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
- [X] 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:
- [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
PRODUCERS' HEALTH BENEFITS PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 06/01/2007

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)
BOARD OF TRUSTEES OF THE PRODUCERS' HEALTH BENEFITS PLAN

C/O BENEFIT PLANS, INC.
PO BOX 17928
LOS ANGELES, CA 90017

2b Employer Identification Number (EIN)
31-6654730

2c Plan Sponsor's telephone number
323-993-8811

2d Business code (see instructions)
525100

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	SALLY ANTONACCHIO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	2422
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)**	2422
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2248
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**	2248
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] 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 7
- **(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.) ..... [X] 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.) ..... [X] 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 171067387

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
PRODUCERS' HEALTH BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF THE PRODUCERS' HEALTH BENEFITS PLAN

D Employer Identification Number (EIN)
31-6654730

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
ANTHEM BLUE CROSS 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
95-4331852	62825	277596	1764	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
46616	4355

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

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

USI INSURANCE SERVICES LLC
PO BOX 66119
VIRGINIA BEACH, VA 23466

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
46616	4355	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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	
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** [ ] Health (other than dental or vision)
- **b** [X] 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)			
(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	1406614
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
PRODUCERS' HEALTH BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF THE PRODUCERS' HEALTH BENEFITS PLAN

D Employer Identification Number (EIN)
31-6654730

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 OF CALIFORNIA

(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
95-3760980	62825	277596	463	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	15729

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

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

USI INSURANCE SERVICES LLC
PO BOX 66119
VIRGINIA BEACH, VA 23466

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	15729	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	

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

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

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

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

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** [X] 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	5080473
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

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

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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
PRODUCERS' HEALTH BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF THE PRODUCERS' HEALTH BENEFITS PLAN

D Employer Identification Number (EIN)
31-6654730

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
ANTHEM BLUE CROSS 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
95-4331852	62825	227596	1034	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	716

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

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

USI INSURANCE SERVICES LLC
PO BOX 66119
VIRGINIA BEACH, VA 23466

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	716	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

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

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

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

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

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

(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** [X] 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	231126
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
PRODUCERS' HEALTH BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF THE PRODUCERS' HEALTH BENEFITS PLAN

D Employer Identification Number (EIN)
31-6654730

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 OF CALIFORNIA

(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
95-3760980	62825	277596	1323	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	79941

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

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

USI INSURANCE SERVICES LLC
PO BOX 66119
VIRGINIA BEACH, VA 23466

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	79941	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)**	
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** [X] 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	24205335
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. Specify nature of costs.			10b	

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
PRODUCERS' HEALTH BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF THE PRODUCERS' HEALTH BENEFITS PLAN

D Employer Identification Number (EIN)
31-6654730

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
ANTHEM 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
52-0913817	80314	277596	1438	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
8752	0

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

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

USI INSURANCE SERVICES LLC
5455 RINGS RD
STE 250
DUBLIN, OH 43017

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
8752	0		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		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(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** [ ] 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** [ ] 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**	85817
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
PRODUCERS' HEALTH BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF THE PRODUCERS' HEALTH BENEFITS PLAN

D Employer Identification Number (EIN)
31-6654730

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
ANTHEM 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
52-0913817	80314	277596	1423	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** [ ] 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**	269849
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
PRODUCERS' HEALTH BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF THE PRODUCERS' HEALTH BENEFITS PLAN

D Employer Identification Number (EIN)
31-6654730

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
ANTHEM 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
52-0913817	80314	277596	1423	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)**	
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** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [X] 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	549943
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
PRODUCERS' HEALTH BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF THE PRODUCERS' HEALTH BENEFITS PLAN

D Employer Identification Number (EIN)
31-6654730

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

BENESYS ADMINISTRATORS

38-2384171

(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	502061	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE 001

31-6654730

(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?
30 50	EMPLOYEE	331503	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

USI INSURANCE SERVICES LLC

21250 HAWTHORNE BLVD
SUITE 380
TORRANCE, CA 90250

(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?
22 53	NONE	250000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ELLENOFF GROSSMAN & SCHOLE LLP

13-3643185

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	150186	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WITHUMSMITH+BROWN, PC

22-2027092

(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	142261	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TAYLOR AND TAYLOR ASSOCIATES, INC

271 MADISON AVENUE
5TH FLOOR
NEW YORK, NY 10016

(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 23 50	NONE	95933	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)

MILL CREEK CAPITAL ADVISORS, LLC

41-2212501

(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?
28 51	NONE	93755	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SYNERGY ENROLLMENT & BENEFITS, LLC

3550 CAMINO DEL RIO N
SUITE 207
SAN DIEGO, CA 92108

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	75111	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE 002

31-6654730

(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?
30 50	EMPLOYEE	75000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE 003

31-6654730

(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?
30 50	EMPLOYEE	55740	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INNOVATION HEALTH, LLC

3847 NEWHAVEN LAKE DRIVE
WELLINGTON, FL 33449

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	37811	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NEXT DAY ANIMATIONS

200 WASHINGTON AVE
FLOOR 5
TOWSON, MD 21204

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	25038	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

SMART SOURCE LLC

30-0830429

(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	19213	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LORD ABBETT & CO. LLC

13-5620131

(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?
28 50	NONE	15915	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JAMS INC

18881 VON KARMAN AVE
SUITE 350
IRVINE, CA 92612

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	13388	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ISTROS MEDIA CORPORATION

200 BROADWAY
4TH FLOOR
NEW YORK, NY 10038

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	12846	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEGAL CONSULTING

116 HUNTINGTON AVENUE
SUITE 901
BOSTON, MA 02116

(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?
22 53	NONE	9500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

US BANK

41-0255900

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	9339	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

DANIEL ROSENTHAL

31-6654730

(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?
20 50	TRUSTEE	8140	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

APERIO GROUP, LLC

68-0436509

(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?
28 51	NONE	7259	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SALLY ANTONACCHIO

31-6654730

(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?
20 50	TRUSTEE	7185	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)

RICHARD CARTER

31-6654730

(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?
20 50	TRUSTEE	5598	Yes [ ] No [X]	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
PRODUCERS' HEALTH BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF THE PRODUCERS' HEALTH BENEFITS PLAN

D Employer Identification Number (EIN)
31-6654730

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	461743	178642
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1332258	1560916
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	123349	143248
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	981127	1599300
(2) U.S. Government securities	1c(2)	10750285	13234618
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	7397955	6677791
(5) Partnership/joint venture interests	1c(5)	1445595	1527847
(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)	4179638	4865754
(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	51907	58991
1f Total assets (add all amounts in lines 1a through 1e)	1f	26723857	29847107
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	750916	1050731
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	40712	22619
1k Total liabilities (add all amounts in lines 1g through1j)	1k	791628	1073350
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	25932229	28773757

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)	34786769	
(B) Participants	2a(1)(B)	946324	
(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)		35733093
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	48295	
(B) U.S. Government securities	2b(1)(B)	517983	
(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)	73253	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		639531
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	89024	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	71760	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		160784
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	7857641	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	8055745	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-198104
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1289494	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1289494

		(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)		657187
c Other income	2c		1649129
d Total income. Add all **income** amounts in column (b) and enter total	2d		39931114
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	34414683	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		34414683
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)	491152	
(2) Contract administrator fees	2i(2)	579732	
(3) Recordkeeping fees	2i(3)	79786	
(4) IQPA audit fees	2i(4)	77135	
(5) Investment advisory and investment management fees	2i(5)	107639	
(6) Bank or trust company trustee/custodial fees	2i(6)	9001	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	260328	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	99224	
(11) Other expenses	2i(11)	970906	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2674903
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		37089586
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2841528
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: WITHUMSMITH+BROWN, PC **(2)** EIN: 22-2027092

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		500000
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		1527847
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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



Producers' Health Benefits Plan
Financial Statements
December 31, 2025 and 2024
With Independent Auditor's Report

withum
ADVISORY TAX AUDIT

Producers' Health Benefits Plan
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December 31, 2025 and 2024

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withum
ADVISORY TAX AUDIT

Independent Auditor's Report

To the Board of Trustees of
Producers' Health Benefits Plan:

Opinion

We have audited the financial statements of the Producers' Health Benefits Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974, which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024, and the related notes to the financial statements.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Producers' Health 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 the Producers' Health Benefits 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.

Withum Smith + Brown, PC

October 14, 2026

Producers' Health Benefits Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets		
Investments - at fair value	$ 27,905,310	$ 24,754,600
Receivables		
Employers' contributions	1,560,916	1,332,258
Accrued interest and dividends	143,248	123,349
Total receivables	1,704,164	1,455,607
Cash	178,642	461,743
Prepaid expenses	58,991	51,907
Total assets	29,847,107	26,723,857
Liabilities		
Accrued expenses and other liabilities	1,050,731	750,916
Due to AICP	940	4,033
Other liabilities	21,679	36,679
Total liabilities	1,073,350	791,628
Net assets available for benefits	$ 28,773,757	$ 25,932,229

The Notes to Financial Statements are an integral part of these statements.

Producers' Health Benefits Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Investment income		
Net appreciation in fair value of investments	$ 1,748,577	$ 1,382,254
Interest and dividends	800,315	758,670
	2,548,892	2,140,924
Investment expenses	(107,639)	(64,297)
Net investment income	2,441,253	2,076,627
Contributions		
Employer contributions - freelancers	21,421,253	19,990,398
Employer contributions - staff	14,311,840	15,535,643
Total contributions	35,733,093	35,526,041
Legal settlement recovery	1,357,500	-
Other income	291,629	354,123
Total additions	39,823,475	37,956,791
Deductions		
Health insurance premiums	34,414,683	34,284,939
General and administrative expenses	2,567,264	2,216,810
Total deductions	36,981,947	36,501,749
Net change in net assets available for benefits	2,841,528	1,455,042
Net assets available for benefits		
Beginning of year	25,932,229	24,477,187
End of year	$ 28,773,757	$ 25,932,229

The Notes to Financial Statements are an integral part of these statements.

1. Description of Plan

The following description of the Producers' Health Benefits Plan (the "Plan") provides only general information. Participants should refer to the Plan documents for a more complete description of the Plan's provisions.

General

The Plan, a fully insured, multiple-employer welfare arrangement, provides certain health and medical benefits to eligible freelance production employees (“freelancers”) not covered by a union plan and to their spouses and dependents. Eligible participating employers can also elect to provide coverage to staff employees through the Plan. The Plan is comprised of employers who are members of the Association of Independent Commercial Producers, Inc. (“AICP”) and have executed a participation agreement to become bound to the Trust Agreement and are, therefore, obligated to contribute to the Plan. The Plan was established as a Voluntary Employee Benefits Association (“VEBA”) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”) as amended.

The Plan is administered by a Board of Trustees (the “Trustees”). The Trustees have the responsibility and authority to manage the Plan and act as the Plan Administrator. In that regard, the Trustees have engaged the services of a third-party administrator to provide administrative services to the Plan, for which it is compensated on a monthly basis.

Plan Benefits

The Plan provides benefits which include medical, dental, vision, long-term disability and short-term disability benefits, basic life insurance, and accidental death and dismemberment benefits for eligible freelance participants. The Plan also provides covered medical benefits to eligible staff employees. Dental, vision, basic life, accidental death and dismemberment, and disability benefits are bundled benefits offered to staff employees at the option of the employer. The Plan's carrier offers additional voluntary benefits for accident, critical illness, and hospital indemnity benefits to both staff and freelance employees, and supplemental life insurance is offered to all eligible participants. The aforementioned benefits are subject to applicable deductibles, co-payments, and other limitations and restrictions. The Plan also provides for coverage of participants’ spouses and dependents. If elected by the freelance participant, a portion of premiums for participants’ spouses and dependents is paid by the Plan.

Eligibility

A freelancer becomes eligible for coverage by meeting one of the following requirements during a qualification period not to exceed 12 months: (a) earn a minimum of $35,000 or (b) work 100 days or more. Coverage begins on the first day of the month following a 60-day processing period that commences with satisfying either eligibility requirement. Coverage continues for 12 consecutive months.

Once a participant becomes eligible and subsequently does not meet the workday requirement, they may remain eligible. When a freelancer has at least 50 but less than required number of workdays in a qualification period (which may consist of up to 50 banked days from the previous qualification period), the freelancer may contribute to the cost of the Plan and remain eligible with bridge coverage. The cost of the bridge coverage is based on a dollar amount per day, as determined by the Trustees, times the number of days short of the required number of workdays. Bridge coverage continues for up to one year or satisfying the eligibility requirements.

Staff employees become eligible on the first day of the month following 30 days from the participant’s date of hire. Staff coverage ends on the last day of the month in which the participant’s employment ends. Special rules apply for covered freelancers who become staff employees or staff employees who become freelancers. No participant (or dependent) is vested in or guaranteed any level or type of insurance coverage or any earned eligibility, all of which may be eliminated, modified or amended by the Trustees in their sole judgment and discretion.

Participation in the Plan is subject to the following: There is no obligation or liability on the part of the Plan, the fund forming part of the Plan or the plan sponsor, to any participant or beneficiary to provide any benefits or coverage beyond the amounts collected by the Plan and which the Trustees determine in their sole judgment are available for such purpose on a fully insured basis. The Trustees have the right in their sole judgment to amend, modify, reduce, restrict, limit, eliminate or terminate the types and amounts of insured benefits under the Plan (including the Plan itself and its plan of benefits) and the eligibility rules and conditions for insured coverage, including any accumulated participant credit towards eligibility, which credit shall in no event be deemed a vested right in or to insured coverage of any type or for any particular duration or a vested entitlement of any other kind.

Plan Funding
The Plan is funded by participating employer contributions. Employer contributions for freelance participants are based upon a percentage of the gross earnings of each freelance participant. Eligible freelance participants also pay an annual enrollment fee. Freelance participants who meet certain criteria can make contributions to remain in the Plan despite not meeting the standard eligibility requirements, as described below. Employer contributions for staff employees are based on the actual cost to provide coverage for the staff and their dependents and an administrative fee. All contributions are used exclusively to provide benefits to eligible participants and pay all expenses incurred with respect to the operation of the Plan.

Freelance participants and dependents covered by the Plan who lose coverage due to failure to meet any of the eligibility requirements permitted by the Plan will have an opportunity to continue their coverage under the Plan benefits under the Consolidated Omnibus Budget Reconciliation Act (“COBRA”) for a limited period of time. The Plan does not subsidize COBRA payment. COBRA payments are included in employer contributions - freelancers in the accompanying statements of changes in net assets available for benefits.

2. Summary of Accounting Policies

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

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

Cash and Cash Equivalents
Highly liquid investments with a maturity of three months or less, when acquired, are considered cash equivalents. Cash equivalents include shares in a money market fund.

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 Board of Trustees determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians, and insurance company, as applicable. See Note 4 for discussion of fair value measurements.

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

Health Insurance Premiums
Premiums are recorded when paid.

Employers' Contributions Receivable
Contributions due but not paid prior to year-end are recorded as contributions receivable. Management of the Plan evaluates participating employers' contributions receivable periodically for potential uncollectible amounts based on factors related to specific employers' ability to pay, and current and future economic trends and conditions. As of December 31, 2025 and 2024, no allowance for credit losses has been recorded.

Expenses
Expenses are incurred in connection with the general administration of the Plan that are paid by the Plan and recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, investment related expenses are presented separately in the accompanying statements of changes in net assets available for benefits.

Legal Settlement Recovery
Income received by the Plan as a result of legal settlements is recorded as revenue and recognized on the statements of changes in net assets available for benefits.

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

3. Benefit Obligations

The Plan's obligation for current benefit coverage is an estimated liability for accumulated eligibility credits, subject to a number of factors, which represents the Plan's estimated liability for health benefits to be provided to active participants in future periods arising from prior participant service for which contributions have been received. The estimated liability as of December 31, 2025 and 2024, was calculated by the Plan's insurance consultant. There is no obligation or liability on the part of the Plan, the fund forming part of the Plan or the Trustees, to any participant or beneficiary to provide any insured benefits or coverage beyond the amounts collected by the Plan and which the Trustees determine in their sole judgment are available for such purpose on a fully insured basis. The Trustees have the right in their sole judgment to amend, modify, reduce, restrict, limit, eliminate or terminate the types and amount of insured benefits under the Plan (including the Plan itself and its plan of benefits) and the eligibility rules and conditions for insured coverage, including any accumulated participant credit towards eligibility which credit shall in no event be deemed a vested right in or to insured coverage of any type or for any particular duration or a vested entitlement of any other kind. No participant (or dependent) is vested in or guaranteed any level or type of insurance coverage or any earned eligibility, all of which may be eliminated, modified or amended by the Trustees in their sole judgment and discretion.

The obligation for current benefit coverage as of December 31, 2025 and 2024, is based on the following:

- Premium rates effective January 1, 2026 and 2025, respectively.
- The number of eligible freelancers as of December 31, 2025 and 2024, respectively.
- Expected premium liability assumed by the Plan for dependent coverage.

	2025	2024
Amounts currently payable at beginning of year	$ -	$ -
Health insurance premiums reported and approved for payment	34,414,683	34,284,939
Payments of premiums to insurance entities	(34,414,683)	(34,284,939)
Amounts currently payable at end of year	$ -	$ -
Active participants continuing eligibility at beginning of year	$ 18,326,410	$ 17,847,837
Net change during year	1,711,852	478,573
Active participants continuing eligibility at end of year	$ 20,038,262	$ 18,326,410

The foregoing assumptions, including but not limited to the use of the credit in whole or part by participants, the terms of the Plan's benefits, and other factors, and as determined by the Plan's Trustees, at their discretion, are based on the assumption that the Plan will continue. If the Plan were to terminate, different assumptions might be applicable in determining the present value of plan obligations for current benefit coverage.

4. Fair Value Measurements

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

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

Level 2 - Inputs to the valuation technique include:

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

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

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

Short-term Investments: These investments are stated at cost, which approximates fair value.

Registered Investment Companies: Shares of mutual funds are valued at quoted market prices in an active market.

Municipal Obligations: Valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate Stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Corporate and Other Bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Investments Measured at Net Asset Value: Ownership in limited partnerships that are not publicly traded is valued based on the net asset value of the partnership interests owned by the Plan at year-end, as determined by the respective general partners of the limited partnerships based on the fair value of the underlying investments of the limited partnerships. The net asset value (“NAV”), as provided by the investment advisor, is used as a practical expedient to estimate fair value. In establishing the fair value of partnership investments, general partners take into consideration information from the financial statements of the companies in which they invest, as well as the currency in which the investments are denominated.

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

	2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Registered investment companies	$ 4,865,754	$ -	$ -	$ 4,865,754
Municipal obligations	-	13,234,618	-	13,234,618
Corporate stocks	6,677,791	-	-	6,677,791
Short-term investments	-	1,599,300	-	1,599,300
Total investments in the fair value hierarchy	11,543,545	14,833,918	-	26,377,463
Investments valued at NAV (a)	-	-	-	1,527,847
Total investments at fair value	$ 11,543,545	$ 14,833,918	$ -	$ 27,905,310

	2024			
	Level 1	**Level 2**	**Level 3**	**Total**
Registered investment companies	$ 4,179,638	$ -	$ -	$ 4,179,638
Municipal obligations	-	10,750,285	-	10,750,285
Corporate stocks	7,397,955	-	-	7,397,955
Short-term investments	-	981,127	-	981,127
Total investments in the fair value hierarchy	11,577,593	11,731,412	-	23,309,005
Investments valued at NAV (a)	-	-	-	1,445,595
Total investments at fair value	$ 11,577,593	$ 11,731,412	$ -	$ 24,754,600

(a) In accordance with FASB ASC 820, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Fair Value of Investments that Calculate Net Asset Value
The following table summarizes investments measured at fair value based on net asset value ("NAVs") per share as of December 31, 2025 and 2024. There are no redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	2025		2024	
	Fair Value	**Unfunded Commitments**	**Fair Value**	**Unfunded Commitments**
Mill Creek Enhanced Income Fund, LP Series II	$ 1,527,847	$ -	$ 1,445,595	$ -

The fund invests in a diversified portfolio of credit-focused alternative investments designed to generate positive total returns and current income. Redemptions are permitted semi-annually after a two-year lock-up period and require 90 days' prior written notice.

5. Related Party Transactions

The Plan shares office space, personnel, and certain administrative expenses with AICP. Any such amounts owed are reconciled on an ongoing basis. The Plan's share of these expenses totaled $14,422 and $18,286 for the years ended December 31, 2025 and 2024, respectively, and is included in administrative expenses on the statements of changes in net assets available for benefits. These transactions are party-in-interest transactions under ERISA.

6. Risks and Uncertainties

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

Financial instruments that potentially subject the Plan to concentrations of credit risk include cash, accounts receivable and investments. While management of the Plan attempts to limit any financial exposure by maintaining accounts at high quality financial institutions, cash and investment balances exceed the federally insured limits. Any loss incurred or lack of access to such funds could have a significant adverse impact on the Plan's financial condition, results of operations, and cash flows. Credit risk associated with accounts receivable is considered limited due to the large number of employers that make up the receivable balance and historical high collection rate of receivables.

7. Tax Status

The Internal Revenue Service ("IRS") recognized the Plan as exempt from federal income taxation under Section 501(a) of the Internal Revenue Code (the "IRC"), as described at Section 501(c)(9), as stated in its latest determination letter dated January 29, 2009. The IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan's administrator believes that the Plan currently is designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the organization and recognize an income tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Management has evaluated the tax positions taken by the Plan and concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. In addition, there have been no tax-related interest or penalties for the periods presented in these financial statements.

8. Plan Termination

It is the intent of the Trustees to continue the Plan in full force and effect. However, in order to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. In the event of termination, the Trustees reserve the right to terminate, suspend, withdraw, amend, or modify the Plan and plan benefits in whole or in part at any time, subject to the applicable provisions of the Trust Agreement. In the event that the Plan is discontinued, the Trustees will use the remaining assets of the Plan to provide benefits, pay administration expenses, and carry out the purpose of the Plan in an equitable manner, pursuant to the provisions of the Trust Agreement, until the Plan assets have been disbursed.

Supplementary Information

withum
ADVISORY TAX AUDIT

Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974

Independent Auditor's Report

To the Board of Trustees,
Producers' Health Benefits Plan:

We have audited the financial statements of Producers' Health Benefits Plan as of and for the year ended December 31, 2025, and have issued our report thereon, dated October 14, 2026, which contained an unmodified opinion on the financial statements. 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 4i - Schedule of Assets (Held at End of Year), and Schedule H, Line 4j - Schedule of Reportable Transactions, as of or 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 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 auditing standards generally accepted in the United States of America.

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 the Employee Retirement Income Security Act of 1974.

In our opinion, the information in the accompanying supplemental 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 the Employee Retirement Income Security Act of 1974.

WithumSmith+Brown, PC

October 14, 2026

Producers' Health Benefits Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #31-6654730, Plan #501
December 31, 2025

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	Interest Bearing Cash							
	FIRST AM INST PRIME OB FD CL Z	STIF	N/A	N/A	N/A	99,108	$ 1,599,443	$ 1,599,300
	Municipal Obligations							
	AMERICAN MUN OH	Municipal Obligations	N/A	5.00%	2/15/2033	455,000	490,738	493,443
	AUSTIN TX ARPT	Municipal Obligations	N/A	5.00%	11/15/2032	415,000	424,329	421,918
	CALIFORNIA CMNTY	Municipal Obligations	N/A	5.00%	1/1/2056	695,000	763,817	760,552
	CALIFORNIA HEALTH	Municipal Obligations	N/A	5.00%	8/15/2033	270,000	276,228	274,015
	CALIFORNIA HEALTH	Municipal Obligations	N/A	5.00%	11/15/2033	550,000	571,511	573,810
	CALIFORNIA ST REF	Municipal Obligations	N/A	5.25%	8/1/2032	300,000	347,598	344,766
	CALIFORNIA ST	Municipal Obligations	N/A	5.00%	12/1/2026	375,000	401,636	384,300
	CALIFORNIA ST	Municipal Obligations	N/A	5.00%	10/1/2034	250,000	273,798	290,318
	CALIFORNIA ST PUB	Municipal Obligations	N/A	5.00%	3/1/2031	140,000	146,269	144,175
	CALIFORNIA ST PUB	Municipal Obligations	N/A	5.00%	8/1/2033	225,000	249,261	254,156
	CALIFORNIA ST	Municipal Obligations	N/A	5.00%	11/1/2035	200,000	217,870	232,356
	CALIFORNIA ST PUB	Municipal Obligations	N/A	5.00%	4/1/2036	100,000	114,346	116,569
	CALIFORNIA ST PUB	Municipal Obligations	N/A	5.00%	9/1/2037	325,000	382,801	376,786
	CENTRAL VY CA	Municipal Obligations	N/A	5.02%	12/1/2055	240,000	259,095	261,430
	CLARK CNTY NV	Municipal Obligations	N/A	5.00%	6/15/2031	400,000	415,984	427,076
	FLORIDA ST	Municipal Obligations	N/A	5.00%	10/1/2031	450,000	483,863	505,967
	HARRIS CNTY TX	Municipal Obligations	N/A	5.00%	7/1/2034	365,000	417,655	421,214
	INDIANA MUN PWR	Municipal Obligations	N/A	5.00%	1/1/2036	200,000	202,118	201,498
	LIBERTY NY DEV CORP	Municipal Obligations	N/A	5.25%	10/1/2035	400,000	460,779	467,656
	LOS ANGELES CA	Municipal Obligations	N/A	4.00%	5/15/2035	625,000	638,200	667,144
	LOS ANGELES CNTY CA	Municipal Obligations	N/A	5.00%	6/1/2033	500,000	519,295	519,135
	METROPOLITAN TN	Municipal Obligations	N/A	5.00%	5/1/2031	335,000	355,720	368,932
	MICHIGAN FIN AUTH	Municipal Obligations	N/A	5.00%	4/15/2036	490,000	535,218	540,279
	MISSOURI JT MUN	Municipal Obligations	N/A	5.00%	12/1/2037	360,000	398,531	408,686
	MODESTO CALIF IRR DI	Municipal Obligations	N/A	5.00%	10/1/2026	125,000	130,489	127,378
	NEW JERSEY HEALTH	Municipal Obligations	N/A	5.00%	10/1/2037	390,000	398,572	404,044
	NEW JERSEY ST	Municipal Obligations	N/A	5.00%	6/15/2031	280,000	302,221	312,234
	NEW MEXICO FIN	Municipal Obligations	N/A	5.00%	6/1/2033	225,000	228,715	227,012
	NEW YORK N Y CITY	Municipal Obligations	N/A	5.00%	6/15/2035	100,000	119,293	115,902
	NEW YORK ST DORM	Municipal Obligations	N/A	4.00%	3/15/2035	100,000	109,456	104,112
	PENNSYLVANIA ST	Municipal Obligations	N/A	5.00%	6/1/2033	175,000	200,659	200,552
	PHILADELPHIA PA	Municipal Obligations	N/A	5.00%	9/1/2036	105,000	120,810	119,114
	PORT AUTH OF NY	Municipal Obligations	N/A	5.00%	11/15/2033	305,000	317,883	317,688
	TARRANT CNTY TX	Municipal Obligations	N/A	5.00%	10/1/2037	125,000	135,143	136,814
	TRIBOROUGH NY	Municipal Obligations	N/A	5.00%	11/15/2036	275,000	295,947	313,825
	UNIVERSITY CA	Municipal Obligations	N/A	5.00%	5/15/2035	100,000	101,489	100,611
	UNIV OF CA	Municipal Obligations	N/A	5.00%	5/15/2031	625,000	634,275	629,906

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

Producers' Health Benefits Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #31-6654730, Plan #501
December 31, 2025

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	UNIV OK REVENUES	Municipal Obligations	N/A	5.00%	7/1/2031	185,000	186,104	185,117
	WISCONSIN ST HEALTH	Municipal Obligations	N/A	5.00%	12/1/2036	445,000	475,328	484,128
							13,103,044	13,234,618
	Corporate Stocks							
	3M CO	Corporate Stocks	N/A	N/A	N/A	102	$ 9,890	$ 16,330
	ABBOTT LABS COM	Corporate Stocks	N/A	N/A	N/A	192	16,107	24,056
	ABBVIE INC	Corporate Stocks	N/A	N/A	N/A	225	19,422	51,410
	ACCENTURE PLC IRELAND SHS CLASS A	Corporate Stocks	N/A	N/A	N/A	48	8,966	12,878
	ADOBE INC	Corporate Stocks	N/A	N/A	N/A	13	4,054	4,550
	ADVANCED MICRO DEVICES INC	Corporate Stocks	N/A	N/A	N/A	175	17,671	37,478
	AES CORP	Corporate Stocks	N/A	N/A	N/A	26	357	373
	AFFIRM HLDGS INC	Corporate Stocks	N/A	N/A	N/A	15	761	1,116
	AFLAC INC	Corporate Stocks	N/A	N/A	N/A	89	3,670	9,814
	AGCO CORP	Corporate Stocks	N/A	N/A	N/A	43	3,780	4,486
	AGILENT TECHNOLOGIES INC	Corporate Stocks	N/A	N/A	N/A	52	4,437	7,076
	AGREE REALTY CORP	Corporate Stocks	N/A	N/A	N/A	46	3,344	3,313
	AIR PRODUCTS CHEMICALS INC	Corporate Stocks	N/A	N/A	N/A	10	1,977	2,470
	ALBEMARLE CORP	Corporate Stocks	N/A	N/A	N/A	55	3,146	7,779
	ALBERTSONS COS INC COMMON STOCK	Corporate Stocks	N/A	N/A	N/A	191	3,341	3,279
	ALEXANDRIA REAL ESTATE EQUITIES INC	Corporate Stocks	N/A	N/A	N/A	60	3,294	2,936
	ALIGHT INC COM CL A	Corporate Stocks	N/A	N/A	N/A	1,223	3,330	2,385
	ALIGN TECHNOLOGY INC	Corporate Stocks	N/A	N/A	N/A	24	3,237	3,748
	ALIGNMENT HEALTHCARE INC	Corporate Stocks	N/A	N/A	N/A	86	1,067	1,699
	ALLSTATE CORP	Corporate Stocks	N/A	N/A	N/A	27	3,408	5,620
	ALNYLAM PHARMACEUTICALS INC	Corporate Stocks	N/A	N/A	N/A	26	3,968	10,339
	ALPHABET INC CL A	Corporate Stocks	N/A	N/A	N/A	402	25,775	125,826
	ALPHABET INC CL C	Corporate Stocks	N/A	N/A	N/A	740	51,409	232,212
	AMAZON COM INC	Corporate Stocks	N/A	N/A	N/A	1,026	95,188	236,821
	AMCOR PLC ORD	Corporate Stocks	N/A	N/A	N/A	427	3,370	3,561
	AMEREN CORP	Corporate Stocks	N/A	N/A	N/A	80	5,661	7,989
	AMERICAN AIRLINES GROUP INC	Corporate Stocks	N/A	N/A	N/A	409	4,279	6,270
	AMERICAN EXPRESS CO	Corporate Stocks	N/A	N/A	N/A	79	8,318	29,226
	AMERICAN INTERNATIONAL GROUP	Corporate Stocks	N/A	N/A	N/A	97	4,917	8,298
	AMERICAN STATES WATER CO	Corporate Stocks	N/A	N/A	N/A	46	3,342	3,334
	AMERICAN TOWER CORP	Corporate Stocks	N/A	N/A	N/A	19	3,401	3,336
	AMERICAN WATER WORKS CO INC	Corporate Stocks	N/A	N/A	N/A	17	2,127	2,219
	AMGEN INC	Corporate Stocks	N/A	N/A	N/A	50	11,462	16,366
	AMKOR TECHNOLOGY INC COM	Corporate Stocks	N/A	N/A	N/A	180	3,127	7,106
	AMPHASTAR PHARMACEUTICALS INC	Corporate Stocks	N/A	N/A	N/A	168	3,608	4,499
	AMPHENOL CORP CL A	Corporate Stocks	N/A	N/A	N/A	195	10,799	26,352
	ANALOG DEVICES INC	Corporate Stocks	N/A	N/A	N/A	58	5,351	15,730
	AON PLC SHS CL A	Corporate Stocks	N/A	N/A	N/A	28	5,807	9,881

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Producers' Health Benefits Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #31-6654730, Plan #501
December 31, 2025

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	APOLLO GLOBAL MGMT INC	Corporate Stocks	N/A	N/A	N/A	89	$ 5,940	$ 12,884
	APPLE INC COM	Corporate Stocks	N/A	N/A	N/A	1,449	278,095	393,925
	APPLOVIN CORP COM CL A	Corporate Stocks	N/A	N/A	N/A	33	940	22,236
	ARCH CAP GROUP LTD	Corporate Stocks	N/A	N/A	N/A	22	1,719	2,110
	ARCHER DANIELS MIDLAND CO	Corporate Stocks	N/A	N/A	N/A	99	4,573	5,692
	ARES MANAGEMENT CORP A	Corporate Stocks	N/A	N/A	N/A	42	4,883	6,788
	ARISTA NETWORKS INC	Corporate Stocks	N/A	N/A	N/A	128	7,481	16,772
	AST SPACEMOBILE INC COM CL A	Corporate Stocks	N/A	N/A	N/A	47	3,376	3,414
	ASTERA LABS INC COM	Corporate Stocks	N/A	N/A	N/A	17	3,160	2,828
	AT T INC	Corporate Stocks	N/A	N/A	N/A	733	13,646	18,208
	ATLASSIAN CORPORATION CL A	Corporate Stocks	N/A	N/A	N/A	4	647	649
	AUTODESK INC	Corporate Stocks	N/A	N/A	N/A	36	6,659	10,656
	AUTOMATIC DATA PROCESSING	Corporate Stocks	N/A	N/A	N/A	57	9,702	14,662
	AUTOZONE INC	Corporate Stocks	N/A	N/A	N/A	3	7,956	10,175
	AXON ENTERPRISE INC	Corporate Stocks	N/A	N/A	N/A	14	4,267	7,951
	BAKER HUGHES COMPANY	Corporate Stocks	N/A	N/A	N/A	140	3,153	6,376
	BALL CORP	Corporate Stocks	N/A	N/A	N/A	71	3,383	3,761
	BANK OF AMERICA CORP	Corporate Stocks	N/A	N/A	N/A	433	15,347	23,815
	BANK OF NEW YORK MELLON CORP	Corporate Stocks	N/A	N/A	N/A	132	6,646	15,324
	BATH BODY WORKS INC COM	Corporate Stocks	N/A	N/A	N/A	138	3,252	2,771
	BAXTER INTERNATIONAL INC	Corporate Stocks	N/A	N/A	N/A	184	3,301	3,516
	BECTON DICKINSON AND CO	Corporate Stocks	N/A	N/A	N/A	29	4,751	5,628
	BELLRING BRANDS INC	Corporate Stocks	N/A	N/A	N/A	110	3,366	2,940
	BERKSHIRE HATHAWAY INC CL B	Corporate Stocks	N/A	N/A	N/A	209	46,488	105,054
	BJS WHOLESALE CLUB HOLDINGS INC	Corporate Stocks	N/A	N/A	N/A	53	3,770	4,772
	BLACKSTONE GROUP INC CLASS A	Corporate Stocks	N/A	N/A	N/A	104	9,833	16,031
	BLOCK INC CL A	Corporate Stocks	N/A	N/A	N/A	84	3,944	5,468
	BLOOM ENERGY CORP COM CL A	Corporate Stocks	N/A	N/A	N/A	23	3,172	1,998
	BOEING CO THE	Corporate Stocks	N/A	N/A	N/A	82	12,474	17,804
	BOOKING HOLDINGS INC	Corporate Stocks	N/A	N/A	N/A	4	5,973	21,421
	BOOZ ALLEN HAMILTON HOLDING	Corporate Stocks	N/A	N/A	N/A	39	3,339	3,290
	BORGWARNER INC COM	Corporate Stocks	N/A	N/A	N/A	109	3,159	4,912
	BOSTON BEER INC CL A	Corporate Stocks	N/A	N/A	N/A	16	3,273	3,122
	BOSTON SCIENTIFIC CORP	Corporate Stocks	N/A	N/A	N/A	191	8,620	18,212
	BRISTOL MYERS SQUIBB CO	Corporate Stocks	N/A	N/A	N/A	155	6,447	8,361
	BROADCOM INC	Corporate Stocks	N/A	N/A	N/A	493	15,014	170,627
	BROWN FORMAN CORP CLASS B	Corporate Stocks	N/A	N/A	N/A	122	3,361	3,179
	BXP INC	Corporate Stocks	N/A	N/A	N/A	75	4,616	5,061
	CADENCE DESIGN SYS INC	Corporate Stocks	N/A	N/A	N/A	27	6,682	8,440
	CAPITAL ONE FINL CORP	Corporate Stocks	N/A	N/A	N/A	104	7,596	25,205
	CARDINAL HEALTH INC	Corporate Stocks	N/A	N/A	N/A	13	1,650	2,672
	CARMAX INC COM	Corporate Stocks	N/A	N/A	N/A	81	3,318	3,130
	CARNIVAL CORP	Corporate Stocks	N/A	N/A	N/A	164	3,190	5,009
	CARRIER GLOBAL CORPORATION COM	Corporate Stocks	N/A	N/A	N/A	32	1,782	1,691

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Producers' Health Benefits Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #31-6654730, Plan #501
December 31, 2025

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	CARTERS INC	Corporate Stocks	N/A	N/A	N/A	110	$ 3,283	$ 3,567
	CARVANA CO	Corporate Stocks	N/A	N/A	N/A	14	3,620	5,908
	CASELLA WASTE SYSTEMS INC A	Corporate Stocks	N/A	N/A	N/A	37	3,328	3,624
	CATERPILLAR INC	Corporate Stocks	N/A	N/A	N/A	70	10,387	40,101
	CDW CORP	Corporate Stocks	N/A	N/A	N/A	24	2,488	3,269
	CELSIUS HOLDINGS INC	Corporate Stocks	N/A	N/A	N/A	25	1,095	1,144
	CENCORA INC	Corporate Stocks	N/A	N/A	N/A	13	2,840	4,391
	CENTENE CORP	Corporate Stocks	N/A	N/A	N/A	97	3,448	3,992
	CENTURY COMMUNITIES INC	Corporate Stocks	N/A	N/A	N/A	57	3,352	3,383
	CF INDS HLDGS INC COM	Corporate Stocks	N/A	N/A	N/A	39	3,314	3,016
	CHAMPION HOMES INC	Corporate Stocks	N/A	N/A	N/A	50	3,245	4,225
	CHEMED CORP	Corporate Stocks	N/A	N/A	N/A	1	457	428
	CHENIERE ENERGY INC	Corporate Stocks	N/A	N/A	N/A	27	4,242	5,249
	CHEVRON CORPORATION	Corporate Stocks	N/A	N/A	N/A	221	19,805	33,683
	CHIPOTLE MEXICAN GRILL INC	Corporate Stocks	N/A	N/A	N/A	106	3,390	3,922
	CHUBB LIMITED COM	Corporate Stocks	N/A	N/A	N/A	53	7,084	16,542
	CHURCHILL DOWNS INC	Corporate Stocks	N/A	N/A	N/A	36	3,292	4,096
	CINTAS CORP	Corporate Stocks	N/A	N/A	N/A	21	3,085	3,949
	CISCO SYSTEMS INC	Corporate Stocks	N/A	N/A	N/A	229	10,167	17,640
	CITIGROUP INC	Corporate Stocks	N/A	N/A	N/A	139	9,518	16,220
	CLEARWATER ANALYTICS HLDGS INC CL A	Corporate Stocks	N/A	N/A	N/A	185	3,221	4,462
	CLOROX CO	Corporate Stocks	N/A	N/A	N/A	30	3,283	3,025
	CLOUDFLARE INC CL A COM	Corporate Stocks	N/A	N/A	N/A	63	4,797	12,420
	CME GROUP INC	Corporate Stocks	N/A	N/A	N/A	47	9,462	12,835
	COCA COLA COMPANY	Corporate Stocks	N/A	N/A	N/A	479	25,623	33,487
	COGENT COMMUNICATIONS HLDGS	Corporate Stocks	N/A	N/A	N/A	82	3,293	1,768
	COINBASE GLOBAL INC COM CL A	Corporate Stocks	N/A	N/A	N/A	28	4,135	6,332
	COLUMBIA BKG SYS INC	Corporate Stocks	N/A	N/A	N/A	124	3,276	3,466
	COLUMBIA SPORTSWEAR CO	Corporate Stocks	N/A	N/A	N/A	66	3,363	3,636
	COMCAST CORP CLASS A	Corporate Stocks	N/A	N/A	N/A	124	3,387	3,706
	COMMERCE BANCSHARES INC	Corporate Stocks	N/A	N/A	N/A	67	3,390	3,517
	COMMERCIAL METALS CO COM	Corporate Stocks	N/A	N/A	N/A	82	3,707	5,676
	CONOCOPHILLIPS	Corporate Stocks	N/A	N/A	N/A	159	9,913	14,884
	CONSTELLATION BRANDS INC CL A	Corporate Stocks	N/A	N/A	N/A	46	6,905	6,346
	CONSTELLATION ENERGY CORP COM	Corporate Stocks	N/A	N/A	N/A	37	3,312	13,071
	CORNING INC	Corporate Stocks	N/A	N/A	N/A	182	6,192	15,936
	CORPAY INC COM	Corporate Stocks	N/A	N/A	N/A	14	2,639	4,213
	CORTEVA INC COM	Corporate Stocks	N/A	N/A	N/A	155	5,599	10,390
	COSTCO WHSL CORP	Corporate Stocks	N/A	N/A	N/A	55	18,885	47,429
	COTY INC COM CL A	Corporate Stocks	N/A	N/A	N/A	862	3,321	2,655
	CROCS INC	Corporate Stocks	N/A	N/A	N/A	41	3,252	3,506
	CROWDSTRIKE HOLDINGS INC A	Corporate Stocks	N/A	N/A	N/A	32	3,846	15,000
	CROWN CASTLE INC	Corporate Stocks	N/A	N/A	N/A	37	3,333	3,288
	CSX CORP	Corporate Stocks	N/A	N/A	N/A	246	5,945	8,918

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Producers' Health Benefits Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #31-6654730, Plan #501
December 31, 2025

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		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	CUMMINS INC COM	Corporate Stocks	N/A	N/A	N/A	28	$ 5,070	$ 14,293
	CVB FINL CORP	Corporate Stocks	N/A	N/A	N/A	182	3,358	3,385
	CVS HEALTH CORP	Corporate Stocks	N/A	N/A	N/A	155	9,149	12,301
	D T E ENERGY CO	Corporate Stocks	N/A	N/A	N/A	61	6,784	7,868
	DANAHER CORP	Corporate Stocks	N/A	N/A	N/A	68	9,008	15,567
	DATADOG INC CLASS A	Corporate Stocks	N/A	N/A	N/A	30	3,180	4,080
	DEERE CO	Corporate Stocks	N/A	N/A	N/A	14	5,251	6,518
	DELTA AIR LINES INC	Corporate Stocks	N/A	N/A	N/A	101	4,518	7,009
	DEXCOM INC COM	Corporate Stocks	N/A	N/A	N/A	33	2,272	2,190
	DIGITAL RLTY TR INC	Corporate Stocks	N/A	N/A	N/A	43	4,589	6,653
	DINE BRANDS GLOBAL INC	Corporate Stocks	N/A	N/A	N/A	157	3,136	5,046
	DISNEY WALT CO COM	Corporate Stocks	N/A	N/A	N/A	123	12,080	13,994
	DOLLAR GENERAL CORP	Corporate Stocks	N/A	N/A	N/A	59	4,484	7,833
	DOLLAR TREE INC	Corporate Stocks	N/A	N/A	N/A	41	3,432	5,043
	DOMINION ENERGY INC	Corporate Stocks	N/A	N/A	N/A	170	7,875	9,960
	DOORDASH INC CL A	Corporate Stocks	N/A	N/A	N/A	40	2,614	9,059
	DOVER CORP	Corporate Stocks	N/A	N/A	N/A	28	4,079	5,467
	DOW INC	Corporate Stocks	N/A	N/A	N/A	144	3,294	3,367
	DUKE ENERGY HOLDING CORP	Corporate Stocks	N/A	N/A	N/A	67	6,358	7,853
	DUPONT DE NEMOURS INC WI	Corporate Stocks	N/A	N/A	N/A	69	1,033	2,774
	E O G RES INC	Corporate Stocks	N/A	N/A	N/A	64	5,384	6,721
	EASTMAN CHEM CO	Corporate Stocks	N/A	N/A	N/A	58	3,527	3,702
	EATON CORP PLC SHS	Corporate Stocks	N/A	N/A	N/A	13	3,142	4,141
	ECOLAB INC	Corporate Stocks	N/A	N/A	N/A	38	6,838	9,976
	EDGEWELL PERSONAL CARE CO	Corporate Stocks	N/A	N/A	N/A	175	3,343	2,984
	EDISON INTL COM	Corporate Stocks	N/A	N/A	N/A	70	3,630	4,201
	EDWARDS LIFESCIENCES CORP	Corporate Stocks	N/A	N/A	N/A	14	1,051	1,194
	ELANCO ANIMAL HEALTH INC	Corporate Stocks	N/A	N/A	N/A	243	3,614	5,499
	ELECTRONIC ARTS INC COM	Corporate Stocks	N/A	N/A	N/A	36	3,901	7,356
	ELEVANCE HEALTH INC	Corporate Stocks	N/A	N/A	N/A	11	2,487	3,856
	ELI LILLY CO	Corporate Stocks	N/A	N/A	N/A	76	44,223	81,676
	EMCOR GROUP INC	Corporate Stocks	N/A	N/A	N/A	9	2,937	5,506
	EMERSON ELECTRIC CO	Corporate Stocks	N/A	N/A	N/A	72	3,438	9,556
	ENPHASE ENERGY INC	Corporate Stocks	N/A	N/A	N/A	113	3,402	3,622
	EQUIFAX INC	Corporate Stocks	N/A	N/A	N/A	15	2,100	3,255
	EQUINIX INC	Corporate Stocks	N/A	N/A	N/A	13	7,780	9,960
	EXTRA SPACE STORAGE INC	Corporate Stocks	N/A	N/A	N/A	25	2,999	3,256
	EXXON MOBIL CORP	Corporate Stocks	N/A	N/A	N/A	514	28,684	61,855
	F M C CORPORATION	Corporate Stocks	N/A	N/A	N/A	6	259	83
	FAIR ISAAC CORPORATION	Corporate Stocks	N/A	N/A	N/A	1	1,419	1,691
	FASTENAL CO COM	Corporate Stocks	N/A	N/A	N/A	188	3,457	7,544
	FED EX CORP	Corporate Stocks	N/A	N/A	N/A	32	4,868	9,244
	FERGUSON PLC NEW COMMON STOCK NEW	Corporate Stocks	N/A	N/A	N/A	19	3,223	4,230
	FIRST BUSEY CORP	Corporate Stocks	N/A	N/A	N/A	206	4,457	4,901

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Producers' Health Benefits Plan
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EIN #31-6654730, Plan #501
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	FIRST FINL BANKSHARES INC	Corporate Stocks	N/A	N/A	N/A	108	$ 3,310	$ 3,226
	FIRST HAWAIIAN INC	Corporate Stocks	N/A	N/A	N/A	136	3,322	3,441
	FIRST INTERSTATE BANCSYS MT	Corporate Stocks	N/A	N/A	N/A	199	5,305	6,885
	FIRST SOLAR INC	Corporate Stocks	N/A	N/A	N/A	20	3,559	5,225
	FLOWCO HOLDINGS INC CL A	Corporate Stocks	N/A	N/A	N/A	207	3,322	3,879
	FNB CORP	Corporate Stocks	N/A	N/A	N/A	262	3,543	4,480
	FORD MOTOR CO	Corporate Stocks	N/A	N/A	N/A	655	6,187	8,594
	FORTINET INC	Corporate Stocks	N/A	N/A	N/A	38	3,240	3,018
	FOX CORP CL A	Corporate Stocks	N/A	N/A	N/A	198	6,628	14,468
	FREEPORT MCMORAN INC	Corporate Stocks	N/A	N/A	N/A	98	3,612	4,977
	FRESHPET INC	Corporate Stocks	N/A	N/A	N/A	59	3,286	3,595
	FRESHWORKS INC CLASS A COM	Corporate Stocks	N/A	N/A	N/A	300	3,277	3,675
	GARTNER INC	Corporate Stocks	N/A	N/A	N/A	13	2,912	3,280
	GE AEROSPACE	Corporate Stocks	N/A	N/A	N/A	145	7,915	44,664
	GE HEALTHCARE TECHNOLOGIES INC	Corporate Stocks	N/A	N/A	N/A	60	3,710	4,921
	GE VERNOVA LLC	Corporate Stocks	N/A	N/A	N/A	36	2,054	23,529
	GEN DIGITAL INC	Corporate Stocks	N/A	N/A	N/A	213	4,299	5,791
	GENERAL DYNAMICS CORP COM	Corporate Stocks	N/A	N/A	N/A	35	6,216	11,783
	GENERAL MLS INC COM	Corporate Stocks	N/A	N/A	N/A	72	3,348	3,348
	GENERAL MTRS CO COM	Corporate Stocks	N/A	N/A	N/A	49	3,309	3,985
	GETTY RLTY CORP NEW	Corporate Stocks	N/A	N/A	N/A	132	3,603	3,613
	GILEAD SCIENCES INC	Corporate Stocks	N/A	N/A	N/A	172	11,697	21,111
	GLOBAL INDUSTRY CO	Corporate Stocks	N/A	N/A	N/A	144	3,302	4,208
	GLOBANT SA	Corporate Stocks	N/A	N/A	N/A	55	3,254	3,595
	GODADDY INC CL A	Corporate Stocks	N/A	N/A	N/A	22	2,424	2,730
	GOLDMAN SACHS GROUP INC	Corporate Stocks	N/A	N/A	N/A	43	9,930	37,797
	GOLUB CAPITAL BDC INC	Corporate Stocks	N/A	N/A	N/A	238	3,349	3,230
	GRAINGER W W INC	Corporate Stocks	N/A	N/A	N/A	8	3,355	8,072
	GUIDEWIRE SOFTWARE INC	Corporate Stocks	N/A	N/A	N/A	29	3,376	5,829
	HARMONY BIOSCIENCES HLDGS INC COM	Corporate Stocks	N/A	N/A	N/A	114	3,415	4,266
	HARTFORD INSURANCE GROUP INC COM	Corporate Stocks	N/A	N/A	N/A	48	4,833	6,614
	HCA HEALTHCARE INC COM	Corporate Stocks	N/A	N/A	N/A	30	8,409	14,006
	HECLA MNG CO	Corporate Stocks	N/A	N/A	N/A	326	2,055	6,256
	HEICO CORP	Corporate Stocks	N/A	N/A	N/A	20	2,302	6,472
	HELEN OF TROY LTD	Corporate Stocks	N/A	N/A	N/A	175	3,314	3,719
	HEWLETT PACKARD ENTERPRIS CO	Corporate Stocks	N/A	N/A	N/A	192	3,147	4,612
	HILTON WORLDWIDE HLDGS WI	Corporate Stocks	N/A	N/A	N/A	42	4,680	12,065
	HOLOGIC INC	Corporate Stocks	N/A	N/A	N/A	8	523	596
	HOME BANCSHARES INC	Corporate Stocks	N/A	N/A	N/A	124	3,344	3,445
	HOME DEPOT INC	Corporate Stocks	N/A	N/A	N/A	123	26,427	42,324
	HONEYWELL INTL INC	Corporate Stocks	N/A	N/A	N/A	45	6,157	8,779
	HOST HOTELS RESORTS INC	Corporate Stocks	N/A	N/A	N/A	217	3,134	3,847
	HOWMET AEROSPACE INC COM	Corporate Stocks	N/A	N/A	N/A	56	6,549	11,481
	HP INC	Corporate Stocks	N/A	N/A	N/A	160	3,312	3,565

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Producers' Health Benefits Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #31-6654730, Plan #501
December 31, 2025

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	HUBSPOT INC	Corporate Stocks	N/A	N/A	N/A	7	3,298	2,809
	HUMANA INC	Corporate Stocks	N/A	N/A	N/A	12	3,358	3,074
	IDACORP INC	Corporate Stocks	N/A	N/A	N/A	34	3,868	4,303
	IDEAYA BIOSCIENCES INC	Corporate Stocks	N/A	N/A	N/A	182	3,153	6,292
	IDEXX LABS INC	Corporate Stocks	N/A	N/A	N/A	9	4,248	6,089
	ILLINOIS TOOL WORKS INC	Corporate Stocks	N/A	N/A	N/A	42	7,640	10,345
	INCYTE CORP	Corporate Stocks	N/A	N/A	N/A	52	3,119	5,136
	INDEPENDENCE REALTY TRUST IN	Corporate Stocks	N/A	N/A	N/A	210	3,377	3,671
	INGRAM MICRO HLDG CORP COM CL C	Corporate Stocks	N/A	N/A	N/A	174	3,172	3,713
	INSMED INC	Corporate Stocks	N/A	N/A	N/A	51	3,448	8,876
	INSPERITY INC	Corporate Stocks	N/A	N/A	N/A	74	2,921	2,865
	INSPIRE MEDICAL SYSTEMS INC	Corporate Stocks	N/A	N/A	N/A	45	3,887	4,150
	INSULET CORP	Corporate Stocks	N/A	N/A	N/A	2	567	568
	INTEL CORP	Corporate Stocks	N/A	N/A	N/A	393	8,653	14,502
	INTERACTIVE BROKERS GROUP INC CL A	Corporate Stocks	N/A	N/A	N/A	172	3,774	11,061
	INTERCONTINENTAL EXCHANGE INC	Corporate Stocks	N/A	N/A	N/A	61	5,896	9,880
	INTERPARFUMS INC COM	Corporate Stocks	N/A	N/A	N/A	37	3,317	3,139
	INTL BUSINESS MACHINES CORP	Corporate Stocks	N/A	N/A	N/A	120	14,857	35,545
	INTUIT COM	Corporate Stocks	N/A	N/A	N/A	30	8,026	19,873
	INTUITIVE SURGICAL INC	Corporate Stocks	N/A	N/A	N/A	51	10,159	28,884
	INVITATION HOMES INC	Corporate Stocks	N/A	N/A	N/A	118	3,336	3,279
	IRIDIUM COMMUNICATIONS INC	Corporate Stocks	N/A	N/A	N/A	183	3,262	3,181
	J & J SNACK FOODS CORP	Corporate Stocks	N/A	N/A	N/A	39	3,329	3,524
	JACOBS SOLUTIONS INC	Corporate Stocks	N/A	N/A	N/A	42	2,671	5,563
	JOHNSON CTLS INTL PLC SHS	Corporate Stocks	N/A	N/A	N/A	102	4,183	12,215
	JOHNSON JOHNSON	Corporate Stocks	N/A	N/A	N/A	202	27,963	41,804
	JPMORGAN CHASE CO	Corporate Stocks	N/A	N/A	N/A	339	43,056	109,233
	K B HOME	Corporate Stocks	N/A	N/A	N/A	55	3,316	3,103
	KEMPER CORP	Corporate Stocks	N/A	N/A	N/A	77	3,375	3,122
	KENNAMETAL INC COM	Corporate Stocks	N/A	N/A	N/A	161	3,173	4,574
	KENVUE INC COM	Corporate Stocks	N/A	N/A	N/A	208	3,368	3,588
	KEURIG DR PEPPER INC	Corporate Stocks	N/A	N/A	N/A	126	3,332	3,529
	KEYSIGHT TECHNOLOGIES INC	Corporate Stocks	N/A	N/A	N/A	35	3,617	7,112
	KILROY RLTY CORP	Corporate Stocks	N/A	N/A	N/A	101	3,090	3,774
	KIMBERLY CLARK CORP	Corporate Stocks	N/A	N/A	N/A	60	6,804	6,053
	KIRBY CORP COM	Corporate Stocks	N/A	N/A	N/A	32	3,303	3,526
	KKR CO INC A	Corporate Stocks	N/A	N/A	N/A	68	5,529	8,669
	KLA CORP COM NEW	Corporate Stocks	N/A	N/A	N/A	20	9,171	24,302
	KROGER CO	Corporate Stocks	N/A	N/A	N/A	115	3,322	7,185
	KULICKE SOFFA INDS INC COM	Corporate Stocks	N/A	N/A	N/A	122	3,829	5,558
	LAM RESEARCH CORP	Corporate Stocks	N/A	N/A	N/A	130	6,808	22,253
	LANDSTAR SYS INC	Corporate Stocks	N/A	N/A	N/A	26	3,301	3,736
	LANTHEUS HLDGS INC	Corporate Stocks	N/A	N/A	N/A	59	3,379	3,926
	LAUDER ESTEE COS INC CL A	Corporate Stocks	N/A	N/A	N/A	56	3,250	5,864

Producers' Health Benefits Plan
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EIN #31-6654730, Plan #501
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	LCI INDUSTRIES	Corporate Stocks	N/A	N/A	N/A	41	$ 3,428	$ 4,975
	LEAR CORP	Corporate Stocks	N/A	N/A	N/A	36	3,116	4,126
	LEGGETT PLATT INC	Corporate Stocks	N/A	N/A	N/A	409	3,261	4,499
	LEIDOS HOLDINGS INC COM	Corporate Stocks	N/A	N/A	N/A	22	3,542	3,969
	LGI HOMES INC	Corporate Stocks	N/A	N/A	N/A	82	3,520	3,523
	LIBERTY GLOBAL LTD	Corporate Stocks	N/A	N/A	N/A	345	3,644	3,809
	LINDE PLC SHS	Corporate Stocks	N/A	N/A	N/A	50	15,662	21,320
	LOCKHEED MARTIN CORP COM	Corporate Stocks	N/A	N/A	N/A	23	8,660	11,124
	LOWES COS INC COM	Corporate Stocks	N/A	N/A	N/A	88	10,527	21,222
	LXP INDUSTRIAL TRUST COM	Corporate Stocks	N/A	N/A	N/A	87	3,590	4,313
	MARATHON PETROLEUM CORP	Corporate Stocks	N/A	N/A	N/A	27	3,718	4,391
	MARKEL GROUP INC	Corporate Stocks	N/A	N/A	N/A	4	3,703	8,599
	MARRIOTT INTL INC	Corporate Stocks	N/A	N/A	N/A	36	3,338	11,169
	MARRIOTT VACATIONS WORLD	Corporate Stocks	N/A	N/A	N/A	55	3,184	3,173
	MARSH	Corporate Stocks	N/A	N/A	N/A	57	6,362	10,575
	MARTIN MARIETTA MATLS INC	Corporate Stocks	N/A	N/A	N/A	9	4,197	5,604
	MARVELL TECHNOLOGY INC	Corporate Stocks	N/A	N/A	N/A	139	3,739	11,812
	MASTERCARD INC	Corporate Stocks	N/A	N/A	N/A	101	29,043	57,659
	MATADOR RESOURCES CO	Corporate Stocks	N/A	N/A	N/A	85	3,268	3,607
	MCDONALDS CORP COM	Corporate Stocks	N/A	N/A	N/A	85	16,817	25,979
	MCKESSON CORP COM	Corporate Stocks	N/A	N/A	N/A	17	7,895	13,945
	MERCK CO INC	Corporate Stocks	N/A	N/A	N/A	162	11,823	17,052
	MERITAGE HOMES CORPORATION	Corporate Stocks	N/A	N/A	N/A	51	3,310	3,356
	META PLATFORMS INC	Corporate Stocks	N/A	N/A	N/A	238	46,449	157,101
	METTLER TOLEDO INTL INC	Corporate Stocks	N/A	N/A	N/A	3	3,182	4,183
	MGP INGREDIENTS INC	Corporate Stocks	N/A	N/A	N/A	139	3,458	3,378
	MICROCHIP TECHNOLOGY INC	Corporate Stocks	N/A	N/A	N/A	72	3,379	4,588
	MICRON TECHNOLOGY INC	Corporate Stocks	N/A	N/A	N/A	131	7,197	37,389
	MICROSOFT CORP COM	Corporate Stocks	N/A	N/A	N/A	725	269,836	350,625
	MID AMER APT CMNTYS INC	Corporate Stocks	N/A	N/A	N/A	26	3,315	3,612
	MODERNA INC	Corporate Stocks	N/A	N/A	N/A	115	2,783	3,391
	MOLSON COORS BEVERAGE COMPANY	Corporate Stocks	N/A	N/A	N/A	77	3,333	3,594
	MONGODB INC CL A	Corporate Stocks	N/A	N/A	N/A	19	3,258	7,974
	MONOLITHIC POWER SYSTEMS INC	Corporate Stocks	N/A	N/A	N/A	9	4,363	8,157
	MONSTER BEVERAGE CORP	Corporate Stocks	N/A	N/A	N/A	160	5,106	12,267
	MORGAN STANLEY COM NEW	Corporate Stocks	N/A	N/A	N/A	169	8,321	30,003
	MOTOROLA SOLUTIONS INC	Corporate Stocks	N/A	N/A	N/A	25	4,049	9,583
	MSC INDL DIRECT CO INC CL A	Corporate Stocks	N/A	N/A	N/A	41	3,098	3,448
	MSCI INC	Corporate Stocks	N/A	N/A	N/A	13	3,389	7,458
	MURPHY OIL CORP	Corporate Stocks	N/A	N/A	N/A	309	6,575	9,656
	N B T BANCORP INC	Corporate Stocks	N/A	N/A	N/A	82	3,346	3,405
	NATIONAL BEVERAGE CORP	Corporate Stocks	N/A	N/A	N/A	101	3,354	3,221
	NATIONAL HEALTH INVS INC	Corporate Stocks	N/A	N/A	N/A	50	3,539	3,819
	NATIONAL STORAGE AFFILIATES	Corporate Stocks	N/A	N/A	N/A	115	3,344	3,244

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Producers' Health Benefits Plan
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EIN #31-6654730, Plan #501
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	NEOGEN CORP	Corporate Stocks	N/A	N/A	N/A	534	$ 3,248	$ 3,733
	NETAPP INC COM	Corporate Stocks	N/A	N/A	N/A	46	2,866	4,926
	NETFLIX COM INC	Corporate Stocks	N/A	N/A	N/A	550	15,703	51,568
	NETSTREIT CORP	Corporate Stocks	N/A	N/A	N/A	413	6,497	7,285
	NEWMONT CORP COM	Corporate Stocks	N/A	N/A	N/A	152	5,997	15,177
	NEXTERA ENERGY INC	Corporate Stocks	N/A	N/A	N/A	239	14,531	19,187
	NORDSON CORP	Corporate Stocks	N/A	N/A	N/A	17	3,201	4,087
	NORFOLK SOUTHN CORP COM	Corporate Stocks	N/A	N/A	N/A	36	6,971	10,394
	NORTHERN TRUST CORP	Corporate Stocks	N/A	N/A	N/A	56	4,628	7,649
	NORTHWEST BANCSHARES INC MD	Corporate Stocks	N/A	N/A	N/A	283	3,312	3,396
	NORTHWESTERN ENERGY GROUP INC	Corporate Stocks	N/A	N/A	N/A	87	4,200	5,615
	NORWEGIAN CRUISE LINE HLDG LTD SHS	Corporate Stocks	N/A	N/A	N/A	184	3,178	4,107
	NRG ENERGY INC COM NEW	Corporate Stocks	N/A	N/A	N/A	47	4,421	7,484
	NUCOR CORP	Corporate Stocks	N/A	N/A	N/A	28	3,281	4,567
	NVIDIA CORP	Corporate Stocks	N/A	N/A	N/A	2,384	111,797	444,616
	O G E ENERGY CORP	Corporate Stocks	N/A	N/A	N/A	247	8,217	10,547
	O REILLY AUTOMOTIVE INC	Corporate Stocks	N/A	N/A	N/A	120	7,928	10,945
	OCCIDENTAL PETROLEUM CORPORATION	Corporate Stocks	N/A	N/A	N/A	127	3,972	5,222
	OLD DOMINION FGHT LINE INC	Corporate Stocks	N/A	N/A	N/A	36	3,718	5,645
	ONE GAS INC	Corporate Stocks	N/A	N/A	N/A	92	5,562	7,107
	ONEOK INC	Corporate Stocks	N/A	N/A	N/A	101	2,497	7,424
	ORACLE CORPORATION	Corporate Stocks	N/A	N/A	N/A	181	18,821	35,279
	OTIS WORLDWIDE CORP	Corporate Stocks	N/A	N/A	N/A	51	3,370	4,455
	PACCAR INC COM	Corporate Stocks	N/A	N/A	N/A	36	3,200	3,942
	PALANTIR TECHNOLOGIES INC CL A	Corporate Stocks	N/A	N/A	N/A	253	4,183	44,971
	PALO ALTO NETWORKS INC	Corporate Stocks	N/A	N/A	N/A	46	6,156	8,473
	PARAMOUNT SKYDANCE CORP	Corporate Stocks	N/A	N/A	N/A	274	3,593	3,672
	PARK NATIONAL CORP	Corporate Stocks	N/A	N/A	N/A	31	4,100	4,718
	PARKER HANNIFIN CORP	Corporate Stocks	N/A	N/A	N/A	13	5,954	11,426
	PAYCHEX INC	Corporate Stocks	N/A	N/A	N/A	54	3,385	6,058
	PAYPAL HOLDINGS INC	Corporate Stocks	N/A	N/A	N/A	49	3,259	2,861
	PENTAIR PLC SHS	Corporate Stocks	N/A	N/A	N/A	58	4,069	6,040
	PEPSICO INC	Corporate Stocks	N/A	N/A	N/A	104	13,503	14,926
	PERRIGO CO PLC SHS	Corporate Stocks	N/A	N/A	N/A	163	3,349	2,269
	PFIZER INC	Corporate Stocks	N/A	N/A	N/A	136	3,368	3,386
	PHILLIPS 66	Corporate Stocks	N/A	N/A	N/A	39	2,083	5,033
	PINNACLE WEST CAP CORP	Corporate Stocks	N/A	N/A	N/A	79	5,405	7,007
	PLAYTIKA HLDG CORP	Corporate Stocks	N/A	N/A	N/A	906	3,273	3,579
	PNC FINL SVCS GROUP INC COM	Corporate Stocks	N/A	N/A	N/A	31	4,717	6,471
	POLARIS INC COM	Corporate Stocks	N/A	N/A	N/A	137	4,604	8,665
	PRESTIGE BRANDS HLDGS INC	Corporate Stocks	N/A	N/A	N/A	55	3,314	3,393
	PRIMO BRANDS CORPORATION CLASS A COM	Corporate Stocks	N/A	N/A	N/A	153	3,396	2,502
	PRINCIPAL FINANCIAL GROUP INC	Corporate Stocks	N/A	N/A	N/A	53	2,904	4,675
	PROCTER GAMBLE CO	Corporate Stocks	N/A	N/A	N/A	34	5,124	4,873

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	PROGRESSIVE CORP	Corporate Stocks	N/A	N/A	N/A	63	$ 10,574	$ 14,346
	PROLOGIS INC COM	Corporate Stocks	N/A	N/A	N/A	52	5,451	6,638
	PROSPERITY BANCSHARES INC	Corporate Stocks	N/A	N/A	N/A	50	3,308	3,456
	QNITY ELECTRONICS INC	Corporate Stocks	N/A	N/A	N/A	34	1,442	2,776
	QUALCOMM INC COM	Corporate Stocks	N/A	N/A	N/A	152	12,768	26,000
	QUANTA SVCS INC COM	Corporate Stocks	N/A	N/A	N/A	32	7,970	13,506
	QUEST DIAGNOSTICS INC	Corporate Stocks	N/A	N/A	N/A	34	2,889	5,900
	QXO INC	Corporate Stocks	N/A	N/A	N/A	11	244	212
	RAYMOND JAMES FINL INC	Corporate Stocks	N/A	N/A	N/A	33	2,985	5,299
	RAYONIER INC	Corporate Stocks	N/A	N/A	N/A	7	159	160
	REDDIT INC	Corporate Stocks	N/A	N/A	N/A	7	1,029	1,609
	REGENCY CENTERS CORPORATION	Corporate Stocks	N/A	N/A	N/A	86	5,060	5,937
	REGENERON PHARMACEUTICALS COM	Corporate Stocks	N/A	N/A	N/A	6	3,813	4,631
	RENAISSANCE RE HOLDINGS LTD	Corporate Stocks	N/A	N/A	N/A	18	3,749	5,061
	RESMED INC COM	Corporate Stocks	N/A	N/A	N/A	28	4,355	6,744
	REXFORD INDUSTRIAL REALTY IN	Corporate Stocks	N/A	N/A	N/A	94	3,166	3,640
	REYNOLDS CONSUMER PRODS I	Corporate Stocks	N/A	N/A	N/A	137	3,379	3,140
	RIGETTI COMPUTING INC COMMON STOCK	Corporate Stocks	N/A	N/A	N/A	85	3,208	1,883
	RLI CORP	Corporate Stocks	N/A	N/A	N/A	57	3,413	3,647
	ROBERT HALF INC	Corporate Stocks	N/A	N/A	N/A	131	3,340	3,558
	ROBINHOOD MKTS INC COM CL A	Corporate Stocks	N/A	N/A	N/A	118	2,240	13,346
	ROBLOX CORP CL A	Corporate Stocks	N/A	N/A	N/A	96	3,903	7,779
	ROCKET LAB CORP	Corporate Stocks	N/A	N/A	N/A	54	3,151	3,767
	ROCKWELL AUTOMATION INC COM	Corporate Stocks	N/A	N/A	N/A	22	4,466	8,560
	ROPER TECHNOLOGIES INC COM	Corporate Stocks	N/A	N/A	N/A	14	4,923	6,232
	ROSS STORES INC	Corporate Stocks	N/A	N/A	N/A	39	3,214	7,025
	ROYAL CARIBBEAN GROUP COM	Corporate Stocks	N/A	N/A	N/A	42	5,165	11,715
	ROYAL GOLD INC	Corporate Stocks	N/A	N/A	N/A	40	4,406	8,892
	ROYALTY PHARMA PLC	Corporate Stocks	N/A	N/A	N/A	90	3,427	3,478
	RTX CORPORATION	Corporate Stocks	N/A	N/A	N/A	177	13,108	32,462
	S P GLOBAL INC COM	Corporate Stocks	N/A	N/A	N/A	41	11,022	21,426
	SABRA HEALTH CARE REIT INC	Corporate Stocks	N/A	N/A	N/A	188	3,369	3,561
	SALESFORCE INC	Corporate Stocks	N/A	N/A	N/A	108	17,336	28,610
	SANDISK CORP	Corporate Stocks	N/A	N/A	N/A	16	3,194	3,798
	SCHWAB CHARLES CORP COM	Corporate Stocks	N/A	N/A	N/A	191	9,148	19,083
	SEABOARD CORP DEL	Corporate Stocks	N/A	N/A	N/A	2	6,142	8,890
	SENSATA TECHNOLOGIES HOLDING	Corporate Stocks	N/A	N/A	N/A	146	3,156	4,860
	SERVICE CORP INTL COM	Corporate Stocks	N/A	N/A	N/A	10	705	780
	SERVICENOW INC COM	Corporate Stocks	N/A	N/A	N/A	60	8,548	9,191
	SHERWIN WILLIAMS CO	Corporate Stocks	N/A	N/A	N/A	33	6,363	10,693
	SIMON PROPERTY GROUP INC	Corporate Stocks	N/A	N/A	N/A	60	4,045	11,107
	SIMPLY GOOD FOODS CO COM	Corporate Stocks	N/A	N/A	N/A	169	3,355	3,394
	SNOWFLAKE INC COM SHS	Corporate Stocks	N/A	N/A	N/A	25	3,278	5,484
	SOFI TECHNOLOGIES INC	Corporate Stocks	N/A	N/A	N/A	249	3,160	6,519

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	SOLSTICE ADVANCED MATLS INC COM SHS	Corporate Stocks	N/A	N/A	N/A	11	$ 375	$ 534
	SONOCO PRODS CO	Corporate Stocks	N/A	N/A	N/A	84	3,372	3,666
	SOUTHSTATE BK CORP COM	Corporate Stocks	N/A	N/A	N/A	92	6,664	8,658
	SPS COMMERCE INC	Corporate Stocks	N/A	N/A	N/A	40	3,266	3,565
	STANLEY BLACK DECKER INC	Corporate Stocks	N/A	N/A	N/A	53	3,115	3,937
	STARBUCKS CORP COM	Corporate Stocks	N/A	N/A	N/A	72	5,072	6,063
	STRATEGY INC COMMON STOCK CLASS A	Corporate Stocks	N/A	N/A	N/A	30	4,403	4,559
	STRYKER CORP	Corporate Stocks	N/A	N/A	N/A	47	8,856	16,519
	SUN COMMUNITIES INC	Corporate Stocks	N/A	N/A	N/A	32	3,778	3,965
	SUPER MICRO COMPUTER INC	Corporate Stocks	N/A	N/A	N/A	44	1,506	1,288
	SUPERNUS PHARMACEUTICALS INC	Corporate Stocks	N/A	N/A	N/A	108	3,590	5,368
	SYNOPSYS INC	Corporate Stocks	N/A	N/A	N/A	9	4,267	4,227
	SYNOVUS FINANCIAL CORP	Corporate Stocks	N/A	N/A	N/A	105	3,735	5,255
	T MOBILE US INC	Corporate Stocks	N/A	N/A	N/A	77	5,958	15,634
	TAKE TWO INTERACTIVE SOFTWARE COM	Corporate Stocks	N/A	N/A	N/A	36	5,644	9,217
	TARGA RESOURCES CORP	Corporate Stocks	N/A	N/A	N/A	67	5,538	12,362
	TECHNIPFMC PLC	Corporate Stocks	N/A	N/A	N/A	85	1,850	3,788
	TELEDYNE TECHNOLOGIES INC COM	Corporate Stocks	N/A	N/A	N/A	11	3,322	5,618
	TELEFLEX INC	Corporate Stocks	N/A	N/A	N/A	32	3,631	3,905
	TENET HEALTHCARE CORP	Corporate Stocks	N/A	N/A	N/A	21	3,101	4,173
	TERADYNE INC	Corporate Stocks	N/A	N/A	N/A	42	3,100	8,130
	TESLA INC	Corporate Stocks	N/A	N/A	N/A	294	8,878	132,218
	TETRA TECH INC	Corporate Stocks	N/A	N/A	N/A	105	3,218	3,522
	TEXAS INSTRS INC COM	Corporate Stocks	N/A	N/A	N/A	70	8,034	12,144
	THE CIGNA GROUP	Corporate Stocks	N/A	N/A	N/A	40	8,182	11,009
	THERMO FISHER SCIENTIFIC INC	Corporate Stocks	N/A	N/A	N/A	49	15,281	28,393
	TIMKEN CO	Corporate Stocks	N/A	N/A	N/A	48	3,182	4,038
	TJX COS INC	Corporate Stocks	N/A	N/A	N/A	142	7,955	21,813
	TOLL BROS INC	Corporate Stocks	N/A	N/A	N/A	31	3,160	4,192
	TOPBUILD CORP	Corporate Stocks	N/A	N/A	N/A	11	3,173	4,589
	TRADE DESK INC COM CL A	Corporate Stocks	N/A	N/A	N/A	68	3,255	2,581
	TRANE TECHNOLOGIES PLC	Corporate Stocks	N/A	N/A	N/A	31	7,580	12,065
	TRANSDIGM GROUP INC	Corporate Stocks	N/A	N/A	N/A	9	5,333	11,969
	TRAVELERS COS INC	Corporate Stocks	N/A	N/A	N/A	38	4,382	11,022
	TREX CO INC COM	Corporate Stocks	N/A	N/A	N/A	70	3,326	2,456
	TRUIST FINANCIAL CORP	Corporate Stocks	N/A	N/A	N/A	203	6,958	9,990
	TYLER TECHNOLOGIES INC	Corporate Stocks	N/A	N/A	N/A	9	2,578	4,086
	UBER TECHNOLOGIES INC	Corporate Stocks	N/A	N/A	N/A	252	7,927	20,591
	UFP INDUSTRIES INC COM	Corporate Stocks	N/A	N/A	N/A	36	3,296	3,278
	ULTA BEAUTY INC COM	Corporate Stocks	N/A	N/A	N/A	12	4,032	7,260
	UMH PROPERTIES INC	Corporate Stocks	N/A	N/A	N/A	229	3,320	3,643
	UNDER ARMOUR INC CL A	Corporate Stocks	N/A	N/A	N/A	737	3,304	3,663
	UNION PACIFIC CORP COM	Corporate Stocks	N/A	N/A	N/A	44	7,211	10,178
	UNITED PARCEL SERVICE INC CL B	Corporate Stocks	N/A	N/A	N/A	35	3,277	3,472

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

Producers' Health Benefits Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #31-6654730, Plan #501
December 31, 2025

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	UNITED RENTALS INC COM	Corporate Stocks	N/A	N/A	N/A	8	$ 4,494	$ 6,475
	UNITED THERAPEUTICS CORP	Corporate Stocks	N/A	N/A	N/A	12	3,573	5,847
	UNITEDHEALTH GROUP INC COM	Corporate Stocks	N/A	N/A	N/A	86	24,471	28,389
	UNITY SOFTWARE INC COM	Corporate Stocks	N/A	N/A	N/A	19	654	839
	VAIL RESORTS INC	Corporate Stocks	N/A	N/A	N/A	23	3,167	3,054
	VALERO ENERGY CORP COM	Corporate Stocks	N/A	N/A	N/A	55	5,220	8,953
	VEEVA SYSTEMS INC CLASS A	Corporate Stocks	N/A	N/A	N/A	24	4,226	5,358
	VENTAS INC COM	Corporate Stocks	N/A	N/A	N/A	77	2,358	5,958
	VERISK ANALYTICS INC COM	Corporate Stocks	N/A	N/A	N/A	22	3,273	4,921
	VERIZON COMMUNICATIONS INC COM	Corporate Stocks	N/A	N/A	N/A	85	3,345	3,462
	VERTEX INC CL A	Corporate Stocks	N/A	N/A	N/A	162	3,172	3,235
	VERTEX PHARMACEUTICALS INC COM	Corporate Stocks	N/A	N/A	N/A	33	7,244	14,961
	VERTIV HOLDINGS CO	Corporate Stocks	N/A	N/A	N/A	44	4,077	7,128
	VIATRIS INC COM	Corporate Stocks	N/A	N/A	N/A	424	3,605	5,279
	VISA INC COM CL A	Corporate Stocks	N/A	N/A	N/A	185	33,866	64,881
	VISTRA ENERGY CORP	Corporate Stocks	N/A	N/A	N/A	36	4,994	5,808
	VULCAN MATLS CO COM	Corporate Stocks	N/A	N/A	N/A	25	3,575	7,131
	WABTEC COM	Corporate Stocks	N/A	N/A	N/A	16	2,279	3,415
	WALMART INC COM	Corporate Stocks	N/A	N/A	N/A	507	20,969	56,485
	WARNER BROS DISCOVERY INC SERIES A	Corporate Stocks	N/A	N/A	N/A	150	3,332	4,323
	WASTE MGMT INC DEL COM	Corporate Stocks	N/A	N/A	N/A	62	7,569	13,622
	WATERS CORP COM	Corporate Stocks	N/A	N/A	N/A	13	3,506	4,938
	WEBSTER FINL CORP COM	Corporate Stocks	N/A	N/A	N/A	112	4,542	7,049
	WEC ENERGY GROUP INC COM	Corporate Stocks	N/A	N/A	N/A	68	5,392	7,171
	WELLS FARGO CO NEW COM	Corporate Stocks	N/A	N/A	N/A	258	13,324	24,046
	WELLTOWER INC COM	Corporate Stocks	N/A	N/A	N/A	68	4,038	12,621
	WENDYS CO THE	Corporate Stocks	N/A	N/A	N/A	399	3,480	3,324
	WEST PHARMACEUTICAL SVCS INC COM	Corporate Stocks	N/A	N/A	N/A	21	4,328	5,778
	WESTERN DIGITAL CORP COM	Corporate Stocks	N/A	N/A	N/A	71	3,139	12,231
	WHIRLPOOL CORP COM	Corporate Stocks	N/A	N/A	N/A	42	3,187	3,030
	WILLIAMS COS INC COM	Corporate Stocks	N/A	N/A	N/A	215	5,122	12,924
	WORKDAY INC	Corporate Stocks	N/A	N/A	N/A	30	4,990	6,443
	WR BERKLEY CORP	Corporate Stocks	N/A	N/A	N/A	117	6,126	8,204
	XCEL ENERGY INC COM	Corporate Stocks	N/A	N/A	N/A	154	7,756	11,374
	XYLEM INC COM	Corporate Stocks	N/A	N/A	N/A	48	3,750	6,537
	YUM BRANDS INC COM	Corporate Stocks	N/A	N/A	N/A	51	5,172	7,715
	ZIMMER BIOMET HOLDINGS INC COM	Corporate Stocks	N/A	N/A	N/A	48	4,373	4,316
	ZIONS BANCORPORATION N A COM	Corporate Stocks	N/A	N/A	N/A	104	4,101	6,088
	ZOETIS INC CL A	Corporate Stocks	N/A	N/A	N/A	42	5,576	5,284
	ZOOM COMMUNICATIONS INC	Corporate Stocks	N/A	N/A	N/A	56	3,432	4,815
							3,450,892	6,677,791

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

Producers' Health Benefits Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #31-6654730, Plan #501
December 31, 2025

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	Registered Investment Companies							
	ARTISAN INTL SM MID CAP INSTL CL	Mutual Fund	N/A	N/A	N/A	9,221	160,106	179,897
	ARTISAN GLOBAL OPPORTUNITIES	Mutual Fund	N/A	N/A	N/A	52,975	1,795,072	1,837,188
	GOLDMAN SACHS GQG PTNRS INTL OPPS IN	Mutual Fund	N/A	N/A	N/A	23,046	387,697	517,852
	ISHARES CORE MSCI TOTAL ETF	Mutual Fund	N/A	N/A	N/A	10,991	829,552	930,278
	ISHARES CORE MSCI EMERGING MKTS ETF	Mutual Fund	N/A	N/A	N/A	8,236	494,828	553,624
	BARROW HANLEY INTERNATIONAL VALUE I	Mutual Fund	N/A	N/A	N/A	45,466	496,662	561,050
	SPDR S P EMERGING ASIA PACIFIC ETF	Mutual Fund	N/A	N/A	N/A	2,060	227,693	285,865
							4,391,610	4,865,754
	Partnership/Joint Venture Interests							
	MILL CREEK ENHANCED INCOME FUND, LP SERIES	P/JVI	N/A	N/A	N/A	N/A	1,181,571	1,527,847
	Total investments						$ 23,726,560	$ 27,905,310

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

Producers' Health Benefits Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN #31-6654730, Plan #501
Year Ended December 31, 2025

(a)	(b) Identity of Party Involved	(c) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(d) Purchase Price	(e) Selling Price	(f) Lease Rental	(g) Expenses Incurred with Transaction	(h) Cost of Asset	(i) Current Value of Asset on Transaction Date	(j) Net Gain or (Loss)
Single Transaction									
	None noted.								
Series of Transactions									
	FIRST AMERICAN PRIME OBLIGATIONS FUND	STIF	$10,100,563	N/A	N/A	N/A	$ 10,100,563	$ 10,100,563	N/A
	FIRST AMERICAN PRIME OBLIGATIONS FUND	STIF	N/A	$ 9,481,775	N/A	N/A	$ 9,481,946	$ 9,481,775	$ (171)

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

Multiple-Employer Plan Participating Employer Information

Producers' Health Benefits Plan
EIN 31-6654730
Plan No. 501

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
1ST AVE MACHINE USA INC	05-0573098	0.00 - 5.73 %
2M PRODUCTIONS LLC	88-3875740	0.00 - 5.73 %
34 NORTH DBA OF LADIES AND GENTLEMEN	81-3751129	0.00 - 5.73 %
A JUMPING GIRL PRODUCTIONS, INC	81-2989581	0.00 - 5.73 %
ACADEMY FILMS, INC.	61-2078892	0.00 - 5.73 %
ACCOMPLICE MEDIA INC	90-0636288	0.00 - 5.73 %
ADOLESCENT CONTENT	46-4794444	0.00 - 5.73 %
AE COMMERCIALS, LLC	92-3188430	0.00 - 5.73 %
ALL DAY EVERYDAY LLC.	47-1475209	0.00 - 5.73 %
ANONYMOUS CONTENT	95-4792285	0.00 - 5.73 %
ARTS AND SCIENCE DEPARTMENT	27-4399778	0.00 - 5.73 %
ASSASSIN ENTERTAINMENT, LLC	26-4706243	0.00 - 5.73 %
ASSEMBLY FILMS INC	26-4458283	0.00 - 5.73 %
AVALON FILMS	20-5291031	0.00 - 5.73 %
BARK BARK LLC	20-3185879	0.00 - 5.73 %
BELIEVE MEDIA INC.	95-4640963	0.00 - 5.73 %
BIG SKY EDITORIAL CO., INC.	13-3639730	0.00 - 5.73 %
BISCUIT FILMWORKS	95-4806495	0.00 - 5.73 %
BOB INDUSTRIES, LLC	58-2435323	0.00 - 5.73 %
BONA FIDE MEDIA INC	85-4217909	0.00 - 5.73 %
B-REEL INC.	26-0692348	0.00 - 5.73 %
BROTHER LLC	47-1177534	0.00 - 5.73 %
CADENCE FILMS	85-3348720	0.00 - 5.73 %
CANADA LOS ANGELES INC	61-1959565	0.00 - 5.73 %
CANNONBALL PRODUCTIONS	42-1629156	0.00 - 5.73 %
CAP GUN COLLECTIVE	27-1459156	0.00 - 5.73 %
CAROUSEL COLLECTIVE NYC INC.	13-2916344	0.00 - 5.73 %
CAUSE AND EFFECT PRODUCTIONS	20-5716868	0.00 - 5.73 %
CAVIAR LA INC.	80-0962177	0.00 - 5.73 %
CHELSEA PICTURES INC.	04-2980513	0.00 - 5.73 %
CHROMISTA	80-0859896	0.00 - 5.73 %
CMS PRODUCTIONS	37-1425813	0.00 - 5.73 %
COLLECTOR MEDIA WORKS INC	81-1345354	0.00 - 5.73 %
COMMUNITY FILMS LLC	45-5423295	0.00 - 5.73 %
COMPANY FILMS, INC	20-5549317	0.00 - 5.73 %
COMRADE INC	14-1919582	0.00 - 5.73 %
CONSULATE LTD	13-3587042	0.00 - 5.73 %
CUT+RUN	26-3113871	0.00 - 5.73 %
DIVISION7, LLC	83-2140404	0.00 - 5.73 %
DOMO LLC	86-3395759	0.00 - 5.73 %
DOOMSDAY ENTERTAINMENT	27-1906418	0.00 - 5.73 %

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
DRIVE THRU EDITORIAL	26-2648573	0.00 - 5.73 %
DUMMY FILMS INC.	46-3930542	0.00 - 5.73 %
DURABLE GOODS	38-3835923	0.00 - 5.73 %
EAGLE ELEVEN PRODUCTIONS INC	83-1685528	0.00 - 5.73 %
ELEANOR LLC	81-3800801	0.00 - 5.73 %
EMERALD PICTURES	35-2650386	0.00 - 5.73 %
EPOCH FILMS INC	26-3797425	0.00 - 5.73 %
FANCY CONTENT, INC	46-4711353	0.00 - 5.73 %
FARM LEAGUE	80-0712416	0.00 - 5.73 %
FEELS LIKE	85-4118062	0.00 - 5.73 %
FELA WIF LLC	85-1550507	0.00 - 5.73 %
FIREFLY CREATIVE ENTERTAINMENT GROUP INC	95-4875587	0.00 - 5.73 %
FRAMESTORE	83-0377017	0.00 - 5.73 %
FRENCH BUTTER, LTD	13-3693638	0.00 - 5.73 %
FURLINED LLC.	20-2871975	0.00 - 5.73 %
FUTURE CRAFT STUDIOS	47-2971238	0.00 - 5.73 %
GENTLEMAN SCHOLAR STUDIOS LLC	27-2491126	0.00 - 5.73 %
GIFTED YOUTH, INC	45-4470997	0.00 - 5.73 %
GOLDEN PRODUCTIONS, INC	46-4908768	0.00 - 5.73 %
GRAVY FILMS INC	47-5300136	0.00 - 5.73 %
GROUP THRPY, LLC	86-1546247	0.00 - 5.73 %
HARVEST FILMS INC.	95-4841275	0.00 - 5.73 %
HB COLLECTIVE	81-1577342	0.00 - 5.73 %
HELM CONTENT, INC.	92-3508615	0.00 - 5.73 %
HEY WONDERFUL, INC.	83-1980089	0.00 - 5.73 %
HI INC.	95-4847565	0.00 - 5.73 %
HOOLIGAN	13-3966404	0.00 - 5.73 %
HUNGRY MAN COMMERCIALS	13-4201832	0.00 - 5.73 %
HYPEREPETITION & OVERKILL LLC	45-2905823	0.00 - 5.73 %
ICONOCLAST	45-3706724	0.00 - 5.73 %
IDENTITY MEDIA INC.	13-3998189	0.00 - 5.73 %
IMPERIAL WOODPECKER LLC.	26-3797567	0.00 - 5.73 %
INDEPENDENT MEDIA INC	95-4843309	0.00 - 5.73 %
INTERROGATE INC.	90-0542766	0.00 - 5.73 %
INVISIBLE COLLECTIVE	83-0585494	0.00 - 5.73 %
JOINERY, INC.	95-3785473	0.00 - 5.73 %
JOJAX, LLC	47-2287906	0.00 - 5.73 %
K FILMS INC.	45-2639054	0.00 - 5.73 %
KABOOM PRODUCTIONS	94-3260485	0.00 - 5.73 %
KNUCKLEHEAD INC	27-4192426	0.00 - 5.73 %
LEMONADE STAND FILMS	33-2386197	0.00 - 5.73 %
LITTLE MINX INC.	95-4842383	0.00 - 5.73 %
LOGAN INDUSTRY, LLC	83-3200134	0.00 - 5.73 %
LONDON ALLEY ENTERTAINMENT, INC	37-1658981	0.00 - 5.73 %
LORD DANGER LLC	88-2199197	0.00 - 5.73 %
LOVE SEAT ENTERTAINMENT	13-4083594	0.00 - 5.73 %
LOVESONG LLC	86-3404844	0.00 - 5.73 %
LOVETT PRODUCTIONS INC	95-4796837	0.00 - 5.73 %
LULU PRODUCTIONS, INC.	26-2006883	0.00 - 5.73 %

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
MAGNA STUDIOS, INC.	93-2594876	0.00 - 5.73 %
MAGNETIC FIELD LLC	46-4606652	0.00 - 5.73 %
MEKKA MEDIA	81-2875540	0.00 - 5.73 %
MERMAN BRANDED, LLC	92-0669189	0.00 - 5.73 %
MICHAEL SCHROM AND CO.	13-4148937	0.00 - 5.73 %
MINTED CONTENT	82-2133621	0.00 - 5.73 %
MITTYMOO, INC. DBA SUPERFRIENDS	26 2350890	0.00 - 5.73 %
MOMENTUM FILMS	83-4544245	0.00 - 5.73 %
MORTON JANKEL ZANDER, INC.	95-4332573	0.00 - 5.73 %
MOXIE PICTURES INC.	95-4337052	0.00 - 5.73 %
MUTT FILM LLC	84-3016191	0.00 - 5.73 %
NATIVE PICTURES LLC	26-4707027	0.00 - 5.73 %
NEW PICTURES, LLC	20-5314899	0.00 - 5.73 %
NIGHTCALL PRODUCTIONS LLC	46-5534769	0.00 - 5.73 %
NOMADFC LLC	81-2598817	0.00 - 5.73 %
O POSITIVE LLC.	20-8632021	0.00 - 5.73 %
OBJECT & ANIMAL USA LLC	83-0800255	0.00 - 5.73 %
OLD HARBOR PRODUCTIONS INC	02-0634736	0.00 - 5.73 %
OLIVE MILLS PRODUCTIONS	45-4124131	0.00 - 5.73 %
ONE AT OPTIMUS	30-0595766	0.00 - 5.73 %
PACIFIC RIM FILMS	30-0698439	0.00 - 5.73 %
PALMER PRODUCTIONS INC	95-4810849	0.00 - 5.73 %
PARK PICTURES LLC.	13-3858061	0.00 - 5.73 %
PARTIZAN ENTERTAINMENT LLC	13-4096513	0.00 - 5.73 %
PASSERINE	36-4809573	0.00 - 5.73 %
PICROW INC.	95-4834787	0.00 - 5.73 %
PIECE MILL LLC	82-4558527	0.00 - 5.73 %
PIRO	27-3400465	0.00 - 5.73 %
PONY SHOW ENT.	27-4481821	0.00 - 5.73 %
PRETTY BIRD	26-1525321	0.00 - 5.73 %
PRODCO USA, INC.	99-0469477	0.00 - 5.73 %
PSYOP PRODUCTIONS, LLC	80-0769772	0.00 - 5.73 %
PULSE FILMS	35-2493154	0.00 - 5.73 %
QUORUM CONTENT LLC	86-1225531	0.00 - 5.73 %
QURIOSITY PRODUCTIONS LLC	46-3093677	0.00 - 5.73 %
RADICAL MEDIA	27-2664664	0.00 - 5.73 %
RAKISH LLC	83-2529302	0.00 - 5.73 %
RAUCOUS CONTENT INC	47-5485468	0.00 - 5.73 %
RESET CONTENT LLC	45-3745253	0.00 - 5.73 %
REVERIE CONTENT, INC	83-3294933	0.00 - 5.73 %
REVIVAL FILM	20-8159823	0.00 - 5.73 %
RIFF RAFF FILMS US	37-1932277	0.00 - 5.73 %
RSA FILMS INC.	13-3381890	0.00 - 5.73 %
RUCKUS FILMS	83-1945051	0.00 - 5.73 %
RUFFIAN, LLC	81-0777982	0.00 - 5.73 %
SANCTUARY CONTENT INC	47-5220704	0.00 - 5.73 %
SEEKER PRODUCTIONS INC.	82-4098143	0.00 - 5.73 %
SERIAL PICTURES LLC	26-4052863	0.00 - 5.73 %
SHOOT COLLECTIVE	58-2375657	0.00 - 5.73 %

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
SIBLING RIVALRY FILMS LLC.	45-4194540	0.00 - 5.73 %
SKUNK PARTNERS, LLC	26-3122519	0.00 - 5.73 %
SLIM PICTURES, INC	27-2088943	0.00 - 5.73 %
SMARTYPANTS	27-0705435	0.00 - 5.73 %
SMITH & JONES FILMS INC.	46-2288304	0.00 - 5.73 %
SMUGGLER INC.	35-2197508	0.00 - 5.73 %
SOCIETY INC	80-0231640	0.00 - 5.73 %
SOMESUCH INC	90-1078748	0.00 - 5.73 %
SOMETHING IDEAL INC DBA M SS NG P ECES	51-0468868	0.00 - 5.73 %
SPARE PARTS FILMS INC.	56-2523185	0.00 - 5.73 %
SPEARS AND ARROWS	47-1304231	0.00 - 5.73 %
STATE LINE FILMS, INC	20-1961304	0.00 - 5.73 %
STATION FILMS INC.	26-1447291	0.00 - 5.73 %
STINK FILMS	47-2609482	0.00 - 5.73 %
STORY	58-1439519	0.00 - 5.73 %
SUGAR FILMS PRODUCTION	75-2943195	0.00 - 5.73 %
SUPERDOOM	85-1506012	0.00 - 5.73 %
SUPERFRENDS	26-2350890	0.00 - 5.73 %
SUPPLY & DEMAND INC	03-0439105	0.00 - 5.73 %
SYNERGY FILMS, INC.	58-1439519	0.00 - 5.73 %
TAKE 1 CREATIVE	93-3556133	0.00 - 5.73 %
TASTE IN MOTION INC	82-3188709	0.00 - 5.73 %
TESSA FILMS, INC	82-2848837	0.00 - 5.73 %
THE CORNER SHOP INC.	46-3535849	0.00 - 5.73 %
THE DIRECTORS BUREAU LLC	95-4614415	0.00 - 5.73 %
THE SWEET SHOP FILMS LLC.	26-3339164	0.00 - 5.73 %
THE WORKHOUSE WORLDWIDE	47-2984161	0.00 - 5.73 %
THINKING MACHINE FILMS	47-2683898	0.00 - 5.73 %
TINY GIANT	26-0382534	0.00 - 5.73 %
TOMORROW WONDER ZANDER LLC	83-1653847	0.00 - 5.73 %
TOOL OF NORTH AMERICA LLC	95-4686032	0.00 - 5.73 %
TREVOR TV	87-3127954	0.00 - 5.73 %
TRIO FILMS INC.	37-1421638	0.00 - 5.73 %
TWO SHOT WEST	45-4502354	0.00 - 5.73 %
UNICORNS AND UNICORNS LLC	82-4792638	0.00 - 5.73 %
UNIT 9	90-0985098	0.00 - 5.73 %
UNTITLED INC.	20-1165418	0.00 - 5.73 %
WAVE FILMS/ RGD PRODUCTIONS	75-2240904	0.00 - 5.73 %
WAX, LLC	30-0794587	0.00 - 5.73 %
WAYS & MEANS	45-5158008	0.00 - 5.73 %
WILD GIFT LLC	85-2029718	0.00 - 5.73 %
WORLD WAR SEVEN STUDIOS LLC	26-0380000	0.00 - 5.73 %
YARD DOG TV INC	81-2696033	0.00 - 5.73 %

PRODUCERS' HEALTH BENEFITS PLAN

EIN 31-6654730
Plan No. 501
Plan Year Ended December 31, 2025

Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year)

See attachment to the Audit Report attached at Accountant's Opinion

PRODUCERS' HEALTH BENEFITS PLAN

EIN 31-6654730
Plan No. 501
Plan Year Ended December 31, 2025

Form 5500, Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions

See attachment to the Audit Report attached at Accountant's Opinion

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
- [X] 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:
- [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
PRODUCERS' HEALTH BENEFITS PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 06/01/2007

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)

BOARD OF TRUSTEES OF THE
PRODUCERS' HEALTH BENEFITS PLAN

C/O BENEFIT PLANS, INC.
PO BOX 17928
LOS ANGELES CA 90017

2b Employer Identification Number (EIN) 31-6654730

2c Plan Sponsor's telephone number (323)993-8811

2d Business code (see instructions) 525100

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	Sally Antonacchi	10/15/2026	SALLY ANTONACCHIO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	2,422
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)**	2,422
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2,248
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**	2,248
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] 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 7
- **(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.) ..... [X] 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.) ..... [X] 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 171067387

PRODUCERS' HEALTH BENEFITS PLAN

EIN: 31-6654730
Plan No. 501
Plan Year Ended December 31, 2025

From 5500, Schedule H, Part III
Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion