claims processors	1,241,419	-
Total assets	14,311,000	15,770,235
Liabilities		
Administrative expenses payable	987	5,087
Due to claims processors	595,643	51,970
Total liabilities	596,630	57,057
Net assets available for benefits	$ 13,714,370	$ 15,713,178

See accompanying notes to the financial statements.

Wholesalers' Group Life and Health Benefit Plan

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2025

Additions		
Investment income		
Interest and dividends	$	487,001
Net appreciation in fair value of investments		5,392
Total investment income, net		492,393
Contributions		
Participant contributions		22,450,567
Employer contributions		49,856,285
Total contributions		72,306,852
Total additions		72,799,245
Deductions		
Administrative and trustee fees		6,107,059
Payments of claims, net		57,872,335
Insurance premiums		10,818,659
Total deductions		74,798,053
Change in net assets		(1,998,808)
Net assets available for benefits:		
Beginning of year		15,713,178
End of year	$	13,714,370

See accompanying notes to the financial statements.

Wholesalers' Group Life and Health Benefit Plan

Statements of Benefit Obligations

As of December 31, 2025 and 2024

	2025	2024
Amounts currently payable		
Claims payable and claims incurred but not reported	$ 4,889,837	$ 5,578,215
Premiums due to insurers	530,098	485,049
Total benefit obligations	$ 5,419,935	$ 6,063,264

See accompanying notes to the financial statements.

Wholesalers' Group Life and Health Benefit Plan

Statement of Changes in Benefit Obligations

For the Year Ended December 31, 2025

	2025
Changes in amounts currently payable	
Balance at beginning of year	$ 6,063,264
Claims and insurance premiums incurred	68,047,665
Claims and insurance premiums paid	(68,690,994)
Total benefit obligations at end of year	$ 5,419,935

See accompanying notes to the financial statements.

Wholesalers' Group Life and Health Benefit Plan

Notes to the Financial Statements

December 31, 2025 and 2024

1. Description of Plan

The following description of the Wholesalers' Group Life and Health Benefit Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan provides medical benefits, group term life benefits, vision benefits, dental benefits, temporary disability, long-term disability, accident, illness, and life insurance to eligible employees of Winsupply Inc. and associated companies (the “Sponsor” or the “Employer”) and their eligible dependents. Certain Plan assets are held in a voluntary employees’ beneficiary association (“VEBA”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Eligibility

All employees who are providing regular full-time service and family members who qualify as dependents are eligible for participation in the Plan. Full-time employees are employees who work at least 30 hours per week. Employees covered under a collective bargaining agreement are not eligible. Other affiliated companies participate in separate arrangements; therefore, they are excluded from coverage under the plan. The Plan does not offer any postretirement benefits.

Benefits

The Plan provides medical benefits, group term life benefits, vision benefits, dental benefits, temporary disability, long term disability, accident, illness, and life insurance to participating employees and their eligible dependents. Medical benefits, dental benefits, and prescription benefits are self-insured. Claims for self-insured benefits are processed by the Plan’s third-party claims processors under administrative service only arrangements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the Plan’s VEBA trust. Despite the Plan’s utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan. For the years ended December 31, 2025 and 2024, the Plan maintained a stop-loss insurance arrangement with an individual limit of $300,000 to reduce its exposure for self-insured medical benefits.

The Plan utilizes a pharmacy benefit manager (“PBM”) which periodically makes refunds to the Plan based on the Plan’s utilization pattern of specific drugs.

The Plan fully insures group term life benefits, vision benefits, temporary disability, long term disability, accident, illness and life insurance benefits.

Contributions

The Plan is funded by contributions from the Sponsor and through employee withholdings. The contributions are based upon the amounts necessary to provide for the benefits expected to become payable and to pay any premiums becoming due and to the extent allowable under Internal Revenue Code Section 501(c)(9) to fund reasonable reserves with respect to those benefits.

Additionally, under provisions of the Consolidated Omnibus Budget Reconciliation Act, or COBRA, terminated employees may elect to extend coverage for a period not to exceed eighteen months from date of termination by contributing specified amounts as determined annually by the Sponsor. COBRA contributions from terminated participants received during 2025 totaled $479,012. Contributions for active and COBRA participants are determined annually by the plan sponsor.

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

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

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. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Deposits at Claims Processors

Amounts advanced to third-party claims processors to fund the payment of participant claims are reported as deposits at claims processors until such amounts are applied to the payment of claims.

Contributions

Employee contributions are recognized when withheld from employees' compensation. Employer contributions are recognized when authorized by the Sponsor.

Payment of benefits

Claim payments are recorded when paid by the third-party claims processor. Amounts due to claims processors that have not been reimbursed by the Plan are recorded as payable to claims administrators in the accompanying statements of net assets available for benefits. Premium payments paid by either the Employer or the VEBA trust are recorded as premium payments in the accompanying statement of changes in net assets available for benefits.

Expenses

Substantially all administrative expenses and insurance premium payments are paid by the Plan and are recorded when incurred. Certain Plan expenses are paid by the Plan Sponsor and reimbursed by the Plan. These expenses are reimbursed to the Sponsor using Plan cash balances. The Plan reports on the Statement of Changes in Net Assets Available for Benefits such reimbursable expenses as administrative and trustee fees.

Stop-loss coverage

Premiums for stop-loss insurance are included in premium payments in the accompanying statement of changes in net assets available for benefits. Stop-loss reimbursements are recorded as a reduction of medical claims in the accompanying statement of changes in net assets available for benefits. The Plan recognized stop-loss reimbursements of $432,670 during the 2025 plan year.

Rebates

Rebates due from the Plan's PBM are recorded when earned. Rebates due as of the financial statement date have been reported as a receivable, with the offset being netted against claims paid. Pharmacy rebates totaling $1,954,280 have been netted with claims paid in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2025.

Benefit obligations

Plan obligations for claims payable and claims incurred by active participants but not reported at December 31, 2025 and 2024 are based on estimates provided by the Plan's third party administrator as well as review of actual claims paid subsequent to the end of the year that are applicable to the previous year. These amounts are presented based upon historical claims experience and assumptions which are believed to be reasonable. Plan benefit obligations reported include COBRA postemployment benefits. Actual results could differ materially from these estimates making it reasonably possible that a change in these estimates could occur in the near term. Premiums payable to insurance companies are recorded at their present value.

Subsequent Events

Subsequent events were evaluated through October 14, 2026, the date the financial statements were available to be issued.

3. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820, *Fair Value Measurement*, are described as follows:

Level 1 - Inputs to the valuation technique 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 technique include:

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

If the asset or liability has a 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 technique are unobservable and significant to the fair value measurement.

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

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

Money market funds: Valued at the net asset value (NAV) of shares held by the Plan at year end, as reported to the Plan by the trustee. A fund's NAV reflects an exit price, is the same for all holders of the fund and provides the basis for current transactions. The funds seek to maintain a constant NAV of $1 per unit; however, there can be no guarantee that this fund will meet this goal.

Mutual fund: Valued at the daily closing price as reported by the fund. The mutual fund held by the Plan is an open-end mutual fund that is registered with the U.S. Securities and Exchange Commission. This fund is required to publish its daily NAV and to transact at that price. The mutual fund held by the Plan is deemed to be actively traded.

U.S. government securities: Valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures.

Corporate bonds: Valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

Assets at Fair Value as of December 31, 2025	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 121,330	$ -	$ -	$ 121,330
Money market funds	-	6,244,350	-	6,244,350
U.S. government securities	-	309,658	-	309,658
Corporate bonds	-	50,965	-	50,965
Total investments at fair value	$ 121,330	$ 6,604,973	$ -	$ 6,726,303

Assets at Fair Value as of December 31, 2024	Level 1	Level 2	Level 3	Total
Mutual funds	$ 104,109	$ -	$ -	$ 104,109
Money market funds	-	9,489,845	-	9,489,845
U.S. government securities	-	319,795	-	319,795
Corporate bonds	-	32,373	-	32,373
Total investments at fair value	$ 104,109	$ 9,842,013	$ -	$ 9,946,122

4. Information Certified by Trustee

The Plan Trustees have elected to have an audit performed pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, certain information in the Plan's financial statements and supplemental schedules were agreed to or derived from information certified as complete and accurate by Bank of America, N.A., the qualified institution. The certified information includes the Plan's investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024, and the accompanying supplemental Schedule of Assets (Held at End of Year) as of December 31, 2025, and the related investment activity (including net appreciation/depreciation, interest, and dividends) reported in the accompanying Statement of Changes in Net Assets Available for Benefits and the information reported in the accompanying supplemental Schedule of Reportable Transactions for the year ended December 31, 2025.

5. Insurance Premiums

The following is a list of the insurance premiums paid out of the Plan for the years ended December 31, 2025 and 2024:

	2025	2024
Vision	$ 603,050	$ 570,834
Life insurance	2,443,640	2,317,611
Disability insurance	2,854,000	2,745,960
Stop loss insurance	4,471,160	4,073,649
Employee assistance and healthcare	446,809	323,776
Total:	$ 10,818,659	$ 10,031,830

6. Related-Party and Party in Interest Transactions

Total fees incurred for trustee and other professional services rendered by parties in interest amounted to $6,107,059 for the 2025 plan year. Amounts payable for fees to related parties or parties in interest amounted to $-0- as of December 31, 2025 and 2024.

Total premiums paid to parties in interest for insurance coverage amounted to $10,818,659 for the 2025 plan year. Amounts payable for insurance premiums to parties in interest amounted to $530,098 and $485,049 as of December 31, 2025 and 2024, respectively.

Certain Plan investments are managed by the qualified institution, and therefore, these transactions qualify as party in interest transactions.

Certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

7. 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 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 revert to the Sponsor or be used for purposes other than for the exclusive benefit of the Plan’s participants.

8. Tax Status

The VEBA trust funding the benefits of the Plan received an exemption letter from the IRS dated October 21, 1993, stating that the trust is tax-exempt under the provisions of Section 501(c)9 of the Internal Revenue Code (“IRC”). However, as a result of the Plan’s funding policy, from time to time the trust may be subject to income taxes. The Plan Sponsor does not believe that the Plan incurred any unrelated business income that would result in income taxes during the year ended December 31, 2025.

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

9. Risks and Uncertainties

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

10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2025 and 2024, to Form 5500:

	2025	2024
Net assets available for benefits per the financial statements	$ 13,714,370	$ 15,713,178
Less: Claims payable and claims incurred but not reported	(4,889,837)	(5,578,215)
Less: Insurance premiums due to insurers	(530,098)	(485,049)
Net assets available for benefits per Form 5500	$ 8,294,435	$ 9,649,914

The following is a reconciliation of the changes in net assets per the financial statements for the year ended December 31, 2025 to income per the Form 5500:

	2025
Change in net assets per the financial statements	$ (1,998,808)
Change in claims payable and claims incurred but not reported at year-end	688,378
Change in insurance premiums due to insurers at year-end	(45,049)
Change in net assets available for benefits per Form 5500	$ (1,355,479)

Wholesalers' Group Life and Health Benefit Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 31-1356478 Plan Number: 501

As of December 31, 2025

(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
	Blackrock Liquidity Funds	Money Market Fund	$ 13,995	$ 13,995
*	Bank of America Preferred Deposit	Money Market Fund	6,230,355	6,230,355
	U.S. Treasury Note, 3.25%, Matures: 06/30/2029	U.S. Government Security	11,896	11,863
	U.S. Treasury Note, 4.13%, Matures: 09/30/2027	U.S. Government Security	37,663	38,407
	U.S. Treasury Note, 3.50%, Matures: 04/30/2028	U.S. Government Security	15,907	15,997
	U.S. Treasury Note, 4.00%, Matures: 06/30/2028	U.S. Government Security	13,874	14,164
	U.S. Treasury Note, 4.13%, Matures: 07/31/2028	U.S. Government Security	12,778	13,194
	U.S. Treasury Note, 4.63%, Matures: 10/15/2026	U.S. Government Security	10,150	10,081
	U.S. Treasury Note, 4.38%, Matures: 11/30/2028	U.S. Government Security	21,207	21,477
	U.S. Treasury Note, 4.13%, Matures: 02/15/2027	U.S. Government Security	17,854	18,118
	U.S. Treasury Note, 4.25%, Matures: 03/15/2027	U.S. Government Security	25,872	26,221
	U.S. Treasury Note, 4.50%, Matures: 04/15/2027	U.S. Government Security	34,430	34,419
	U.S. Treasury Note, 4.50%, Matures: 05/15/2027	U.S. Government Security	17,155	17,226
	U.S. Treasury Note, 3.75%, Matures: 08/15/2027	U.S. Government Security	14,855	15,062
	U.S. Treasury Note, 3.50%, Matures: 09/30/2026	U.S. Government Security	6,903	6,995
	U.S. Treasury Note, 3.88%, Matures: 10/15/2027	U.S. Government Security	12,083	12,080
	U.S. Treasury Note, 4.13%, Matures: 11/15/2027	U.S. Government Security	10,075	10,114
	U.S. Treasury Note, 3.75%, Matures: 05/15/2028	U.S. Government Security	11,963	12,065
	U.S. Treasury Note, 3.88%, Matures: 06/30/2030	U.S. Government Security	7,055	7,053
	U.S. Treasury Note, 3.88%, Matures: 07/15/2028	U.S. Government Security	10,073	10,084
	U.S. Treasury Note, 3.63%, Matures: 08/15/2028	U.S. Government Security	15,011	15,038
	Broadcom Inc., 5.05%, Matures: 07/12/2027	Corporate Bond Obligation	5,024	5,089
	Goldman Sachs Group Inc., Variable Interest, Matures: 08/23/2028	Corporate Bond Obligation	4,939	5,035
	JPMorgan Chase & Co., Variable Interest, Matures: 04/22/2028	Corporate Bond Obligation	7,072	7,139
	JPMorgan Chase & Co., Variable Interest, Matures: 10/22/2028	Corporate Bond Obligation	5,957	6,059
	Morgan Stanley, Variable Interest, Matures: 01/24/2029	Corporate Bond Obligation	5,825	5,966
	NextEra Energy Capital, 4.85%, Matures: 02/04/2028	Corporate Bond Obligation	6,030	6,110
	T-Mobile USA Inc., 4.85%, Matures: 01/15/2029	Corporate Bond Obligation	4,982	5,107
	Truist Financial Corp., Variable Interest, Matures: 10/30/2029	Corporate Bond Obligation	4,300	4,315
	UnitedHealth Group Inc., 4.80%, Matures: 01/15/2030	Corporate Bond Obligation	6,149	6,145
	Blackrock Allocation Target Shares	Mutual Fund	118,309	121,330
			$ 6,719,741	$ 6,726,303

*Denotes a party-in-interest.

Wholesalers' Group Life and Health Benefit Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 31-1356478 Plan Number: 501

For the Year Ended December 31, 2025

(a)	(b) Description of Asset	(c) Purchase price	(d) Selling price	(g) Cost	(h) Current value	(i) Net gain/(loss)
Category (i) - Single transactions in excess of 5% of the net plan assets:						
*Bank of America	Preferred Deposit	$ 7,392,355	$ -	$ 7,392,355	$ 7,392,355	$ -
*Bank of America	Preferred Deposit	5,580,000	-	5,580,000	5,580,000	-
*Bank of America	Preferred Deposit	4,785,000	-	4,785,000	4,785,000	-
*Bank of America	Preferred Deposit	5,502,000	-	5,502,000	5,502,000	-
*Bank of America	Preferred Deposit	3,590,000	-	3,590,000	3,590,000	-
*Bank of America	Preferred Deposit	3,650,000	-	3,650,000	3,650,000	-
*Bank of America	Preferred Deposit	5,476,779	-	5,476,779	5,476,779	-
*Bank of America	Preferred Deposit	5,504,032	-	5,504,032	5,504,032	-
*Bank of America	Preferred Deposit	5,293,316	-	5,293,316	5,293,316	-
*Bank of America	Preferred Deposit	5,581,681	-	5,581,681	5,581,681	-
*Bank of America	Preferred Deposit	5,555,000	-	5,555,000	5,555,000	-
*Bank of America	Preferred Deposit	5,602,000	-	5,602,000	5,602,000	-
*Bank of America	Preferred Deposit	3,570,000	-	3,570,000	3,570,000	-
*Merrill Lynch	Blackrock Liquidity Funds	1,911,496	-	1,911,496	1,911,496	-
*Merrill Lynch	Blackrock Liquidity Funds	2,392,000	-	2,392,000	2,392,000	-
*Merrill Lynch	Blackrock Liquidity Funds	1,356,000	-	1,356,000	1,356,000	-
*Merrill Lynch	Blackrock Liquidity Funds	1,724,000	-	1,724,000	1,724,000	-
*Merrill Lynch	Blackrock Liquidity Funds	1,792,762	-	1,792,762	1,792,762	-
*Merrill Lynch	Blackrock Liquidity Funds	2,612,935	-	2,612,935	2,612,935	-
*Merrill Lynch	Blackrock Liquidity Funds	5,596,805	-	5,596,805	5,596,805	-
*Merrill Lynch	Blackrock Liquidity Funds	2,035,000	-	2,035,000	2,035,000	-
*Merrill Lynch	Blackrock Liquidity Funds	864,657	-	864,657	864,657	-
*Merrill Lynch	Blackrock Liquidity Funds	945,000	-	945,000	945,000	-
*Bank of America	Preferred Deposit	-	1,365,000	1,365,000	1,365,000	-
*Bank of America	Preferred Deposit	-	880,000	880,000	880,000	-
*Bank of America	Preferred Deposit	-	2,036,000	2,036,000	2,036,000	-

Wholesalers' Group Life and Health Benefit Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 31-1356478 Plan Number: 501

For the Year Ended December 31, 2025

(a)	(b) Description of Asset	(c) Purchase price	(d) Selling price	(g) Cost	(h) Current value	(i) Net gain/(loss)
*Bank of America	Preferred Deposit	-	1,424,000	1,424,000	1,424,000	-
*Bank of America	Preferred Deposit	-	945,000	945,000	945,000	-
*Bank of America	Preferred Deposit	-	872,000	872,000	872,000	-
*Bank of America	Preferred Deposit	-	842,000	842,000	842,000	-
*Bank of America	Preferred Deposit	-	1,997,000	1,997,000	1,997,000	-
*Bank of America	Preferred Deposit	-	1,262,000	1,262,000	1,262,000	-
*Bank of America	Preferred Deposit	-	944,000	944,000	944,000	-
*Bank of America	Preferred Deposit	-	960,000	960,000	960,000	-
*Bank of America	Preferred Deposit	-	956,000	956,000	956,000	-
*Bank of America	Preferred Deposit	-	1,159,000	1,159,000	1,159,000	-
*Bank of America	Preferred Deposit	-	849,000	849,000	849,000	-
*Bank of America	Preferred Deposit	-	825,000	825,000	825,000	-
*Bank of America	Preferred Deposit	-	1,611,000	1,611,000	1,611,000	-
*Bank of America	Preferred Deposit	-	1,240,000	1,240,000	1,240,000	-
*Bank of America	Preferred Deposit	-	1,082,000	1,082,000	1,082,000	-
*Bank of America	Preferred Deposit	-	1,770,000	1,770,000	1,770,000	-
*Bank of America	Preferred Deposit	-	1,068,000	1,068,000	1,068,000	-
*Bank of America	Preferred Deposit	-	964,000	964,000	964,000	-
*Bank of America	Preferred Deposit	-	2,123,000	2,123,000	2,123,000	-
*Bank of America	Preferred Deposit	-	928,000	928,000	928,000	-
*Bank of America	Preferred Deposit	-	1,495,000	1,495,000	1,495,000	-
*Bank of America	Preferred Deposit	-	792,000	792,000	792,000	-
*Bank of America	Preferred Deposit	-	1,605,000	1,605,000	1,605,000	-
*Bank of America	Preferred Deposit	-	1,432,000	1,432,000	1,432,000	-
*Bank of America	Preferred Deposit	-	1,075,000	1,075,000	1,075,000	-
*Bank of America	Preferred Deposit	-	924,000	924,000	924,000	-
*Bank of America	Preferred Deposit	-	920,000	920,000	920,000	-
*Bank of America	Preferred Deposit	-	2,392,000	2,392,000	2,392,000	-

Wholesalers' Group Life and Health Benefit Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 31-1356478 Plan Number: 501

For the Year Ended December 31, 2025

(a)	(b) Description of Asset	(c) Purchase price	(d) Selling price	(g) Cost	(h) Current value	(i) Net gain/(loss)
*Bank of America	Preferred Deposit	-	1,775,000	1,775,000	1,775,000	-
*Bank of America	Preferred Deposit	-	995,729	995,729	995,729	-
*Bank of America	Preferred Deposit	-	980,000	980,000	980,000	-
*Bank of America	Preferred Deposit	-	1,864,000	1,864,000	1,864,000	-
*Bank of America	Preferred Deposit	-	1,356,000	1,356,000	1,356,000	-
*Bank of America	Preferred Deposit	-	2,175,000	2,175,000	2,175,000	-
*Bank of America	Preferred Deposit	-	1,724,000	1,724,000	1,724,000	-
*Bank of America	Preferred Deposit	-	1,890,000	1,890,000	1,890,000	-
*Bank of America	Preferred Deposit	-	2,612,934	2,612,934	2,612,934	-
*Bank of America	Preferred Deposit	-	2,487,000	2,487,000	2,487,000	-
*Bank of America	Preferred Deposit	-	2,035,000	2,035,000	2,035,000	-
*Bank of America	Preferred Deposit	-	7,392,355	7,392,355	7,392,355	-
*Merrill Lynch	Blackrock Liquidity Funds	-	1,940,561	1,940,561	1,940,561	-
*Merrill Lynch	Blackrock Liquidity Funds	-	2,392,373	2,392,373	2,392,373	-
*Merrill Lynch	Blackrock Liquidity Funds	-	1,400,209	1,400,209	1,400,209	-
*Merrill Lynch	Blackrock Liquidity Funds	-	1,723,558	1,723,558	1,723,558	-
*Merrill Lynch	Blackrock Liquidity Funds	-	1,792,987	1,792,987	1,792,987	-
*Merrill Lynch	Blackrock Liquidity Funds	-	2,612,934	2,612,934	2,612,934	-
*Merrill Lynch	Blackrock Liquidity Funds	-	3,570,000	3,570,000	3,570,000	-
*Merrill Lynch	Blackrock Liquidity Funds	-	1,968,088	1,968,088	1,968,088	-
*Merrill Lynch	Blackrock Liquidity Funds	-	2,035,885	2,035,885	2,035,885	-
*Merrill Lynch	Blackrock Liquidity Funds	-	880,102	880,102	880,102	-
*Merrill Lynch	Blackrock Liquidity Funds	-	945,368	945,368	945,368	-

Wholesalers' Group Life and Health Benefit Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 31-1356478 Plan Number: 501

For the Year Ended December 31, 2025

(a)	(b) Description of Asset	(c) Purchase price	(d) Selling price	(g) Cost	(h) Current value	(i) Net gain/(loss)
Category (iii) - Series of transactions in excess of 5% of the net plan assets:						
*Bank of America	Preferred Deposit					
	Purchases	$ 67,382,163	$ -	$ 67,382,163	$ 67,382,163	$ -
	Sales	-	70,361,109	70,361,109	70,361,109	-
*Merrill Lynch	Blackrock Liquidity Funds					
	Purchases	22,477,703	-	22,477,703	22,477,703	-
	Sales	-	22,474,252	22,474,252	22,474,252	-

Note: "Reportable Transactions" as defined in Section 2520.103-6 of The Department of Labor Regulations. There were no reportable category (ii) or (iv) transactions from January 1, 2025 to December 31, 2025. Columns (e) and (f) were excluded as they were not applicable.

*Denotes a party-in-interest.



Wholesalers' Group Life and Health Benefit Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 31-1356478 Plan Number: 501

As of December 31, 2025

(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
	Blackrock Liquidity Funds	Money Market Fund	$ 13,995	$ 13,995
*	Bank of America Preferred Deposit	Money Market Fund	6,230,355	6,230,355
	U.S. Treasury Note, 3.25%, Matures: 06/30/2029	U.S. Government Security	11,896	11,863
	U.S. Treasury Note, 4.13%, Matures: 09/30/2027	U.S. Government Security	37,663	38,407
	U.S. Treasury Note, 3.50%, Matures: 04/30/2028	U.S. Government Security	15,907	15,997
	U.S. Treasury Note, 4.00%, Matures: 06/30/2028	U.S. Government Security	13,874	14,164
	U.S. Treasury Note, 4.13%, Matures: 07/31/2028	U.S. Government Security	12,778	13,194
	U.S. Treasury Note, 4.63%, Matures: 10/15/2026	U.S. Government Security	10,150	10,081
	U.S. Treasury Note, 4.38%, Matures: 11/30/2028	U.S. Government Security	21,207	21,477
	U.S. Treasury Note, 4.13%, Matures: 02/15/2027	U.S. Government Security	17,854	18,118
	U.S. Treasury Note, 4.25%, Matures: 03/15/2027	U.S. Government Security	25,872	26,221
	U.S. Treasury Note, 4.50%, Matures: 04/15/2027	U.S. Government Security	34,430	34,419
	U.S. Treasury Note, 4.50%, Matures: 05/15/2027	U.S. Government Security	17,155	17,226
	U.S. Treasury Note, 3.75%, Matures: 08/15/2027	U.S. Government Security	14,855	15,062
	U.S. Treasury Note, 3.50%, Matures: 09/30/2026	U.S. Government Security	6,903	6,995
	U.S. Treasury Note, 3.88%, Matures: 10/15/2027	U.S. Government Security	12,083	12,080
	U.S. Treasury Note, 4.13%, Matures: 11/15/2027	U.S. Government Security	10,075	10,114
	U.S. Treasury Note, 3.75%, Matures: 05/15/2028	U.S. Government Security	11,963	12,065
	U.S. Treasury Note, 3.88%, Matures: 06/30/2030	U.S. Government Security	7,055	7,053
	U.S. Treasury Note, 3.88%, Matures: 07/15/2028	U.S. Government Security	10,073	10,084
	U.S. Treasury Note, 3.63%, Matures: 08/15/2028	U.S. Government Security	15,011	15,038
	Broadcom Inc., 5.05%, Matures: 07/12/2027	Corporate Bond Obligation	5,024	5,089
	Goldman Sachs Group Inc., Variable Interest, Matures: 08/23/2028	Corporate Bond Obligation	4,939	5,035
	JPMorgan Chase & Co., Variable Interest, Matures: 04/22/2028	Corporate Bond Obligation	7,072	7,139
	JPMorgan Chase & Co., Variable Interest, Matures: 10/22/2028	Corporate Bond Obligation	5,957	6,059
	Morgan Stanley, Variable Interest, Matures: 01/24/2029	Corporate Bond Obligation	5,825	5,966
	NextEra Energy Capital, 4.85%, Matures: 02/04/2028	Corporate Bond Obligation	6,030	6,110
	T-Mobile USA Inc., 4.85%, Matures: 01/15/2029	Corporate Bond Obligation	4,982	5,107
	Truist Financial Corp., Variable Interest, Matures: 10/30/2029	Corporate Bond Obligation	4,300	4,315
	UnitedHealth Group Inc., 4.80%, Matures: 01/15/2030	Corporate Bond Obligation	6,149	6,145
	Blackrock Allocation Target Shares	Mutual Fund	118,309	121,330
			$ 6,719,741	$ 6,726,303

*Denotes a party-in-interest.