# 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
TRUSTMARK CORPORATION AND SUBSIDIARIES MEDICAL BENEFITS PLAN

**1b** Three-digit plan number (PN) ▶ 501

**1c** Effective date of plan 01/01/1984

**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)
TRUSTMARK CORPORATION

248 EAST CAPITOL STREET
JACKSON, MS 39201

**2b** Employer Identification Number (EIN)
64-0471500

**2c** Plan Sponsor's telephone number
601-208-7671

**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. | 10/15/2026 | MELISSA M. JONES |
| | **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

TRUSTMARK BANK

248 EAST CAPITOL STREET
JACKSON, MS 39201-2582

**3b** Administrator's EIN
64-0180810

**3c** Administrator's telephone number
601-208-7671

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

**a** Sponsor's name

**c** Plan Name

**4b** EIN

**4d** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 1861 |
| **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)** | 1861 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 1845 |
| **b** | Retired or separated participants receiving benefits | **6b** | 25 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 1870 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

4A

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

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

**9b** Plan benefit arrangement (check all that apply)

- (1) ☒ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ 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) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (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_____

# 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
TRUSTMARK CORPORATION AND SUBSIDIARIES MEDICAL BENEFITS PLAN

**B** Three-digit plan number (PN) ▶ 501

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

**D** Employer Identification Number (EIN)
64-0471500

**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
BERKLEY LIFE AND HEALTH 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 |
| 91-6034263 | 64890 | EMC L25101334 | 1935 | 01/01/2025 | 12/31/2025 |

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

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 0 | 0 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] 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 | 724567 |
| **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<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**This Form is Open to Public Inspection.** |

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

**A** Name of plan
TRUSTMARK CORPORATION AND SUBSIDIARIES MEDICAL BENEFITS PLAN

**B** Three-digit plan number (PN) ▶ 501

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

**D** Employer Identification Number (EIN)
64-0471500

## Part I Service Provider Information (see instructions)

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

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

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

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

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

TRUSTMARK BANK

64-0180810

**(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)

BLUE CROSS BLUE SHIELD OF MS

64-0295748

| (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 | NONE | 920590 | 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 ☐ |

**(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:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

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

**A** Name of plan
TRUSTMARK CORPORATION AND SUBSIDIARIES MEDICAL BENEFITS PLAN

**B** Three-digit plan number (PN) ▶ 501

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

**D** Employer Identification Number (EIN)
64-0471500

## 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 | 0 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 0 | 0 |
| **(2)** Participant contributions | 1b(2) | 0 | 0 |
| **(3)** Other | 1b(3) | 78337 | 29004 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 3794408 | 5557997 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **1e** Buildings and other property used in plan operation | 1e | | |
| **1f** Total assets (add all amounts in lines 1a through 1e) | 1f | 3872745 | 5587001 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | 1367007 | 2525885 |
| **1h** Operating payables | 1h | | |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | | |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 1367007 | 2525885 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 2505738 | 3061116 |

## 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) | 11782972 | |
| **(B)** Participants | 2a(1)(B) | 7283864 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 236336 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 19303172 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 178204 | |
| **(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) | | 178204 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 19481376 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 16790226 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 724567 | |
| (3) Other | 2e(3) | 304262 | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 17819055 |
| 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) | 1052665 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | 54278 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 1106943 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 18925998 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 555378 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

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

**(1)** Name: BMSS, LLC **(2)** EIN: 46-1498870

**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 | | 50000000 |
| **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 _____.

**TRUSTMARK CORPORATION AND SUBSIDIARIES**
**MEDICAL BENEFITS PLAN**

Financial Statements

December 31, 2025 and 2024

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# INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
Trustmark Corporation and Subsidiaries
Medical Benefits Plan
Jackson, Mississippi

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

We have performed audits of the accompanying financial statements of Trustmark Corporation and Subsidiaries Medical Benefits Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (an ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and in benefit obligations for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

## Opinion

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

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

**Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Trustmark Corporation and Subsidiaries Medical Benefits Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

**Responsibilities of Management for the Financial Statements**

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

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

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

**Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 Trustmark Corporation and Subsidiaries Medical Benefits 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 Trustmark Corporation and Subsidiaries Medical Benefits Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

**Supplemental Schedules Required by ERISA**

The supplemental schedules of assets (held at end of year) and of reportable transactions as of and for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 generally accepted auditing standards. For information included in the supplemental schedules that

agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to, or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BMSS, LLC

Ridgeland, Mississippi
October 15, 2026

**TRUSTMARK CORPORATION AND SUBSIDIARIES**
**MEDICAL BENEFITS PLAN**
Statements of Net Assets Available for Benefits and of Benefit Obligations
December 31, 2025 and 2024

| | 2025 | 2024 |
|---|---|---|
| **Assets** | | |
| Investments, at fair value | | |
| Money market mutual fund | $ 5,557,997 | $ 3,794,408 |
| Receivables | | |
| Reinsurance receivable | - | 42,330 |
| Other contributions receivable | 14,270 | 22,621 |
| Accrued interest receivable | 14,734 | 13,386 |
| Total receivables | 29,004 | 78,337 |
| **Liabilities** | | |
| Administrative fees payable | 3,460 | 15,336 |
| **Net assets available for benefits** | 5,583,541 | 3,857,409 |
| **Benefit Obligations** | | |
| Amounts currently payable | | |
| Health claims payable | (835,664) | (504,499) |
| Health claims incurred but not reported | (1,635,000) | (735,000) |
| | (2,470,664) | (1,239,499) |
| Postretirement benefit obligations, net of amounts currently payable | | |
| Current retirees | (51,761) | (112,172) |
| **Total benefit obligations at end of year** | (2,522,425) | (1,351,671) |
| **Excess of net assets available for benefits over benefit obligations** | $ 3,061,116 | $ 2,505,738 |

See notes to financial statements.

**TRUSTMARK CORPORATION AND SUBSIDIARIES**
**MEDICAL BENEFITS PLAN**
Statements of Changes in Net Assets Available for Benefits and in Benefit Obligations
Years ended December 31, 2025 and 2024

| | 2025 | 2024 |
|---|---|---|
| **Additions** | | |
| Contributions | | |
| Sponsor's contributions | $ 11,782,972 | $ 10,111,072 |
| Participants' contributions | 7,283,864 | 6,615,359 |
| Other contributions | 236,336 | 246,908 |
| Total contributions | 19,303,172 | 16,973,339 |
| Investment income | | |
| Interest | 178,204 | 218,320 |
| Total additions | 19,481,376 | 17,191,659 |
| **Deductions** | | |
| Health claims, net | 15,619,472 | 18,218,811 |
| Reinsurance premiums | 724,567 | 834,471 |
| Wellness program expenses | 214,346 | 210,614 |
| Telemedicine | 89,916 | 109,811 |
| Taxes paid | 54,278 | 116,000 |
| Administrative expenses | 1,052,665 | 1,085,903 |
| Total deductions | 17,755,244 | 20,575,610 |
| **Net increase (decrease) in net assets available for benefits** | 1,726,132 | (3,383,951) |
| **Net (increase) decrease in benefit obligations** | | |
| (Increase) decrease during the year attributable to | | |
| Health claims payable | (331,165) | (39,248) |
| Health claims incurred but not reported | (900,000) | 840,000 |
| Postretirement benefit obligations | 60,411 | 133,976 |
| | (1,170,754) | 934,728 |

See notes to financial statements.

**TRUSTMARK CORPORATION AND SUBSIDIARIES**
**MEDICAL BENEFITS PLAN**
Statements of Changes in Net Assets Available for Benefits and in Benefit Obligations
Years ended December 31, 2025 and 2024
(Continued)

| | 2025 | 2024 |
|---|---|---|
| (Increase) decrease in excess of net assets available for benefits over benefit obligations | $ 555,378 | $ (2,449,223) |
| **Excess of net assets available for benefits over benefit obligations - beginning of year** | 2,505,738 | 4,954,961 |
| **Excess of net assets available for benefits over benefit obligations - end of year** | $ 3,061,116 | $ 2,505,738 |

See notes to financial statements.

## NOTE 1 - PLAN DESCRIPTION

### General

This description of Trustmark Corporation and Subsidiaries Medical Benefits Plan (Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Plan is a self-insured medical plan established to provide health benefits to substantially all associates of Trustmark Corporation and Subsidiaries (Trustmark or Sponsor). Certain plan assets are held in a voluntary employees' beneficiary association (VEBA) trust. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

### Benefits

The Plan provides medical health benefits for all associates of Trustmark who elect coverage and who have at least 30 standard hours per week. Associates are eligible the first day of the month following 30 days of continuous employment. The Plan also covers eligible dependents of participants. Benefits are available after termination of employment only as required by the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

In March 2020 and September 2021, Trustmark provided participants who elected to take early retirement pursuant to the Early Retirement Program (ERP) the option to extend their coverage and the coverage of their eligible dependents under the Plan until reaching age 65 or becoming eligible for Medicare, whichever is earlier. The ERP was available for active associates ages 60 and over with 5 or more years of service. These participants are substantially all of the retired participants for whom benefits under the Plan are provided. Active employees will not be eligible for coverage under the Plan when they retire except through COBRA.

### Contributions

The trust agreement for the Plan states that the trust is funded with contributions made by the Sponsor and/or participants at the discretion of the Sponsor. In addition, any deficiency in net assets available for benefits is funded by Trustmark through additional contributions to the Plan.

### Plan Termination

Although it has not expressed any intention to do so, Trustmark has the right under the Plan agreement to alter, amend, change, or terminate the Plan subject to the provisions set forth in ERISA.

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### Basis of Accounting

The Plan's financial statements are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

### Payment of Benefits

Health claims paid are recorded when paid by the third-party claims administrator. The amounts recorded in the accompanying statements of changes in net assets available for benefits have been reduced by reinsurance proceeds and pharmacy rebates received. For the years ended December 31, 2025 and 2024, reinsurance proceeds netted against health claims paid totaled approximately $0. Pharmacy rebates netted against health claims paid totaled approximately $2,353,000 and $2,594,000 for the years ended December 31, 2025 and 2024, respectively. Amounts due to the claims administrator that have yet to be reimbursed by the Plan are recorded as health claims currently payable in the accompanying statements of benefit obligations.

### Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan’s trustee, Trustmark Bank, determines the Plan’s valuation policies and procedures. See Note 4 for a discussion of fair value measurements.

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

### Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

### Benefit Obligations

Benefit obligations at December 31, 2025 and 2024, include unpaid amounts that have been reported and approved for payment prior to year-end and medical health claims incurred by active participants but not reported at that date as estimated by the Plan's sponsor. Such amounts represent the estimated cost of the Plan's obligation to pay claims incurred prior to year-end, pursuant to the provisions of the Plan or regulatory requirements.

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

### Benefit Obligations - Continued

A postretirement benefit obligation has been recognized for retiree medical benefits for eligible participants and their dependents as discussed in Note 1. This benefit obligation represents the cost of those estimated future benefits that are attributed by the terms of the Plan to those participants electing early retirement pursuant to the ERP, reduced by the contributions expected to be received in the future from the participants electing early retirement. The obligation represents the amount that is expected to be funded by contributions from Trustmark and from existing assets of the Plan.

The foregoing assumptions were based on the presumption that the Plan will continue. Were the Plan to terminate, different assumptions and other factors might be applicable in determining the postretirement benefit obligation.

### Reinsurance Premiums and Administrative Fees

The Plan has an administrative agreement with Blue Cross/Blue Shield of Mississippi, Inc. (Blue Cross) to process all medical health claims. Such claims are paid by Blue Cross upon transfer of funds from the Plan's trust fund to Blue Cross. The Plan pays expenses charged by Blue Cross for administering the Plan. The Plan has a reinsurance policy to cover medical health claims over specified limits. Premiums for this policy are paid by the Plan.

### Subsequent Events

Plan management has evaluated subsequent events through October 15, 2026, the date the financial statements were approved by the plan’s management and thereby available to be issued and has determined that there are no significant events that would require adjustment to or disclosure in the financial statements.

## NOTE 3 - INFORMATION CERTIFIED BY TRUSTMARK BANK

The following information included in these financial statements was certified by Trustmark Bank, the trustee of the Plan, as of and for the years ended December 31, 2025 and 2024:

| | 2025 | 2024 |
|---|---|---|
| Investments, at fair value | | |
| Money market mutual fund | $ 5,557,997 | $ 3,794,408 |
| Interest income | $ 178,204 | $ 218,320 |

## NOTE 4 - FAIR VALUE MEASUREMENTS

Authoritative guidance establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

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

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

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

There have been no changes in the methodologies used at December 31, 2025 and 2024. The methodology and significant assumptions used in estimating the fair values presented above are as follows:

> Money market mutual fund (Level 1): Valued at the daily closing price as reported by the fund. The money market mutual fund is an open-end mutual fund that is registered with the Securities and Exchange Commission (SEC). This fund is required to publish its daily net asset value (NAV) and to transact at that price. The money market mutual fund held by the Plan is deemed to be actively traded.

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

**NOTE 4 - FAIR VALUE MEASUREMENTS - Continued**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis at December 31, 2025 and 2024:

| | December 31, 2025 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Money market mutual fund | $ 5,557,997 | $ - | $ - | $ 5,557,997 |

| | December 31, 2024 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Money market mutual fund | $ 3,794,408 | $ - | $ - | $ 3,794,408 |

The Plan's policy is to recognize transfers between Levels 1 and 2 and into and out of Level 3 as of the date of the event or change in circumstances that caused the transfers. For the years ended December 31, 2025 and 2024, all investments were Level 1 assets, and accordingly, there were no transfers between Levels 1 and 2 and no transfers into or out of Level 3.

**NOTE 5 - INCOME TAX STATUS**

The VEBA trust, which funds the benefits of the Plan, received an exemption letter from the Internal Revenue Service (IRS) in February 1988, stating that the trust is tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (Code). However, as a result of the Plan's funding policy, from time to time the trust may be subject to income taxes. The Plan paid income tax of $54,278 and $116,000 for the years ending December 31, 2025 and 2024, respectively.

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

As of December 31, 2025 and 2024, the fund balance of the trust, as calculated under Section 419A of the Code, exceeded the minimum funding requirements prescribed.

**NOTE 5 - INCOME TAX STATUS - Continued**

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Department of Labor. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2025 and 2024, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**NOTE 6 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

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

| | 2025 | 2024 |
|---|---|---|
| Net assets available for benefits per the financial statements | $ 5,583,541 | $ 3,857,409 |
| Benefit obligations currently payable | (2,522,425) | (1,351,671) |
| Net assets per Schedule H of Form 5500 | $ 3,061,116 | $ 2,505,738 |

The following is a reconciliation of benefits paid to participants per the accompanying financial statements to the Plan's Form 5500 for the years ended December 31, 2025 and 2024:

| | 2025 | 2024 |
|---|---|---|
| Claims paid per the financial statements | $ 15,619,472 | $ 18,218,811 |
| Net increase (decrease) in total benefit obligations | 1,170,754 | (934,728) |
| Claims paid per the Form 5500 | $ 16,790,226 | $ 17,284,083 |

**NOTE 7 – RELATED PARTY TRANSACTIONS**

As discussed in Note 2, the Plan has several arrangements with service providers. Fees paid by the Plan to these service providers represent party in interest transactions under ERISA.

## NOTE 8 - RISKS AND UNCERTAINTIES

The Plan invests in a money market mutual fund that is subject to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with the fund, it is at least reasonably possible that changes in the value of the fund will occur in the near term and those changes could materially affect the amounts reported in the statements of net assets available for benefits and of benefit obligations.

The liability for health claims incurred, but not reported, is estimated based upon certain assumptions. 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.

**SUPPLEMENTAL INFORMATION**

**TRUSTMARK CORPORATION AND SUBSIDIARIES**
**MEDICAL BENEFITS PLAN**
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

EIN: 64-0471500
Plan Number: 501

| (a) | (b) | (c) | (d) | (e) |
|---|---|---|---|---|
| | Identity of issuer, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par, or maturity value | Cost | Current value |
| | Federated Hermes Government Obligations Fund | 5,557,997 shares in money market mutual fund | $ 5,557,997 | $ 5,557,997 |

See independent auditor's report.

**TRUSTMARK CORPORATION AND SUBSIDIARIES**
**MEDICAL BENEFITS PLAN**
Schedule H, Line 4j - Schedule of Reportable Transactions (5%)
December 31, 2025

EIN: 64-0471500
Plan Number: 501

| (a) Identity of party involved | (b) Description of asset (include interest rate and maturity in case of a loan) | (c) Purchase price | (d) Selling price | (e) Lease rental | (f) Expense incurred with transaction | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) |
|---|---|---|---|---|---|---|---|---|
| Category (i) - single transactions in excess of 5% of Plan assets: | | | | | | | | |
| Federated Hermes | Government Obligations Fund 1 purchase | $ 425,521 | $ - | $ - | $ - | $ 425,521 | $ 425,521 | $ - |
| Federated Hermes | Government Obligations Fund 1 purchase | 786,172 | - | - | - | 786,172 | 786,172 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 788,394 | - | - | - | 788,394 | 788,394 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 779,011 | - | - | - | 779,011 | 779,011 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 726,290 | - | - | - | 726,290 | 726,290 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 469,634 | - | - | - | 469,634 | 469,634 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 797,509 | - | - | - | 797,509 | 797,509 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 301,282 | - | - | - | 301,282 | 301,282 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 485,606 | - | - | - | 485,606 | 485,606 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 790,596 | - | - | - | 790,596 | 790,596 | - |

See independent auditor's report.

**TRUSTMARK CORPORATION AND SUBSIDIARIES**
**MEDICAL BENEFITS PLAN**
Schedule H, Line 4j - Schedule of Reportable Transactions (5%)
December 31, 2025
(Continued)

EIN: 64-0471500
Plan Number: 501

| (a) Identity of party involved | (b) Description of asset (include interest rate and maturity in case of a loan) | (c) Purchase price | (d) Selling price | (e) Lease rental | (f) Expense incurred with transaction | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) |
|---|---|---|---|---|---|---|---|---|
| Federated Hermes | Government Obligations Fund 1 purchase | $ 663,342 | $ - | $ - | $ - | $ 663,342 | $ 663,342 | $ - |
| Federated Hermes | Government Obligations Fund 1 purchase | 786,188 | - | - | - | 786,188 | 786,188 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 299,523 | - | - | - | 299,523 | 299,523 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 790,240 | - | - | - | 790,240 | 790,240 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 312,696 | - | - | - | 312,696 | 312,696 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 787,554 | - | - | - | 787,554 | 787,554 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 787,077 | - | - | - | 787,077 | 787,077 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 795,045 | - | - | - | 795,045 | 795,045 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 792,057 | - | - | - | 792,057 | 792,057 | - |

See independent auditor's report.

**TRUSTMARK CORPORATION AND SUBSIDIARIES**
**MEDICAL BENEFITS PLAN**
Schedule H, Line 4j - Schedule of Reportable Transactions (5%)
December 31, 2025
(Continued)

EIN: 64-0471500
Plan Number: 501

| (a) Identity of party involved | (b) Description of asset (include interest rate and maturity in case of a loan) | (c) Purchase price | (d) Selling price | (e) Lease rental | (f) Expense incurred with transaction | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) |
|---|---|---|---|---|---|---|---|---|
| Federated Hermes | Government Obligations Fund 1 purchase | $ 818,892 | $ - | $ - | $ - | $ 818,892 | $ 818,892 | $ - |
| Federated Hermes | Government Obligations Fund 1 purchase | 792,939 | - | - | - | 792,939 | 792,939 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 794,121 | - | - | - | 794,121 | 794,121 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 790,690 | - | - | - | 790,690 | 790,690 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 797,332 | - | - | - | 797,332 | 797,332 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 328,037 | - | - | - | 328,037 | 328,037 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 830,228 | - | - | - | 830,228 | 830,228 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 476,070 | - | - | - | 476,070 | 476,070 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 791,848 | - | - | - | 791,848 | 791,848 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 827,721 | - | - | - | 827,721 | 827,721 | - |

See independent auditor’s report.

**TRUSTMARK CORPORATION AND SUBSIDIARIES**
**MEDICAL BENEFITS PLAN**
Schedule H, Line 4j - Schedule of Reportable Transactions (5%)
December 31, 2025
(Continued)

EIN: 64-0471500
Plan Number: 501

| (a) Identity of party involved | (b) Description of asset (include interest rate and maturity in case of a loan) | (c) Purchase price | (d) Selling price | (e) Lease rental | (f) Expense incurred with transaction | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) |
|---|---|---|---|---|---|---|---|---|
| Federated Hermes | Government Obligations Fund 1 sale | $ - | $ 707,407 | $ - | $ - | $ 707,407 | $ 707,407 | $ - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 433,306 | - | - | 433,306 | 433,306 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 425,521 | - | - | 425,521 | 425,521 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 399,228 | - | - | 399,228 | 399,228 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 779,011 | - | - | 779,011 | 779,011 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 779,011 | - | - | 779,011 | 779,011 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 365,580 | - | - | 365,580 | 365,580 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 471,509 | - | - | 471,509 | 471,509 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 447,993 | - | - | 447,993 | 447,993 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 562,118 | - | - | 562,118 | 562,118 | - |

See independent auditor's report.

**TRUSTMARK CORPORATION AND SUBSIDIARIES**
**MEDICAL BENEFITS PLAN**
Schedule H, Line 4j - Schedule of Reportable Transactions (5%)
December 31, 2025
(Continued)

EIN: 64-0471500
Plan Number: 501

| (a) Identity of party involved | (b) Description of asset (include interest rate and maturity in case of a loan) | (c) Purchase price | (d) Selling price | (e) Lease rental | (f) Expense incurred with transaction | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) |
|---|---|---|---|---|---|---|---|---|
| Federated Hermes | Government Obligations Fund 1 sale | $ - | $ 347,775 | $ - | $ - | $ 347,775 | $ 347,775 | $ - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 539,977 | - | - | 539,977 | 539,977 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 524,585 | - | - | 524,585 | 524,585 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 385,407 | - | - | 385,407 | 385,407 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 807,361 | - | - | 807,361 | 807,361 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 374,808 | - | - | 374,808 | 374,808 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 466,672 | - | - | 466,672 | 466,672 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 558,303 | - | - | 558,303 | 558,303 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 538,567 | - | - | 538,567 | 538,567 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 312,341 | - | - | 312,341 | 312,341 | - |

See independent auditor's report.

**TRUSTMARK CORPORATION AND SUBSIDIARIES**
**MEDICAL BENEFITS PLAN**
Schedule H, Line 4j - Schedule of Reportable Transactions (5%)
December 31, 2025
(Continued)

EIN: 64-0471500
Plan Number: 501

| (a) Identity of party involved | (b) Description of asset (include interest rate and maturity in case of a loan) | (c) Purchase price | (d) Selling price | (e) Lease rental | (f) Expense incurred with transaction | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) |
|---|---|---|---|---|---|---|---|---|
| Federated Hermes | Government Obligations Fund 1 sale | $ - | $ 646,027 | $ - | $ - | $ 646,027 | $ 646,027 | $ - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 585,507 | - | - | 585,507 | 585,507 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 510,629 | - | - | 510,629 | 510,629 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 414,818 | - | - | 414,818 | 414,818 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 565,719 | - | - | 565,719 | 565,719 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 824,008 | - | - | 824,008 | 824,008 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 575,091 | - | - | 575,091 | 575,091 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 398,159 | - | - | 398,159 | 398,159 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 853,724 | - | - | 853,724 | 853,724 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 582,398 | - | - | 582,398 | 582,398 | - |

See independent auditor's report.

**TRUSTMARK CORPORATION AND SUBSIDIARIES**
**MEDICAL BENEFITS PLAN**
Schedule H, Line 4j - Schedule of Reportable Transactions (5%)
December 31, 2025
(Continued)

EIN: 64-0471500
Plan Number: 501

| (a) Identity of party involved | (b) Description of asset (include interest rate and maturity in case of a loan) | (c) Purchase price | (d) Selling price | (e) Lease rental | (f) Expense incurred with transaction | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) |
|---|---|---|---|---|---|---|---|---|
| Federated Hermes | Government Obligations Fund 1 sale | $ - | $ 628,455 | $ - | $ - | $ 628,455 | $ 628,455 | $ - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 476,070 | - | - | 476,070 | 476,070 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 684,349 | - | - | 684,349 | 684,349 | - |
| Category (iii) - series of transactions in excess of 5% of Plan assets: | | | | | | | | |
| Federated Hermes | Government Obligations Fund 69 purchases | $ 20,678,215 | $ - | $ - | $ - | $ 20,678,215 | $ 20,678,215 | $ - |
| Federated Hermes | Government Obligations Fund 71 sales | - | 18,914,626 | - | - | 18,914,626 | 18,914,626 | - |

See independent auditor's report.

**TRUSTMARK CORPORATION AND SUBSIDIARIES**
**MEDICAL BENEFITS PLAN**
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

EIN: 64-0471500
Plan Number: 501

| (a) | (b) | (c) | (d) | (e) |
|---|---|---|---|---|
| | Identity of issuer, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par, or maturity value | Cost | Current value |
| | Federated Hermes Government Obligations Fund | 5,557,997 shares in money market mutual fund | $ 5,557,997 | $ 5,557,997 |

See independent auditor's report.

**TRUSTMARK CORPORATION AND SUBSIDIARIES**
**MEDICAL BENEFITS PLAN**
Schedule H, Line 4j - Schedule of Reportable Transactions (5%)
December 31, 2025

EIN: 64-0471500
Plan Number: 501

| (a) Identity of party involved | (b) Description of asset (include interest rate and maturity in case of a loan) | (c) Purchase price | (d) Selling price | (e) Lease rental | (f) Expense incurred with transaction | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) |
|---|---|---|---|---|---|---|---|---|
| Category (i) - single transactions in excess of 5% of Plan assets: | | | | | | | | |
| Federated Hermes | Government Obligations Fund 1 purchase | $ 425,521 | $ - | $ - | $ - | $ 425,521 | $ 425,521 | $ - |
| Federated Hermes | Government Obligations Fund 1 purchase | 786,172 | - | - | - | 786,172 | 786,172 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 788,394 | - | - | - | 788,394 | 788,394 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 779,011 | - | - | - | 779,011 | 779,011 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 726,290 | - | - | - | 726,290 | 726,290 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 469,634 | - | - | - | 469,634 | 469,634 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 797,509 | - | - | - | 797,509 | 797,509 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 301,282 | - | - | - | 301,282 | 301,282 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 485,606 | - | - | - | 485,606 | 485,606 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 790,596 | - | - | - | 790,596 | 790,596 | - |

See independent auditor’s report.

**TRUSTMARK CORPORATION AND SUBSIDIARIES**
**MEDICAL BENEFITS PLAN**
Schedule H, Line 4j - Schedule of Reportable Transactions (5%)
December 31, 2025
(Continued)

EIN: 64-0471500
Plan Number: 501

| (a) Identity of party involved | (b) Description of asset (include interest rate and maturity in case of a loan) | (c) Purchase price | (d) Selling price | (e) Lease rental | (f) Expense incurred with transaction | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) |
|---|---|---|---|---|---|---|---|---|
| Federated Hermes | Government Obligations Fund 1 purchase | $ 663,342 | $ - | $ - | $ - | $ 663,342 | $ 663,342 | $ - |
| Federated Hermes | Government Obligations Fund 1 purchase | 786,188 | - | - | - | 786,188 | 786,188 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 299,523 | - | - | - | 299,523 | 299,523 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 790,240 | - | - | - | 790,240 | 790,240 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 312,696 | - | - | - | 312,696 | 312,696 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 787,554 | - | - | - | 787,554 | 787,554 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 787,077 | - | - | - | 787,077 | 787,077 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 795,045 | - | - | - | 795,045 | 795,045 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 792,057 | - | - | - | 792,057 | 792,057 | - |

See independent auditor’s report.

**TRUSTMARK CORPORATION AND SUBSIDIARIES**
**MEDICAL BENEFITS PLAN**
Schedule H, Line 4j - Schedule of Reportable Transactions (5%)
December 31, 2025
(Continued)

EIN: 64-0471500
Plan Number: 501

| (a) Identity of party involved | (b) Description of asset (include interest rate and maturity in case of a loan) | (c) Purchase price | (d) Selling price | (e) Lease rental | (f) Expense incurred with transaction | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) |
|---|---|---|---|---|---|---|---|---|
| Federated Hermes | Government Obligations Fund 1 purchase | $ 818,892 | $ - | $ - | $ - | $ 818,892 | $ 818,892 | $ - |
| Federated Hermes | Government Obligations Fund 1 purchase | 792,939 | - | - | - | 792,939 | 792,939 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 794,121 | - | - | - | 794,121 | 794,121 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 790,690 | - | - | - | 790,690 | 790,690 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 797,332 | - | - | - | 797,332 | 797,332 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 328,037 | - | - | - | 328,037 | 328,037 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 830,228 | - | - | - | 830,228 | 830,228 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 476,070 | - | - | - | 476,070 | 476,070 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 791,848 | - | - | - | 791,848 | 791,848 | - |
| Federated Hermes | Government Obligations Fund 1 purchase | 827,721 | - | - | - | 827,721 | 827,721 | - |

See independent auditor’s report.

**TRUSTMARK CORPORATION AND SUBSIDIARIES**
**MEDICAL BENEFITS PLAN**
Schedule H, Line 4j - Schedule of Reportable Transactions (5%)
December 31, 2025
(Continued)

EIN: 64-0471500
Plan Number: 501

| (a) Identity of party involved | (b) Description of asset (include interest rate and maturity in case of a loan) | (c) Purchase price | (d) Selling price | (e) Lease rental | (f) Expense incurred with transaction | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) |
|---|---|---|---|---|---|---|---|---|
| Federated Hermes | Government Obligations Fund 1 sale | $ - | $ 707,407 | $ - | $ - | $ 707,407 | $ 707,407 | $ - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 433,306 | - | - | 433,306 | 433,306 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 425,521 | - | - | 425,521 | 425,521 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 399,228 | - | - | 399,228 | 399,228 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 779,011 | - | - | 779,011 | 779,011 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 779,011 | - | - | 779,011 | 779,011 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 365,580 | - | - | 365,580 | 365,580 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 471,509 | - | - | 471,509 | 471,509 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 447,993 | - | - | 447,993 | 447,993 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 562,118 | - | - | 562,118 | 562,118 | - |

See independent auditor’s report.

**TRUSTMARK CORPORATION AND SUBSIDIARIES**
**MEDICAL BENEFITS PLAN**
Schedule H, Line 4j - Schedule of Reportable Transactions (5%)
December 31, 2025
(Continued)

EIN: 64-0471500
Plan Number: 501

| (a) Identity of party involved | (b) Description of asset (include interest rate and maturity in case of a loan) | (c) Purchase price | (d) Selling price | (e) Lease rental | (f) Expense incurred with transaction | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) |
|---|---|---|---|---|---|---|---|---|
| Federated Hermes | Government Obligations Fund 1 sale | $ - | $ 347,775 | $ - | $ - | $ 347,775 | $ 347,775 | $ - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 539,977 | - | - | 539,977 | 539,977 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 524,585 | - | - | 524,585 | 524,585 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 385,407 | - | - | 385,407 | 385,407 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 807,361 | - | - | 807,361 | 807,361 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 374,808 | - | - | 374,808 | 374,808 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 466,672 | - | - | 466,672 | 466,672 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 558,303 | - | - | 558,303 | 558,303 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 538,567 | - | - | 538,567 | 538,567 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 312,341 | - | - | 312,341 | 312,341 | - |

See independent auditor's report.

**TRUSTMARK CORPORATION AND SUBSIDIARIES**
**MEDICAL BENEFITS PLAN**
Schedule H, Line 4j - Schedule of Reportable Transactions (5%)
December 31, 2025
(Continued)

EIN: 64-0471500
Plan Number: 501

| (a) Identity of party involved | (b) Description of asset (include interest rate and maturity in case of a loan) | (c) Purchase price | (d) Selling price | (e) Lease rental | (f) Expense incurred with transaction | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) |
|---|---|---|---|---|---|---|---|---|
| Federated Hermes | Government Obligations Fund 1 sale | $ - | $ 646,027 | $ - | $ - | $ 646,027 | $ 646,027 | $ - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 585,507 | - | - | 585,507 | 585,507 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 510,629 | - | - | 510,629 | 510,629 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 414,818 | - | - | 414,818 | 414,818 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 565,719 | - | - | 565,719 | 565,719 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 824,008 | - | - | 824,008 | 824,008 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 575,091 | - | - | 575,091 | 575,091 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 398,159 | - | - | 398,159 | 398,159 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 853,724 | - | - | 853,724 | 853,724 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 582,398 | - | - | 582,398 | 582,398 | - |

See independent auditor’s report.

**TRUSTMARK CORPORATION AND SUBSIDIARIES**
**MEDICAL BENEFITS PLAN**
Schedule H, Line 4j - Schedule of Reportable Transactions (5%)
December 31, 2025
(Continued)

EIN: 64-0471500
Plan Number: 501

| (a) Identity of party involved | (b) Description of asset (include interest rate and maturity in case of a loan) | (c) Purchase price | (d) Selling price | (e) Lease rental | (f) Expense incurred with transaction | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) |
|---|---|---|---|---|---|---|---|---|
| Federated Hermes | Government Obligations Fund 1 sale | $ - | $ 628,455 | $ - | $ - | $ 628,455 | $ 628,455 | $ - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 476,070 | - | - | 476,070 | 476,070 | - |
| Federated Hermes | Government Obligations Fund 1 sale | - | 684,349 | - | - | 684,349 | 684,349 | - |
| Category (iii) - series of transactions in excess of 5% of Plan assets: | | | | | | | | |
| Federated Hermes | Government Obligations Fund 69 purchases | $ 20,678,215 | $ - | $ - | $ - | $ 20,678,215 | $ 20,678,215 | $ - |
| Federated Hermes | Government Obligations Fund 71 sales | - | 18,914,626 | - | - | 18,914,626 | 18,914,626 | - |

See independent auditor's report.