Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
BMO U.S. HEALTH AND WELFARE BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 507

1c Effective date of plan 10/01/1981

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)
BMO FINANCIAL CORP.

320 SOUTH CANAL STREET,
7 WEST
CHICAGO, IL 60606-5707

2b Employer Identification Number (EIN)
51-0275712

2c Plan Sponsor's telephone number
312-848-8155

2d Business code (see instructions)
522110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	GARY M. HANSEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

BENEFITS ADMINISTRATION COMMITTEE

320 SOUTH CANAL STREET
7 WEST
CHICAGO, IL 60606-5707

3b Administrator's EIN: 36-2873029

3c Administrator's telephone number: 312-848-8155

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: BMO FINANCIAL CORP.

c Plan Name: BMO U.S. HEALTH AND WELFARE PLAN

4b EIN: 51-0275712

4d PN: 507

5	Total number of participants at the beginning of the plan year	**5**	19704
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)**	19704
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	19239
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	19239
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	0
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] 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) [ ] 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 12
- (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
BMO U.S. HEALTH AND WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 507

C Plan sponsor's name as shown on line 2a of Form 5500
BMO FINANCIAL CORP.

D Employer Identification Number (EIN)
51-0275712

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	29316-4	31312	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
1129060	254728

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

ALIGHT HOLDING COMPANY LLC
4 OVERLOOK PT
LINCOLNSHIRE, IL 60069

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	254728	TECHNOLOGY FEE	3

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

WILLIS TOWERS WATSON US LLC
PO BOX 28852
NEW YORK, NY 10087-8852

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1129060			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	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** [ ] 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)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	13019375
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
BMO U.S. HEALTH AND WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 507

C Plan sponsor's name as shown on line 2a of Form 5500
BMO FINANCIAL CORP.

D Employer Identification Number (EIN)
51-0275712

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
BLUE CROSS BLUE SHIELD OF ILLINOIS

(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
36-1236610	70670	29885	22741	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

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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

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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	
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	
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)**	
b Benefit charges (1) Claims paid	**9b(1)**	138479852		
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	138479852
(4) Claims charged			**9b(4)**	138479852
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

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
BMO U.S. HEALTH AND WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 507

C Plan sponsor's name as shown on line 2a of Form 5500
BMO FINANCIAL CORP.

D Employer Identification Number (EIN)
51-0275712

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
EXPRESS SCRIPTS

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
43-1420563	60025	5316	22741	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
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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	
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	
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** [X] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)	60537553		
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	60537553
(4) Claims charged			9b(4)	60537553
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)	931186		
(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)	931186
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

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
BMO U.S. HEALTH AND WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 507

C Plan sponsor's name as shown on line 2a of Form 5500
BMO FINANCIAL CORP.

D Employer Identification Number (EIN)
51-0275712

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

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	1932	1224	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
7	

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

WILLIS TOWERS WATSON US LLC
PO BOX 28852
NEW YORK, NY 10087-8852

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	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)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	11533042
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
BMO U.S. HEALTH AND WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 507

C Plan sponsor's name as shown on line 2a of Form 5500
BMO FINANCIAL CORP.

D Employer Identification Number (EIN)
51-0275712

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

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
94-1340523	00000	102000	591	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	
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	
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)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	4851862
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
BMO U.S. HEALTH AND WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 507

C Plan sponsor's name as shown on line 2a of Form 5500
BMO FINANCIAL CORP.

D Employer Identification Number (EIN)
51-0275712

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0798039	95540	3992	63	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
407	

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

WILLIS TOWERS WATSON US LLC (LA)
PO BOX 28852
NEW YORK, NY 10087-8852

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
407			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	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)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	433594
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
BMO U.S. HEALTH AND WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 507

C Plan sponsor's name as shown on line 2a of Form 5500
BMO FINANCIAL CORP.

D Employer Identification Number (EIN)
51-0275712

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
VSP VISION 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
20-0891619	12516	30028445	12784	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	
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	
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)**	2931813		
(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)**	2931813
b Benefit charges (1) Claims paid	**9b(1)**	2798610		
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	2798610
(4) Claims charged			**9b(4)**	2798610
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)**	278522		
(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)**	278522
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

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
BMO U.S. HEALTH AND WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 507

C Plan sponsor's name as shown on line 2a of Form 5500
BMO FINANCIAL CORP.

D Employer Identification Number (EIN)
51-0275712

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
DELTA DENTAL OF ILLINOIS

(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
36-2612058	47589	20246	33344	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	
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	
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** [X] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)	12582281		
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	12582281
(4) Claims charged			9b(4)	12582281
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

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
BMO U.S. HEALTH AND WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 507

C Plan sponsor's name as shown on line 2a of Form 5500
BMO FINANCIAL CORP.

D Employer Identification Number (EIN)
51-0275712

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
FOUR EVER 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
36-2149353	80985	4EL-9316-25	2	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
5730	

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

WTW NICOLE DAVIDSON
233 S. WACKER DR., WILLIS TOWER
SUITE 1800
CHICAGO, IL 60606

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5730			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	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** [X] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	57295
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
BMO U.S. HEALTH AND WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 507

C Plan sponsor's name as shown on line 2a of Form 5500
BMO FINANCIAL CORP.

D Employer Identification Number (EIN)
51-0275712

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
FIRST RELIANCE STANDARD

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-3176850	71005	DBL252859	1127	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
	4452

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

WILLIS TOWERS WATSON US LLC
PO BOX 28852
NEW YORK, NY 10087-8852

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	4452	OTHER FEES	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	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** [X] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	474306
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
BMO U.S. HEALTH AND WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 507

C Plan sponsor's name as shown on line 2a of Form 5500
BMO FINANCIAL CORP.

D Employer Identification Number (EIN)
51-0275712

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
AIG INSURANCE COMPANY OF CANADA

(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
20-5971809	52524	GTP 9427924	19050	04/30/2024	04/30/2025

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	
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	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	55136
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
BMO U.S. HEALTH AND WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 507

C Plan sponsor's name as shown on line 2a of Form 5500
BMO FINANCIAL CORP.

D Employer Identification Number (EIN)
51-0275712

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
ARAG 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
42-1338303	34738	18694-0001-001	6314	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
97232	

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

WILLIS TOWERS WATSON US LLC
PO BOX 28852
NEW YORK, NY 10087-8852

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
97232			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	747934
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
BMO U.S. HEALTH AND WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 507

C Plan sponsor's name as shown on line 2a of Form 5500
BMO FINANCIAL CORP.

D Employer Identification Number (EIN)
51-0275712

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

INSPIRA

10802 FARNAM DRIVE
OMAHA, NE 68154

(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?
15 50	NONE	90559	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIS TOWERS WATSON U.S. LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	345000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLUE CROSS BLUE SHIELD OF ILLINOIS

36-1236610

(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 50	NONE	12907579	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EXPRESS SCRIPTS

43-1420563

(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 50	NONE	932121	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELTA DENTAL OF ILLINOIS

36-2612058

(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 50	NONE	465210	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARTEMIS HEALTH

15 NORTH RIO GRAND STREET
SALT LAKE CITY, UT 84101

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	210204	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

GROOM LAW GROUP CHARTERED

52-1219029

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	165115	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAN FRANSISCO HCSO

PO BOX 7720
SAN FRANCISCO, CA 94120-7720

(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 50	NONE	304614	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THOMSON REUTERS

PO BOX 71687
CHICAGO, IL 60694-1687

(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 50	NONE	7099	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ALLSUP

300 ALLSUP PLACE
BELLEVILLE, IL 62223

(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 50	NONE	5950	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MATRIX ABSENCE MANAGEMENT, INC.

2421 W PEORIA AVE, SUITE 300
PHOENIX, AZ 85029

(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?
15 50	NONE	215752	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name: GJC CPA'S & ADVISORS
b EIN: 27-0475249
c Position: AUDITORS
d Address: BANK AMERICA TOWER 110 N. WACKER DR
SUITE 2500
CHICAGO, IL 60606
e Telephone: 872-165-1330

Explanation: CHANGE IN AUDIT SERVICE PROVIDER DUE TO BUSINESS AND ADMINISTRATIVE REASONS.

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
BMO U.S. HEALTH AND WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 507

C Plan sponsor's name as shown on line 2a of Form 5500
BMO FINANCIAL CORP.

D Employer Identification Number (EIN)
51-0275712

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	62238	19674
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	11908048	14845875
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	11970286	14865549
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	11970286	14865549

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)	211707734	
(B) Participants	2a(1)(B)	81795202	
(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)		293502936
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	178703	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		178703
(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)	433994	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		433994
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		294115633
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	29939863	
(2) To insurance carriers for the provision of benefits	2e(2)	245619785	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		275559648
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)	14825677	
(3) Recordkeeping fees	2i(3)	306311	
(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)	165115	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	363619	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		15660722
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		291220370
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2895263
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) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: KPMG LLP **(2)** EIN: 13-5565207

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		34845000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] 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 _____.

BMO U.S. HEALTH AND WELFARE BENEFIT PLAN

FINANCIAL STATEMENTS
(With Supplemental Information)

For the Years Ended December 31, 2025 and 2024
(With Independent Auditors' Reports)

BMO U.S. HEALTH AND WELFARE BENEFIT PLAN

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All other supplemental schedules required by the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, are omitted because they are not applicable or not required.

KPMG LLP
Aon Center
Suite 5500
200 E. Randolph Street
Chicago, IL 60601-6436

Independent Auditors' Report

To the Plan Participants and Plan Administrator
BMO U.S. Health and Welfare Benefit Plan:

Opinion

We have audited the financial statements of BMO U.S. Health and Welfare Benefit Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits (modified cash basis) as of December 31, 2025, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2025, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits (modified cash basis) of the Plan as of December 31, 2025, and the changes in its net assets available for benefits (modified cash basis) for the year ended December 31, 2025, in accordance with the modified cash basis of accounting described in Note 2.

Basis for Opinion

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

Emphasis of Matter

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than U.S. generally accepted accounting principles. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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 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.

KPMG LLP, a Delaware limited liability partnership, and its subsidiaries are part of the KPMG global organization of independent member firms affiliated with KPMG International Limited, a private English company limited by guarantee.

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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.

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, line 4j - Schedule of Reportable Transactions for the year ended December 31, 2025 and Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

KPMG LLP

Chicago, Illinois
October 14, 2026

GJC

CPAs | ADVISORS

INDEPENDENT AUDITOR'S REPORT

October 2, 2025, except for Note 3, as to which the date is October 13, 2026

To the Benefits Administration Committee
BMO Financial Corp.

Opinion

We have audited the financial statements of the BMO U.S. Health and Welfare Benefits Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), which comprise the statement of net assets available for benefits (modified cash basis) as of December 31, 2024, and the related statement of changes in net assets available for benefits (modified cash basis) for the year then ended, as well as the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024, and the changes in its net assets available for benefits for the year then ended, in accordance with the basis of accounting as described in Note 2.

Basis for Opinion

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

Emphasis of Matter — Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

Emphasis of Matter — Restatement

As discussed in Note 3 to the financial statements, the Plan's management determined that the disclosure for benefit obligations was omitted from the financial statements as of, and for the year ended, December 31, 2024.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Emphasis of Matter — Restatement (continued)

The benefit obligations as of December 31, 2024, and changes in benefit obligations for the year then ended, presented in Note 3 have been adjusted to correct this error retrospectively. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

The Plan's management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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.

The Plan's 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

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 U.S. 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 U.S. GAAS:

- We exercise professional judgment and maintain professional skepticism throughout the audit.

- We identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and we 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.

- We obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Auditor's Responsibilities for the Audit of the Financial Statements (continued)

- We evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, and we evaluate the overall presentation of the financial statements.

- We conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information by component program in the financial statements is presented for purposes of additional analysis rather than to present the financial status and changes in financial status for each component program within the Plan and is not a required part of the financial statements. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. GAAS. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

GJC CPAs & Advisors

Chicago, Illinois

BMO U.S. HEALTH AND WELFARE BENEFIT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS — MODIFIED CASH BASIS

December 31, 2025

	Supplementary Information by Component Program					
	Health Program	**Long-Term Disability Program**	**Group Life Program**	**Voluntary Benefit Program**	**Section 401(h) Account (Notes 1 and 5)**	**Total**
Assets:						
Investments at fair value (Notes 2 and 4):						
Registered investment companies	$ 8,788,326	$ 6,057,549	$ -0-	$ -0-	$ -0-	$ 14,845,875
U.S. government securities	-0-	-0-	-0-	-0-	26,427,645	26,427,645
Common and collective trusts	-0-	-0-	-0-	-0-	2,017,679	2,017,679
Total Investments	**8,788,326**	**6,057,549**	**-0-**	**-0-**	**28,445,324**	**43,291,199**
Accrued interest and dividends receivable	-0-	19,674	-0-	-0-	109,687	129,361
Net Assets Available for Benefits	**$ 8,788,326**	**$ 6,077,223**	**$ -0-**	**$ -0-**	**$ 28,555,011**	**$ 43,420,560**

See accompanying notes to the financial statements.

BMO U.S. HEALTH AND WELFARE BENEFIT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS — MODIFIED CASH BASIS

December 31, 2024

	Supplementary Information by Component Program					
	Health Program	**Long-Term Disability Program**	**Group Life Program**	**Voluntary Benefit Program**	**Section 401(h) Account (Notes 1 and 5)**	**Total**
Assets:						
Investments at fair value (Notes 2 and 4):						
Registered investment companies	$ 6,378,359	$ 5,529,689	$ -0-	$ -0-	$ -0-	$ 11,908,048
Accrued interest and dividends receivable	40,644	21,594	-0-	-0-	-0-	62,238
Net Assets Available for Benefits	**$ 6,419,003**	**$ 5,551,283**	**$ -0-**	**$ -0-**	**$ -0-**	**$ 11,970,286**

See accompanying notes to the financial statements.

BMO U.S. HEALTH AND WELFARE BENEFIT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS — MODIFIED CASH BASIS

For the Year Ended December 31, 2025

	Supplementary Information by Component Program					
	Health Program	**Long-Term Disability Program**	**Group Life Program**	**Voluntary Benefit Program**	**Section 401(h) Account (Note 1)**	**Total**
Additions:						
Employer contributions	$ 203,027,110	$ 5,200,000	$ 3,480,624	$ -0-	$ -0-	$ 211,707,734
Participant contributions	75,064,886	385,968	6,341,106	3,242	-0-	81,795,202
Interest income (loss)	(457)	179,160	-0-	-0-	1,068,974	1,247,677
Dividend income	433,994	-0-	-0-	-0-	-0-	433,994
Net realized and unrealized appreciation in fair value of investments	-0-	-0-	-0-	-0-	663,735	663,735
Total Additions	**278,525,533**	**5,765,128**	**9,821,730**	**3,242**	**1,732,709**	**295,848,342**
Deductions:						
Insurance premiums, net of refunds	20,114,891	-0-	9,821,730	3,242	-0-	29,939,863
Payments to participants or beneficiaries	240,602,299	5,017,486	-0-	-0-	6,177,698	251,797,483
Administrative expenses	15,439,020	221,702	-0-	-0-	-0-	15,660,722
Total Deductions	**276,156,210**	**5,239,188**	**9,821,730**	**3,242**	**6,177,698**	**297,398,068**
Change in Net Assets Available for Benefits Before Plan Transfers	**2,369,323**	**525,940**	**-0-**	**-0-**	**(4,444,989)**	**(1,549,726)**
Other Changes:						
Transfer of net assets from BMO Retiree Medical and Life Insurance Plan (Note 1)	-0-	-0-	-0-	-0-	33,000,000	33,000,000
Change in Net Assets Available for Benefits	**2,369,323**	**525,940**	**-0-**	**-0-**	**28,555,011**	**31,450,274**
Net Assets Available for Benefits, Beginning of Year	6,419,003	5,551,283	-0-	-0-	-0-	11,970,286
Net Assets Available for Benefits, End of Year	**$ 8,788,326**	**$ 6,077,223**	**$ -0-**	**$ -0-**	**$ 28,555,011**	**$ 43,420,560**

See accompanying notes to the financial statements.

BMO U.S. HEALTH AND WELFARE BENEFIT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS — MODIFIED CASH BASIS

For the Year Ended December 31, 2024

	Supplementary Information by Component Program					
	Health Program	**Long-Term Disability Program**	**Group Life Program**	**Voluntary Benefit Program**	**Section 401(h) Account (Note 1)**	**Total**
Additions:						
Employer contributions	$ 188,130,549	$ 4,700,000	$ 3,508,366	$ -0-	$ -0-	$ 196,338,915
Participant contributions	71,304,417	579,309	6,372,307	8,464	-0-	78,264,497
Interest income	-0-	179,092	-0-	-0-	-0-	179,092
Dividend income	887,510	-0-	-0-	-0-	-0-	887,510
Total Additions	**260,322,476**	**5,458,401**	**9,880,673**	**8,464**	**-0-**	**275,670,014**
Deductions:						
Insurance premiums, net of refunds	3,018,049	-0-	9,880,673	8,464	-0-	12,907,186
Payments to participants or beneficiaries	224,636,104	3,091,041	-0-	-0-	-0-	227,727,145
Administrative expenses	33,995,754	188,782	-0-	-0-	-0-	34,184,536
Total Deductions	**261,649,907**	**3,279,823**	**9,880,673**	**8,464**	**-0-**	**274,818,867**
Change in Net Assets Available for Benefits Before Plan Transfers	**(1,327,431)**	**2,178,578**	**-0-**	**-0-**	**-0-**	**851,147**
Other Changes:						
Transfer of net assets to BMO Retiree Medical and Life Insurance Plan (Note 1)	(73,509,594)	-0-	-0-	-0-	(108,786,275)	(182,295,869)
Change in Net Assets Available for Benefits	**(74,837,025)**	**2,178,578**	**-0-**	**-0-**	**(108,786,275)**	**(181,444,722)**
Net Assets Available for Benefits, Beginning of Year	81,256,028	3,372,705	-0-	-0-	108,786,275	193,415,008
Net Assets Available for Benefits, End of Year	**$ 6,419,003**	**$ 5,551,283**	**$ -0-**	**$ -0-**	**$ -0-**	**$ 11,970,286**

See accompanying notes to the financial statements.

NOTE 1 — DESCRIPTION OF THE PLAN

The following description of the BMO U.S. Health and Welfare Benefit Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The Plan is a contributory defined benefit health and welfare benefit plan administered by the Benefits Administration Committee (the "Administration Committee") covering all eligible employees of BMO Financial Corp. ("BFC") and affiliated companies, as well as the U.S. employees of the Bank of Montreal and its U.S. subsidiaries. The employees covered by the Plan are hereinafter referred to collectively as the "participants." The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended.

The Plan consists of group medical and dental coverage (the "Health Program"), long-term disability coverage (the "LTD Program"), life insurance coverage (the "Group Life Program"), and coverage for other benefits (the "Voluntary Benefit Program"). Prior to January 1, 2024, the Plan also provided retiree medical coverage (the "Retiree Medical Program"). Collectively, these are hereinafter referred to as the "component programs."

Administration

The Employee Benefit Trust (the "Trust Fund") was established to implement the provisions of the Health Program, the LTD Program, the Group Life Program, the Voluntary Benefit Program, and, prior to January 1, 2024, the Retiree Medical Program. The Bank of New York Mellon Corporation ("BNY Mellon") serves as trustee for the component programs participating in the Trust Fund and administers and acts as custodian for the Plan's investment assets, except for the assets transferred from the M&I Retiree Health Benefits Trust (the "Legacy M&I Trust"), for which BFC served as the trustee and custodian.

Plan Provisions

Health Program

Full-time employees and part-time employees who are scheduled to work 20 or more hours per week are eligible to participate as of the first day of the month after 30 days of employment, if an application is filed. Eligible participants are reimbursed for medical and dental expenses as determined by the Health Program's provisions.

NOTE 1 — DESCRIPTION OF THE PLAN (CONTINUED)

Plan Provisions (continued)

Health Program (continued)

The employers and the participants make contributions to the Trust Fund to fund the Health Program. The amount participants must contribute is determined by BFC. Under the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA"), contributions that were made to the Health Program by former participants and their dependents enable them to continue their participation in the Health Program.

LTD Program

Full-time employees and part-time employees who are scheduled to work 20 or more hours per week are eligible to participate as of their first day of employment. Participants are entitled to an employer-paid benefit replacing 60 percent of base pay; however, after age 60, the disability benefits are limited. Those same participants are allowed to purchase additional coverage of 15 percent of base pay as of the first day of the month after 30 days of employment.

Group Life Program

Full-time employees and part-time employees who are scheduled to work 20 or more hours per week are eligible to participate as of their first day of employment, if an application is filed within 31 days of commencement of employment. Eligible participants can purchase supplemental coverage as of the first day of the month after 30 days of employment for one to eight times their annual total compensation to a maximum of $3,000,000.

Voluntary Benefit Program

Full-time employees and part-time employees who are scheduled to work 20 or more hours per week are eligible to participate in the Voluntary Benefit Program. These voluntary benefits include hospital indemnity, accident, and critical illness coverage, which are administered by Reliastar Life Insurance Company. The Voluntary Benefit Program also offers a legal services benefit administered by ARAG Insurance Company. All contributions to the Voluntary Benefit Program are made by the participants.

NOTE 1 — DESCRIPTION OF THE PLAN (CONTINUED)

Plan Provisions (continued)

Retiree Medical Program

Full-time employees who have attained age 55 and have completed 10 years of full-time benefit service in the BMO U.S. Pension Plan (the "Pension Plan") and who enrolled in a BFC medical plan immediately prior to retirement were eligible to continue health coverage through participation in the BMO Harris Bank Retiree Medical Program (the "BMO Medical Program"). Legacy employees of Marshall & Ilsley Corporation ("M&I") were also eligible under the terms of the Legacy M&I Retiree Medical Program (the "M&I Medical Program"). To be eligible, legacy M&I employees needed to be at least 55 years old, have at least 10 years of vesting service (1,000 hours per calendar year) with M&I and/or BFC, and have participated in any M&I and/or BFC medical coverage for at least 10 consecutive years immediately prior to becoming eligible for retirement. BFC and the participating retirees made contributions to the Trust Fund via the Health Program to fund the Retiree Medical Program.

To be eligible for pre-65 coverage under the BMO Medical Program, retirees needed to be at least 55 years old, have at least 10 years of service with any BMO entity, have worked as a U.S. employee immediately preceding retirement, and have enrolled in a BFC-sponsored medical plan immediately prior to retirement.

Effective December 31, 2023, all retiree benefits in the BMO Medical Program and the M&I Medical Program were transferred to the BMO U.S. Health and Welfare Benefit Plan for Retirees (the "Retiree Plan"), another health and welfare plan sponsored by BFC. On January 1, 2024, $73,509,594 of net assets associated with these participants was transferred from the Plan to the Retiree Plan.

Pension Plan Funding

The Pension Plan includes a medical benefit component in addition to normal retirement benefits to fund a portion of the postretirement obligations for retirees and their beneficiaries in accordance with section 401(h) of the Internal Revenue Code (the "IRC"). A separate account (the "401(h) account") has been established and maintained in the Pension Plan for such contributions. In accordance with IRC section 401(h), the Pension Plan's investments in the 401(h) account may not be used for, or diverted to, any purpose other than providing health benefits for retirees, employees, and their beneficiaries.

NOTE 1 — DESCRIPTION OF THE PLAN (CONTINUED)

Pension Plan Funding (continued)

The related obligations for health benefits are not included as obligations in the Pension Plan's statements of accumulated plan benefits, nor have they been included in the Plan's statements of net assets available for benefits since these statements are presented on a modified cash basis. On January 1, 2024, the 401(h) account balance of $108,786,275 was transferred from the Plan to the Retiree Plan. In 2025, $33,000,000 of the 401(h) account balance was allocated from the Retiree Plan to the Plan.

NOTE 2 — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

In accordance with the Trust Fund agreement, the accompanying financial statements of the Plan have been prepared on a modified cash basis of accounting. Under such basis, employer contributions, participant contributions, and insurance refunds are recorded when cash is received, while insurance premiums and administrative expenses are recorded when cash is disbursed. This basis of accounting differs from accounting principles generally accepted in the United States of America ("U.S. GAAP"), under which employer contributions and insurance refunds are recorded in the period to which they relate, participant contributions are recorded in the period that payroll deductions are made from participants, and insurance premiums and administrative expenses are recognized as incurred.

Investments

The Plan's investments are stated at fair value. Fair value is defined as 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 (i.e., an exit price). See Notes 4 and 5 for further discussion and disclosures related to fair value measurements.

The Plan's investments, including investments held in the 401(h) account, are valued as follows:

- Shares of registered investment companies and units of common and collective trusts are valued at quoted market prices, which represent the net asset value of shares or units held by the Plan as of the end of the year.

- Investments in U.S. government securities are stated at fair value as determined by quoted market prices.

NOTE 2 — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investments (continued)

Security purchases are accounted for on the settlement date, and security sales are recognized on the date proceeds are received. The results of this method are not materially different from using a trade-date method. Gains and losses on sales of securities are based on average costs. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation and depreciation include gains and losses on investments bought and sold, as well as held, during the year.

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, as well as disclosure of contingent assets and liabilities, at the date of the financial statements, and the reported amounts of changes in net assets during the reporting period. Actual results could differ from those estimates.

Fair Value Measurements

The Plan uses fair value measurements in preparing its financial statements, which utilize several inputs, including those that can be readily observable, corroborated, or are generally unobservable. The Plan utilizes market-based data and valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Additionally, the Plan applies assumptions that market participants would use when pricing an asset or liability, including assumptions about risk.

The measurement of fair value includes a hierarchy based on the quality of inputs used to measure fair value. Financial assets and liabilities are categorized into this three-level fair value hierarchy based on the inputs to the valuation technique. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets and liabilities and the lowest priority to unobservable inputs.

The various levels of the fair value hierarchy are described as follows:

- Level 1 — Financial assets and liabilities whose values are based on unadjusted quoted market prices for identical assets and liabilities in an active market that the Plan has the ability to access at the measurement date

NOTE 2 — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair Value Measurements (continued)

- Level 2 — Financial assets and liabilities whose values are based on quoted prices in markets that are not active or model inputs that are observable for substantially the full term of the asset or liability

- Level 3 — Financial assets and liabilities whose values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement

The use of observable market data, when available, is required in making fair value measurements. When inputs used to measure fair value fall within different levels of the hierarchy, the level within which the fair value measurement is categorized is based on the lowest level input that is significant to the fair value measurement.

Plan Benefits

Benefits are recorded when paid.

Administrative Expenses

Administrative costs and expenses incurred in the administration of the trust or the Plan are paid from the Trust Fund to the extent determined by BFC. Administrative costs and expenses include legal fees, accounting fees, actuarial services, insurance administration services, direct employment costs of BFC employees providing services to the Plan, and other professional and administrative services. Certain additional expenses are paid by BFC.

Risks and Uncertainties

The Plan invests in various securities, including registered investment companies government securities, and common and collective trusts. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is quite possible that changes in the value of investment securities will occur in the near term. Such changes could materially affect the amounts reported in the financial statements.

NOTE 2 — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Risks and Uncertainties (continued)

Benefit obligations are prepared based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Subsequent Events

The Plan's management has evaluated subsequent events through October 14, 2026, the date that the accompanying financial statements were available to be issued.

NOTE 3 — BENEFIT OBLIGATIONS

In 2025, the Plan's management determined that the disclosure for benefit obligations was omitted from the financial statements as of, and for the year ended, December 31, 2024. Because the accompanying financial statements are prepared on the modified cash basis of accounting, benefit obligations and changes therein are not reported on the face of the financial statements, but are disclosed in this note. The benefit obligations as of December 31, 2024, and changes in benefit obligations for the year then ended, presented in this note have been adjusted to correct this error retrospectively. This restatement has no impact on net assets available for benefits as of December 31, 2024, or the changes in net assets available for benefits for the year then ended.

Health Program

Medical coverage is partially self-insured by BFC. The medical obligations are computed by the Plan's actuary, Mercer, Inc. ("Mercer") and primarily consist of an incurred but not reported claims reserve for BMO Financial Corp. active participants, certain special key retirees who participated in the former BMO Harris Bank Retiree Medical Program ("Legacy Harris retirees"), and active participants who participated in the former Legacy M&I Retiree Medical Program; these obligations also include a provision for postemployment benefits. The medical obligations do not include a liability for postretirement health benefits, except for certain special key Legacy Harris retirees, as the medical obligations are funded through the Pension Plan. Reserves for the incurred but not reported medical benefits were estimated using the Plan's historical claims experience.

NOTE 3 — BENEFIT OBLIGATIONS (CONTINUED)

Health Program (continued)

The medical obligations and related changes in medical obligations for the years ended December 31, 2025 and 2024 are as follows:

	2025	2024 (Restated)
Medical obligations, beginning of year	$ 14,422,000	$ 19,632,000
Claims incurred	276,555,000	256,440,000
Claims paid	(276,156,000)	(261,650,000)
Medical Obligations, End of Year	**$ 14,821,000**	**$ 14,422,000**

LTD Program

The long-term disability obligations for participants in the LTD Program who were disabled and became eligible for benefits were determined by Mercer in accordance with commonly accepted actuarial principles and procedures using actuarial methods that the actuary deemed appropriate. The obligations primarily consist of the liability associated with current claimants in the LTD Program, but also include a reserve for incurred but not reported claims and a reserve for expenses.

The long-term disability obligations and related changes in obligations for the years ended December 31, 2025 and 2024 are as follows:

	2025	2024 (Restated)
Long-term disability obligations, beginning of year	$ 8,446,000	$ 8,801,000
Claims incurred	3,740,000	2,925,000
Claims paid	(5,239,000)	(3,280,000)
Long-Term Disability Obligations, End of Year	**$ 6,947,000**	**$ 8,446,000**

The reserves were determined using interest rates of 4.50 percent and 4.81 percent for the years ended December 31, 2025 and 2024, respectively. The rate of termination is based on the Society of Actuaries 2008 Group Long-Term Disability Table.

NOTE 4 — INVESTMENTS AND FAIR VALUE

The Plan's fair value hierarchy for those assets measured at fair value on a recurring basis as of December 31, 2025 and 2024 is summarized as follows:

	Fair Value Measurements			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
2025				
Assets:				
Investments at fair value:				
Registered investment companies	$ 14,845,875	$ -0-	$ -0-	$ 14,845,875
2024				
Assets:				
Investments at fair value:				
Registered investment companies	$ 11,908,048	$ -0-	$ -0-	$ 11,908,048

NOTE 5 — SECTION 401(h) ACCOUNT

The 401(h) account's net assets, including the fair value hierarchy for those assets that are measured at fair value on a recurring basis, as of December 31, 2025 are summarized as follows:

	Fair Value Measurements			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Assets:				
Investments at fair value:				
U.S. government securities	$ 26,427,645	$ -0-	$ -0-	$ 26,427,645
Common and collective trusts	2,017,679	-0-	-0-	2,017,679
	$ 28,445,324	**$ -0-**	**$ -0-**	**$ 28,445,324**

NOTE 5 — SECTION 401(h) ACCOUNT (CONTINUED)

The 401(h) account invests in common and collective trusts, which invest primarily in equities and short-term investments, such as money market funds. These accounts may be redeemed at any time without any restrictions. There are no unfunded commitments to acquire additional units of these accounts as of December 31, 2025.

NOTE 6 — PLAN TERMINATION

BFC has the right to terminate the Plan or any of the component programs at any time. In the event of a termination, BNY Mellon, the trustee of the Plan, will determine the amount of the Trust Fund assets allocable to the Plan or component programs terminated and distribute these assets in accordance with the provisions of the Plan. Except for the right to receive benefits as provided by the Plan, participants have no vested interest in the assets of the component programs or in any contributions to the Plan.

NOTE 7 — INCOME TAX STATUS

The Trust Fund received a ruling from the Internal Revenue Service (the "IRS") dated November 14, 1980, stating that the Trust Fund qualifies under section 501(c)(9) of the IRC. Since 1980, there have been various amendments made to the Plan to comply with changes in the tax laws, U.S. Department of Labor regulations, or other administrative reasons. The Plan administrator believes that the Plan, as amended, is designed and is being operated in accordance with applicable rules and regulations and, therefore, continues to qualify under the IRC, and that the related Trust Fund is exempt from taxation.

U.S. GAAP requires the Plan's management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more-likely-than-not, based on the technical merits, to be sustained upon examination by the IRS. The Administration Committee has analyzed the tax positions taken by the Plan, and has concluded that, as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is also subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Therefore, no provision for income taxes has been included in the Plan's financial statements. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2022.

NOTE 8 — RELATED PARTIES AND PARTIES-IN-INTEREST

BNY Mellon and BFC act as the trustees over the Plan's trust assets. Additionally, BMO Global Asset Management acts as one of the Plan's investment managers. As such, transactions with these entities qualify as party-in-interest transactions and are included in administrative expenses in the accompanying financial statements. These entities work together to service the Plan in accordance with the Plan and trust agreements. All investment and trustee activities are handled by these entities and are monitored by the Administration Committee and the Benefits Investment Committee of BFC.

NOTE 9 — RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following are reconciliations of net assets available for benefits between the financial statements and Form 5500 as of December 31, 2025 and 2024:

	2025	2024
Net assets available for benefits, financial statements	$ 43,420,560	$ 11,970,286
Less:		
Net assets held in section 401(h) account	(28,555,011)	-0-
Net Assets Available for Benefits, Form 5500	**$ 14,865,549**	**$ 11,970,286**

NOTE 9 — RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following are reconciliations of various accounts between the financial statements and Form 5500 as of, and for the years ended, December 31, 2025 and 2024:

	Balances per Financial Statements	Balances in Section 401(h) Account	Balances per Form 5500
2025			
Investments:			
U.S. government securities	$ 26,427,645	$ 26,427,645	$ -0-
Common and collective trusts	2,017,679	2,017,679	-0-
Accrued interest and dividends receivable	129,361	109,687	19,674
Interest income	1,247,677	1,068,974	178,703
Net realized and unrealized appreciation in fair value of investments	663,735	663,735	-0-
Payments to participants or beneficiaries	251,797,483	6,177,698	245,619,785
Transfer of net assets from other plans	33,000,000	33,000,000	-0-
2024			
Transfer of net assets to other plans	$(182,295,869)	$(108,786,275)	$(73,509,594)

SUPPLEMENTAL INFORMATION

BMO U.S. HEALTH AND WELFARE BENEFIT PLAN
(Federal Employer Identification Number: 51-0275712; Plan Number: 507)

SCHEDULE H, LINE 4(i) — SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2025

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
	Registered Investment Companies:			
	BlackRock Liquidity Federal Fund, Institutional Shares	14,845,875 shares	$ 14,845,875	$ 14,845,875

* – Represents party-in-interest

This schedule does not include assets held in the section 401(h) account of the BMO U.S. Pension Plan.

See accompanying independent auditor's report.

APPENDIX

SCHEDULE H, LINE 4(j) — SCHEDULE OF REPORTABLE TRANSACTIONS

For the Year Ended December 31, 2025

See accompanying independent auditor's report.

	Security ID	Security Description	Tran Code	Shares	Transaction Expense	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :	**598,514.40**								
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	7,164,340.670	0.00	7,164,340.67	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	2,669,698.620	0.00	0.00	2,669,698.62	2,669,698.62	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,584,596.590	0.00	0.00	3,584,596.59	3,584,596.59	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	8,060,308.760	0.00	8,060,308.76	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	2,490,448.900	0.00	0.00	2,490,448.90	2,490,448.90	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	2,943,960.570	0.00	0.00	2,943,960.57	2,943,960.57	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	6,008,552.280	0.00	0.00	6,008,552.28	6,008,552.28	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	2,849,660.840	0.00	0.00	2,849,660.84	2,849,660.84	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	7,774,149.300	0.00	7,774,149.30	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,583,059.940	0.00	0.00	3,583,059.94	3,583,059.94	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	6,812,469.120	0.00	6,812,469.12	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,291,382.460	0.00	0.00	3,291,382.46	3,291,382.46	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	11,008,765.280	0.00	11,008,765.28	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	5,483,157.860	0.00	0.00	5,483,157.86	5,483,157.86	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	8,000,000.000	0.00	8,000,000.00	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	4,547,702.160	0.00	0.00	4,547,702.16	4,547,702.16	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	11,447,738.560	0.00	11,447,738.56	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,809,891.690	0.00	0.00	3,809,891.69	3,809,891.69	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	2,747,534.320	0.00	0.00	2,747,534.32	2,747,534.32	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	1,212,632.940	0.00	0.00	1,212,632.94	1,212,632.94	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,553,598.510	0.00	0.00	3,553,598.51	3,553,598.51	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	10,867,700.390	0.00	10,867,700.39	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	2,821,718.900	0.00	0.00	2,821,718.90	2,821,718.90	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	4,736,833.380	0.00	0.00	4,736,833.38	4,736,833.38	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,023,800.350	0.00	0.00	3,023,800.35	3,023,800.35	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	10,705,050.680	0.00	10,705,050.68	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	6,134,954.780	0.00	0.00	6,134,954.78	6,134,954.78	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	4,944,218.360	0.00	0.00	4,944,218.36	4,944,218.36	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	5,325,821.670	0.00	0.00	5,325,821.67	5,325,821.67	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	11,132,641.920	0.00	11,132,641.92	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,331,339.950	0.00	0.00	3,331,339.95	3,331,339.95	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	2,783,055.530	0.00	0.00	2,783,055.53	2,783,055.53	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,300,488.260	0.00	0.00	3,300,488.26	3,300,488.26	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	1,446,631.020	0.00	0.00	1,446,631.02	1,446,631.02	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	11,187,401.300	0.00	11,187,401.30	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,199,942.100	0.00	0.00	3,199,942.10	3,199,942.10	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	4,068,593.190	0.00	0.00	4,068,593.19	4,068,593.19	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	10,971,008.940	0.00	10,971,008.94	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	4,594,870.270	0.00	0.00	4,594,870.27	4,594,870.27	0.00

	Security ID	Security Description	Tran Code	Shares	Transaction Expense	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :	**598,514.40**								
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,695,044.900	0.00	0.00	3,695,044.90	3,695,044.90	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	10,800,224.820	0.00	10,800,224.82	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,428,691.730	0.00	0.00	3,428,691.73	3,428,691.73	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	4,833,951.140	0.00	0.00	4,833,951.14	4,833,951.14	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,379,074.560	0.00	0.00	3,379,074.56	3,379,074.56	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	10,911,591.090	0.00	10,911,591.09	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	4,501,056.760	0.00	0.00	4,501,056.76	4,501,056.76	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	2,815,610.940	0.00	0.00	2,815,610.94	2,815,610.94	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	4,875,463.780	0.00	0.00	4,875,463.78	4,875,463.78	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	10,796,085.280	0.00	10,796,085.28	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	7,196,818.600	0.00	0.00	7,196,818.60	7,196,818.60	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,947,236.210	0.00	0.00	3,947,236.21	3,947,236.21	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	9,597,510.690	0.00	9,597,510.69	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	8,310,821.880	0.00	0.00	8,310,821.88	8,310,821.88	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	4,507,925.980	0.00	0.00	4,507,925.98	4,507,925.98	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	10,771,892.950	0.00	10,771,892.95	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,842,828.780	0.00	0.00	3,842,828.78	3,842,828.78	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,855,548.270	0.00	0.00	3,855,548.27	3,855,548.27	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	5,692,748.280	0.00	0.00	5,692,748.28	5,692,748.28	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	7,736,005.050	0.00	0.00	7,736,005.05	7,736,005.05	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	8,350,202.190	0.00	8,350,202.19	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	4,443,732.010	0.00	0.00	4,443,732.01	4,443,732.01	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,111,756.390	0.00	0.00	3,111,756.39	3,111,756.39	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	794,713.790	0.00	0.00	794,713.79	794,713.79	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	8,045,093.090	0.00	8,045,093.09	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	944,647.060	0.00	0.00	944,647.06	944,647.06	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,579,183.470	0.00	0.00	3,579,183.47	3,579,183.47	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,243,988.860	0.00	0.00	3,243,988.86	3,243,988.86	0.00
HTVF44410102	09248U700	BLCKRCK LIQ FDFND-INST	B	5,200,000.000	0.00	5,200,000.00	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	2,572,206.790	0.00	2,572,206.79	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	1,200,377.230	0.00	1,200,377.23	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,522,734.720	0.00	0.00	3,522,734.72	3,522,734.72	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	9,280,677.480	0.00	9,280,677.48	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	1,709,476.000	0.00	0.00	1,709,476.00	1,709,476.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,140,550.040	0.00	0.00	3,140,550.04	3,140,550.04	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	4,437,233.850	0.00	0.00	4,437,233.85	4,437,233.85	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	10,040,393.490	0.00	10,040,393.49	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	2,259,993.010	0.00	0.00	2,259,993.01	2,259,993.01	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	1,115,491.420	0.00	0.00	1,115,491.42	1,115,491.42	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	4,666,197.470	0.00	0.00	4,666,197.47	4,666,197.47	0.00

	Security ID	Security Description	Tran Code	Shares	Transaction Expense	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :	**598,514.40**								
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	1,875,497.440	0.00	1,875,497.44	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	10,913,116.030	0.00	10,913,116.03	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	5,539,001.680	0.00	0.00	5,539,001.68	5,539,001.68	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,810,846.080	0.00	0.00	3,810,846.08	3,810,846.08	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	10,747,305.230	0.00	10,747,305.23	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	1,868,435.480	0.00	0.00	1,868,435.48	1,868,435.48	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	4,970,787.140	0.00	0.00	4,970,787.14	4,970,787.14	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	1,858,345.310	0.00	1,858,345.31	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	10,991,431.020	0.00	10,991,431.02	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	5,659,517.840	0.00	0.00	5,659,517.84	5,659,517.84	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,484,985.870	0.00	0.00	3,484,985.87	3,484,985.87	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,516,456.370	0.00	0.00	3,516,456.37	3,516,456.37	0.00
HTVF44410202	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	B	794,713.790	0.00	794,713.79	0.00	0.00	0.00
HTVF44410202	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	B	1,755,338.520	0.00	1,755,338.52	0.00	0.00	0.00
HTVF44410202	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	S	1,783,749.150	0.00	0.00	1,783,749.15	1,783,749.15	0.00
HTVF44410202	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	B	2,006,913.400	0.00	2,006,913.40	0.00	0.00	0.00
HTVF44410202	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	S	2,000,000.000	0.00	0.00	2,000,000.00	2,000,000.00	0.00

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :	**598,514.40**						
74	09248U700	BLCKRCK LIQ FDFND-INST	249,812,057.660	249,812,057.66	0.00	0.00	0.00
128	09248U700	BLCKRCK LIQ FDFND-INST	246,874,230.310	0.00	246,874,230.31	246,874,230.31	0.00
7	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	4,890,665.760	4,890,665.76	0.00	0.00	0.00
10	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	4,890,665.760	0.00	4,890,665.76	4,890,665.76	0.00

APPENDIX

SCHEDULE H, LINE 4(j) — SCHEDULE OF REPORTABLE TRANSACTIONS

For the Year Ended December 31, 2025

See accompanying independent auditor's report.

	Security ID	Security Description	Tran Code	Shares	Transaction Expense	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :	**598,514.40**								
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	7,164,340.670	0.00	7,164,340.67	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	2,669,698.620	0.00	0.00	2,669,698.62	2,669,698.62	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,584,596.590	0.00	0.00	3,584,596.59	3,584,596.59	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	8,060,308.760	0.00	8,060,308.76	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	2,490,448.900	0.00	0.00	2,490,448.90	2,490,448.90	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	2,943,960.570	0.00	0.00	2,943,960.57	2,943,960.57	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	6,008,552.280	0.00	0.00	6,008,552.28	6,008,552.28	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	2,849,660.840	0.00	0.00	2,849,660.84	2,849,660.84	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	7,774,149.300	0.00	7,774,149.30	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,583,059.940	0.00	0.00	3,583,059.94	3,583,059.94	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	6,812,469.120	0.00	6,812,469.12	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,291,382.460	0.00	0.00	3,291,382.46	3,291,382.46	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	11,008,765.280	0.00	11,008,765.28	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	5,483,157.860	0.00	0.00	5,483,157.86	5,483,157.86	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	8,000,000.000	0.00	8,000,000.00	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	4,547,702.160	0.00	0.00	4,547,702.16	4,547,702.16	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	11,447,738.560	0.00	11,447,738.56	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,809,891.690	0.00	0.00	3,809,891.69	3,809,891.69	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	2,747,534.320	0.00	0.00	2,747,534.32	2,747,534.32	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	1,212,632.940	0.00	0.00	1,212,632.94	1,212,632.94	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,553,598.510	0.00	0.00	3,553,598.51	3,553,598.51	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	10,867,700.390	0.00	10,867,700.39	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	2,821,718.900	0.00	0.00	2,821,718.90	2,821,718.90	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	4,736,833.380	0.00	0.00	4,736,833.38	4,736,833.38	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,023,800.350	0.00	0.00	3,023,800.35	3,023,800.35	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	10,705,050.680	0.00	10,705,050.68	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	6,134,954.780	0.00	0.00	6,134,954.78	6,134,954.78	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	4,944,218.360	0.00	0.00	4,944,218.36	4,944,218.36	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	5,325,821.670	0.00	0.00	5,325,821.67	5,325,821.67	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	11,132,641.920	0.00	11,132,641.92	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,331,339.950	0.00	0.00	3,331,339.95	3,331,339.95	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	2,783,055.530	0.00	0.00	2,783,055.53	2,783,055.53	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,300,488.260	0.00	0.00	3,300,488.26	3,300,488.26	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	1,446,631.020	0.00	0.00	1,446,631.02	1,446,631.02	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	11,187,401.300	0.00	11,187,401.30	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,199,942.100	0.00	0.00	3,199,942.10	3,199,942.10	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	4,068,593.190	0.00	0.00	4,068,593.19	4,068,593.19	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	10,971,008.940	0.00	10,971,008.94	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	4,594,870.270	0.00	0.00	4,594,870.27	4,594,870.27	0.00

	Security ID	Security Description	Tran Code	Shares	Transaction Expense	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :	**598,514.40**								
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,695,044.900	0.00	0.00	3,695,044.90	3,695,044.90	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	10,800,224.820	0.00	10,800,224.82	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,428,691.730	0.00	0.00	3,428,691.73	3,428,691.73	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	4,833,951.140	0.00	0.00	4,833,951.14	4,833,951.14	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,379,074.560	0.00	0.00	3,379,074.56	3,379,074.56	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	10,911,591.090	0.00	10,911,591.09	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	4,501,056.760	0.00	0.00	4,501,056.76	4,501,056.76	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	2,815,610.940	0.00	0.00	2,815,610.94	2,815,610.94	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	4,875,463.780	0.00	0.00	4,875,463.78	4,875,463.78	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	10,796,085.280	0.00	10,796,085.28	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	7,196,818.600	0.00	0.00	7,196,818.60	7,196,818.60	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,947,236.210	0.00	0.00	3,947,236.21	3,947,236.21	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	9,597,510.690	0.00	9,597,510.69	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	8,310,821.880	0.00	0.00	8,310,821.88	8,310,821.88	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	4,507,925.980	0.00	0.00	4,507,925.98	4,507,925.98	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	10,771,892.950	0.00	10,771,892.95	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,842,828.780	0.00	0.00	3,842,828.78	3,842,828.78	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,855,548.270	0.00	0.00	3,855,548.27	3,855,548.27	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	5,692,748.280	0.00	0.00	5,692,748.28	5,692,748.28	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	7,736,005.050	0.00	0.00	7,736,005.05	7,736,005.05	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	8,350,202.190	0.00	8,350,202.19	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	4,443,732.010	0.00	0.00	4,443,732.01	4,443,732.01	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,111,756.390	0.00	0.00	3,111,756.39	3,111,756.39	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	794,713.790	0.00	0.00	794,713.79	794,713.79	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	8,045,093.090	0.00	8,045,093.09	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	944,647.060	0.00	0.00	944,647.06	944,647.06	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,579,183.470	0.00	0.00	3,579,183.47	3,579,183.47	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,243,988.860	0.00	0.00	3,243,988.86	3,243,988.86	0.00
HTVF44410102	09248U700	BLCKRCK LIQ FDFND-INST	B	5,200,000.000	0.00	5,200,000.00	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	2,572,206.790	0.00	2,572,206.79	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	1,200,377.230	0.00	1,200,377.23	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,522,734.720	0.00	0.00	3,522,734.72	3,522,734.72	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	9,280,677.480	0.00	9,280,677.48	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	1,709,476.000	0.00	0.00	1,709,476.00	1,709,476.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,140,550.040	0.00	0.00	3,140,550.04	3,140,550.04	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	4,437,233.850	0.00	0.00	4,437,233.85	4,437,233.85	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	10,040,393.490	0.00	10,040,393.49	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	2,259,993.010	0.00	0.00	2,259,993.01	2,259,993.01	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	1,115,491.420	0.00	0.00	1,115,491.42	1,115,491.42	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	4,666,197.470	0.00	0.00	4,666,197.47	4,666,197.47	0.00

	Security ID	Security Description	Tran Code	Shares	Transaction Expense	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :	**598,514.40**								
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	1,875,497.440	0.00	1,875,497.44	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	10,913,116.030	0.00	10,913,116.03	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	5,539,001.680	0.00	0.00	5,539,001.68	5,539,001.68	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,810,846.080	0.00	0.00	3,810,846.08	3,810,846.08	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	10,747,305.230	0.00	10,747,305.23	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	1,868,435.480	0.00	0.00	1,868,435.48	1,868,435.48	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	4,970,787.140	0.00	0.00	4,970,787.14	4,970,787.14	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	1,858,345.310	0.00	1,858,345.31	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	B	10,991,431.020	0.00	10,991,431.02	0.00	0.00	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	5,659,517.840	0.00	0.00	5,659,517.84	5,659,517.84	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,484,985.870	0.00	0.00	3,484,985.87	3,484,985.87	0.00
HTVF44410202	09248U700	BLCKRCK LIQ FDFND-INST	S	3,516,456.370	0.00	0.00	3,516,456.37	3,516,456.37	0.00
HTVF44410202	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	B	794,713.790	0.00	794,713.79	0.00	0.00	0.00
HTVF44410202	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	B	1,755,338.520	0.00	1,755,338.52	0.00	0.00	0.00
HTVF44410202	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	S	1,783,749.150	0.00	0.00	1,783,749.15	1,783,749.15	0.00
HTVF44410202	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	B	2,006,913.400	0.00	2,006,913.40	0.00	0.00	0.00
HTVF44410202	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	S	2,000,000.000	0.00	0.00	2,000,000.00	2,000,000.00	0.00

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :	**598,514.40**						
74	09248U700	BLCKRCK LIQ FDFND-INST	249,812,057.660	249,812,057.66	0.00	0.00	0.00
128	09248U700	BLCKRCK LIQ FDFND-INST	246,874,230.310	0.00	246,874,230.31	246,874,230.31	0.00
7	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	4,890,665.760	4,890,665.76	0.00	0.00	0.00
10	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	4,890,665.760	0.00	4,890,665.76	4,890,665.76	0.00

BMO U.S. HEALTH AND WELFARE BENEFIT PLAN
(Federal Employer Identification Number: 51-0275712; Plan Number: 507)

SCHEDULE H, LINE 4(i) — SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2025

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
	Registered Investment Companies:			
	BlackRock Liquidity Federal Fund, Institutional Shares	14,845,875 shares	$ 14,845,875	$ 14,845,875

* – Represents party-in-interest

This schedule does not include assets held in the section 401(h) account of the BMO U.S. Pension Plan.

See accompanying independent auditor's report.

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
BMO U.S. HEALTH AND WELFARE BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 507

1c Effective date of plan 10/01/1981

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)

BMO FINANCIAL CORP.

320 SOUTH CANAL STREET,
7 WEST
CHICAGO, IL 60606-5707

2b Employer Identification Number (EIN) 51-0275712

2c Plan Sponsor's telephone number 312-848-8155

2d Business code (see instructions) 522110

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

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

SIGN HERE	SIGN HERE	10/14/26	GARY M. HANSEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. **Form 5500 (2025) v. 250312**

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

BENEFITS ADMINISTRATION COMMITTEE

320 SOUTH CANAL STREET 7 WEST
CHICAGO, IL 60606-5707

3b Administrator's EIN: 36-2873029

3c Administrator's telephone number: 312-848-8155

4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b** EIN	51-0275712
a	Sponsor's name BMO FINANCIAL CORP.	**4d** PN	507
c	Plan Name BMO U.S. HEALTH AND WELFARE PLAN		
5	Total number of participants at the beginning of the plan year	**5**	19704
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)**	19704
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	19239
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**	19239
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	0
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	0
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)**	0
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:
4A 4B 4D 4E 4F 4H 4L 4Q

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

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

a Pension Schedules

- **(1)** ☐ **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)** ☒ **H** (Financial Information)
- **(2)** ☐ **I** (Financial Information - Small Plan)
- **(3)** ☒ **A** (Insurance Information) - Number Attached 12
- **(4)** ☒ **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 _____